



CLALLAM COUNTY

**CRIMINAL CHILD ABUSE/NEGLECT
INVESTIGATION PROTOCOL**

METH ENDANGERED CHILDREN PROTOCOL

**CHILDREN AND DOMESTIC VIOLENCE INVESTIGATIVE
GUIDELINES**

**CHILD NEGLECT, PHYSICAL ABUSE, AND FATALITY
INVESTIGATIVE GUIDELINES**

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MISSION STATEMENT

To promote the safety of
abused/neglected children
within the community through
an effective inter-disciplinary
response.

INTRODUCTION

Each child abuse/neglect investigation and case is unique. An investigation of child abuse/neglect is a complex process, and because investigators often have no control over events as they unfold, there can be no clear definition of the perfect investigation or interview. It is essential that investigators and clinicians have freedom to exercise judgment in individual cases especially given their differing roles.

In situations where minimum standards are not met in a particular investigation, consideration should be given to the extenuating circumstances which gave rise to such non-compliance. In cases where the protocols have not been followed, no resulting inference shall be drawn doubting the truth of the charges filed.

In no case are these guidelines intended as legal authority for the admissibility or non-admissibility of evidence developed in the course of an investigation. Similarly, these guidelines should not be used as the basis for the dismissal of any charges or complaints arising from a report of child abuse/neglect.

These protocols shall be reviewed every two years under the leadership of the prosecuting attorney.

MANDATORY REPORTERS

Any Practitioner

County Coroner or Medical Examiner

Law Enforcement Officers

Professional School Personnel

Registered or Licensed Nurse

Social Service Counselor

Psychologist

Pharmacist

Employee of Department of Early Learning

Licensed/Certified Child Care Provider/Employees

DSHS Employees

Juvenile Probation Officers

Placement and Liaison Specialists

Responsible Living Skills Program Staff

HOPE Center Staff

State Family & Children's Ombuds or Volunteers

GAL's & CASA appointed under RCW 11, 13 or 26

Host Home Program

Fire and EMS

Domestic Violence\Sexual Assault Advocates

Anyone of the above who has reasonable cause to believe that a child has suffered abuse, he or she SHALL report such incident, or cause a report to be made, to the proper law enforcement agency or to the department as provided in RCW 26.44.040

When any person, in his or her official supervisory capacity with a non-profit or for-profit organization, has reasonable cause to believe that a child has suffered abuse caused by a person over whom he or she regularly exercises supervisory authority, he or she shall report such incident, or cause a report to be made, to the proper law enforcement agency, provided that the person alleged to have caused the abuse is employed by, contracted by, or volunteers with the organization and coaches, trains, educates, or counsels a child or children or regularly has unsupervised access to a child or children as part of the employment, contract, or voluntary service. No one shall be required to report under this section when he or she obtains the information solely as a result of a privileged communication as provided in RCW 5.60.060.

The reporting requirement also applies to department of corrections personnel who, in the course of their employment, observe offenders or the children with whom the offenders are in contact.

If, as a result of observations or information received in the course of his or her employment, any department of corrections personnel has reasonable cause to believe that a child has suffered abuse, he or she shall report the incident, or cause a report to be made, to the proper law enforcement agency or to the department as provided in RCW 26.44.040

The reporting requirement shall also apply to any adult who has reasonable cause to believe that a child who resides with them has suffered severe abuse, and is able or capable of making a report. For the purposes of this subsection, “severe abuse” means any of the following:

- Any single act of abuse that causes physical trauma of
- sufficient severity that, if left untreated, could cause death;
- Any single act of sexual abuse that causes significant bleeding, deep bruising, or significant external or
- internal swelling; or
- More than one act of physical abuse, each of which causes bleeding, deep bruising, significant external or internal swelling, bone fracture, or unconsciousness.

RCW 26.44.030(d)

Clallam County Protocols as does RCW 26.44.030(g) that a report should be made at the first opportunity, but in no case longer than forty-eight (48) hours after there is reasonable cause to believe that the child has suffered abuse. The report must include the identity of the accused if known.

Any other person who has reasonable cause to believe that a child has suffered abuse may report such incident to the proper law enforcement agency and to the department of social and health services as provided in RCW 26.44.040.

ROLES
AND
RESPONSIBILITIES

School District Employees

School District Employees are mandated reporters of child abuse. Whenever a school employee has reasonable cause to believe that a child has suffered abuse, the school employee SHALL report the matter to local law enforcement or Child Protective Services. School District employees can contact all law enforcement agencies through PENCOM at 360-417-2459. In addition, the School District Employee shall report such abuse or misconduct to the appropriate school administrator.

If a school district investigation is necessary concerning the situation, the school district shall coordinate its investigation with any law enforcement or CPS investigation so as not to interfere with or prejudice those investigations.

SCHOOL DISTRICT RESPONSIBILITIES

- Ensure that all employees are furnished with and will follow the protocol set forth in their internal procedure
BP3421 - Cape Flattery School District Policy Number
3421P(a) - Port Angeles School District Policy Number
3421P - Sequim School District Policy Number
3421 - Quileute Valley School District Policy Number
No information available for Quileute School District

- Must have a written policy regarding the district's role and responsibility relating to the prevention of child abuse. RCW 28A.230.080(1)
- Must conduct training in child abuse reporting duties for school employees. RCW 28A.400.317(2).
- When a school employee has reasonable cause to believe that a child has suffered abuse, the school employee shall report the matter to local law enforcement or Child Protective Services.
- If a school district employee has knowledge or reasonable cause to believe that a student has been a victim of physical abuse or sexual misconduct by another school employee, **the school district employee SHALL also report such abuse or misconduct to the appropriate school administrator. RCW 28A.400.317(1).**
- If an administrator receives a report of a student being the victim of physical abuse or sexual misconduct by another school employee, the administrator SHALL cause a RCW 26.44 report to be made if there is reasonable cause to suspect child abuse. RCW 28A.400.317(1).

- When law enforcement conduct interviews with victims on the school premises, school district employees will defer to law enforcement regarding the necessity for the school district employee to be present during the interview.
- School District Employees will be allowed to be present at any interview of a victim that occurs on the school's premises if the victim so requests.
- School districts must comply with the Family Educational and Privacy Rights ACT (FERPA), 20 U.S.C. § 1232g with regulations at 34 C.F.R. Part 99 when dealing with student records.

Clallam County Prosecuting Attorney

- Upon receipt of report from law enforcement **shall** notify:
 - Victim
 - Any person victim requests
 - Local CPS office
 - **LE investigator/investigative agency** of charging decision (charge or decline) within **5 days** of making the decision, pursuant to RCW 26.44.030(6)

The Clallam County Prosecuting Attorney is charged with prosecuting crimes occurring within Clallam County, with the exception of misdemeanor offenses committed by adults within the County's incorporated cities, unless contracted to do so. For crimes occurring on Tribal Reservations within the County, the prosecutor's office prosecutes those crimes committed by non-Natives and may prosecute Native American juveniles.

It is the sole responsibility of the prosecutor's office to determine what, if any, criminal charges will be filed against a suspect.

If a case involves multiple victims and/or multiple defendants, it is the sole responsibility of the prosecutor to determine the method and manner of prosecution, including, but not limited to, the order of prosecution, the evidence to be used, the employment of various types of immunity, coordinating defense interviews of witnesses if requested by that witness, etc.

Whenever possible, after receiving a completed investigative report, the prosecutor will attempt to determine what charges are to be brought against a particular suspect within thirty (30) days.

PROSECUTOR RESPONSIBILITIES

- Upon receiving report of child abuse/neglect shall, within 5 days of making a charging decision, notify the victim, any person the victim requests, LE and CPS of the charging decision. RCW 26.44.030(6).
- Provide legal advice and legal support to the investigating LEA (RCW 36.27.020) and be available 24 hours a day to provide assistance to LE involved in child sexual abuse/neglect investigations.
- In all cases where charges are filed, the prosecutor, as a condition of the defendant's release (whether or not the defendant is released on his personal recognizance or bail is set), shall request that the court prohibit any contact between the victim and the defendant/respondent.
- Keep the victim, LE, CPS and the Advocate apprised of all court hearings and the results of same.
- Notify victim, LE, CPS, and the Advocate of any plea offer extended and whether accepted or rejected.
- After pre-trial hearing, notify victim, LE, CPS and Advocate if plea or trial.
- If plea, notify victim, LE, CPS and Advocate of plea and sentencing dates.
- If trial, notify victim, LE, CPS and Advocate of trial date.
- Prepare victim for sentencing, including writing a Victim Impact Statement, preparing to speak at sentencing, and answering any question.

- Determine if victim wishes a 3rd person be present during a pre-trial preparation interview.
- Schedule interviews with victim & witnesses to prepare for trial; advise LE, CPS, and Advocate of same.
- After trial, notify victim, LE, CPS and Advocate of verdict.
- Prepare victim for sentencing, including writing a Victim Impact Statement, preparing the speak at sentencing, and answering any questions.
- After sentencing, notify victim, LE, CPS, and Advocate of disposition of case and follow up with written disposition to LE.
- If offender is under age of 12 but at least 8, determine if case can be prosecuted or if offender is a sexually aggressive youth. RCW 26.44.160(1).
- If under RCW 9A.04.050, it is determined that an offender under the age of 12 is incapable of committing a crime and PC exists to believe that the child did commit the offense, prosecutor shall refer the child as a sexually aggressive youth to CPS providing CPS with an affidavit that PC exists to believe the child committed the acts but is incapable of committing a crime under RCW 9A.04.050. RCW 26.44.160 (2).
- Develop a written protocol for handling criminal child abuse investigations with the assistance or LE, CPS, Advocates, and any other local agency involved in the investigation of criminal child abuse case. RCW 26.44.180(2).

FORKS CITY ATTORNEY

Upon receipt of a misdemeanor or gross misdemeanor, child abuse/neglect report, the City Attorney's Office shall review the report &, within five (5) days of receipt, notify the victim, victim's requested representative, CPS & Law Enforcement of the decision to charge or decline to charge a crime. Filing of a charging document will be done within 30 days of the City Attorney's Office initial decision whenever possible.

The City Attorney's Office will provide legal advice & support to the City Police Department & assist in coordinating the County Prosecutor's Office investigation if requested. The City Attorney's Office will also review, in a timely manner, those cases returned by the County Prosecutor's Office for possible misdemeanor rather than felony charges.

Unless a citation is issued by Law Enforcement prior to the City Attorney's Office receiving the case for review, it shall be the sole responsibility of the City Attorney's Office to determine what, if any, misdemeanor criminal charge will be filed against a suspect; the City Attorney's Office may also, in its discretion, refer a case to the County Prosecutor's Office for possible felony charges.

