

**YAVAPAI COUNTY
MULTI-DISCIPLINARY
PROTOCOLS
FOR THE JOINT INVESTIGATION
OF CHILD ABUSE**



Jointly Developed by Yavapai County Law Enforcement
Partners, Child Protective Services, and the
Yavapai County Attorney

STATEMENT OF PURPOSE

These Protocols are offered to assist all children, both victims and witnesses, and to serve as a model for handling child abuse cases within Yavapai County. The goal is to treat children with dignity and respect and to minimize secondary trauma that is often associated with child abuse investigations.

These protocols were initially developed in 1996, and revised in 2004, 2009 and in 2012, to further specify the practices being followed upon receiving reports of criminal conduct allegations. These protocols are intended to provide guidelines and a reference source for interagency cooperation in the investigation, prosecution and management of child neglect, physical and sexual abuse cases.

The authors of these protocols and their revisions understand that while the protocols specify best practices, each case must be approached on an individual level, taking into account each case's unique factors and the differing resources of the many agencies operating under these protocols. While it is recognized each agency has its own mandate to fulfill, the authors also acknowledge that no one single agency or discipline can fully address the problem of child abuse. Therefore, each agency must be cognizant of the needs of the victim as well as sensitive to the needs of other professionals involved. We have chosen to make the best interest of children our overriding concern where any interagency conflict may exist.

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

As Yavapai County Attorney, I want to thank the Yavapai Family Advocacy Center and its staff for their dedication and hard work to ensure an improved quality of life for abused children in Yavapai County and Arizona.

Sheila Polk
Yavapai County Attorney
2012



**YAVAPAI COUNTY MULTIDISCIPLINARY PROTOCOLS
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I

APPLICABLE ARIZONA STATE LAWS

STATUTE § 8-817 JOINT INVESTIGATIONS PROTOCOLS

§ 8-817. Initial screening and safety assessment and investigation protocols

A. The department (CPS) shall develop, establish and implement initial screening and safety assessment protocols in consultation with the attorney general and statewide with county attorneys, chiefs of police, sheriffs, medical experts, victims' rights advocates, domestic violence victim advocates and mandatory reporters. Any initial screening and safety assessment tools shall be based on sound methodology and shall ensure valid and reliable responses. The department shall establish written policies and procedures to implement the use of the initial screening and safety assessment protocols.

B. To ensure thorough investigations of those accused of crimes against children, in each county, the county attorney, in cooperation with the sheriff, the chief law enforcement officer for each municipality in the county and the department shall develop, adopt and implement protocols to guide the conduct of investigations of allegations involving criminal conduct. The protocols shall include:

1. The process for notification of receipt of criminal conduct allegations.
2. The standards for interdisciplinary investigations of specific types of abuse and neglect, including timely forensic medical evaluations.
3. The standards for interdisciplinary investigations involving native American children in compliance with the Indian child welfare act.
4. Procedures for sharing information and standards for the timely disclosure of information.
5. Procedures for coordination of screening, response and investigation with other involved professional disciplines and notification of case status and standards for the timely disclosure of related information.
6. The training required for the involved child protective services workers, law enforcement officers and prosecutors to execute the investigation protocols, including forensic interviewing skills.
7. The process to ensure review of and compliance with the investigation protocols and the reporting of activity under the protocols.
8. Procedures for an annual report to be transmitted within forty-five days after the end of each fiscal year independently from child protective services and each county attorney to the governor, the speaker of the house of representatives and the president of the senate. This report shall be a public document and shall include:
 - (a) The number of criminal conduct allegations investigated and how many of these investigations were conducted jointly pursuant to the investigation protocols established in this subsection.
 - (b) Information from each county attorney regarding the number of cases presented for review, the number of persons charged in those cases, the reasons why charges were not pursued and the disposition of these cases.
 - (c) The reasons why a joint investigation did not take place.
9. Procedures for dispute resolution.

C. The department shall cooperate with the county attorney and the appropriate law enforcement agency pursuant to the investigation protocols adopted in this section. In instances of criminal conduct against a child, the department shall protect the victim's rights of the children in its custody against harassment, intimidation and abuse, as applicable, pursuant to article II, section 2.1, Constitution of Arizona.

D. The county attorney and the law enforcement agency shall cooperate with the department pursuant to the investigation protocols adopted in this section.

DEFINITIONS PERTAINING TO CRIMES AGAINST CHILDREN

This material is intended simply to provide guidelines and is not to be considered legal advice. Emphasis has been added in some sections.

For purposes of coordinated (joint) investigation pursuant to statutory mandates, a “**criminal conduct allegation**” pursuant to A.R.S. §8-801(2) means an allegation of conduct by a parent, guardian or custodian of a child that, if true, would constitute any of the following:

- Sexual Conduct with a Minor
- Sexual Abuse or Sexual Assault of a Minor
- Molestation of a Child
- Incest Involving a Child
- Child Prostitution
- Commercial Sexual Exploitation of a Minor
- Sexual Exploitation of a Minor
- Child Abuse (Physical Abuse and Severe Neglect)
- Death of a Child
- Certain Domestic Violence Offenses that Rise to the Level of a Felony (Pursuant to A.R.S. §13-3601), excluding property crimes

ABUSE

“Abuse” per A.R.S. §8-201 means the infliction of or allowing of physical injury, impairment of bodily function, or disfigurement or the infliction of or allowing another person to cause serious emotional damage as evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior and which emotional damage is diagnosed by a medical doctor or psychologist pursuant to A.R.S. §8-821 and is caused by the acts or omissions of an individual having care, custody and control of a child. Abuse shall include inflicting or allowing sexual abuse pursuant to A.R.S. §13-1404, sexual conduct with a minor pursuant to A.R.S. §13-1405, sexual assault pursuant to A.R.S. §13-1406, molestation of a child pursuant to A.R.S. §13-1410, commercial sexual exploitation of a minor pursuant to A.R.S. §13-3552, sexual exploitation of a minor pursuant to A.R.S. §13-3553, incest pursuant to A.R.S. §13-3608 or child prostitution pursuant to A.R.S. §13-3212.

“Drug Endangered Children” (per A.R.S. §13-3623(c))

The terms “endangered” and “abuse” include but are not limited to circumstances in which a child or vulnerable adult is permitted to enter or remain in any structure or vehicle in which volatile, toxic, or flammable chemicals are found or equipment is possessed by any person for the purpose of manufacturing a dangerous drug in violation of A.R.S. §13-3407, subsection a, paragraph 4.

“Physical Injury” per A.R.S. §13-3623 means the impairment of physical condition and includes any:

- skin bruising
- pressure sores
- bleeding

- failure to thrive
- malnutrition
- dehydration
- health or welfare
- burns
- fracture of any bone
- subdural hematoma
- soft tissue swelling
- injury to any internal organ
- physical condition which imperils

“Serious Physical Injury” means physical injury which creates:

- a reasonable risk of death; or
- that causes serious or permanent disfigurement;
- serious impairment of health; or
- loss or protracted impairment of the function of any bodily limb or organ.

EMOTIONAL ABUSE

A.R.S. §8-821 permits a CPS Specialist or law enforcement officer to take temporary custody of a child who is suffering serious emotional damage which can only be diagnosed by a medical doctor or psychologist. The child shall be immediately examined and after the examination the child shall be released to the custody of the parent, guardian, or custodian unless the examination reveals abuse.

NEGLECT

“Neglect or Neglected” means the inability or unwillingness of a parent, guardian or custodian of a child to provide that child with supervision, food, clothing, shelter or medical care IF that inability or unwillingness causes substantial risk of harm to the child’s health or welfare, except if the inability of a parent or guardian to provide services to meet the needs of a child with a disability or chronic illness is solely the result of the unavailability of reasonable services.

Determination of Neglect - in determining if a child is neglected, consideration shall be given to:

- The drug or alcohol abuse of the child’s parent, guardian or custodian.
- The use by the mother of a dangerous drug, a narcotic drug or alcohol during pregnancy if the child, at birth or within a year after birth, is demonstrably adversely affected by this use.

“Substantial Risk of Harm” means actual, tangible and measurable harm or risk of harm to the child which may include physical, emotional, medical, sexual or other types of harm to the child.

SEXUAL CRIMES

CHILD PROSTITUTION (A.R.S. §13-3212) A person commits child prostitution by knowingly:

- Causing any minor to engage in prostitution;
- Using a minor for purposes of prostitution;
- Permitting a minor under such person’s custody or control to engage in prostitution;

- Receiving any benefit for or on account of procuring or placing a minor in any place or in the charge or custody of any person for the purposes of prostitution;
- Receiving any benefit pursuant to an agreement to participate in the proceeds of prostitution of a minor;
- Financing, managing, supervising, controlling or owning, either alone or in association with others, prostitution activity involving a minor;
- Transporting or financing the transportation of any minor through or across this state with the intent that such minor engage in prostitution.

COMMERCIAL SEXUAL EXPLOITATION OF A MINOR (A.R.S. §13-3552)

A person commits commercial sexual exploitation of a minor by knowingly:

- Using, employing, persuading, enticing, inducing, or coercing a minor to engage in or assist others to engage in exploitive exhibition or other sexual conduct for the purpose of producing any depiction or live act depicting such conduct;
- Using, employing, persuading, enticing or coercing a minor to expose the genitals or anus or areola or nipple of the female breast for financial or commercial gain;
- Permitting a minor under such person's custody or control to engage in or assist others to engage in exploitive exhibition or other sexual conduct for the purpose of producing any visual depiction or live act depicting such conduct;
- Transporting or financing the transportation of any minor through or across this state with the intent that such minor engage in prostitution, exploitive exhibition or other sexual conduct for the purpose of producing a visual depiction or live act depicting such conduct.

INCEST (A.R.S. §13-3608) Persons who are eighteen or more years of age and are within the degree of consanguinity within which marriages are declared by law to be incestuous and void, who knowingly intermarry with each other, or who knowingly commit fornication or adultery with each other.

MOLESTATION OF A CHILD (A.R.S. §13-1410) A person commits molestation of a child by intentionally or knowingly engaging in or causing a person to engage in sexual contact, except sexual contact with the female breast, with a child under fifteen years of age.

SEXUAL ABUSE (A.R.S. §13-1404) A person commits sexual abuse by intentionally or knowingly engaging in sexual CONTACT with any person fifteen or more years of age without the consent of that person, or with any person who is under fifteen years of age if the sexual contact involves only the female breast.

SEXUAL ASSAULT (A.R.S. §13-1406) A person commits sexual assault by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with any person without consent of such person.

SEXUAL CONDUCT WITH A MINOR (A.R.S. §13-1405) A person commits sexual conduct with a minor by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with any person who is under eighteen years of age. (This statute has been interpreted by the courts to include attempts to engage in this behavior, even if the attempt is only verbal.)

SEXUAL EXPLOITATION OF A MINOR (A.R.S. §13-3553) A person commits sexual exploitation of a minor by knowingly:

- Recording, filming, photographing, developing or duplicating any visual depiction in which a minor is engaged in exploitive exhibition or other sexual conduct;
- Distributing, transporting, exhibiting, receiving, selling, purchasing, electronically transmitting, possessing or exchanging any visual depiction in which a minor is engaged in exploitive exhibition or other sexual conduct.

ADDITIONAL DEFINITIONS

“Oral sexual contact” means oral contact with the penis, vulva or anus.

“Exploitive exhibition” means the actual or simulated exhibition of the genitals or pubic or rectal areas or any person for the purpose of sexual stimulation of the viewer.

“Producing” means financing, directing, manufacturing, issuing, publishing or advertising for pecuniary gain.

“Prostitution” means engaging in or agreeing or offering to engage in sexual conduct with any person under a fee arrangement with that person or any other person.

“Sexual contact” means any direct or indirect touching, fondling or manipulating of any part of the genitals, anus or female breast by any part of the body or by any object or causing a person to engage in such conduct.

“Sexual conduct” means sexual intercourse or oral sexual contact.

“Sexual intercourse” means penetration into the penis, vulva or anus by any part of the body or by any object or masturbatory contact with the penis or vulva.

“Simulated” means any depicting of the genitals or rectal areas that give the appearance of sexual contact or incipient sexual conduct.

“Spouse” means any person who is legally married and cohabiting.

“Sadomasochistic abuse” means flagellation or torture by or upon a person who is nude or clad in undergarments or in revealing or bizarre costume or the condition of being fettered, bound or otherwise physically restrained on the part of one so clothed.

“Visual depiction” includes each visual image that is contained in an undeveloped film, videotape or photograph or data stored in any form and that is capable of conversion into a visual image.

“Without consent” includes any of the following:

- The victim is coerced by the immediate use or threatened use of force against a person or property;
- The victim is incapable of consent by reason of mental disorder, mental defect, drugs, alcohol, sleep, or any other similar impairment of cognition and such condition is known or should have reasonably been known to the defendant;
- The victim is intentionally deceived as to the nature of the act;
- The victim is intentionally deceived to erroneously believe that the person is the victim's spouse.

DUTY TO REPORT SUSPECTED ABUSE

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

- A. Any person who reasonably believes that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means or that is not explained by the available medical history as being accidental in nature or who reasonably believes there has been a denial or deprivation of necessary medical treatment or surgical care or nourishment with the intent to cause or allow the death of an infant who is protected under § 36-2281 shall immediately report or cause reports to be made of this information to a law enforcement officer or to Child Protective Services in the Department of Economic Security, except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a law enforcement officer only. A member of the clergy, Christian Science practitioner or priest who has received a confidential communication or a confession in that person's role as a member of the clergy, Christian Science practitioner or a priest in the course of the discipline enjoined by the church to which the member of the clergy, Christian Science practitioner or priest belongs may withhold reporting of the communication or confession if the member of the clergy, Christian Science practitioner or priest determines that it is reasonable and necessary within the concepts of the religion. This exemption applies only to the communication or confession and not to personal observations the member of the clergy, Christian Science practitioner or priest may otherwise make of the minor. For the purposes of this subsection, "person" means:
1. Any physician, physician's assistant, optometrist, dentist, osteopath, chiropractor, podiatrist, behavioral health professional, nurse, psychologist, counselor or social worker who develops the reasonable belief in the course of treating a patient.
 2. Any law enforcement officer, member of the clergy, priest or Christian Science practitioner.
 3. The parent, stepparent or guardian of the minor.
 4. School personnel or domestic violence victim advocate who develop the reasonable belief in the course of their employment.
 5. Any other person who has responsibility for the care or treatment of the minor.
- B. A report is not required under this section for conduct prescribed by §§ 13-1404 and 13-1405 if the conduct involves only minors who are fourteen, fifteen, sixteen or seventeen years of age, and there is nothing to indicate that the conduct is other than consensual.
- C. If a physician, psychologist or behavioral health professional receives a statement from a person other than a parent, step-parent, guardian or custodian of the minor during the course of providing sex offender treatment that is not court ordered or that does not occur while the offender is incarcerated in the State department of Corrections or the Department of Juvenile Corrections, the physician, psychologist or behavioral health professional may withhold the reporting of that statement if the physician, psychologist

or behavioral health professional determines it is reasonable and necessary to accomplish the purposes of the treatment.

- D. Reports shall be made immediately by telephone or in person and shall be followed by a written report within seventy-two hours. The reports shall contain:
1. The names and addresses of the minor and the minor's parents or the person or persons having custody of the minor, if known.
 2. The minor's age and the nature and extent of the minor's abuse, child abuse, physical injury or neglect, including any evidence of previous abuse, child abuse, physical injury or neglect.
 3. Any other information that the person believes might be helpful in establishing the cause of the abuse, child abuse, physical injury or neglect.
- E. A health care professional who is regulated pursuant to Title 32 and who, after a routine newborn physical assessment of a newborn infant's health status or following notification of positive toxicology screens of a newborn infant, reasonably believes that the newborn infant may be affected by the presence of alcohol or a drug listed in § 13-3401 shall immediately report this information, or cause a report to be made, to Child Protective Services in the Department of Economic Security. For the purposes of this Subsection, "newborn infant" means a newborn infant who is under thirty days of age.
- F. Any person other than one required to report or cause reports to be made under Subsection A of this Section who reasonably believes that a minor is or has been a victim of abuse, child abuse, physical injury, a reportable offense or neglect may report the information to a law enforcement officer or to Child Protective Services in the Department of Economic Security, except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a law enforcement officer only.
- G. A person who has custody or control of medical records of a minor for whom a report is required or authorized under this section shall make the records, or a copy of the records, available to a law enforcement officer or Child Protective Services worker investigating the minor's neglect, child abuse, physical injury or abuse on written request for the records signed by the law enforcement officer or Child Protective Services worker. Records disclosed pursuant to this subsection are confidential and may be used only in a judicial or administrative proceeding or investigation resulting from a report required or authorized under this Section.
- H. When telephone or in-person reports are received by a law enforcement officer, the officer shall immediately notify Child Protective Services in the Department of Economic Security and make the information available to them. Notwithstanding any other statute, when Child Protective Services receives these reports by telephone or in person, it shall immediately notify a law enforcement officer in the appropriate jurisdiction.

- I. Any person who is required to receive reports pursuant to Subsection A of this Section may take or cause to be taken photographs of the minor and the vicinity involved. Medical examinations of the involved minor may be performed.
- J. A person who furnishes a report, information or records required or authorized under this Section, or a person who participates in a judicial or administrative proceeding or investigation resulting from a report, information or records required or authorized under this Section, is immune from any civil or criminal liability by reason of that action unless the person acted with malice or unless the person has been charged with or is suspected of abusing or neglecting the child or children in question.
- K. Except for the attorney client privilege or the privilege under Subsection L of this Section, no privilege applies to any:
 - 1. Civil or criminal litigation or administrative proceeding in which a minor's neglect, dependency, abuse, child abuse, physical injury or abandonment is an issue.
 - 2. Judicial or administrative proceeding resulting from a report, information or records submitted pursuant to this Section.
 - 3. Investigation of a minor's child abuse, physical injury, neglect or abuse conducted by a law enforcement officer or Child Protective Services in the Department of Economic Security.
- L. In any civil or criminal litigation in which a child's neglect, dependency, physical injury, abuse, child abuse or abandonment is an issue, a member of the clergy, a Christian Science practitioner or a priest shall not, without his consent, be examined as a witness concerning any confession made to him in his role as a member of the clergy, a Christian Science practitioner or a priest in the course of the discipline enjoined by the church to which he belongs. Nothing in this Subsection discharges a member of the clergy, a Christian Science practitioner or a priest from the duty to report pursuant to Sub-Section A of this Section.
- M. If psychiatric records are requested pursuant to Sub-Section G of this Section, the custodian of the records shall notify the attending psychiatrist, who may excise from the records, before they are made available:
 - 1. Personal information about individuals other than the patient.
 - 2. Information regarding specific diagnosis or treatment of a psychiatric condition, if the attending psychiatrist certifies in writing that release of the information would be detrimental to the patient's health or treatment.
- N. If any portion of a psychiatric record is excised pursuant to Sub-Section M of this Section, a court, upon application of a law enforcement officer or Child Protective Services worker, may order that the entire record or any portion of the record that contains information relevant to the reported abuse, child abuse, physical injury or neglect be made available to the law enforcement officer or Child Protective Services worker investigating the abuse, child abuse, physical injury or neglect.

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

P. For the purposes of this Section:

1. "Abuse" has the same meaning prescribed in § 8-201.
2. "Child abuse" means child abuse pursuant to § 13-3623.
3. "Neglect" has the same meaning prescribed in § 8-201.
4. "Reportable offense" means any of the following:
 - a. Any offense listed in Chapters 14 and 35.1 of this Title or § 13-3506.01.
 - b. Surreptitious photographing, videotaping, filming or digitally recording of a minor pursuant to § 13-3019.
 - c. Child prostitution pursuant to § 13-3212.
 - d. Incest pursuant to § 13-3608.

COUNTY MEDICAL EXAMINER

§ 11-595. Right to enter premises; right to seize articles

- A. The county medical examiner or alternate medical examiner may enter any room, dwelling, building or other place in which the body or evidence of the circumstances of the death requiring investigation may be found, provided that a law enforcement agency investigating the death obtains a search warrant for private property other than in the immediate location where the body was found.

- B. The county medical examiner or alternate medical examiner, with the permission of the law enforcement agency investigating the death may take into possession any object or article found on the deceased or in the deceased's immediate vicinity which may aid in the determination of the deceased's identity or determination of the cause or manner of death. Upon completion of the findings, the medical examiner or alternate medical examiner, within thirty days, shall deliver the object or article to the law enforcement agency concerned, to the legal representative of the deceased or to the County Treasurer.

II

LAW ENFORCEMENT PROTOCOLS

The purpose of law enforcement's response to incidents of physical and sexual abuse involving children is to determine if a crime has been committed and to bring to light those facts and circumstances necessary to bring the perpetrators into the criminal justice system. While pursuing the criminal investigation, law enforcement must be concerned with more than just statutory requirements and case law. Law enforcement personnel must be cognizant of the needs of the victim, as well as the responsibilities of other organizations involved in the treatment, support and recovery of the victim.

To this end, police are encouraged to coordinate their efforts with those of Child Protective Services "CPS", as well as the prosecuting agency. During an investigation, CPS and law enforcement should share relevant information, as soon as possible, maintain on-going contact and monitor and/or participate in forensic interviews conducted by their counterparts.

Law Enforcement will be notified immediately when CPS receives a report with criminal conduct allegations or an allegation that indicates a child is in danger. When the information received by CPS indicates the child is not in immediate danger but further investigation is warranted, CPS shall contact the appropriate law enforcement agency directly and request notification be made to a law enforcement officer. As CPS operates under a statutory requirement to respond based on priority within specific time frames, the responsible law enforcement officer will contact the CPS worker as soon as possible and they will coordinate an appropriate response based on the circumstances of the call, individual agency guidelines, availability of resources and the need for a coordinated multi-agency on-scene response. The law enforcement officer is responsible for determining whether or not a criminal investigative response will be initiated.

Effective investigation by law enforcement agencies is enhanced with the establishment of a specialized unit to investigate allegations of criminal conduct against children. Smaller agencies are encouraged to designate a "specialist" if the number of investigations does not warrant a unit. This specialized unit, whether it consists of a part-time or several full-time officers should:

- Be a voluntary assignment;
- Receive training in the investigation of the neglect, physical and sexual abuse of children;
- Establish and maintain a close working relationship with CPS, the Yavapai Family Advocacy Center, and the Yavapai County Attorney's Office; and,
- Encourage trained and skilled officers to be retained as long as possible.

In Yavapai County, the Yavapai Family Advocacy Center "YFAC" has been established (*Appendix 3*). This specially designed center, which is available for use by all law enforcement agencies, benefits both the investigation and the victim, by creating a one stop facility for the investigative process and for crisis intervention. Law Enforcement officers may use the child friendly rooms for videotaping victim interviews. Another benefit of these centers is that forensic medical exams are offered on site. Sexual Assault Nurse Examiners "S.A.N.E. nurses"

specializing in the examination and treatment of child abuse conduct these exams. The Yavapai County Attorney's Office and CPS help staff cases at the YFAC and are available for questions or referrals. Victims are less traumatized by the amiable environment, which provides crisis intervention and referral services to both the victim and his/her family. (*See Section IV-Yavapai Family Advocacy Center*)

If victim hospitalization is not required, it is recommended that law enforcement utilize the YFAC for the investigation of cases of sexual abuse and cases of physical abuse that require a medical evaluation.