Further, it is the City Attorney's Office responsibility to determine the method, manner, & approach to prosecution of any alleged criminal activity.

This includes the charges to be filed, referred, or pursued, the order of prosecution, evidence to be used, employment of various types of immunity, coordination of witness interviews, etc. While the City Attorney's Office encourages input from CPS, Law Enforcement, the victim & the victim's advocate, the prosecution of a misdemeanor case is at the sole discretion of the City Attorney's Office.

When a criminal charge has been filed by the City Attorney's Office, the Office will work to keep the victim, Law Enforcement, CPS & the Advocate apprised of:

- All court hearings & the results of the same;
- Plea offer(s) extended & whether accepted or rejected;
- Trial dates if no plea is entered;
- Trial verdict;
- Sentencing hearing if applicable;
- Sentence if a plea is entered; and
- Disposition of the case if not already addressed above.

In preparing for the prosecution of the case, the City Attorney's Office will work with Victim(s) &/or the Victim Advocates to determine if the victim(s) want a third party to be present during any interviews. The City Attorney's Office will work to coordinate interviews with Victim(s), Victim Advocates, and where appropriate, CPS and law enforcement.

Law Enforcement

- **Must** investigate all allegations of alleged child abuse/neglect;
- Notify CPS of all reports received and disposition of such reports;
- Notify CPS no later than **24 hours** of receiving report;

Participating law enforcement agencies include the following and such other agency/agencies as may adopt the protocols by signature of the chief law enforcement officer:

Port Angeles Police Department

Clallam County Sheriff's Office

Sequim Police Department

Forks Police Department

It is the sole responsibility of law enforcement to conduct criminal investigations. Criminal investigations include follow-up requests made by the prosecuting attorney.

**IT WILL BE LAW ENFORCEMENT'S RESPONSIBILITY TO NOTIFY
CPS OF ANY CHILD FATALITY AS SOON AS POSSIBLE AT THE
LATEST WITHIN 24 HOURS.**

When it appears that a crime may have occurred within the jurisdiction of two or more separate agencies (i.e., the Port Angeles Police Department and the Clallam County Sheriff's Office), the agencies shall make every effort to reduce duplication of efforts, minimize trauma to victim(s) and their families, and safeguard the constitutional rights of all individuals. In such a situation, the supervisor of the investigating units shall coordinate and determine how the investigation will be handled and which agency shall be responsible for what phase or part of the investigation, including, but not limited to, who will conduct, observe and document interviews. The investigating agencies should include the prosecutor in such a meeting. The prosecutor will be responsible for resolving disputes should that be necessary.

LAW ENFORCEMENT RESPONSIBILITIES

- Must investigate all allegations of alleged child abuse/neglect to determine if a crime has been committed & provide CPS with report. RCW 26.44.050
- Report suspected abuse/neglect in writing to the prosecutor as soon as practical for appropriate action when the investigation reveals that a crime has been committed. RCW 26.44.030(5).
Notify CPS of all reports received & disposition of such reports. RCW 26.44.030(5).
- Law Enforcement shall notify CPS immediately but no longer than 24 hours after receiving a report where a child's welfare is endangered from abuse/neglect/sexual abuse. RCW 26.44.030(5).
- Upon receiving report of alleged abuse/neglect, conduct Interviews. In conducting your interviews if it appears necessary obtain a warrant to interview the child. If there is a question as to whether a warrant is necessary consult a prosecutor.

Utilize the Child Advocacy Center (CAC) when conducting your interviews. Be familiar and follow the CAC protocols and procedures. Notify a prosecutor of the time of interview to allow them to be present.

- Notify parent of the interview at the earliest possible point in the investigation without jeopardizing the safety of the child or the course of the investigation. RCW 26.44.030(14)(a).
- Make reasonable efforts to accommodate child's wishes to have a third person present. RCW 26.44.030(10).
- Make a near verbatim written record of the disclosure interview within 15 days of the interview. Every employee who conducts an interview of any person involved in an allegation of abuse or neglect shall retain his/her original written records or notes setting forth the content of the interview unless the notes were entered into the electronic system operated by the department which is designed for storage, retrieval, and preservation of such records. RCW 26.44.035(2)(3)(4)

- May take child into custody without court order if there is probable cause to believe the child is neglected/abused & that the child would be injured or could not be taken into custody if it were necessary to first obtain a court order pursuant to RCW 13.34.050. RCW 26.44.050.
- If child is taken into custody, LE shall leave written protective custody notification with parent or in residence of parent if no parent present giving reasons for removal of child from home & phone number of CPS. RCW 26.44.110.
- Should photograph child for purpose of providing documentary evidence of the physical condition of the child. RCW 26.44.050.
- Shall take the child into custody if physician or hospital administrator has reasonable cause to believe child would be imminent danger if left in present custody & release child to CPS. RCW 26.44.056(2).
- Shall investigate allegations of a child under 12 committing a sex offense. If at least 8 years of age & probable cause exists to believe the child committed an offense, refer to prosecutor. If under age of 8 years, refer report to Prosecutor's Office and to CPS. RCW 26.44.160(1).
- **If child is 11 or younger and is a suspect, permission from parent/guardian is required to interview. Children 11 or younger cannot waive their Miranda Rights only a parent/guardian can waive their Miranda Rights.**
- Not participate as investigator of alleged abuse concerning child for whom the LEO is, or has been parent, guardian, or foster parent or a close personal friend of victim's family or suspect(s). RCW 26.44.190.
- Make every reasonable effort to provide a written statement of the rights of the child victim enumerated in RCW 7.69A.030(1-10) to include name, address & phone number of a local crime victim/witness program. RCW 7.69A.030(11).

EMS & FIRE DISTRICT PERSONNEL

EMS is responsible for responding to requests for medical help from victims of abuse & neglect, with the primary role to preserve life, treat illness, injury, & transport to appropriate medical care facilities. In addition, EMS personnel **will attempt** to maintain potential crime scenes for investigation until LE arrive. EMS will provide necessary information to receiving health care providers, law enforcement, & the County Coroner in cases of abuse & neglect.

Emergency Medical Services or Fire Department Response

1. EMS will respond to calls for serious physical abuse & child death as per Northwest Region EMS operating procedures for EMS response.
2. EMS has a primary role to preserve life, but will disturb the crime scene as little as possible.
3. Victims will be treated & transported as per the Northwest Region protocol for EMS providers.
4. Scene will be maintained & secured to the best of EMS's ability until LE can arrive. EMS will utilize one path in & out of the potential crime scene.
5. Prior to Law Enforcement's arrival EMS will attempt to prevent others from entering the crime scene or removing or disturbing anything from the crime scene.
6. Law Enforcement will immediately be notified through PENEMS will identify potential witnesses and document any statements made.
7. EMS will wear their uniform of protective clothing to shield both scene and responder.

8. PENCOM.
9. EMS will leave the area “as is” prior to Law Enforcement Investigation. EMS personnel are not to clean, flush the toilet, change the heating conditions or remove the garbage or trash.
10. EMS will wait until Law Enforcement arrives to report observations before leaving the scene when reasonable. (If not possible to wait, contact Law Enforcement through PENCOM & provide contact information for all EMS personnel on scene).
11. All necessary information, including initial dispatch, scene findings, medical/incident history, treatment provided, & patient response to treatment will be given to the receiving physician.
12. In cases where the patient is not transported & determined to be dead via standards set forth by the Northwest Region protocol, EMS personnel will follow the Clallam County Child Fatality Investigative guidelines for notification of Law Enforcement & the Coroner.

13. *****In cases where there is a fatality,*****

EMS will leave the victim(s) where found ;

*******EMS will not remove the body. *******

14. Attempt to keep all family members & personnel out of the scene area once the fatality has been determined. **If this is not possible, do not leave a family member alone with a dead child.**

15. In cases where a child has died or there is suspected child abuse or neglect, all personnel on scene shall fill out a supplemental report and/or a SUIDI report as soon as possible to note any **changes in the scene.**

16. EMS will document any statements made & the setting of the area.

17. EMS will notify the Coroner through their procedures if there is a fatality.

18. All parties involved will follow HIPPA rules when dealing with protected health information.

19. In cases where EMS personnel suspect child abuse or neglect is taking place, CPS and Law Enforcement will be contacted.

CPS Daytime Phone: **1-888-713-6115**

CPS After Hours Central Intake Phone: **1-800-562-5624**

**WHEN THE CORONER/DEPUTY
CORONER IS ON SCENE AND
PRONOUNCES DEATH,
THE CORONER WILL TAKE
JURISDICTION OF THE BODY AND IT
WILL NOT BE MOVED/TRANSPORTED
BY EMS.**

**THE CORONER WILL ASSUME
LIABILITY IN SUCH CASES.**

RCW 68.50.010

Child Protective Services/FAR

Child Protective Services (CPS) is part of the Division of Children and Family Services within the Department of Social and Health Services. The primary function of CPS is to protect children. CPS receives and assesses referrals regarding child abuse and neglect, and performs comprehensive assessments of risk.

Although CPS receives reports of abuse and neglect, CPS must also report incidents of child abuse and neglect to law enforcement agencies when it finds that there is reasonable cause to believe that such an incident of abuse or neglect has occurred.

- Upon receiving report of incident of alleged child abuse/neglect, **should** report such incident to the proper law enforcement agency **immediately** but no later than **24 hours**;
- The report to law enforcement will come through telephone contact made by CPS to dispatch for the appropriate referral to law enforcement.
- **Must** provide written report to proper law enforcement agency within **5 days** of oral report;
- Make reasonable efforts to learn:
 - Name
 - Address
 - Phone Number

of each person making report of alleged child abuse/neglect assuring appropriate confidentiality of identity of person(s) reporting same.

CPS RESPONSIBILITIES/FAR

- Shall, upon receiving report of alleged abuse/neglect, notify proper law enforcement agency of all complaints of child abuse/neglect. RCW 26.44.030(4)
- Upon receiving a report of alleged abuse/neglect, should report to LE within **24 hours** of receiving report. RCW 26.44.030(4)
- If oral report made to LE, written report must be made to LE within 5 days of oral report. RCW 26.44.030(4)
- If case referred to CPS by licensed physician on the basis of expert medical opinion that child abuse/neglect has occurred and child's safety will be seriously endangered if returned home, shall file a dependency petition unless a second licensed physician of the parents' choice believe that the first expert opinion is incorrect. RCW 26.44.030(8)
- Upon receiving report of alleged abuse/neglect, may interview children. RCW 26.44.030(14).
- **Utilize the Child Advocacy Center (CAC) when conducting your interviews. Be familiar and follow the CAC protocols and procedures.**
- Notify parent of the interview at the earliest possible point in the investigation without jeopardizing the safety of the child or the course of the investigation. RCW 26.44.030(14).
- Make reasonable efforts to accommodate child's wishes to have 3rd person present. RCW 26.44.030(14).
- Shall maintain investigation records and conduct timely & periodic reviews of all cases constituting abuse/neglect while maintaining a log of screened-out non-abuse cases. RCW 26.44.030(17).
- Shall use a risk assessment process when investigating alleged child abuse /neglect referrals. RCW 26.44.030(18).
- Make reasonable efforts to learn name, address & phone number of each person making report of abuse/neglect & assure appropriate confidentiality of the ID of reporting parties. RCW 26.44.030(10).