A. CHILD SEXUAL ABUSE CASES

1. Initial Report: The responding officer should establish the elements of the crime and jurisdiction.
 - a. The responding officer may interview the reporting source, away from the victim, witnesses or other reporting sources, in order to:
 - i. Obtain the facts of the reported crime
 - ii. Determine if the child is in imminent danger
 - iii. Determine if the victim may require medical attention
 - iv. Determine jurisdiction
 - (a) If within departmental jurisdiction, continue per these Protocols
 - (b) If not within departmental jurisdiction, the officer will document his/her actions and coordinate with the appropriate jurisdiction.
 - b. It is recommended that a law enforcement officer, CPS specialist, or YFAC interviewer trained in forensic child interviews conduct interviews of the victim utilizing the Forensic Interview Guidelines (*Appendix 9*). The decision regarding who (responding officer, investigator, YFAC interviewer or CPS specialist) will interview the victim, child witnesses, sibling or other children in the home will be made by the law enforcement agency with jurisdiction in the matter. It is recognized that the responding law enforcement officer may not have received the recommended training; nothing in these Protocols shall be interpreted to mean that law enforcement officers cannot conduct investigative interviews without the recommended training.
 - c. The responding officer should only interview the suspect if the suspect is present and aware of the investigation. If suspect is not aware of the investigation, the suspect should not be contacted without prior consultation with an investigating officer or supervisor.
 - d. The responding officer may interview other witnesses. Dates of birth, social security numbers, current phone numbers, physical and mailing addresses and other biographical information will be obtained.
 - e. Once it is determined that a crime has been committed, the responding officer may then continue the initial case preparation.

- i. Assess the need for immediate medical evaluation. If a medical evaluation is needed, promptly contact the on-call Deputy County Attorney for authorization for the medical evaluation. Note that in cases of sexual abuse in which the incident occurred within the past 120 hours, the victim should receive a forensic medical exam.
 - ii. Assess the need for a search warrant. Officers may contact the County Attorney's Office for assistance and in regard to sealing the Affidavit of the Search Warrant.
 - iii. Assess the need for immediate arrest if the suspect is present. The officer should examine:
 - (a) The suspect's risk of flight to avoid prosecution.
 - (b) The suspect's danger to the victim.
 - (c) The suspect's danger to the community.
 - (d) Patrol officers may consult with investigators or the Deputy County Attorney, if necessary.
 - iv. Assess the need for scene preservation and/or photographs.
 - v. Assess the need for an investigating officer to respond to the crime scene, hospital, school or other location.
 - f. As soon as law enforcement determines that CPS may have jurisdiction on the matter under investigation, law enforcement will notify the CPS Law Enforcement Designated Hotline directly and provide sufficient information for CPS to coordinate their response with law enforcement.
2. The Investigation: It is recognized that it is not always feasible for the investigation of an allegation of criminal conduct against a child victim to be conducted by an investigator. Whether the investigation is conducted by the initial responding officer, a patrol officer or investigator, the law enforcement officer shall:
- a. Interview the reporting source to determine the circumstances of disclosure.
 - b. Interview the victim
 - i. Arrange an interview of the victim. The child's interview should be conducted per the Forensic Interview Guidelines (*Appendix 9*).
 - ii. Coordinate the interview with CPS if they are involved in the case. If a joint interview with CPS is not feasible and the circumstances dictate CPS involvement, the victim interview should be shared with CPS in order to minimize unnecessary or multiple interviews of the child victim.
 - iii. Arrange for a medical examination at the Yavapai Family Advocacy Center, if feasible. Officers shall consult with Yavapai County Attorney's Office for appropriate medical response.
 - iv. If a parent/guardian interferes with an interview of the child victim, the officer/investigator has the authority to interview the child utilizing the Temporary Custody Notice. (*Appendix 11*).
 - c. Conduct crime scene(s) investigation and evidence processing.

- d. Interview the family and other witnesses separately. Obtain dates of birth, social security numbers, phone numbers, physical and mailing addresses and other biographical information including where child witnesses attend school.
- e. Obtain a copy of the medical examination report and interview medical personnel. Send a copy of the medical examination report to CPS.
- f. Conduct investigative research on:
 - i. Prior convictions of the suspect.
 - ii. Prior police reports involving the suspect, victim(s) or witness(es).
 - iii. Prior unreported allegations involving the suspect, victim(s) or witness(es).
 - iv. Current and prior CPS reports.
- g. Interview the suspect
 - i. The suspect should be interviewed only with law enforcement personnel present.
 - ii. CPS shall, when possible, be notified of the suspect interview and should be aware of the content of the suspect interview.
- h. The interview should be videotaped or, if not possible, audio-taped. Determine the need to arrest the suspect based on:
 - i. The possibility of flight to avoid prosecution;
 - ii. The danger to the victim; and
 - iii. The danger to the community.
- i. Conduct any other necessary investigations.

It is helpful if law enforcement notifies the on-call attorney if there is a need to attend the Initial Appearance, especially if the Attorney has not been involved prior to arrest.

B. CHILD PHYSICAL ABUSE/NEGLECT CASES

- 1. Initial Report: The responding officer should establish the elements of the crime of physical abuse or neglect and jurisdiction.
 - a. The responding officer should interview the reporting source, away from the victim, witnesses, or other reporting sources, in order to:
 - i. Obtain the facts of the reported crime.
 - ii. Determine if the child is in imminent danger.
 - iii. Determine if the victim may require medical attention.
 - iv. Determine jurisdiction.
 - (a) If within departmental jurisdiction, continue per these Protocols.

- (b) If not within departmental jurisdiction, the officer will document his/her actions and coordinate with the appropriate jurisdiction.
- b. The responding officer may interview the child victim. Only these specific questions should be asked:
 - i. What happened?
 - ii. Who did this?
 - iii. Where were you when this happened?
 - iv. When did this happen?
 - v. Where do you go to school?
 - c. The officer should document the child's demeanor and any spontaneous statements.
 - d. The officer may interview witnesses. Dates of birth, social security numbers, phone numbers, mailing and physical addresses and other biographical information including where child witnesses attend school will be obtained.
 - e. If the suspect is at the scene:
 - i. The officer may conduct an initial interview of the suspect or ensure that an investigator does so immediately. Obtain the suspect's version of what happened.
 - ii. The officer should not disclose any medical information to the caretaker(s) regarding the condition of the child or possible mechanisms of injury. The officer should also encourage any on scene medical personnel not to disclose this information to the caretaker(s) until they consult with investigators.
 - f. Document and preserve the scene through photographs, if possible.
 - g. Once it is determined that a crime has been committed, the officer may continue the initial case preparation.
 - i. Assess the need for medical intervention and ensure that the child is taken to a hospital if necessary. It is recommended that patrol officers consult with investigators on all child abuse cases to assess the need for a forensic medical exam.
 - ii. Assess the need for scene preservation and/or evidence collection. Consult with an investigator regarding search warrants and/or consent searches. If the child or suspect gives information regarding a weapon, instrument or mechanism of the injury, a Search Warrant or Consent Form should be obtained.
 - iii. Document any physical injury to the child with photographs. Photographs should depict the child's entire body and face, not just the external manifestations of abuse. Photographs should include ruler and color bar where possible. In cases of severe physical abuse and/or severe neglect, a Consent Form or Search Warrant should be used to obtain photographs or

video of the entire household. Additional photographs of injuries should be taken 24 to 36 hours after the injuries.

- iv. As soon as law enforcement determines that CPS may have jurisdiction on the matter under investigation, law enforcement will notify the CPS law enforcement hotline and provide sufficient information for CPS to coordinate their response with law enforcement. Written reports can also be faxed to the local CPS office for immediate assistance (*Appendix 2*).
2. The Investigation: It is recognized that law enforcement agencies in Yavapai County may not have adequate resources to use an investigator to investigate cases of this nature. If an investigator is not available, the assigned officer should adhere to these standards.
- a. Non-Hospitalized Children (Note: This list is not in any priority order.)
 - i. An investigator reviews the initial report and continues the investigation by interviewing the family, siblings, other witnesses, etc. as dictated by the facts of the case. If the child victim is interviewed, the interview should be conducted per the Forensic Interview Guidelines. (*Appendix 9*)
 - ii. If not already done and if appropriate, photographs are taken to document the abuse. An investigator should ensure that additional follow-up photographs are taken as needed.
 - iii. CPS shall be contacted to obtain prior reports and to determine what action CPS is taking on the referral. If CPS is involved, law enforcement shall share information with them.
 - iv. The suspect's prior police history should be determined, paying particular attention to assault and domestic violence contacts.
 - v. Obtain relevant medical records on the child and interview appropriate medical personnel.
 - vi. Interview the suspect if not already interviewed. If the suspect has not invoked his/her rights, re-interview to complete his/her account of the events. If the suspect has not already been booked, the investigator shall assess the risk of flight to avoid prosecution and determine if the suspect should be arrested in light of all the information obtained.
 - vii. The need for a medical exam should be assessed.
 - b. Hospitalized Children (Note: This list is not in any priority order.)
 - i. The on-call Deputy County Attorney shall be notified as soon as possible on all cases where a child is admitted to a hospital or dies as a result of suspected child abuse.
 - ii. Ensure that the scene(s) is (are) identified and secured pending issuance of a Search Warrant or signed consent.
 - iii. Obtain a statement from the initial attending physician as to time frames, mechanisms of injury and symptoms the child would be expected to show, given the injury sustained.

- iv. Interviews should be conducted with all caretakers, suspects and witnesses, including specialized physicians (e.g., neurosurgeons, pediatric radiologists, etc.). Interviews of the caretakers shall focus not only on the current injury, but also on a thorough background of the child's health and upbringing. Interviews with specialized medical personnel should be coordinated through hospital administration staff.
 - v. All medical records including recent and previous hospitalizations, doctor or Emergency Room visits by the child should be requested for the investigation through hospital administration staff.
 - vi. Search Warrants are to be utilized, where appropriate, to ensure a thorough scene investigation. Investigators may contact the County Attorney's Office or the on call Deputy County Attorney regarding assistance with the warrant.
 - vii. CPS shall be contacted to obtain prior reports and to determine what action CPS is taking on the referral. If CPS is involved, law enforcement shall share information with them.
3. Information Law Enforcement to provide the County Attorney's Office:
- a. All pertinent information should be submitted to the County Attorney's Office in a timely manner. The file should include the following information:
 - i. A complete copy of the police report.
 - ii. All medical records of the child.
 - iii. Copy of audio tapes.
 - iv. Copy of photographs.
 - v. Copy of 911 calls.
 - vi. Prior relevant police reports and any other information obtained during the investigation.
 - vii. Criminal History report.
 - b. Upon further request of the County Attorney's Office a copy of all non-privileged information from the CPS investigation including:
 - i. The CPS case file.
 - ii. Any relevant, non privileged, non duplicative information concerning the victim or witnesses from the Attorney General Office's file pertaining to dependency, severance or related investigation or actions.
 - c. The CPS caseworker is responsible for facilitating the delivery of the CPS information to the law enforcement agency in a timely fashion when requested.
 - d. The law enforcement agency should contact the CPS caseworker prior to submittal for prosecution to ensure all pertinent information is included.
 - e. If further investigation post-filing is requested and the suspect is in custody, all requested information should be presented to the Deputy County Attorney 24 hours prior to Early Disposition Court, Grand Jury or Preliminary Hearing.

- f. If the Deputy County Attorney refers the case back to the law enforcement agency for further investigation:
 - i. The case should be returned to the original case agent if possible.
 - ii. A copy of the submittal will be sent to CPS by the investigating agency.
 - iii. The requested information should be obtained as soon as possible.
 - iv. The Yavapai County Attorney's Office must be advised if the investigating agency decides to inactivate/close the case within 30 days.
- g. If the suspect is indicted by the Grand Jury, the law enforcement officer shall notify CPS.

C. TRAINING

It is recognized that in Yavapai County, law enforcement agencies may have officers who have not had the recommended training prior to responding and investigating calls involving crimes against children. It is further recognized that it is in the best interest of the child that all agencies seek to train their officers in the recommended courses set forth in *Appendix 8*. **Nothing in these Protocols shall be interpreted to mean that law enforcement officers cannot fully investigate allegations of crimes against children or criminal conduct allegations involving children without the recommended training.**

D. DISPUTE RESOLUTION

Pursuant to A.R.S. § 8-817, the protocols shall contain procedures for dispute resolution among law enforcement, Child Protective Services and the County Attorney's Office. The Dispute Resolution Procedures are set out in *Section XI*.