- Upon learning that another agency has also responded to the complaint, notify the other agency of your presence and **coordinate the investigation**, keeping each other apprised of progress. RCW 26.44.035(1).
- Make a written record, near verbatim of the disclosure interview within 15 days of the interview, retain original written notes & maintain same of all incidents of suspected child abuse/neglect reported. RCW 26.44.035(2)(3)(4).
- Upon receipt of report of possible abuse/neglect, DSHS must investigate and provide CPS with report in accordance with RCW 74.13 & where necessary refer such report to court. RCW 26.44.050.
- May photograph the child to prove physical condition of the child. RCW 26.44.050.
- Notify the parent, guardian or legal custodian of the child of the allegations of child abuse/neglect against them at the earliest possible point in the investigation as long as it does not jeopardize the safety or protection of the child or jeopardize the integrity of the investigation. Once the investigation is completed the perpetrator shall be notified of the department's findings. RCW 26.44.100(2).
- If child taken into protective custody by law enforcement or pursuant to court order under RCW 13.34.062, take reasonable steps to advise the parents immediately, regardless of time of day, that the child has been taken into protective custody & the reasons why, along with general information, about the child's placement complying with RCW 13.34.060. RCW 26.44.115.
- Shall investigate any referrals from Prosecutor that allege that a child is a sexually aggressive youth & may offer appropriate services/treatment to youth & parents per RCW 74.13.075. If parents refuse to accept or fail to obtain appropriate treatment or services under circumstances that indicate the refusal or failure is child abuse/neglect, dependency action may be pursued as provided in RCW 13.34. RCW 26.44.160(3)

THE CHILD ADVOCACY CENTER (CAC)

The **CAC** provides a child-friendly, safe and neutral location in which law enforcement and Child Protective Services investigators may conduct and observe forensic interviews with children who are alleged victims of crimes, and where the child and non-offending family members receive support, crisis intervention and referrals for mental health and medical treatment. The Child Advocacy Center model's main objective is to reduce trauma to child victims by bringing all disciplines together and sharing information more efficiently to minimize duplication.

The **CAC's multidisciplinary team (MDT)** is made up of law enforcement, child protective services, prosecutors, advocates, mental health, and medical disciplines. The MDT meets regularly to communicate and collaborate on child maltreatment cases. Cases are reviewed beginning with the victim's initial outcry through investigation, treatment and prosecution. Communication within the team reduces duplication and mistakes, and keeps victims from falling through the cracks.

A child forensic interview is a process where a child is given the opportunity to make a statement about what happened in a safe, supportive environment. The child is questioned in a legally-sound, developmentally appropriate manner by a **trained professional**. Members of the multidisciplinary team that have jurisdiction over the case may observe the interview as it is taking place. Interviews are recorded, reducing the number of times children need to be interviewed, therefore reducing trauma to the child. Information gathered in the forensic interview is used to help make decisions about protection, prosecution and treatment. **Conducting forensic interviews with child crime victims in a Child Advocacy Center is considered best practice.**

Attorney General's Office

As the attorney for state government, the Office of the Attorney General represents the Department of Social and Health Services (including Child Protective Services, Department of Early Learning and Division of Licensed Resources) in legal proceedings. The local Assistant Attorneys Generals are responsible for representing Child Protective Services in cases originating in Clallam County, including dependency and termination proceedings.

ATTORNEY GENERAL RESPONSIBILITIES

Review, discuss and file dependency petitions from Child Protective Services. Represent the Department of Social and Health Services in hearings pertaining to the filed dependency petitions. Represent the Department of Social and Health Services in hearings pertaining to termination of parental rights.

Division of Licensed Resources

The Division of Licensed Resources (DLR) is responsible for investigating abuse/neglect occurring in state licensed homes/facilities.

Community Based Advocates

Victims and their families should be given the opportunity to have a community based advocate for support at the hospital or other health care facilities and at any proceedings concerning any alleged sexual assault. This support may include, but is not limited to, the presence of a community based advocate at medical appointments, law enforcement/prosecutor interviews, defense interviews and at any court proceedings. RCW 70.125.060

ADVOCATE RESPONSIBILITIES

- As soon as possible but not later than 48 hours, make appropriate reports to LE and/or CPS if an allegation of child abuse/neglect is received including identity of accused if known. RCW 26.44.030(1)(a),(e).
- Provide confidential support and advocacy to victims of and families of victims of abuse during investigation, prosecution and as long as desired by the victim or victim's family.
- Offer crisis support and referral services.
- Accompany victim to any & all interviews if victim requests same.
- Refer to counseling as may be appropriate.

VICTIM WITNESS ASSISTANTS IN PROSECUTOR'S OFFICE

The victim-witness assistants in the prosecutor's office will ordinarily be present at victim interviews and court proceedings. Their presence, however, does not preclude a community advocate from being present if the victim chooses, as they have different, albeit overlapping, roles.

MEDICAL

MEDICAL EVALUATIONS, EVIDENCE AND TREATMENT

A specialized medical exam may be appropriate in cases where a child has reported abuse. Medical/forensic examinations for abuse may be appropriate for children in both emergent and non-emergent situations and may include an interview for the purpose of taking a medical history as well as physical exam. In cases where there is a report or serious concern of sexual abuse having occurred within the prior 120 hours, a sexual abuse medical/forensic exam should be considered by the lead agency.

The medical exam is appropriate whether or not the contact included “penetration.” The purposes of the exam include, but are not limited to, identifying and treating physical injury and documenting signs and/or symptoms as well as providing confirmation or alternative diagnosis to the suspected neglect or abuse. Where physical evidence is present, the person conducting the physical/medical exam is expected to collect that evidence.

[For purposes of physical exams only](#), Olympic Memorial Medical Center and the Olympic Medical Physician’s Pediatrics in Port Angeles may at times have qualified staff to triage care of children who need medical exams due to CAN. Once a child is triaged at either Olympic Medical Center or Olympic Medical Physician’s Pediatrics, they may be referred to Children’s Hospital, Harrison Hospital or Mary Bridge Hospital for the forensic evaluation. Once triaged at the Forks Community Hospital they may be referred to Children’s Hospital or Harrison Hospital for the forensic evaluation.

In cases involving abuse of children, arrangements should be made to have the child taken to Harrison Hospital in Bremerton, St. Peters Hospital in Olympia, or Mary Bridge Sexual Assault Clinic in Tacoma, [Harborview Medical Center or Seattle Children’s Hospital](#).

Responsibility of Medical Professionals

Initial reports of child sexual abuse and/or physical abuse made to medical professionals shall be immediately reported to the appropriate law enforcement agency or CPS. Medical professionals will share alleged victim(s) medical reports with the proper law enforcement agency when such reports are necessary to the investigation, or to ensure the safety of the child, or when a medical release from the child's parent or guardian is presented. RCW 70.02.050.

Peer/Expert Review

If there is a request for a second opinion in a sexual assault case by any party, it is recommended that the victim be evaluated by the SANE examiner at Harrison Hospital in Bremerton or by the Harborview Sexual Assault Center patient care coordinator .

Medical Documentation

Injuries concerning abuse should be documented as thoroughly as possible with consideration given for photo documentation and use of body maps. In sexual assault cases, photo colposcopy for sexual abuse is **not required** but may be appropriate. Adequate photography may be performed with a digital camera with attention given to maintaining chain of evidence.

MEDICAL PERSONNEL RESPONSIBILITIES

- Conduct forensic medical examination in accordance with medical protocol.
- Obtain medical history from child that could yield pertinent information.
- Document physical findings that substantiate concerns.
- Maintain reports resulting from examination and provide, upon request, to LE, CPS, the prosecutor and the AGO.
- Provide any samples collected from the examination to LE upon request.
- Maintain records of the medical history (tape recorded or written) of the child and provide copies to LE, CPS, prosecutor, and AGO as requested.

An administrator of a hospital/similar institution, or any physician licensed in the State of Washington, may detain a child without consent of a person legally responsible for the child whether or not medical treatment is required, if the circumstances/conditions of the child are such that the medical professional has reasonable cause to believe that permitting the child to continue in his/her place of residence or in the care and custody of the person legally responsible for the child's care would present an imminent danger to that child's safety. RCW 26.44.056(1).

The administrator/physician shall notify the appropriate law enforcement agency and child protective services as soon as possible and in no case longer than 24 hours.

INVESTIGATION

TRAINING AND QUALIFICATIONS

RCW 43.101.224 indicates that there shall be on going specialized training for individuals responsible for investigating child sexual abuse. The Washington State Criminal Justice Training Commission, Washington Association of Prosecuting Attorneys, Washington Association of Sheriffs and Police Chiefs, and the Department of Social and Health Services shall design and implement state-wide training for persons engaged in the interviewing of children for child sexual abuse cases. Law enforcement agencies should make every effort to send those persons within the department responsible for interviewing child victims of sexual assault, to the above-referenced trainings (or training consistent with the requirements of RCW 43.101.224 and 74.14B.010), law enforcement should make every effort to send those persons within the department responsible for interviewing child victims of sexual assault to attend local peer review at a minimum of twice per year and other appropriate on-going training as determined by the above responsible agencies.

It is recommended that forensic interviews of victims and child witnesses are done at the CAC. Interviewers need to follow the protocols of the CAC and be appropriately trained.

INITIAL REPORT CONTENTS

RCW 26.44.040

The initial report should contain the following information:

1. Name, address, age of child, telephone numbers;
2. Name(s), address(es), telephone numbers of child's parent (s), stepparent(s), guardian's), or other person(s) having custody of the child;
3. Probable Cause statements **will not** list juvenile victims or witnesses full names. Probable Cause statements **must** use initials and DOB when referencing juvenile victims or juvenile witnesses.

This **does not** apply to **juvenile suspects**.