III

CHILD PROTECTIVE SERVICES PROTOCOLS

The primary purpose of Child Protective Services (CPS), is to protect children by investigating allegations of abuse and neglect, promoting the well being of the child in a permanent home, coordinating services to strengthen the family, and prevent, intervene and treat abuse and neglect (ARS § 8-800). CPS is primarily responsible for investigating and assessing child safety pertaining to in-home allegations of any act, failure to act, or a pattern of behavior on the part of a parent, guardian or custodian that may result in compromising the safety and well being of the alleged child is considered to be any person under the age of 18.

CPS believes that children should be maintained in their own homes if at all possible. The Adoptions and Safe Families Act of 1997 (P.L. 105-89) requires the child's health and safety be the paramount concern when investigating and assessing risk of harm and making placement and permanency planning decisions and in providing services to families.

The Arizona Department of Economic Security "ADES" is required by law (ARS §8-802) to receive reports of dependent, abused, neglected or abandoned children twenty-four (24) hours a day, seven (7) days a week and directs CPS workers to conduct a prompt and thorough investigation and assessment of reports received by the department. Reports are received centrally at the CPS Hotline (*Appendix 2*).

CPS Hotline specialists screen incoming communications by using interview or "cue questions" (*Appendix 6*). Reporting sources do not need to have answers to all cue questions. If the incoming communication meets the definition of a report, then the report is given a priority. The Field Supervisor then assigns the report to a CPS Specialist to complete the investigation and assessment.

CPS actions rarely result in removal of children from the home. When there are safety/present danger concerns, CPS makes contact with the family to engage to the greatest extent possible for the planning of voluntary interventions. After assessing the present and/or impending danger by utilizing the Child Abuse Hotline Safety Decision Tool (*Appendix 8*), CPS creates a safety plan with the family if needed to keep a child safe while the investigation and assessment is being completed. If a child is found to be safe, CPS will create an after care plan with the family which may include coordination with community and multi-disciplinary team members.

If the child/ren are found to be in present/impending danger or there is no parent/guardian able or willing to provide care for the child, CPS and/or Law Enforcement can remove a child from the home for up to 72 hours (weekends or holidays are not included as part of the 72 hour count) by serving a Temporary Custody Notice (*Appendix 11*).

CPS may also serve a Notice of Removal to remove a child for up to 12 hours to obtain a medical exam, psychological evaluation and/or forensic interview in order to make a determination if maltreatment has occurred.

If CPS cannot ensure the safety of the child in the home within a 72 hour time frame, the Department will conduct a Team Decision Making (TDM) meeting for the child. This meeting will include custodians, extended family members, persons considered to be family and community members for the purpose of deciding safety and placement for the child. Placement options for the child can be: 1. Remain in the home with a safety monitor with no dependency, 2. Placement with a relative and/or a family member in good standing or 3. Placement in a resource foster home. Once it has been decided that a Dependency Petition needs to be filed with the Yavapai County Juvenile Court, it is then up to the Presiding Judge, who has the final decision on making the child a Court Ward. Once the Petition is filed, a case plan is developed with the participants to rectify why the child/children came into protective custody. The parents and children are referred to appropriate services to meet their identified needs.

In reports that have the tracking code of Criminal Conduct (CC), (when allegations, if deemed true, would constitute a felony crime) from the CPS Hotline, CPS and law enforcement will jointly investigate, assess and document their coordination efforts. In the course of investigating and assessing a report that does not have a tracing code of Criminal Conduct from the CPS Hotline, and the CPS Specialist discovers evidence of Criminal Conduct, he/she will immediately contact the appropriate law enforcement agency having jurisdiction or call 911.

In Yavapai County, all Criminal Conduct allegations will be jointly investigated. CPS Specialists will coordinate their investigation and assessment with law enforcement, sharing relevant information, monitoring and participation in forensic interviews. This will be clearly documented in reports. In CPS reports where there is no CC tracking code from the CPS Hotline, reports may be jointly investigated and assessed when requested by either agency.

When law enforcement does not have sufficient personnel to respond, or a joint interview is otherwise not feasible, CPS may continue to conduct the investigation and assessment. CPS should contact the law enforcement agency by telephone or email within 24 hours of determining the status. CPS shall make available to law enforcement, upon request, all notes, reports, photographs and medical records, including all prior reports of CPS contacts regarding the child.

Records from CPS are available to law enforcement and prosecuting agencies, upon request, including a summary of all previous CPS reports concerning the child, family or perpetrator, whether substantiated or not. When CPS records are provided to law enforcement or prosecution, only the following will be redacted: Reporting source, identifying information of all individuals involved (SSN, DOB, etc.), residence and school address of victim, attorney-client privileged material.

CPS Specialists are assigned by their Unit Supervisor to investigate and assess reports of child maltreatment. CPS Specialists adhere to the following procedures:

A. PRE-INTERVIEW PROTOCOLS

1. The CPS Specialist may coordinate the investigation and assessment with law enforcement.
2. During the investigation, CPS and law enforcement investigators will, as soon as practicable, share relevant information, maintain on-going contact, and monitor and/or participate in forensic interviews conducted by their counterparts.
 - a. These efforts will clearly be documented in reports prepared by each agency.
 - b. Determine jurisdiction.
 - c. Coordination will be stressed when the report alleges or the investigation indicates the child is a victim of sexual abuse and/or a criminal investigation of the alleged child maltreatment is in progress or anticipated.
 - d. High Priority or High Risk reports, as designated in *Appendix 6*, shall be handled with joint law enforcement/CPS investigations where the safety of the child has not been ensured.
 - e. Other CPS reports may be handled with joint law enforcement/CPS investigation when requested by either agency.
3. Reports of criminal conduct allegation.
 - a. When CPS receives information regarding an in-progress Criminal Conduct allegation that indicates a child is in danger, they shall notify the appropriate law enforcement agency.
 - b. When the information received by CPS indicates the child is not in present danger but further investigation is warranted, CPS shall contact the appropriate law enforcement agency dispatch/communications center and request assistance by an on duty officer to conduct a Joint Investigation (*Appendix 1*).
4. All other CPS reports will be reported to law enforcement by telephone contact or by forwarding the police version of the CPS Report Summary via fax, email or regular mail.
5. The CPS Specialist will gather information from law enforcement reports, sources of the current report, prior CPS records and others as availability and time allows.

It is recommended that CPS utilize the Yavapai Family Advocacy Center for the investigation and assessment of cases of sexual abuse and cases of physical abuse that require a medical evaluation. CPS may utilize the Yavapai Family Advocacy Center for all types of investigations and assessments.

B. CPS INTERVIEW PROTOCOLS

1. Sequence for interviewing:
 - a. Alleged victim if the child's age and intellectual/emotional functioning permit.
 - b. Siblings/other children in the home.
 - c. School/day care provider.
 - d. Non-abusing spouse/caretaker.
 - e. Neighbors, relatives and others with knowledge of the abuse, including reporting party, if known.
 - f. Alleged abusive caretaker.
2. Child Interviews:
 - a. The CPS Specialist will work in conjunction with law enforcement whenever applicable.
 - b. The alleged abusive parent, guardian or custodian shall not be present during the investigative interviews with alleged child victims.
 - c. Initial interviews are generally unannounced to maximize the gathering of relevant facts.
 - d. To eliminate the need for multiple interviews of the child victim, the CPS Specialist will coordinate for:
 - i. Joint interview of the child victim coordinated between CPS, law enforcement and the Yavapai Family Advocacy Center; or
 - ii. Joint interview of the child victim by a qualified professional coordinated with law enforcement; or
 - iii. If a joint interview is not feasible, information from the victim interview should be shared with law enforcement.
 - e. Interviews of alleged child sexual abuse victims will be videotaped and/or audio-taped.
 - f. Interviews of alleged child physical abuse victims may be audio-taped.
 - g. Photographs of physical abuse and use of a color bar is recommended.
 - h. The CPS Specialist shall:
 - i. Introduce and identify him/herself as a CPS Specialist and conduct the child's interview in a private, safe and neutral location.
 - ii. Develop and maintain rapport with the child by demonstrating respect for the language, dialect, communication style and culture of the child. Language skilled staff or translators should be assigned as needed.
 - iii. Inform the child of the agency's mandate to investigate and assess safety/risk, the agency's goal to provide needed services and answer any of the child's questions.
 - iv. Allow and encourage the child to express emotional reactions to the investigation and assessment process and help resolve his/her feelings.

- v. Inform the child that CPS has the responsibility to complete the investigation and assessment, including interviewing other members of his/her family.
- vi. Assess and/or arrange the need for immediate medical examination or treatment, seeking caretaker cooperation as appropriate. (*Section V, Medical Protocols*)
- vii. Assess the need for a possible protective action plan for the child. The CPS Specialist will consult with his/her supervisor prior to taking the child into protective custody.

3. Parent/Caretaker Interviews

- a. The CPS Specialist will work in conjunction with law enforcement whenever applicable.
- b. Initial interviews are generally unannounced to maximize the gathering of relevant facts. Arrangements should be made so that the interview is conducted privately.
- c. Provide parents/caretakers the same information and afford the same considerations as listed in the Child Interview Protocols.
- d. Initiate contact within 6 hours with the parent/caretaker in situations when a child has already been interviewed. If parental contact cannot be made within 6 hours, the reasons for lack of contact must be documented.
- e. Initiate immediate contact with the parent/caretaker in all situations when the child is taken into temporary protective custody. This includes advisement of legal rights in writing, the agency's authority to take such action necessary to protect the child and the parent's right to recommend a relative to temporarily care for the child/children. (*Appendix 11, Temporary Custody Notice*)
- f. Offer services and information on resources to family members when the family could benefit from these services without regard to whether children are removed from the home.

C. CASE MANAGEMENT PROTOCOL

1. The CPS Specialist Will:

- a. Obtain a medical examination of the child victim following guidelines of *Section V, Medical Protocols*.
- b. Gather and record information from the CPS Specialist's own observations and through interaction with collateral sources and professionals involved with the investigations.
- c. Consult with the CPS Unit Supervisor and/or designee to determine the need to remove the child from the family based upon the information gathered and the risk of harm to the child. In an emergency, the CPS Specialist will consult with a supervisor immediately after taking temporary custody of the child and obtain supervisory approval.

- d. The CPS Specialist will make a determination as to the findings. If the report of abuse, neglect or dependency is proposed to be substantiated or unsubstantiated by CPS standards, CPS will notify the parent/caretaker in writing. All proposed substantiated findings will be sent to the Protective Services Review Team, who will notify the alleged perpetrator of their rights.
- e. The case file should include a copy of all non-privileged information from the CPS investigation, including the CPS case file and any relevant, non-privileged, non-duplicative information concerning the victim or witnesses from the Attorney General Office's file that pertains to the dependency, severance or related investigation or action.
- f. The CPS worker is responsible for facilitating the delivery of the information to the law enforcement agency in a timely manner. The appropriate law enforcement officer should notify the CPS worker assigned to the case prior to submittal for prosecution to ensure the information above has been provided to law enforcement. The CPS worker should confirm whether or not the Attorney General's Office has items such as dependency hearing transcripts or depositions. Any questions as to what documents should be included will be resolved by mutual agreement by the Attorney General's Office and the Yavapai County Attorney's Office.

D. TRAINING

1. In addition to any other training mandated by the agency, CPS personnel who in the course of their current duties are required to be a first responder to a reported incident of child abuse/neglect, should have the First Responders Training to Reports of Child Abuse/Neglect (*Appendix 8*).
2. CPS personnel responsible for continuing an investigation of a reported incident of child abuse or neglect should receive additional training as set out in *Appendix 9*.
3. It is recommended that any individual tasked with conducting an interview of a child, for the purpose of obtaining evidence/statements for use in preliminary protective hearings receive training in advanced forensic interviewing as set out in *Appendix 9*.