1. The nature and extent of the alleged abuse/neglect;
2. Any evidence of previous injuries of abuse/neglect, including the nature and extent of same;
3. Any other facts or information that may be helpful in establishing the cause/extent of the child's death, injury, or injuries or neglect and the identity of the alleged perpetrator(s);
4. Facts alleging abuse/neglect; and
5. Confirmation that other agencies have been notified including date and time of such notification.

RESPONSIBILITY FOR INVESTIGATION

It is important to make distinctions between agencies because of differing responsibilities. These distinctions will enhance cooperation, assure coordination, minimize interference, and reduce the number of interviews the child has to endure. The following guidelines will be used to establish the responsibilities of each entity.

Any time there are allegations of child abuse/neglect, a crime may have been committed. The proper law enforcement agency will **always** assume the lead in such investigation.

The law enforcement agency will keep the other agencies informed of the investigation status and progress. CPS/DLR will participate in the investigation when requested by law enforcement pursuant to RCW 26.44 and RCW 13.34.

While the term investigation is used throughout this protocol and the statutes, it is important to note that it has a different meaning when referring to CPS/DLR than when referring to law enforcement.

Law enforcement is the primary investigating agency in all cases of alleged sexual abuse of children. CPS/DLR and law enforcement shall cooperate in the investigation of cases in which the alleged perpetrator is a household and/or family member or where the alleged abuse/neglect occurred in any licensed foster care facility or day care where the alleged perpetrator is providing services or is working. However, even in the case of a cooperative investigation, care should be taken that primary interviews of children, witnesses and

perpetrators are performed by a forensically trained law enforcement officer.

CPS/DLR shall provide assistance to law enforcement upon request when advice and/or resources are needed to place a child in temporary or protective custody or when a child in temporary or protective custody needs medical attention and/or treatment.

Law enforcement shall provide assistance to CPS/DLR in cases of alleged child abuse/neglect as a crime may have been committed, whenever there is a risk of assault, threats have been made, or there is a risk of abuse from anyone either directly or peripherally involved, and in cases where the child needs to be placed in protective custody.

Law enforcement or CPS/DLR will immediately initiate an investigation whenever there is indication that the child is at risk of further abuse/neglect or harm, to prevent the child from being removed from the jurisdiction, and to prevent the loss of testimony and/or evidence.

In the following rare circumstances, the initial investigation may be delayed where:

1. immediate response will increase the risk to the child,
2. it is necessary to coordinate joint initial investigations, or
3. it is necessary to establish an appropriate location and time for the initial interviews of the child and others. The **CAC** should be utilized for interviews whenever possible.

INVESTIGATIVE PROCEDURES

Where law enforcement officers take the initial report from victim(s) and witness(es), or mandatory reporters they must:

1. **Immediately** contact their supervisor and advise of the situation;
2. Assess the risk to the victim(s) and witness(es) and determine if placement is necessary. An officer with specialized training will be assigned to the allegations of any sexual assault;
3. Notify CPS as soon as possible if CPS participation is required;
4. The proper law enforcement officer shall, as soon as is practical, notify the prosecutor's office of the investigation;
5. The officer, the prosecutor and CPS worker assigned to the case shall coordinate to ensure assistance can be provided to the child as needed;

The officer shall check available law enforcement records and CPS records regarding past contacts with the family. Law enforcement and CPS shall share any information relevant to the investigation.

SUSPECT & WITNESS INTERVIEWS

Whenever possible, law enforcement shall always attempt to interview all suspects and witnesses. A complete interview shall be conducted of any person to whom the initial report of abuse/neglect was made to determine facts relevant to the investigation.

In cases where CPS and DLR are involved and required to interview a parent or guardian who is also a suspect, each agency, whenever possible, will coordinate with the appropriate law enforcement agency regarding the interview. CPS and DLR will seek to avoid interference with the criminal investigation.

CHILD INTERVIEWS

This protocol applies only to investigative interviews, and not other child hearsay statements made by the child to other people, i.e., relatives, friends, teachers, or to spontaneous statements made to any person including, but not limited to, law enforcement personnel.

1. Interviews of children are often the primary source of information for crimes against children, especially sexual assault. With investigative interviews, care should be taken to conduct a thorough open-minded and sound interview that enhances free recall. These forensic interviews should always be conducted in person. And whenever practicable the interviews should be conducted at the **CAC**. **If the interview is not conducted at the CAC the interview should be video and audio recorded.**

Law enforcement agencies shall assume the primary responsibility for conducting investigative interviews of child sexual assault victims. In cases where the alleged perpetrator is a household member. CPS should be informed that an interview has taken place in order to minimize the number of child interviews. Whenever possible law enforcement should notify CPS workers and the prosecutor on the **CAC MDT Team** of the pending interview so that they may be present if possible during the interview.

2. Persons who conduct investigative interviews should make themselves aware of the child's developmental level with regarding to language and cognition. This can be accomplished through information provided to the interviewer by people who know the child or through some brief initial interaction with the child prior to the commencement of the interview.
3. Investigative interviews of children with obvious and significant developmental delays pose challenges. So the interview should be conducted by someone with specialized training. However, an investigator without specialized training is not necessarily unreliable and as such, the interviewer's training and experience does not preclude the use of such an interview for evidentiary purposes.

In this context it would be very important to include the prosecutor and therapist on the **CAC MDT** at the interview if possible or CPS worker if appropriate.

For every interview, the focus on the reliability (i.e., the time, content, and circumstances of the interview), and resulting admissibility of the interview should be based on the interview and evidence as a whole. Such instances include, but are not limited to:

- a. situations where immediate action is required and such a trained person is not available;
- b. the interview is conducted by a patrol officer to determine the general nature of the complaint;
- c. the interview is conducted by CPS to assess safety factors;
or
- d. the interview is conducted by medical professionals in the course of examination and/or treatment.

Under every circumstance, interviews shall be conducted in a manner that will elicit reliable information while minimizing the use of leading questions that could change or contaminate the child's memory of the event. This does not mean that the appropriate use of leading questions is prohibited or that leading questions necessarily change or contaminate a child's memory.

It must be remembered that interviews conducted by medical personnel and/or CPS/DLR are conducted for purposes other than potential criminal prosecution and thus are not subject to these guidelines. **However, medical and CPS/DLR personnel should familiarize themselves with the guidelines & follow them whenever possible in order to avoid unnecessary contamination of law enforcement investigations.**

4. Documentation of investigative interviews should be accurate and detailed. Whenever possible, all interviews should be recorded preferably video recorded and at minimum audio recorded. Recorded interviews should be transcribed at the request of prosecution. The CD/DVD itself should be sent to the prosecutor's office with the initial referral of the crime. If transcribed, a copy will be sent to prosecutor's office. Original recordings of interview shall be kept in evidence in accordance with the procedures of the investigating agency.
5. In situations where a child makes spontaneous statements to a law enforcement officer and other situations where a recording is not feasible, the officer shall document in a near verbatim manner the statements of the child, any statements or questions initiated by the officer, as well as the circumstances under which the statement was made, including when and where the statement was made, who was present, and any statements or questions initiated by any other person who was present. This documentation shall be contemporaneous or as near to contemporaneous as circumstances practically allow.
6. Investigative interviews should be conducted with consideration given to the emotional comfort of the child. There will be times when investigative interviews must be done in field settings or under circumstances that are less than optimal. In such situations, every effort should be made to make the child comfortable. Generally, interviews should be conducted in a setting where the child will feel comfortable, safe, and protected. Thus, interviews **SHALL** be conducted away from the alleged perpetrator, away from any location where the alleged abuse occurred, and away from any antagonistic/non-supportive person.

7. Other children present at the location where the alleged abuse occurred and children to whom the alleged perpetrator had access should be interviewed **privately** to determine if they have been a victim of or have any knowledge of abuse to other victims. These interviews should be conducted in such a manner to avoid undue trauma to other potential victims and avoid contamination of potential victim(s) and/or witness(es).
8. Notification to the parent(s) of children interviewed must occur as soon as possible in the investigation without jeopardizing the safety of the child or the investigation. Interviews may be conducted without parental notification or consent when necessary to protect the integrity of the investigation when the suspect is a parent or household member, the suspect is an adult with an intimate relationship with the other parent, the non suspect parent is antagonistic or unsupportive of the child and/or the investigation. LE may need to consider obtaining a search warrant to interview the child if necessary.
9. If the child or non suspect parent wishes a third party present during the interview, the interviewer shall make reasonable efforts to accommodate the child's wishes as is required by RCW 70.125.060, unless the child objects to the presence of a third party and/or the third party will jeopardize the integrity of the investigation, or the third party interferes with or injects themselves into the interview in such a manner as to jeopardize the integrity of the interview.

METHODS OF PROTECTING CHILDREN

The safety and well-being of the child should receive priority during any investigation of abuse. All reasonable steps should be taken to prevent unnecessary trauma to the child during an investigation. Every effort will be made to minimize the number of child interviews.

Law enforcement shall take or cause a child to be taken into protective custody without a court order if there is probable cause to believe that the child is abused or neglected and that the child would be injured or could not be taken into custody if it were first necessary to obtain a court order (RCW 26.44.050). Child(ren) shall also be taken into protective custody when the child has been abused or exploited and there is reason to believe that the parent(s) may flee the jurisdiction with the child, there is specific evidence that the parents' anger or discomfort about the report and investigation may result in retaliation against the child, or the person(s) with whom the child resides have been arrested for any reason.

THE DECISION TO PLACE CHILDREN IN PROTECTIVE CUSTODY RESTS SOLELY WITH LAW ENFORCEMENT OFFICERS.

A referral to CPS shall be made when a child is taken into protective custody. Under RCW 26.44.030(4)(5), law enforcement must make a referral within twenty-four (24) hours if the child's welfare is endangered. (Under RCW 13.34.060(1), a child taken into custody without a court order shall immediately be placed in shelter care.) CPS must file a dependency petition and secure a shelter care hearing within seventy-two (72) hours (excluding Saturdays, Sundays, and holidays) after a child has been taken into custody by law enforcement if continued shelter care as defined by RCW 13.34.060(1) is necessary.

An administrator of a hospital/similar institution, or any physician licensed in the State of Washington, may detain a child without consent of a person legally responsible for the child whether or not medical treatment is required, if the circumstances/conditions of the child are such that the medical professional has reasonable cause to believe that permitting the child to continue in his/her place of residence or in the care & custody of the person legally responsible for the child's care would present an imminent danger to that child's safety. RCW 26.44.056(1).

The administrator/physician shall notify the appropriate law enforcement agency and child protective services as soon as possible and in no case longer than 24 hours.

Law Enforcement Shall ensure that when needed, a child receives appropriate medical examinations and/or treatment. If a sexual assault appears to have occurred within **120 hours** of the report, **law enforcement shall consult with a physician or person trained in conducting forensic examinations to evaluate whether or not a medical exam should be conducted on the victim.**

Law Enforcement shall inform the victim that they are entitled to have a victim advocate contacted and present during the investigation.

Triage Medical Evaluations

Olympic Medical Center Emergency Dept.	360-417-7724
Forks Community Hospital	360-374-6271
Olympic Medical Physician's Pediatrics	360-457-8578
Child Protection Medical Consultants	206-987-2000
Harrison Hospital	360-377-3911

Consent for Care

The parent/guardian must sign consent for medical care for abuse evaluations for children under 14 years of age. If there is significant concern of abuse within the previous 72 hours, and the parent/guardian is unavailable or unwilling to sign for care, police will be notified to place the child in protective custody.

Washington State Sexual Abuse Medical Evaluation Recommended Guidelines 2017

The type of exam will vary according to the patient needs and the expertise of the examiner. If you are LE then you need to determine if the victim fits the criteria for an ACUTE Exam.

IF you are not sure if they meet the criteria then contact Harrison Hospital or Harborview SANE program and get their decision.

1. Acute Exam indicated when there has been:
 - Clear Report of Sexual Contact or Witnessed Sexual Contact **AND**
 - Occurred within 120 hours

Additional Reasons for an ACUTE Exam beyond 120 hours are:

- Active Vaginal or Rectal Bleeding of unknown etiology and concern for high risk situation, e.g. abduction.
- Penetrating vaginal or anal injury without adequate history

Prior to Exam advise family not to bathe child before exam, estimate wait time, and how long the exam may take, bring clothes that were worn at time of incident, bring a change of clothes if possible, bring support to the hospital if possible.

Evidence Collection will occur.

2. Comprehensive Exam

Includes a detailed history from adults, review prior records, conversation with child about the events when appropriate, detailed physical exam which may include colposcopy to evaluate acute and healed injuries, evaluation for STD's and recommendations for follow up care, including mental health and advocacy. A child may have had a screening or acute exam and be referred for a comprehensive exam for full evaluation. When a history of contact sexual abuse is obtained a medical exam is warranted. The history will guide how soon the exam should be done.

3. Screening Exam

Children are often brought to the ER or general medical provider because of concern of sexual abuse. Brief history will be taken to determine if **ACUTE** exam needs to occur and to determine if acute injury has occurred. If after screening low concern for child abuse then a referral to primary care physician would be made. If after screening there is reasonable concern for child abuse then a mandatory report will be made to CPS or LE. If the sexual contact is within 72 hours (11 years old or younger) or 120 hours (12 years old or older) then a referral for **ACUTE EXAM** needs to occur and if outside the time frame then a referral for a **Comprehensive Exam**.

Medical provider should have rape kit onsite.

If a rape kit is used in the examination of the alleged sexual abuse victim (s), law enforcement **MUST** submit the kit to the Washington State Patrol Crime Lab. The medical facility shall retain all other medical evidence.

Additionally, law enforcement will obtain copies of pertinent medical history of the alleged victim (s) including medical records and photographs of the examination and records relating to medical treatment for the alleged sexual abuse.

COMPLEX CASES

PRODECURES FOR THE INVESTIGATION OF COMPLEX CASES

(This applies only to sexual assault cases)

As a general rule, complex sexual assault cases means a case involving at least three victims who are not living in the same household, a case with multiple perpetrators, a case where there are potential multiple victims who have not disclosed, or a case where crimes have occurred in more than one jurisdiction.

Upon receipt of a complaint involving a complex case, the investigating agency who received the complaint shall convene a team within twenty-four (24) hours of the initial complaint whose members should consist of the following:

- (1) a prosecutor or deputy prosecutor with experience in child sexual assault cases;
- (2) a law enforcement officer from each law enforcement agency
- (3) involved, and a supervisor of the investigative unit from each law enforcement agency involved;
- (4) a CPS representative; and a
- (5) [MED CON Consult by phone if available 206-987-2000](tel:206-987-2000)

The team shall be advised of the nature of the complaint and the facts which cause it to be classified as a complex case.

Law enforcement and CPS shall immediately coordinate any immediate action required to take the child out of harms way.

The Prosecutor shall assign a lead prosecutor to handle the case. Each law enforcement agency shall choose a supervising investigator to supervise the responsibilities of that agency. The team may be supplemented as necessary or desirable with other personnel to include, but not limited to a Child Advocate.

The lead prosecutor and the supervising investigator, in conjunction with CPS, from each agency shall assign and coordinate the responsibilities for their respective agency, including the determination of which law enforcement agency shall take the lead role in the investigation. If this cannot be determined through the agreement of the parties, the prosecutor shall have the authority to make the decision.

If the prosecutor believes it necessary, representatives of the Attorney General’s Office, Division of Licensing Resources, and any other agency or group shall also attend the team meetings. The prosecutor shall be responsible for explaining the investigative and prosecutorial process to victims and for disseminating information to the media.

The team shall also discuss and determine whether additional personnel are required, the role and tasks of each individual involved in the investigation, identify persons to be interviewed, determine the order in which to conduct interviews and which agencies will conduct them, where they will occur, tentatively determine whether third parties may be present, devise procedures to minimize contamination of potential victim(s)/witness(es) such as who will contact them, what they will be told, if the use of multiple interviewers is advisable, and procedures to eliminate or minimize contacts between potential witnesses and between investigators until such time as interviews have been completed.

MULTI-JURISDICTIONAL REPORTING PROCEDURES

Where the victim of abuse resides in one jurisdiction and has been abused in another jurisdiction, a report **shall** be made to CPS and law enforcement where the child victim is currently residing. This will ensure the safety and protection of the child and allow the appropriate agency to initiate or assist in the investigation by contacting the child. A report shall be made to the local law enforcement agency. The local law enforcement agency shall report the abuse to the law enforcement agency in the jurisdiction where the abuse occurred and to CPS. This procedure will ensure coordination of the investigation and enhance the evidence gathering process. Reports to CPS and law enforcement **shall** be exchanged between CPS and law enforcement in all involved jurisdictions.

AGENCIES IN OTHER JURISDICTIONS WILLING TO ASSIST

The Kitsap County Prosecuting Attorney's Office and the Kitsap County Sheriff's Office have qualified persons who are trained and experienced in the investigation and prosecution of child sexual assault cases, and are willing to help with technical assistance should it be necessary.

Kitsap County Sheriff's Office
Detective Division
360-337-5610

Kitsap County Prosecuting Attorney
360-337-7174

INFORMATION SHARING

Law enforcement, prosecutors, assistant attorneys general, CPS, DLR, Division of Early Learning, the School District, EMS and community based advocates shall share appropriate information with each other as authorized by statute. Information sharing can minimize repetitive investigative interviews and prevent unnecessary duplication and overlap of effort.

CASE DISPOSITION AND CLOSURE

When a law enforcement agency believes that it has fully investigated a case, it shall determine whether there is sufficient evidence to believe that a crime has been committed, and take appropriate action. Where there is sufficient evidence, the case shall be referred to the prosecutor's office. Law enforcement shall arrest the suspect when necessary to protect the child or community, to preclude removal of the child from the home, where the perpetrator is likely to flee the jurisdiction, and/or where there is reason to believe that abuse/neglect will continue. This does not necessarily mean that the investigation has been completed. Law enforcement may continue to investigate, and the prosecutor may request follow-up work.

Whenever possible, the prosecutor will determine if and what charges should be filed within thirty (30) days of receiving the referral. Prosecution should occur where there is sufficient admissible evidence to prove guilt beyond a reasonable doubt. Once a charging decision has been made, the prosecutor's office shall attempt to notify the victim and the submitting law enforcement agency within five (5) business days.

Having received a report of alleged sexual abuse pursuant to RCW 26.44 (cases where law enforcement has received a referral from DSHS or other mandatory reporter), the prosecutor shall notify the victim or appropriate parent or guardian or other person the victim requests, and the local office of DSHS of the decision to charge or decline to charge a crime within five days of making the decision. CPS will investigate, provide services, and close cases in accordance with these protocols, the guidelines set out in RCWs and WACs, and the specific guidelines set forth in the DSHS Policies and Procedures Manual. The Attorney General's Office will represent DSHS in dependency and terminations and close cases when a permanency plan is achieved.

METH ENDANGERED PROTOCOL

	Found at active Lab, Ill, appearing	Found at Active Lab, Not Ill appearing	Request by LE, Child Appears Fine
911 Activated	Yes, Initiate County protocol for decontamination	Yes, Field medical triage to determine need to go to ER or released	LE Contact CPS
CPS Contacted	Yes	Yes	Yes
Field Medical Triage	Yes	Yes	Yes
Decontamination initiated in field	Yes	Yes	NA
24/7 hours of operation	Same process regardless of time	Same process regardless of time	To clinic or MD office M-F 8:30-5:00pm
After Hours	Same process regardless of time	Same process regardless of time	CPS/foster parent to schedule exam at clinic for late date
To hospital	Yes	Yes	No
Child transferred via	911 ambulance	PV if released by field	PV
To Peds clinic or MS	No	No	Yes
Decontamination in ER	Yes	Yes	No
Clothing	Removed & place in separate paper bags	Removed & place in separate paper bags	Removed & place in separate paper bags
Urine specimen	Obtained at OMC	Obtained at OMC	Obtained at office
Call in advance	Yes	Yes	Yes

Purpose: Investigate incidents/reports of children endangered by methamphetamine possession or use, methamphetamine precursor chemicals, and clandestine drug labs.

Objective: To establish a coordinated response to be used by Clallam county DCFS, Law Enforcement agencies and the Medical Community in Clallam County for the placement of drug endangered children into protective custody by Law Enforcement.

- Washington State Legislature passed the Drug Endangered Children’s Law in June of 2000. This legislation mandated that any children found at methamphetamine lab SITES be placed in Protective Services.
- The law also allowed for a mandatory two-year enhancement of any UMCS—Unlawful Manufacturing of a Controlled Substance—conviction for having a child present.
- **RCW 9A.42.100** Endangerment with a controlled substance: A person is guilty of the crime of endangerment with a controlled substance if the person knowingly or intentionally permits a dependent child or dependent adult to be exposed to, ingest, inhale, or have contact with methamphetamine or ephedrine, pseudoephedrine, or anhydrous ammonia, including their salts, isomers, and salts of isomers, that are being used in the manufacture of methamphetamine, including its salts, isomers, and salts of isomers. Endangerment with a controlled substance is a class B felony.

Law Enforcement Response

Law Enforcement Responsibilities:

Should include an assessment of the child, placing the child in protective custody, investigation and documentation of the scene, writing search warrants and collection of evidence. All reports and documentation will be routed to the prosecutor's office for charging. All reports involving potentially endangered children will also be routed to CPS.