E. DISPUTE RESOLUTION

Pursuant to A.R.S. § 8-817, the protocols shall contain procedures for dispute resolution among law enforcement, Child Protective Services and the County Attorney's Office. The dispute resolution procedures are set out in *Section XI – Dispute Resolution*.

IV

YAVAPAI FAMILY ADVOCACY CENTER

A. MULTI-DISCIPLINARY TEAM

1. The Multidisciplinary Team shall consist of professional representation from the following disciplines:
 - a. Law Enforcement
 - b. Child Protective Services
 - c. Prosecution
 - d. Medical
 - e. Mental Health
 - f. Victim Advocates from the Yavapai Family Advocacy Center
 - g. Support staff from the Yavapai Family Advocacy Center
2. Professionals from other disciplines such as Adult Protective Services, Adult and Juvenile Probation, Parole, respective school district personnel and other victim advocacy services may be asked to participate on a case-by-case basis if determined beneficial to the welfare of the victim.
3. Members of the Multi-Disciplinary Team (MDT) shall have written Memorandums of Understanding and/or Interagency Contractual Agreements in place and have a clear understanding of the purpose of and a commitment to the MDT intervention response.
4. Purpose of the MDT is to coordinate intervention services to:
 - a. Assist the victims and family of child or vulnerable adult abuse or neglect, domestic violence and sexual assault by reducing additional trauma.
 - b. Ensure thorough investigation and enhanced prosecution through information gathering and sharing through collaborative joint investigations.
 - c. Reduce the potential of duplicative services that may re-victimize children and families.
 - d. Improve services for victims by improving communication among agencies.
 - e. Foster support, education and treatment for children and families that may enhance their willingness to participate and their ability to be effective witnesses.
 - f. Support non-offending parents to empower them to protect and support their children, throughout the investigation, prosecution and beyond.
5. All members of the MDT, as defined by the needs of the case, shall be routinely involved in the investigations, intervention services and case review as allowed. Involvement and participation may include in person, teleconference calls, email, and/or phone case updates and consultations.

6. Members of the MDT shall share relevant case information with other members of the MDT to ensure a timely exchange of information that is beneficial to the victim and the victim's family. Information sharing between individual agencies must adhere to legal, ethical and professional standards of practice.
7. MDT members are required to review and sign a Confidentiality Pledge assuring that the:
 - a. Rights of victim privacy and confidentiality will be respected and preserved at all times.
 - b. MDT members agree that all information relating to a case can be shared only with professionals directly involved in the investigation and treatment of such a case. This includes all identifying case information, as well as written recommendations, which may be sent to me following a case consultation.
 - c. Not to remove any written information from a case consultation and to return all such written information to the YFAC staff or the local Child Protective Services (CPS) office after a case consultation.
8. The MDT shall meet weekly as appropriate to review current cases, to provide updates and follow-up for prior cases. The process of case review that shall be followed, is outlined in the YFAC Protocols – Case Review.
9. MDT members shall be asked for their input and expertise regarding cases. If there are no cases up for review, these meetings shall be utilized for planning, general information sharing, and to provide feedback and suggestions regarding the Procedures and Operations of the MDT and YFAC.
10. The MDT shall participate in ongoing training and educational opportunities such as peer review, skill based learning, cross discipline training as a part of the MDT meetings, and/or through individual agency trainings per their individual licensing requirements.

B. CHILD PROTECTIVE SERVICES (CPS)

1. Cases Eligible for Referral – The Yavapai Family Advocacy Center (YFAC) is an additional resource for use by Child Protective Services (CPS) and other agencies to assist in a thorough investigation and enhanced prosecution of Child Sexual Abuse and Child Physical Abuse/Neglect cases. As defined in the CPS Response System, the following categories of cases are generally appropriate for referral to the YFAC:
 - a. Physical Abuse – High Risk cases involving severe/life threatening injuries requiring emergency medical treatment and/or parent presents severe physical harm to a child.
 - b. Physical Abuse – Moderate Risk cases involving serious/multiple injuries which may require medical treatment and/or a child at risk for serious physical abuse if no intervention is received.
 - c. Neglect– High Risk cases involving serious/life threatening situations requiring emergency intervention due to the absence of a parent, or a parent who is either

- unable to care for the child due to physical or mental limitations or is unwilling to provide minimally adequate care.
- d. Sexual Abuse – High Risk cases involving physical evidence of sexual abuse reported by a medical doctor or child reporting sexual abuse within the past seven (7) days.
 - e. Sexual Abuse – Moderate Risk cases involving sexual behavior or attempted sexual behavior occurring eight (8) days or up to 1 year ago and/or child is exhibiting indicators consistent with sexual abuse.
 - f. Other cases meeting YFAC criteria may be referred on a case-by-case basis.
2. Services Provided – YFAC can assist CPS by providing the following services and resources:
 - a. Case consultation with other MDT professionals.
 - b. Forensic medical examination as authorized by the Yavapai County Attorney.
 - c. Assistance in obtaining a qualified forensic interviewer.
 - d. State-of-the-art interviewing/monitoring rooms and equipment.
 - e. Fully equipped medical examination room staffed by specially trained personnel.
 - f. Connect victims/families to outside resources for counseling, food, shelter, etc.
 3. How to Refer a Case – YFAC requires that all referrals are made by a supervisor or with supervisory authority.
 - a. Contact the YFAC Director or designee by phone during normal business hours (Monday- Friday, 8:00 a.m. – 5:00 p.m.). On holidays and during other hours the caller is directed to call the On-Call professional.
 - b. Provide as much information as possible about the case and services required.
 - c. Indicate if the case is an emergency requiring immediate response.
 4. When To Refer A Case – While a case may be referred to YFAC at any time during the investigation, it is suggested the case be refer immediately to ensure maximum assistance by the YFAC MDT professionals.
 5. What to expect after a Referral – Following a referral to YFAC and authorization by the Director or designee, a date, time and place for a case staffing with other MDT members will be given. At the initial case staffing, the following will generally occur:
 - a. Briefing of MDT members by CPS.
 - b. Identification and prioritization of needs.
 - c. Formulation of plan of action to coordinate investigation.
 - d. Initial assignments.
 - e. Setting of date, time and place for subsequent case review.

6. At each subsequent case review, responsibilities may be added or deleted, priorities revised and follow-up information provided to all members to keep them current on the progress of a case.

C. COUNTY ATTORNEY

1. The Yavapai County Attorney representative shall be a member of the MDT.
2. The Yavapai County Attorney representative is instrumental in accomplishing the YFAC's mission of reducing further victim trauma, ensuring a thorough investigation and enhancing prosecution. In that regard, the duties of the Yavapai County Attorney representative will generally include the following when requested for appropriate:
 - a. Facilitation in obtaining County Attorney approval for forensic medical examinations, in accordance with the Yavapai County Attorney guidelines.
 - b. Advising law enforcement, CPS and APS as requested.
 - c. Participation in community training regarding the YFAC.
 - d. Assistance in training law enforcement professionals or others as requested.
 - e. Assistance in tracking the prosecution of YFAC cases as requested.
3. As an employee of Yavapai County and the Yavapai County Attorney's Office, the Yavapai County Attorney representative will remain responsible to that office for the performance of his/her job duties. Neither the YFAC, nor any member of the MDT shall have the authority to direct the Yavapai County Attorney representative in the performance of his/her duties.

D. LAW ENFORCEMENT

1. Cases Eligible for Referral - The Yavapai Family Advocacy Center (YFAC) is an additional resource for use by law enforcement and other agencies to assist in the thorough investigation and enhanced prosecution of the following cases:
 - a. Child or Vulnerable Adult Sexual Abuse
 - b. Child or Vulnerable Adult Physical Abuse/Neglect
2. Services Provided – YFAC can assist law enforcement by providing the following services and resources:
 - a. Case consultation with MDT professionals.
 - b. On-site Victim Advocate .
 - c. Assistance in obtaining qualified forensic interviewer.
 - d. State-of-the-art interviewing/monitoring rooms and equipment.
 - e. Fully-equipped medical examination room staffed by specially trained personnel.
 - f. Connect victims/families to outside resources for counseling, food, shelter, etc.
 - g. Private office space for use by all law enforcement agencies in Yavapai County.

3. How to Refer a Case –YFAC requires that all referrals be made by a supervisor or with supervisory authority. Walk-in services are not offered.
 - a. Contact your supervisor and request approval for referral to YFAC.
 - b. Contact the YFAC Director or designee by phone during normal business hours (Monday-Friday, 8:00 a.m. - 5:00 p.m.). On holidays and during non-business hours, the On-Call Professional is available 24/7 via the YFAC cell phone.
 - c. Provide as much information as possible about the case and services required.
 - d. Indicate if the case is an emergency that requires immediate staffing.
4. When to Refer a Case – While a case may be referred to YFAC at any time during the investigation and prosecution, it is suggested the case get referred immediately to ensure maximum assistance by the YFAC MDT professionals.
5. Responsibility – Law enforcement professionals remain responsible to their respective organization for the performance of their job duties. Neither YFAC, nor any member of the MDT has the authority to direct law enforcement professionals in the performance of their duties. The MDT is a resource designed to reduce additional victim trauma, ensure a thorough investigation and enhance prosecution of the case.
6. What to Expect After a Referral – Following a referral to YFAC and authorization by the Director or designee, a date, time and place for a case staffing with other MDT members will be given. At the initial case staffing the following will generally occur:
 - a. Briefing of MDT members by law enforcement.
 - b. Identification and prioritization of needs.
 - c. Formulation of plan of action to coordinate investigation.
 - d. Initial assignments.
 - e. Setting of date, time and place for subsequent case review.
7. At each subsequent case review, responsibilities may be added or deleted, priorities revised and follow-up information provided to all members to keep them current on the progress of a case.

E. VICTIM SUPPORT AND ADVOCACY

1. The YFAC Victim Advocate shall be a member of the MDT and shall be notified by the YFAC Director or designee immediately upon authorization of a referral to YFAC. The YFAC Victim Advocate will attend the initial staffing of a referred case.
2. The Victim Advocate will receive training in a variety of advocacy topics including victim’s rights and compensation, advocacy related to specific issues, such as sexual abuse, sexual assault, domestic violence, child abuse, elder abuse, community resources, legal advocacy, and any other relevant advocacy training.
3. Crisis intervention and ongoing victim support services and advocacy are routinely made available for all children and their non-offending family members at YFAC during normal business hours. In the event of an emergency after normal business hours, professionals are available on an on-call basis. These services are made

available regardless of the victim/family member's appearance, background or beliefs and regardless of their of age, race, color, religion, ethnicity, national origin, ancestry, gender, marital status, sexual orientation, physical or mental disabilities, socio-economic status or any other cultural descriptors.

4. The YFAC Victim Advocate is instrumental in accomplishing the YFAC's mission of reducing further victim trauma. In that regard, the duties of the Victim Advocate will generally include the following:
 - a. Explain and prepare victim/family as to what will take place during their visit at YFAC.
 - b. Meet with the victim/family before and/or after a forensic medical examination and forensic interview to offer assurance and comfort.
 - c. Provide the victim/family with educational information regarding the dynamics of abuse with a specific focus on crisis management and emotional support.
 - d. Advise the victim/family regarding victim's legal rights including the Crime Victim Compensation Program.
 - e. Act as liaison between YFAC and the Yavapai County Attorney's Office, Victim Services Division.
 - f. Refer the victim/family to outside resources, as needed, for counseling, shelter, food and legal recourses such as Orders of Protection, etc.
 - g. Accompany the victim/family as appropriate to court dates and interviews.
 - h. Coordinate with the Yavapai County Attorney's Office, Victim Services Division, to assist the victim/family in preparing for trial and input at sentencing.
 - i. Attend subsequent case reviews to advise the MDT members of the needs and concerns of the victim/family.
 - j. Serve as liaison between the victim/family and the MDT team throughout the investigation and prosecution.

F. MEDICAL

1. The purpose of the Forensic Medical Evaluation is to identify and treat injuries resulting from the trauma inflicted during the sexual assault. It is also to assess patient's emotional needs, document history, collect forensic evidence, document medical findings, document history, provide prophylaxis for sexually transmitted diseases, if indicated, emergency contraception, if desired, and to refer for follow-up care.
2. This evaluation, when performed in the secure and comforting environment of the YFAC, reduces further trauma to the victim and their non-offending family.
3. The YFAC Medical Practitioner must meet one of the following training standards in order to conduct a Forensic Medical Exam at YFAC:

- a. Child Abuse Pediatrics Sub-Board Eligibility.
 - b. Child Abuse Fellowship Training or Child Abuse Certificate of Added Qualification.
 - c. Documentation of satisfactory completion of competency-based training in the performance of child abuse evaluations.
 - d. Documentation of 16 hours of formal medical training in Child Sexual Abuse Evaluation.
4. Sexual Assault Nurse Examiners must practice within the scope of the Arizona Nurse Practice Act. They must provide documentation of their current license to practice, as well as any additional education, training and experience, in the area of child abuse and neglect.
 5. The YFAC Medical Practitioner shall serve as a member of the MDT.
 6. The Yavapai County Attorney or designee will review the circumstances of each request for a Forensic Medical Evaluation. The facts of each circumstance are reviewed to assure that no unnecessary medical evaluations are performed. Any unnecessary, duplicative evaluations may cause further trauma to a victim. All appropriate clients will be evaluated.

G. CASE REVIEW

1. The Case Review Process enhances the effectiveness and efficiency of the investigation and prosecution of a case, provides a cooperative environment for professionals to share information, solve problems and minimizes further trauma to the victim.
2. Team discussion and information sharing regarding the investigation, case status and services needed by the victim and family are to occur on a routine basis. The recommendations of the team will be communicated by a YFAC staff member to the appropriate parties for consideration and implementation.
3. The Director or his/her designee shall conduct the review process. The YFAC Office Administrator shall coordinate and notify MDT members regarding case review. The MDT members shall be notified via email. The email will contain the date, time and location of the case review along with a spreadsheet containing minimal case identification information.
4. Case reviews occur weekly at a predetermined time, usually on the same day and time of the week that is determined by the MDT to best assure attendance of team members. Cases reviewed include cases referred during the preceding week to two weeks, depending on the status of the case, cases that have matters or concerns referred by YFAC staff or MDT members and/or cases that have on-going or active investigations. Emergency Case Review may occur at any time. Case review meetings may include quarterly training and/or planning sessions. Case reviews occur at the YFAC facility and are facilitated by the YFAC Director.

5. Case Review discussions generally include:
 - a. Physical and supportive needs of the victim and family.
 - b. Matters or concerns from YFAC Victim Advocates and Mental Health Professionals.
 - c. Forensic Interview Evaluations.
 - d. Planning and monitoring the progress of the on-going or active investigation.
 - e. Review of the Medical Evaluation if appropriate.
 - f. CPS status and process.
 - g. Prosecution status, sentencing decisions and/or the civil/criminal case disposition.
 - h. Assessing any court advocacy and/or victim compensation needs.
 - i. Victim Services concerns (compensation and court preparation).
 - j. Cultural and/or disability issues relevant to the victim and/or the family members.
6. Case review is an informed decision making process that allows and encourages input from all necessary MDT members as appropriate for the unique nature of each case. The "Case Review" form will be used to record ongoing information from each of the respective disciplines as well as to determine any cultural and disability issues.
7. The Director or designee will schedule other times needed for additional case review.

V

MEDICAL PROTOCOLS

Medical personnel have a complex role in child abuse cases. Evidence of child abuse may be detected during an examination or disclosures of abuse may be made to medical personnel. Since medical personnel are mandated reporters of child abuse per A.R.S. §13-3620, these Protocols will outline child abuse reporting guidelines.

Child abuse examinations must be performed by medical personnel who are competent in the forensic exam of children and in providing testimony in judicial proceedings. Medical personnel should be able to document their education, training and experience in the area of child abuse and neglect. In Yavapai County, the Yavapai Family Advocacy Center (YFAC) has been established and is staffed by Sexual Assault Nurse Examiners “S.A.N.E. nurses” specializing in the examination of alleged victims of child abuse. When medically appropriate, it is strongly suggested that these exams be conducted at the YFAC. Concerning the issue of the Emergency Medical Treatment and Labor Act (EMTALA), the transfer of a suspected child abuse victim to the Yavapai Family Advocacy Center can be done after the medical screening examination (MSE) has been completed.

Unless there is concern about significant bleeding, a genital and anal examination should not be done if the case is to be transferred to the Yavapai Family Advocacy Center.

It is understood that physicians have an obligation to inform the immediate family regarding the health and welfare of the child. However, it is imperative that the physician remain objective in the evaluation and not confront the family or speculate on the nature of the injury.

A. SUSPECTED CHILD ABUSE CAN BE MADE KNOWN TO MEDICAL PERSONNEL BY THREE DIFFERENT MEANS:

1. A parent or caretaker requests a child abuse evaluation.
2. Evidence child abuse is observed during routine or unrelated exam.
3. A child self discloses abuse to medical personnel.
4. Triage the urgency of medical need, (i.e., severe trauma or excessive bleeding vs. minor contusions). A child’s physical/medical safety is always the paramount concern.
5. Determine if the police and/or CPS have been notified:
 - a. If notification has been made, re-contact that agency(s) to determine if an officer and/or CPS Specialist will be responding and if the agency is requesting that a medical evaluation be performed.
 - b. If notification has not been made, make every attempt to obtain background information on the child and alleged abuse from the parent/caretaker while out of earshot of the child.
 - c. If further information regarding the abuse is necessary, obtain basic information from the child as outlined below (*Section B*).

d. If there is a reasonable belief to suspect child abuse, a report must be made. (*See Procedure for Reporting Child Abuse, Section C below*).

6. Do not notify parent and/or caretaker prior to police and CPS notification.

B. OBTAIN BASIC INFORMATION FROM THE CHILD

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

C. PROCEDURE FOR REPORTING CHILD ABUSE

1. When a person reasonably believes that child abuse has occurred, a report must be made to a law enforcement officer/agency and/or to Child Protective Services (CPS). These Protocols recommend that the report be made by calling both the CPS Hotline (*Appendix 2*) and the law enforcement agency where the abuse occurred. However, if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a law enforcement agency only. If unsure where the abuse occurred, report to the law enforcement agency where the child lives.
2. A written report is also mandatory per A.R.S. §13-3620. The written report must be faxed to the local CPS Office within 72 hours (*Appendix 2*).
3. This may also be accomplished by handing a copy of the written report to the responding CPS worker. Law enforcement officers responding will also find a copy of the written report beneficial if it is available upon their arrival. It should be documented who has received a copy of the report. The original report should be kept on file at the hospital/medical office. A sample report is provided in *Appendix 10*.
4. Reports to CPS.
 - a. Document the name of the Hotline worker.
 - b. Document the CPS office to which the case is being assigned, including the supervisor name and phone number.
 - c. Ask what priority the case has been assigned in order to determine the timeframe of CPS arrival (*Appendix 6*).
 - d. Document the name (or copy the identification) of the CPS worker upon arrival.

5. Reports to law enforcement
 - a. Ask if and when the officer is expected to respond.
 - b. Document the name and badge number of officer upon arrival.
 - c. Document the Departmental Report number assigned to the case.
6. Medical records from this incident must be released to law enforcement and/or CPS.
 - a. Per A.R.S. §13-3620(C), law enforcement and/or CPS must make a written request and sign the Medical Release Form. At the YRMC campuses, a Medical Release Form is available at their locations.
 - b. The parent/guardian does not have to give permission for this Release.
 - c. The release of medical records should also be expeditious, as police and CPS will need the records for their investigations.
7. The Forensic Interview and Videotaping
 - a. If conducted at the YFAC, the forensic interview should be done prior to the physical examination.
 - b. Medical personnel conducting the exam should view the interview if possible.
 - c. The child should not be re-interviewed by medical personnel
8. The Medical Evaluation – Sexual Abuse
 - a. The Forensic medical examination must be pre-approved by a Deputy County Attorney. Decisions whether to conduct the exam will be made in consultation with the law enforcement officer investigating the case following these guidelines:
 - i. Children Who Give a History of Sexual Abuse: Best practice suggests that children who give a history of sexual abuse occurring any time in the past where there is the possibility that evidence may be found should be seen for a forensic medical exam, dependent upon the circumstances. Occasionally some professionals will question the need for a medical evaluation if the child is giving a history of minimal sexual contact. It is known that children may under-report the extent of abusive activities at the initial disclosure. Therefore, to decide that a child does not need an exam because there is only a history of exposure or fondling over clothing, for example, may result in missing physical findings or non-detection of treatable diseases.
 - ii. Sexual Abuse within 120 Hours: Children and adolescents, regardless of gender, who have alleged sexual abuse within the previous 120 hours, may need a forensic medical exam to collect specimens and document injuries. This decision should be made in consultation with a Deputy County Attorney. The victim should be advised not to bathe, change clothing, etc. prior to the exam.
 - iii. Genital/Rectal Pain or Bleeding: Children experiencing these symptoms need to be seen as soon as possible so that the site of the bleeding or cause of the pain can be identified. This will help to differentiate

- accidental from non-accidental injuries and sexually transmitted infections from non-sexually transmitted ones.
- iv. Gonorrhea, Syphilis, Chlamydia, Trichomonas, Genital Herpes and Venereal Warts: Children diagnosed with these infections definitely need to be seen for a forensic exam, even if the diagnosis/treatment has occurred elsewhere. Any lab reports that exist must accompany the child when he/she is seen.
 - v. HIV Positive: Children who have tested positive for HIV should be seen for an exam if the source of the virus is not known. With respect to perinatal transmission, if the HIV positive child is older than 12 months when the positive status is discovered, it should not be assumed that he/she acquired the virus from the HIV positive mother.
 - vi. Gardnerella or Monilia: If there is no history or other indication of sexual abuse, children with these infections do not need to be seen for a forensic exam.
 - vii. Other Genital Infections: For children who have less common infections, the need for an exam can be determined by a discussion with available medical personnel. Girls who have a vaginal discharge need to be medically evaluated as soon as possible to determine the cause of the discharge. This may be done by the child's primary care physician or by available medical personnel from the center.
 - viii. Exhibition of some sexualized behavior without reasonable grounds to believe abuse has occurred. It is appropriate to refer these children for counseling as a first intervention rather than making a report. The exam can then be done if the child gives a history of molest or if the therapist, after working with the child for awhile, feels that sexual abuse most likely has occurred even though the child has still given no history.
 - ix. Children who are Preverbal, Non-Verbal or Developmentally Delayed. The forensic exam is an essential ingredient of the investigation after a report as been made.
 - x. Adolescents' sexual abuse occurring 3-14 days prior to the report. These children may have evidence of healing trauma and thus a forensic exam would be worthwhile as soon as possible. If more than 14 days has passed since the alleged molest, these adolescents can be seen on a scheduled basis for a forensic exam disclosing "consensual sex". If there is a question as to whether the sexual contact was "consensual" or "non-consensual", a forensic medical exam should be done.
 - xi. If the victim is under 15 years old, a forensic exam should be done. If the youth/victim is age 15, 16 or 17, and the partner/alleged perpetrator is less than 19 years of age or attending high school and is no more than 24 months older than the victim, the on-call Deputy County Attorney should be contacted for advice.
 - xii. Pregnant Teens. Physicians must consider the possibility of sexual abuse in these cases. If the pregnant teen is under 15 years of age, the physician must make a child abuse report immediately. An abortion should not be done prior to the law enforcement investigation. If an abortion is done,

fetal tissue can be used to identify the father of the baby and a forensic exam is not required

- xiii. Custody Disputes. One exam is appropriate subsequent to a report being made. However, professionals who deal with abuse evaluations should not be influenced by those parents who want frequent medical exams after visitations, unless, of course, there is an additional history of reasonable concern about sexual abuse.
- xiv. Molest allegations and concerns during regular medical exams by Community/Emergency Department Physicians.
- xv. After consideration of history, behavioral changes and examination findings, the physician must make a child abuse report if there is reasonable suspicion that sexual abuse has occurred. CPS/law enforcement can then request a forensic exam.