Law Enforcement Procedure

1. Law enforcement's first responsibility will always be to secure the safety of persons on scene including other initial responders, civilians, suspects and children. In the case where a suspected clandestine lab is discovered law enforcement will evaluate subjects and secure the scene. Department procedures for clandestine lab response will be followed.
2. Assess any immediate emergency medical needs and arrange for the response of medics and fire department to perform on site decontamination if necessary. (see medical evaluation process)
3. When children are on scene an officer will be assigned to take charge of the children. That officer will take the children into protective custody and notify CPS. If the officer plans to interview the child then he should consider the factors in *Camreta v. Greene*.

Medical Evaluation of Drug Endangered Children

1. Children appearing acutely ill or intoxicated should be transported immediately via EMS (911) to the Emergency Department for further evaluation.
2. Children found where drugs are being manufactured should have a medical evaluation within 24 hours.
 - A. Olympic Medical Physician's Pediatrics is available for primary exams and to help collect urine samples between 8:30-5pm Monday-Friday at the Sequim or Port Angeles office. The clinic should be notified in advance.
 - The child should be brought to the back door and changed into a gown. His/her clothing should be placed in a sealed bag, labeled and reserved for the police. Each item of the clothing should be in a paper bag and each item of clothing shall be bagged separately.
 - B. The Olympic Medical Center is available to assist in primary exams and urine collection and decontamination of children.
 - If possible-call ahead and alert the Emergency Department; 417-7724
 - Bring to ambulance entrance—children will be undressed and placed into pediatric gowns. His/her clothing should be placed into individual paper bags, labeled and sealed.
 - C. The Forks Community Hospital (360-374-6271) is available Monday-Sunday at all times for primary exams and to collect urine samples.
3. Children who do not appear ill and have no health complaints should be evaluated per CPS protocol for any child taken into custody.
 - Follow up medical exams (5 days to 12 month) will be performed as clinically indicated and as per CPS protocols for any children taken into custody.

- Law enforcement will transfer custody of children in protective custody to a CPS worker or CPS arranged foster parent. Placement of the child is the responsibility of CPS. Law enforcement will not place children.
 - When possible law enforcement will assist CPS in locating children residing in the home who are not present.
4. All reports and documentation will be completed as soon as possible and routed to the appropriate agencies for follow up and charging.
 5. The officer in charge of processing the scene will ensure the following measures are taken whenever possible.
 - A. Document any evidence that indicated the presence of children-including but not limited to:
 - i. Children's proximity to/accessibility of drugs, paraphernalia, syringes and chemicals.
 - ii. Proximity of children's living/sleeping areas to hazards, weapons, pornography.
 - iii. Sleeping condition, sanitary conditions, food quality and quantity.
 - iv. Any other conditions that would present a hazard to the child.
 - B. Conduct witness interviews.
 - C. When contacted by foster parents, law enforcement will pick up urine specimens and immediately send to state toxicology lab for processing.
 6. All reports and documentation shall be completed as soon as possible and forwarded to the prosecutor's office and CPS.

Urine Sample: Children found at meth labs or children found at sites where there is concern of ingestion (i.e. sites where drugs and chemicals would be easily accessed by a child) should have a urine sample obtained for forensic purposes. The urine sample should be collected at a medical facility or by a foster parent with a collection kit within twelve (12) hours of the child being removed from the site.

Purpose: Urine samples from methamphetamine endangered children are useful to determine the child's level of exposure to toxic chemicals.

Procedure for Urine Collection: The samples are most useful if collected within twelve (12) hours of exposure and therefore should be collected as soon as possible. Providing the child with something to drink can expedite the process.

For infants:

Supplies: four 4 X 4 gauze pads, leak proof urine container, biohazard bag

Procedure: Place the four gauze pads in the diaper. Remove when wet and place in the urine container. Cover and seal urine container. Label the container with child's name, date and time of collection. Place container in the biohazard bag.

For toilet trained children:

Supplies: leak proof urine container, urine hat and biohazard bag

Procedure: Place urine hat in toilet and ensure child urinates into it. Transfer urine into urine container. Older children can urinate directly into the urine container. Cover and seal the urine container. Label the container with the child's name, date and time of collection. Place container in the biohazard bag.

Urine specimen is to be stored in the refrigerator until collected by law enforcement.

DCFS/Child Protect Service Methamphetamine

Protocol Response:

When there is reason to believe that abuse and/or neglect of a child has occurred and/or that a child is in need of protection and placement as a result of illegal drug manufacturing activities, Child Protective Services (CPS) will be notified and will participate as follows:

1. If the presence of the children at a methamphetamine lab is known ahead of time, CPS will be called to provide relevant advance information and may respond with the initial investigative team whenever possible.
2. CPS will respond to the scene when notified and requested by law enforcement.
 - A. During business hours law enforcement will contact intake at 1-888-713-6115. The CPS supervisor or designee will collect known information AND will dispatch a social worker to the officer's location. After business hours, weekends, holidays, law enforcement will call Intake 1-800-562-5624 who will dispatch a social worker.
3. CPS will accept transfer and take custody of children from law enforcement.
 - A. CPS will make an initial placement assessment to determine whether relative or licensed foster care is the most appropriate placement for the child(ren).
4. CPS, in cooperation with law enforcement, will attempt to locate and coordinate placement of child(ren) not on the premises.
5. CPS will ensure a referral is entered in the CPS computer system and will update the information as necessary.
6. CPS will not be responsible for the primary decontamination of the children involved in a gross contamination. If on site decontamination is necessary, law enforcement, fire department and medical professional at the scene will conduct the decontamination process following standard EMS and medical protocols.

7. CPS is authorized to approve routine and emergent medical care for children taken into protective custody by law enforcement. At that time, CPS may sign the medical consent for treatment and is entitled to copies of all relevant medical information. CPS will assist medical response by attempting to obtain old medical records, and/or child's medical passport.
8. CPS will provide clean clothing for the child. Items from the drug lab site will not be taken with the child. Transport vehicles will have disposable car seat covers for infant and child car seats, and disposable blankets as seat covers for older children.
9. When CPS is the first to conduct an initial non-forensic interview of the children, reports of the interview will be forwarded to law enforcement.
10. The Court will make a legal determination regarding placement within seventy-two (72) hours of the time CPS assumes custody, excluding Saturday, Sunday and holidays.

References

- Guidelines from the Nation Alliance for Drug Endangered Children www.nationaldec.org
- Handouts from the Washington's Endangered Children's Assessment and Response: Recommended Best Practices Addressing the Needs of Drug Endangered Children
- Washington's Endangered Children's assessment and Response: Recommended Best Practices Addressing the Needs of Drug Endangered Children, August 2004
- Drug Endangered Children's (DEC) Protocol for Pierce County, April 2006

DOMESTIC VIOLENCE

CHILD NEGLECT

PHYSICAL ABUSE

CHILD FATALITIES

**CHILDREN/YOUTH AND
DOMESTIC VIOLENCE
RESPONSE**

Compliments of:

King County Sheriff's Office

**King County Dept. of
Community and Health Services**

King County Prosecuting Attorney

**Seattle & King County Public Health
Region Four, Washington State Dept. of
Social & Health Services**

This booklet provides guidelines for officers responding to domestic violence incidents where children are present. The checklist is intended to assist officers by highlighting common investigative steps. The guidelines in this booklet will not always be applicable in their entirety because of differing circumstances.

Children & Domestic Violence Checklist
(Investigative Guidelines)

1. Upon arrival at scene:

- Locate children, determine their whereabouts.
- Identify each child by name, sex, and age.
- Determine child's proximity/involvement with incident.

2. Check on child's well being & physical condition.

- Note child's demeanor and emotional state.
- Note any evidence of injury.

3. Provide reassurance/support to the child(ren).

- Identify yourself and explain your role.
- Talk to each child in a safe place away from suspect, victim, and siblings.
- Try to get the child(ren) to relax.
- Tell the child(ren) that you are there for their safety.
- Tell the child(ren) that the violence is not their fault.

4. Talk to the child(ren). Ask simple non-leading questions.

If the first responder is not comfortable interviewing a child under the age of 12 years, please call a trained child interviewer from your department and ask them to respond to the scene and do the interview. If the first responder is comfortable interviewing the child, follow the guidelines as closely as possible and thoroughly document the interview.

- Get down on your knees or sit to face the child.
- Do not force the child to talk.
- Ask "Why do you think I am here?"

- Ask “Tell me what happened.”
- Ask “What did you see or hear?”
- Ask “Has this ever happened before?”
- Ask the child if they were hurt during the incident.
- If child or caregiver reports injury, call EMS for assessment.

5. Assess for risks of imminent harm to child(ren).

- Determine if perpetrator has violated any court order in effect for the child.
- Determine if domestic violence has increased in frequency and intensity.
- Assess perpetrator for lethality indicators such as display/use lethal weapon(s) at the scene, threatening suicide or homicide, hostage taking or stalking, inflicting severe violence when using alcohol/drugs and/or an untreated psychosis or mental health disorder.
- Determine if child(ren) can remain safely at scene.

6. Determine if need for protective custody.

- Consider protective custody when probable cause exists that the child(ren) would suffer further abuse/neglect if left at scene.

7. Child(ren) and family resources.

- Offer Child(ren) a DV booklet.
- Give DV Protection Act victim’s right form & available resources.

8. Completing incident report/DV supplemental report.

- Document child’s name, age, location, level of fear, and risk of imminent harm on the DV supplemental report.
- Indicate if child is a witness or a victim in the incident report.
- Describe the nature of the assaults or threats.
- Describe and document the child’s involvement with the incident.
- Document child’s demeanor and emotional state.
- Record what the child saw/heard at the scene.
- Document any assistance/referrals given, or CPS reports.
- Document EMS assistance and names of EMS personnel.
- Document acts of violence and threats to kill the child and others.

9. Telephone CPS immediately to triage child/youth's safety needs at the DV scene when:

- The child is assaulted or injured during the DV incident.
- Perpetrator violates child NCO and/or protection order.
- Discharge of a firearm or use of a lethal weapon in the child's presence.
- The child expresses fear that perpetrator will kill or injure someone in the home.
- Perpetrator displays a pattern of lethality indicators (See section 5). The child remains at high risk of severe injury or death if perpetrator has access to the child.
- The child's parent/caretaker cannot safely care for the child(due to injury, substance abuse use, mental health disorder, etc.) and **law enforcement** places child into protective custody.