D. PROCEDURE FOR MEDICAL EXAMINATION – SEXUAL ABUSE

1. These aspects of the exam are pertinent to all cases, regardless of the time interval from the incident.
 - a. A complete medical history (including immunizations) should be obtained from the caretaker and the child. If the caretaker is not present, then an effort to contact them by phone should be made only with law enforcement and/or CPS approval. This is to insure that the investigation is not compromised. Medical personnel should, however, convey to law enforcement and/or CPS any urgent need for the medical history.
 - b. The child should be given a choice of whether he/she would like a supportive person of their own choosing in the exam room. If this person is disruptive during the exam, the medical professional may ask him/her to leave.
 - c. After the regular physical examination, carefully examine the genital and anal areas to detect any injury. This must be done with good illumination and can involve the use of magnification. The colposcope can provide both illumination and magnification in addition to photographic capability. Photographic and/or video documentation of the genital/anal areas is recommended afterwards, but is not required. The medical professional's primary obligation, keeping in mind the best interest of the child, is to do a thorough and accurate exam of the genital/anal areas. Photographs are a secondary consideration.
 - d. Carefully examine the entire body to detect any signs of trauma, neglect or abnormal medical conditions. Photographic and/or video documentation of any positive findings is recommended. If the law enforcement photographer is not available to take the photographs, the medical unit should have an appropriate camera.
 - e. Consider testing for pregnancy and sexually (and non-sexually) transmitted diseases, such as gonorrhea, syphilis, chlamydia, herpes, trichomonas, staph, strep, candida and HIV. These lab tests may be available on site. However, patients thirteen (13) years and older should be offered a Referral to the Health Department for HIV testing, and thus, will have the choice of confidential versus anonymous testing.

- f. Prepare a forensic medical report. A suggested form is provided by the Arizona Department of Economic Security, Administration for Children Youth and Families. This report should be completed in a timely manner unless a particular lab test result or treatment result (e.g. the opening of a labial adhesion) must first be available.
- g. When the exam is done within 120 hours of the alleged sexual abuse, in addition to the above medical exam procedure, consideration must be given to whether or a rape kit needs to be done. The rape kit procedure includes (but is not limited to):
 - i. Paper bag individual items of clothing separately.
 - ii. Collect specimens by means of swabs to detect perpetrator body fluids (saliva, semen, etc.).
 - iii. Collect other debris (trace evidence) which may be present
 - iv. Collect reference specimens from the victim (saliva, blood, etc.).
 - v. Proper air drying (at room air temperature) and handling of specimens to prevent deterioration.
 - vi. Maintain the chain of custody.

E. THE MEDICAL EVALUATION - PHYSICAL ABUSE AND NEGLECT

1. Children suspected by CPS, law enforcement or medical personnel of having been physically abused or neglected should have an exam as soon as possible. Children with fairly minor visible injuries may have serious internal injuries. This exam should include:
 - a. A complete past medical history (including past medical records) and the history of the suspected abuse, which should be obtained from the professional who interviewed the child.
 - b. Because children who experience one type of abuse are at risk for all forms of abuse a brief examination of the genital/anal areas should be conducted. If the history or exam reveals that sexual abuse is a concern, then the sexual abuse procedure should also be followed (*Section D*).
 - c. Appropriate lab studies to document the medical conditions caused by injury and to exclude such medical conditions as bleeding disorders.
 - d. Imaging studies to discover and document injuries that are not externally apparent by physical exam. These studies may include radiographs, ultrasound scans, computerized tomography scanning, nuclear scanning, and Magnetic Resonance Imaging. The studies needed in any given case are variable and must be determined on a case-by-case basis. However, x-rays of the entire skeleton are indicated in most children less than 2 years of age and in selected children over 2 years old if physical abuse is suspected
 - e. Medical staff will assist law enforcement with obtaining Color photographs to document visible injuries as well as other necessary photographs.
 - f. A forensic medical record must be prepared using the form provided by the Arizona Department of Economic Security, Administration for Children, Youth and Families.

This report should be completed on the day of the exam unless an opinion cannot be given until a particular lab or radiology result is available.

VI

COUNTY ATTORNEY PROTOCOLS

The Yavapai County Attorney's Office ("YCAO") has long emphasized a sensitive and coordinated approach to the prosecution of child physical and sexual abuse. The YCAO reviews any investigation submitted by law enforcement agencies for possible filing of criminal charges. An attorney is on-call to assist law enforcement agencies in the investigation of these cases, if needed, and to answer legal questions that may arise during the course of an investigation. The on-call attorney may also visit the scene, assist in search warrant preparation, attend the autopsy or otherwise work with law enforcement.

A. REVIEW OF SUBMITTALS

After an investigation is completed by law enforcement or the suspect is booked into jail, the agency report is submitted to the YCAO for review. The charging attorney will review the report to determine that CPS is involved and contact the agency if the report does not indicate a joint investigation. The charging attorney will review the report and decide if the case is to be filed, returned for additional investigation, referred to a municipality for possible misdemeanor prosecution or declined for prosecution. As a practical matter, not all Defendants who are arrested will have charges filed, since further investigation may be necessary before the YCAO is ready to file the case, or the case may not meet the standards for prosecution. If the suspect is out of custody, there is no legally imposed time limit for filing cases, other than the statute of limitations.

1. Arrest of suspect:
 - a. When the suspect is arrested and booked into jail, an attorney may attend the Initial Appearance to argue for an appropriate bond or other specific terms and Conditions of Release.
 - b. If a suspect has been booked, a Complaint must be filed (charges filed) within 48 hours (excluding weekends and holidays) of an Initial Appearance, which occurs within 24 hours of booking into jail, in order to maintain the bond or release conditions that were set at the Initial Appearance.
 - c. If charges are not filed, the Defendant is released from custody and all Initial Appearance conditions no longer apply. If the Defendant was released at his Initial Appearance, on his own recognizance or on bond, and no Complaint is filed within 48 hours, all release conditions will no longer apply and any bond posted will be exonerated.
2. Submittals returned for more investigation:
 - a. The reviewing attorney will list with specificity the information necessary for prosecution.
 - b. The submittal is then returned to the investigating agency to complete the investigation.

- c. The case may either be resubmitted for review with additional investigation or the law enforcement agency may choose to close the investigation.
 - d. If the agency does not choose to pursue the investigation, the YCAO and CPS should be notified in writing.
3. Submittals declined for prosecution:
- a. If a case is declined for prosecution, a letter indicating this decision will be mailed to the law enforcement officer and the victim by the YCAO.
 - i. The YCAO shall confer with the submitting law enforcement agency prior to declining a case for prosecution.
 - ii. The victim has a right to confer with the prosecutor regarding a decision not to prosecute.
 - b. Cases are declined for several reasons, but primarily because they do not meet the office standard, which is that the case must have a reasonable likelihood of conviction at trial.
 - c. A case is not rejected solely on the basis of the victim's or family's refusal to cooperate.
 - d. All cases that are declined may, of course, be reevaluated if new evidence is presented.
4. Submittals appropriate for prosecution:
- a. The YCAO shall issue appropriate charges.
 - b. Felony cases may be sent to a Preliminary Hearing or taken before the Grand Jury for a determination of probable cause.
 - c. Grand Jury proceedings are not open to the public.
 - d. If the suspect is indicted, the YCAO shall notify CPS of the charges.

B. PROSECUTION

It is the Yavapai County Attorney's policy to use a team approach to prosecution. The team consists of the Deputy County Attorney, County Attorney Investigators, Paralegals, Victim Advocates and outside agencies, such as Child Protective Services.

- 1. A County Attorney Investigator may be utilized to assist the prosecutor once a case is filed.
- 2. A Victim Advocate acts as a liaison between the Deputy County Attorney and the victim or the victim's representative.
- 3. The Deputy County Attorney, in conjunction with the Victim Advocate, will work with the victim, parent, guardian ad litem or the victim's attorney on the case.
- 4. Paralegals help in the research and preparation of motions regarding special issues surrounding child sexual and physical abuse prosecutions.

5. Child Protective Services (“CPS”) is an independent state agency that deals with civil issues involving the child victim. If a case involves CPS intervention, the Deputy County Attorney will attempt to work with the assigned caseworker, recognizing that the goals for the case resolution of the two agencies are not necessarily the same.
6. Prosecution is a team effort among the investigative agency, Child Protective Services, the Deputy County Attorney, the Victim Advocate, the victim and the witnesses. All members of the team are under a continuing obligation to exchange information about the case. The assigned detective is encouraged to assist prosecution during the trial.

C. CASE DISPOSITIONS – CHANGE OF PLEA OR TRIAL

1. Once the case is assigned to a Deputy County Attorney, the attorney and/or the Victim Advocate will contact the victim as soon as practical to discuss the process and obtain input as to a possible disposition.
2. While not all cases are appropriate for plea offers, the majority of cases will involve an offer to plead guilty to a lesser charge. Plea dispositions are advantageous because they ensure finality for the victim, a judgment of guilt by the court, and an order of restitution for damages incurred by the victim.
3. In all child sexual abuse cases that involve more than one count, it is anticipated that any plea offer will include Lifetime Probation. Lifetime Probation may be imposed even in cases that include a term of imprisonment.
4. It is the duty of the Yavapai County Attorney’s Office to see that justice is served in the handling of criminal cases. In that endeavor, it is recognized that the opinion of the victim as to what is just in their case may differ from the views of this office.
 - a. If the victim’s view of a disposition diverges from the staffing offer, he or she shall be given the opportunity to discuss their disagreement with the Deputy County Attorney and, if necessary, with a YCAO supervisor prior to the plea being finalized.
 - b. If the difference of opinion is still not resolved, the victim has the right and opportunity to notify the Pre-Sentence Probation Officer and the court of their opinion.
 - c. Final disposition of a disputed negotiated plea rests with the discretion of the Court to either accept or reject the plea offer.
5. If a case cannot be resolved by way of change of plea, the case is set for trial.

D. TRIAL DISPOSITION – TRIAL AND VICTIM PREPARATION

1. The Yavapai County Attorney’s Office recognizes that many victims and/or their lawful representatives are apprehensive about testifying. Trial apprehension is caused by:
 - a. Unfamiliarity with the trial process.
 - b. Uncertainty regarding whether or not the case is proceeding to trial.
 - c. Unnecessary delays. The Deputy County Attorney will not create any unnecessary delays.
 - d. Fear of testifying.

2. The Deputy County Attorney along with the Victim Advocate may initially meet with the victim in his or her own home, or another place, where the victim feels comfortable.
3. Trial preparation is the responsibility of the Deputy County Attorney. He should meet with the victim in order to:
 - a. Acquaint the victim with the trial process.
 - b. Develop a rapport with the victim.
 - c. In all but very rare cases, the victims are required to testify in court. Prior to the trial, the victim will be taken into a courtroom and the Deputy County Attorney and/or the Victim Advocate will explain courtroom protocols and procedures to the victim.
 - i. The Deputy County Attorney is aware that the courtroom may be intimidating to the child/victim.
 - ii. In appropriate cases, the Deputy County Attorney will request adaptation of the courtroom in order to fit the victim's needs or pursue videotaped or closed circuit testimony.
 - iii. When handled properly, trial testimony can be a powerful aid to the victim recovery process.
 - d. The Deputy County Attorney takes an active role in the victim's recovery process by the manner in which he/she handles a case destined for trial.
 - e. If requested to do so, the Deputy County Attorney will assist the victim in selecting a support person to be present during the victim's testimony, in addition to the Victim Advocate. The support person cannot otherwise be a witness in the case. The Deputy County Attorney will seek appointment of an interpreter or guardian ad litem for a victim in appropriate cases.
 - f. Prior to trial, the Deputy County Attorney or the Victim Advocate will discuss the possible outcomes of the trial with the victim and the victim's representative.
4. At the option of the victim, he or she may submit to an interview by the defense attorney.
 - a. The victim and/or victim representative will be advised of their Victims' Rights to decline a defense interview.
 - b. The Deputy County Attorney will be present and will actively participate in the interview.
 - c. The Deputy County Attorney will make necessary arrangements for any reasonable conditions requested by the victim, including:
 - i. The presence of the Victim Advocate who acts as a support person for the victim; or
 - ii. The presence of another support person.
 - d. The Deputy County Attorney or his/her representative will arrange defense interviews of witnesses at the defense's request.