10. Must make CPS referral within 24 hours when the child/youth is at risk of substantial harm from DV.

Examples may include:

- Perpetrator interference with child/youth's attempts to report DV.
- Perpetrator throws object that could hit or injure the child (reckless endangerment).
- Child in physical jeopardy during assault or destruction of property (child gets caught in DV cross-fire but not injured or child attempts to intervene in DV).
- Perpetrator forces/coerces child to participate in the DV.
- Perpetrator displays firearm or lethal weapon in child's presence.
- DV patterns escalating in severity or frequency in last 90 days.
- Child/Youth is witnessing or forced to participate with perpetrator in killing or torturing of a family pet.

11. Should consider a CPS referral when the child may be at risk or harm.

When in doubt, contact your supervisor, call CPS intake or FAX report to CPS.

- Child experience changes in patterns from exposure to repeated DV incidents (such as sleep deprivation, increased aggressive behaviors, wetting the bed, chronic fear, anxiety or depression).
- Perpetrator interferes with the provision of the child's minimal needs of food, shelter, health or safety.

Examples may include:

- *Perpetrator acts in a cruel, humiliating, and dehumanizing manner to child at DV scene.*
- *Perpetrator blames child for the DV.*
- *Perpetrator has a history of abuse to children.*

Child Neglect

LE will make every effort to obtain the following items of evidentiary value:

- State of child(ren)'s health & physical development.
- Physical hazards in the home, including exposed wiring, presence of illegal substances, child's ability to sustain injury from items such as cleaning supplies, controlled substances, etc.
- Photograph/videotape home/scene.
- Determine who has custody of child(ren).
- Adequacy of supervision.
- Provisions for basic needs, including nutrition, medical & dental care.
- Extent of emotional harm to child(ren).
- Caretaker(s) parenting abilities, including signs of mental or physical impairment/substance used/abuse.
- Presence of food (spoiled/rotten/type & quantity)/other indications child(ren) are not being properly fed.
- Identification of other children/adults in home.
- Medical records.
- School records.

Physical Abuse of Child.

LE will make every effort to obtain the following items of evidentiary value:

- ❑ Photographs of injuries & location on body of child(ren) sustained injury.
- ❑ What causative factors are present? Photograph & seize item(s) used to inflict injury.
- ❑ Presence of any defensive injuries.
- ❑ ID of all individuals who had access to child(ren) during time frame injuries were sustained.
- ❑ Statement(s) from child(ren), caretaker(s), & witness(es).
- ❑ Medical release(s) signed by guardian.
- ❑ Measurement(s) such as distance from top of changing table to floor where parent says child accidentally fell.
- ❑ Documentation of child characteristics, to include age, physical/mental/emotional delays, fear of caretaker or home environment, etc.
- ❑ Documentation of caretaker/parental characteristics (such as victimization of other children, mental/physical/emotional impairment, substance use/abuse, history of DV assaultive behavior, etc.).
- ❑ If child(ren) sustained burns, determine if it's a dry or wet burn; document water heater setting, shape of burn; photograph & seize item(s) deemed capable of causing burn.
- ❑ Record information re: child(rens)'s height, location or light fixtures/light bulbs, etc.

- Recent observations of child(ren) (vomiting, feeding problems, lethargy, irritability, impaired consciousness, etc.);
- Child(ren)s' developmental level;
- State of child(ren)s clothing;
- Presence of visible injur(ies);
- Recent phone calls made;
- Seize blood evidence;
- Measurements, diagrams, photographs;
- Temperature, inside & out;
- Points of entry;
- Sleeping arrangements;
- Contents of toilet;
- Contents of baby bottle(s);
- Contents of garbage cans & waste baskets;
- Condition of there child (ren);
- Evidence of motive (soiled underwear, bedding, diapers, medications, etc.);
- Instruments of discipline.

Child Fatalities

LE will make every effort to obtain the following items of evidentiary value:

- Location & position of body—photograph & videotape thoroughly before body is moved.
- Determination whether body moved by anyone?
- Whether CPR given.
- Presence of rigor/lividity.
- Document vehicles present.
- Limit access to scene—document demeanor of every one on scene.

- Crime scene log.
- Develop timeline.
- History of LE/CPS contact/prior death(s) of child(ren).
- Names of everyone who had access to child(ren) in past 72 hours.
- Who found child(ren).
- Who reported death.
- Separate everyone & interview separately.
- What child(ren) ate in past 24 hours.
- Preserve evidence (soiled diapers, bedding, clothing, drugs, item(s) that could be mechanism of injury/death or suggest mechanism of injury.
- Obtain all first responder(s) observations before they leave scene.
- Name of doctor(s) & last visit.
- Obtain medical release(s).
- Prescriptions (written & filled).
- Presence of over counter medications.
- Pre-existing medical conditions.

NOTIFY CPS IMMEDIATELY WHEN THERE IS A CHILD DEATH (this includes but is not limited to SIDS, accidental, homicide, expected) ALL CHILD DEATHS!!!

WHEN THE CORONER/DEPUTY CORONER IS ON SCENE AND PRONOUNCES DEATH, THE CORONER WILL TAKE JURISDICTION OF THE BODY AND IT WILL NOT BE MOVED/ TRANSPORTED BY EMS. THE CORONER WILL ASSUME RESPONSIBILITY IN SUCH CASES. RCW 68.50.010

******FIRST RESPONDERS******

**C-POD Guidelines for First Responders:
Child Deaths & Serious Physical Injury Cases**

*These are only guidelines.
Not all information may be pertinent or available.
Follow local procedures & established protocols!*

These guidelines provide a quick review of recommended approaches in cases where a child has died suddenly & unexpectedly, or sustained serious unexplained or suspicious physical injury. They list important considerations for 1st responders (especially CPS/DLR, Law Enforcement, and EMS/paramedics) during an immediate response to the scene where the child was injured or found. Determination of the cause of death or mechanism of injury will depend on the results of a complete investigation & medical evaluation. In addition to considering these suggestions, please note any other relevant information. Keep in mind: not all items apply in all cases – each situation is different & the appropriate response will vary depending upon available resources & the specific facts of the case.

Produced in 2006 by the WA State Criminal Justice Training Commission (CJTC) & funded by a DSHS Children’s Justice Act grant, the C-POD Guidelines are based on a series of meetings held throughout WA State, facilitated by Patti Toth & Ilana Guttmann, who also compiled the guidelines.

For additional resources & training information, go to the CJTC website at www.cjtc.state.wa.us or contact CJTC Program Manager Patti Toth at pthoth@cjtc.state.wa.us.

Beyond the C-POD Guidelines:

**Improving Community Response to Child Fatalities and
Serious Physical Abuse Cases**

- Revise & expand scope of your *county* **Child Sexual Abuse Investigation Protocol** to address child fatalities & serious physical abuse cases; involve additional local professionals & agencies:
 - EMS & Fire District personnel; Coroner or Medical Examiner; Medical providers: ER/Hospitals; Comm. Center/ 911 dispatchers;
- Utilize a *multidisciplinary approach* to these investigations

- Use the **SUIDI form** (*Sudden Unexplained Infant Death Investigation*) for infant deaths
- Develop your own **checklists**: include pertinent local phone #s
- Participate in local **child death review** teams to plan follow-up investigations and de-brief

Collaboration

- *Ensure an **immediate, coordinated investigation** of ALL unexpected child deaths & serious injuries.*
- Immediately summons **EMS**
- Immediately call **Law Enforcement** to scene of injury or death (*and to hospital if child has been transported*)
- Immediately call **CPS** to scene(s): 1-888-713-6115 or after hours **800-562-5624.....**(*Law Enforcement: press "9"*)
- *Contact/notify other key players ASAP as appropriate:*
 - Special Unit Detective(s)
 - Medical Examiner/Coroner
 - Dept. of Licensed Resources (DLR):
 - *f daycare (licensed or unlicensed), etc.*

Child Protection Medical Consultants (free expert medical consultation): (Medical Child Abuse Expert) 206-987-2000

- WSP CSRT, Crime Lab (total station)
- Prosecutor; other involved agencies
- Tribal Authorities
- Language Interpreter
- Counselor/Clergy/Chaplain
- Animal Control/ Bldg. Inspector, etc.

Consider:

- Who may/may not have been alerted
- People necessary to ensure full investigation
- Cause of injury/death is often not immediately obvious

Exchange information:

- Observations of all 1st responders
- Contact information for all responders
- History of child, family, caregivers, residence, etc. (Any patterns?)

Clarify roles:

- Who needs what info, when & how?

Who has the expertise/training to...

- Manage the scene (lead)
- Gather/document information
- Interview witnesses (including children)
- Preserve evidence
- Assess ongoing safety of child(ren) in home
- Determine need for protective custody of child(ren), identify appropriate placement

PRESERVATION

Maintain scene as it was when child (or injury) was discovered until evidence is seized, is documented, and/or circumstances are demonstrated or reconstructed.

Strive first to preserve life:

1. Render all necessary medical aid
- Disturb scene as little as possible
 - Prevent others from disturbing evidence
 - Secure the scene - Keep everyone at scene(s) until all info. Gathered
 - Clearly identify how 1st responders enter/exit the scene (*limit contamination*)
 - Wear protective clothing to shield both scene and responder

Preserve information:

- Interview witnesses (on video); take photos (at scene of injury and at ER/Hospital if child there); and record detailed observations ASAP

Disturb scene as little as possible:

Don't move a clearly dead child.

Don't turn on/off appliances.

Don't allow garbage to be emptied.

Don't change clothes/diapers - if you do, keep the clothing/diaper.

Prevent anyone from destroying potential evidence:

Don't use or flush toilet or sink.

Don't unnecessarily step on/into sensitive areas.

Don't mop up fluids or clean anything (bedding, dishes, etc.)

Don't throw anything away at or from the scene.

Preserve all evidence at the scene:

- Consider multiple scenes: Where injury occurred, vehicle, ER, etc.
- Control/ minimize access to scene.
- ID witnesses - conduct thorough witness interviews ASAP.
- Take lots of photos/videos.
- Removal of anything requires lawful authority (search warrant, written consent, etc.)

OBSERVATION

Be aware and conscious of everything within the environment.

Use all your senses.

Suspend assumptions in order to absorb maximum amount of info.

- The child's location, position, observable injuries, physical state (e.g., skin temp./color, lividity, etc.).
- All people at the scene(s).
- Demeanor of witnesses.
- Outdoor and indoor environment.
- Caretaker explanation(s):
 - ◇ *Consistent with injuries and/or observations?*
 - ◇ *Contradictory statements to different people?*
- Objects at scene(s) - possibly involved in mechanism of injury.
- What's moved/changed? What's odd? What's missing?
- Cultural, religious and/or ethnic factors - remedies, language, etc.
- Who rendered what aid?
- Who is present/not? Other children?
- Where and with whom are they? Physical & emotional state(s)?
- Demeanor, utterances, actions.
- Requests (e.g., lawyer, translator, clergy, etc.)
- Impairments (visual, motor, auditory, etc.)
- Outdoor & indoor environment:
 - Configuration, order/disorder, cleanliness, noise.
 - Sleeping environment.
 - Ventilation; are windows & doors open or closed? (Un)locked?
 - Temperatures and hazards: Water, toxins, weather, etc.
 - Fluids/ odors/ discolorations.
 - Pets/animals & their condition(s).
 - Presence/lack/condition of/info from:
 - Bedding, food, drugs, meds, etc.
 - Appliances? On or off?

DOCUMENTATION

Immediately record everything about the scene, the child, and witnesses.

- Who first noted distress/injury-when, where, what - their actions?
- When & who called for assistance? Any delay? Who else was called?
- Identity & contact info. for all key players – present at scene or not
- Observations of/about everyone on scene and/or with child
- Everything said (including excited utterances): How, when, by whom?
- Create timeline before & after injury: *48 to 72 hours* (use a calendar)
- All who had contact with child
- Location(s) of child
- Events, behaviors, activities, medical issues (& changes in these)
- Food & medications ingested
- Sleep & awake time
- Full description/depiction of scene

- Caretakers' attitudes re: child
- Name, DOB, phone, current and prior names and addresses for:
- Children at scene, in family/facility
- Legal custodians/ all caretakers
- Primary & collateral witnesses: family neighbors, teachers, etc.

1st responders

Information and observations about child:

- Development stage; temperament
- Appearance, injuries, condition
- Daily routine & any differences
- Family & health status information
- Describe outdoor/indoor environment;
- Measure, diagram, photos & videos
- Area layout; sleeping conditions
- Cleanliness, temperature, odors
- Bedding, food, drugs/alcohol
- Furniture, stairway(s), toys, etc.
- Obtain vital & accessible information:

Gather evidence carefully and objectively.
Lay a foundation for determining what happened.

- Arrive as soon as possible
- Composed demeanor & approach:
- Be calm - Acknowledge emotion, stress
- Establish rapport
- Ask comprehensive questions
- Call on a *pre-determined* multidisciplinary team ASAP:

EMS, Law Enforcement (LE), CPS, other local resources

- Ensure a quick response time - avoid leaving messages
- Follow established checklists/protocols (SUIDI, child abuse investigation, etc.)
- Consider prior experience & cases: What works/ doesn't?
- Don't assume innocence or culpability
- Treat every scene as a *potential* crime scene
- Demonstrate respect, sensitivity, neutrality: be non-judgmental
- Separate people and interview ASAP (*get specialized interview training*)
- Convey that a full, careful investigation is standard procedure
- Open, non-confrontational questions ("What happened?")
- Let people talk: record verbatim
- Photos/videos – record as much as possible! (*get equipment training*)
- Show scale in photos to indicate color and measurement
- **Ask witness(es) to describe & reconstruct what happened:** record w/ video (*possibly use doll*)
- Document any changes to child & scene (*e.g., body or items moved*)
- **LE:** If at all possible, attend & observe autopsy, collect relevant evidence

Responding to Sudden Unexpected Child Death or Serious Injury

- 1. Insure safety and provide medical aid as needed to save or assist the child**
- 2. If child is clearly dead, do not move the body**
 - ◇ Be careful not to destroy potential evidence
 - ◇ For an infant who has died, complete EMS portion of SUIDI Reporting Form

3. Make sure Law Enforcement has been notified (whether you stay at the scene or not)

- ◇ Provide your contact info to Law Enforcement

4. Document all adults and children present

- ◇ Include who has left
- ◇ What they did and said; their appearance
- ◇ Their reactions to child's death or injury

5. Document all statements and demeanor (emotional state) of speakers

- ◇ ASAP and verbatim
- ◇ Explain your job is to provide medical aid
- ◇ Ask for caretaker explanation; request details
- ◇ Record observations of both words & actions

6. Document all your observations of the environment ASAP

- ◇ Focus all your senses on the surroundings
- ◇ Describe scene accurately & completely
- ◇ Possible mechanism of injury present?

7. Consider & record child's developmental level

- ◇ Compare reasonableness of history given regarding mechanism of injury to child's age & developmental abilities and scene observations

8. Know signs of possible abuse & neglect:

Physical abuse: Unexplained broken bones, bruises, black eyes, cuts, burns, welts; pattern injuries, bite marks; reports of injury received from an adult caretaker, etc.

Sexual abuse: Difficulty walking or sitting, inappropriate interest or knowledge of sexual acts, reports of inappropriate touching, etc.

Neglect: Obvious lack of hygiene; back of head flat; severe diaper rash; hungry; underweight; lack of food, formula or care; parent or child use of drugs or alcohol, etc.

9. Notify CPS to report any suspicion of abuse or neglect of any child present at the scene.

CPS 24 hour Central Intake: **800-562-5624**

Child Protection Medical Consultants-expert consultation: **206-987-2000**

10. Participate in local multidisciplinary team (MDT) meetings to review child abuse cases

References: CPOD 1st Responder Guidelines training – Gary Sacha; Update, vol. 17, no. 7, Laura Rogers (2004)

Produced in 2006 by the WA State Criminal Justice Training Commission (CJTC) with DSHS CJA funding

For additional resources & training information, consult www.cjtc.state.wa.us or contact CJTC Program Manager Rick Bowen

rbowen@cjtc.state.wa.us

SUDDEN UNEXPLAINED INFANT DEATH INVESTIGATIONS

SUIDI* Pathologist Summary

Medical examiners consider this scene/case information critical to determining the cause & manner of death. It should be collected and presented to the forensic pathologist before the autopsy is conducted.

Does preliminary investigation indicate any of the following?

SLEEPING ENVIRONMENT

- **Asphyxia** (e.g., overlying, wedging, choking, nose/mouth obstruction, re-breathing, neck compression, immersion in water)
- **Shared sleeping surfaces** (with adults, children, pets)
- **Change in sleeping conditions** (e.g., unaccustomed stomach sleep position, location, or sleep surface)
- **Hyperthermia/hypothermia** (e.g., excessive wrapping, blankets, clothing, hot or cold environments)
- **Environmental hazards** (e.g., chemicals, drugs, carbon monoxide, noxious gases, devices)
- **Unsafe sleeping conditions** (e.g., couch/sofa, waterbed, stuffed toys, pillows, soft bedding)

INFANT HISTORY

- **Diet concerns** (e.g., solids introduction)
- **Recent hospitalization(s)**
- **Previous medical diagnosis**
- **History of acute life-threatening events** (ALTE's, e.g., apnea, seizures, difficulty breathing)
- **History of medical care without diagnosis**
- **Recent fall or other injury**
- **History of religious, cultural or ethnic remedies**
- **Cause of death due to natural causes other than SIDS** (e.g., birth defects, complications of preterm birth)

FAMILY IDENTIFICATION

- Prior sibling deaths
- Previous encounter(s) with police and/or social service agencies
- Request for organ and/or tissue donation
- Objection to autopsy

EXAM

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

This information is from the CDC's Sudden Unexplained Infant Death Investigation (SUIDI) Reporting Form

INVESTIGATOR INSIGHTS

- Suspicious circumstances
- Other alerts for pathologist's attention

PHONE NUMBERS

WEST END

Forks Abuse:	360-374-2273
Forks (DCFS): Office Hours	888-713-6115
Forks (DCFS): After Hours	800-562-5624
MED CON:	206-987-2000
Forks PD:	360-374-2223
FBI: Agent Ted Halla	360-265-2887
Quileute Police Dept.	360-374-9020
Quileute Tribe New Beginning Advocacy Service	360-374-5110
Makah Police Dept.	360-645-2701
Makah Social Services	360-645-3254

EAST END

All Law Enforcement/After hours

Prosecutor/Coroner/Fire-EMS:

Dispatch-Pencom:	360-417-4797
or	360-417-2459
Lower Elwha Police Dept.	360-452-6759
Lower Elwha Family Advoc.	360-565-7257 ext.7453 360-460-1745 (24/7)
Lower Elwha Indian Child Welfare	360-565-7257 ext.7456
Lower Elwha Social Services Dir.	360-565-7257 ext.7451
DSHS/CPS: During Office Hours	888-713-6115
DSHS/CPS: After Hours	800-562-5624
MED CON:	206-987-2000
Prosecutor: 0830-1630	360-417-2301
Healthy Families(24hr):	360-452 4357

ACRONYM KEY

AG	Attorney General
AGO	Attorney General’s Office
C-POD	Child Physical injury or Death Guide lines
CAC	Child Advocacy Center
CAN	Child Abuse and Neglect
CASA	Court Appointed Special Advocate
CPS	Child Protective Services
DLR	Division of Licensed Resources
DSHS	Dept. of Social and Health Services
DV	Domestic Violence
EMS	Emergency Medical Services
GAL	Guardian ad Litem
LE	Law Enforcement
LEA	Law Enforcement Agency
LEO	Law Enforcement Officer
MDT	Multi Disciplinary Team
Med Con	Medical Consultant
NCO	No Contact Order
PC	Probable Cause
PENCOM	Law Enforcement Dispatch Center
RCW	Revised Code of Washington
SUIDI	Sudden Unexplained Infant Death

SPECIAL REQUIREMENTS

No law enforcement officer, CPS personnel, or prosecutor may participate in an investigation of alleged child abuse/neglect if they are or have been a parent, guardian, foster parent, or close personal friend of the alleged victim's family or suspect (s) family. In addition, no agency shall participate in the investigation of an employee of that agency who has been accused of or charged with child abuse/neglect.

REVIEW OF PROTOCOL IMPLEMENTATION

It is the responsibility of each agency to ensure that members of their agencies receive information about this protocol. The protocol team will meet quarterly for the purpose of reviewing the protocols and agency implementation, and to facilitate inter-agency communication and cooperation.

**WHEREFORE, THE FOLLOWING AGENCIES ARE SIGNATORIES
TO THIS PROTOCOL:**

Clallam County Prosecuting Attorney

Clallam County Sheriff's Department

Healthy Families

Forks Abuse

Forks City Attorney's Office

Forks Community Hospital

Forks Police Department

Olympic Medical Physician's Pediatrics

Port Angeles City Attorney's Office

Port Angeles Fire Department

Port Angeles Police Department

Port Angeles School District

Sequim Police Department

Sequim City Attorney's Office

WA State Attorney General, Port Angeles Office

WA Div. Children & Family Services, Area Admin.