- i. The Deputy County Attorney or his/her representative will be present and will tape record the interview.
- e. The Yavapai County Attorney's Office recognizes that child sexual and physical abuse cases often require retention of expert witnesses.
 - i. In those cases, the Yavapai County Attorney's Office will pay reasonable fees for that expertise.
 - ii. Professionals are required to testify because they are material witnesses (i.e., they have seen and evaluated the child or are involved in the case within their professional capacity) rather than expert witnesses. In such situations, the professional is not entitled to expert witness compensation.
 - iii. Expert and professional witnesses often have scheduling difficulties. The Deputy County Attorney shall strive to give adequate notice of a pending trial date to these witnesses.
 - iv. Special consideration will be given to the experts and professional witnesses to accommodate their schedules in coordinating a time for their testimony. Obvious constraints are imposed on the Deputy County Attorney, but efforts will be made to minimize the inconvenience to the expert or professional witness.

E. COURTROOM PROTOCOLS

Testifying in court is an emotional experience for most adult witnesses. For a child it may be a frightening experience. In some cases there is a need to adjust the courtroom for the needs of children. The Rules of Evidence give the Court broad discretion to meet those needs and to promote the search for truth. It is important for judges to take a proactive role when it comes to children in the courtroom as justice, in many cases, depends on common sense sensitivity to the need(s) of child witnesses.

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

1. Language Abilities

- a. Since in any criminal trial every person is competent to be a witness, there should be no need for a separate Competency Hearing. (*See A.R.S. §13-4061*) If a Judge decides to conduct one anyway, unless the Court is particularly adept at using age appropriate language, the Deputy County Attorney should be allowed to conduct the questioning.

2. Attorney Conduct

- a. Use normal, conversational tones;
- b. Avoid lengthy objections (objections should be handled away from child);

- c. Possibly remain in a neutral location while questioning the child, (especially important if a defendant represents himself); and
 - d. Consider privacy regarding addresses and phone numbers.
3. Reducing Courtroom Trauma - A Child-Friendly Courtroom environment should:
- a. Allow a support person to be nearby/next to the child;
 - b. Allow child to hold a blanket, a stuffed animal, a doll or other small comforting object;
 - c. In some cases, provide a small table and chairs for testimony rather than the witness stand;
 - d. Provide a pillow or booster chair for the witness chair;
 - e. Work with the Bailiff to provide water, tissue and to adjust the microphone;
 - f. Be aware of younger children's reduced attention spans and the need for breaks.
 - g. Provide opportunities for the child to use the restroom;
 - h. Consider whether the child's testimony should be in the early morning or after school. Take the child's schedule or daily routine into consideration when scheduling the child's testimony;
 - i. Consider the necessity of clearing the courtroom of spectators other than the press (proper findings are a must).
 - j. Use child friendly props. Use of anatomically detailed dolls should only occur in rare instances;
 - k. Be aware of signs of distress in the child;
 - l. Let the child know it is okay to tell the attorneys if he/she doesn't understand a question; and
 - m. Provide for the separation of child victim/witnesses and his/her family from the Defendant and non-supportive family, etc.

F. JURY VERDICT

If the case has been presented and the jury returns with a verdict, the Deputy County Attorney and/or the Victim Advocate will inform the interested parties and team members of the case outcome.

- 1. A jury has three (3) options in reaching a verdict on any of the charges;
 - a. Not Guilty, in which case the Defendant is acquitted, charges are dismissed and Defendant is free from future prosecution on that matter;
 - b. Guilty, in which case the Defendant is bound over for sentencing; or
 - c. Hung jury, in which case the jury was unable to reach a unanimous verdict as to the Defendant's guilt or innocence. Officially, this results in a mistrial and the case is reset for trial. The case may be re-tried, resolved by plea or dismissed.

- d. It is the Deputy County Attorney's responsibility to consult with and keep the victim informed of the decision regarding the final disposition of the case.

2. Sentencing

- a. If the Defendant pleads guilty, no contest or if the jury finds the Defendant guilty, the Deputy County Attorney and/or the Victim Advocate will inform the victim of the sentencing procedure.
- b. The sentencing date is 30 to 60 days after conviction.
- c. The duties of the Deputy County Attorney include:
 - i. Submitting to the Adult Probation Officer an Adult Probation packet which includes:
 - (a) The departmental reports; the Indictment, Information, or Complaint;
 - (b) Copy of the Plea Agreement (when applicable);
 - (c) Victim's biographical information; other relevant information; and
 - (d) The Deputy County Attorney's sentencing recommendation.
 - ii. Informing the victim of his/her right to restitution.
 - iii. Informing the victim of his/her right to view the Presentence Report.
 - iv. Informing the victim of sentencing procedure options, such as:
 - (a) The Defendant may seek a continuance of the original sentencing date in order to present mitigating evidence;
 - (b) The State may seek a continuance in order to present aggravating evidence; or
 - (c) Either side may request a Mental Health Examination under Rule 26.5, Arizona Rules of Criminal Procedure.
 - v. Informing the victim of his/her sentencing rights at the sentencing proceeding.
 - (a) The victim or the victim's lawful representative has the right to be present at the sentencing, and
 - (b) The victim or the victim's lawful representative has the right to address the Court.
 - vi. Assisting the victim in addressing the court. The Deputy County Attorney may assist the victim in preparing a written statement to present to the Court.

3. Post-Conviction Relief and Appeals

- a. The Deputy County Attorney and/or the Victim Advocate will explain to the victim and his/her representative the possibility of a review via Petition for Post-Conviction Relief ("PCR") or an Appeal. A form to Opt-In for Post-Conviction Notification will be provided to the victim.
- b. PCR is a legal review of the Change of Plea proceeding. The Yavapai County Attorney's Office handles PCRs.

- c. An Appeal is a legal review of the trial proceedings. Appeals are handled by the Arizona Attorney General's Office.

G. DISPUTE RESOLUTION

Pursuant to A.R.S. § 8-817, the Protocols shall contain Procedures for Dispute Resolution among law enforcement, Child Protective Services and the County Attorney's Office. The Dispute Resolution Procedures are set out in *Section XI*.

VII

MENTAL HEALTH INTERVENTION PROTOCOLS

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

The Arizona Mandatory Reporting law, *A.R.S. §13-3620*, requires that mental health or social services professionals, or other persons having responsibility for the care or treatment of children, who reasonably believe that a minor has been the victim of physical injury, a reportable offense or neglect, are mandated to report the matter immediately. “Reasonably believe” means if there are any facts from which one could reasonably conclude that a child has been abused, the person knowing those facts is required to immediately report those facts to a law enforcement officer or to Child Protective Services (“CPS”). If the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a law enforcement officer only. When in doubt, make the report.

The statute also states that anyone who reports a case of suspected child abuse is immune from liability in any civil or criminal proceeding resulting from the report unless the reporter has been charged with or is suspected of committing the abuse or is acting with malice. Mental health professionals are responsible for maintaining current awareness of any statutory changes that may occur in the reporting law. The Yavapai Family Advocacy Center is available to provide up to date training on Mandatory Reporters. (*Appendix 3*)

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

A. THERAPEUTIC RESPONSE TO A DISCLOSURE OF ABUSE

When it appears that a child is disclosing information that may be considered abuse, the mental health professional should listen carefully and document direct quotes. The professional receiving such information should listen carefully and should not ask leading questions

1. If the child does not spontaneously provide the information, the following questions should be asked:

- a. Who: Who is the suspect? Collect sufficient information to minimize misunderstanding (i.e., which uncle, grandfather, etc.)
 - b. What: What is the nature of the offense (i.e., sexual, physical)
 - c. When: When did the last act occur?
 - d. Where: Where did the crime occur (jurisdiction)?
2. No further questioning by the mental health professional should be done at this time.
 3. If the child has spontaneously answered any of these four questions above, do not ask that question.
 4. Record verbatim statements in written form and do not make any video/audio recording.
 5. Once the initial disclosure has been made, only the investigating law enforcement or CPS professionals should do further questioning or interviewing of the child.
 6. The therapist should remember that his/her relationship with the family and child is therapeutic and not investigative.
 7. The therapist should not make promises to the child that cannot be guaranteed. For example, do not tell the child, “This does not have to be reported to the authorities.” “You won’t have to testify.” or “No one will go to jail,” etc.

B. REPORTING THE ABUSE

1. It remains the responsibility of the person to whom the child disclosed to make the report (or cause it to be made) as soon as possible to CPS and law enforcement.
2. Questions about what constitutes abuse or how to make a report may be answered by CPS at the Statewide Hotline (*Appendix 2*).
3. In cases where a child is in imminent danger, law enforcement should be contacted immediately.
4. A written report must be completed and sent to CPS within 72 hours of making the initial report (*Appendix 2*).
5. The therapist should maintain the original copy of the written report, which should be kept in the client’s file.
6. Upon receiving the information, CPS and law enforcement may contact the mental health professional for further information and arrange for a forensic interview of the child.
7. If through therapy, the child discloses further information regarding the abuse, the therapist should document direct quotes and make a report to CPS.
8. Once a report has been made, CPS or law enforcement has the primary responsibility for making further contacts with the family for investigative purposes.
 - a. The mental health professional that is working with a child abuse victim may become a part of the court proceedings. This may mean being ordered to appear in

court and/or submitting your records to the appropriate authorities. Consult your licensing agencies' requirements regarding their response to such requests

- b. The victim and the victim's family should be referred to the Victim Services Division and Victim Compensation Program within the Yavapai County Attorney's Office, as well as to other appropriate services.
- c. Mental health professionals, who prefer not to work with child abuse victims, or lack expertise in this area, may also contact the Yavapai County Attorney's Office, Victim Compensation Program (*Appendix 5*) to seek referrals to mental health professionals who specialize in working with child abuse victims.

C. THE THERAPIST'S RESPONSIBILITIES AFTER DISCLOSURE OF ABUSE:

The therapist's primary goal is to facilitate healing in the child who has been victimized. This may include working with family members to negotiate changes in the child's environment, assisting the family in aligning with the victim to provide emotional support and protection, and assisting in minimizing secondary trauma during the legal process.

1. The therapist should delay primary trauma intervention until after the forensic interview and investigation have been completed by the appropriate agency. In the interim, supportive therapy should be provided.
2. Per A.R.S. §13-3620, mandated reporters, including mental health practitioners, may be requested to release records to CPS and/or law enforcement.
 - a. Any records taken or obtained by the County Attorney, CPS or law enforcement are subject to the Rules of Disclosure.
 - b. Questions regarding the Release or requested Release of Records should contact the assigned or on-call Deputy County Attorney or the Arizona Attorney General's Office.
3. Offender treatment records may also be obtained pursuant to A.R.S. §13-3630 in any civil, criminal, administrative proceeding or investigation conducted by CPS or law enforcement, in which a child's neglect, dependency, abuse or abandonment is an issue. For that reason, written records should be complete, concise, clear and factual.
4. Therapists should not disclose facts regarding the allegations to the offender, victim, non-offending parent, caretakers or family members prior to the forensic investigation.
 - a. Explain to the non-offending parent, caretaker and other family members that the facts of the alleged abuse should not be discussed until after the investigative interview is completed by law enforcement and/or CPS.
 - b. Therapists should educate the parent/caretaker that the child may need to talk. Parents should listen, be supportive of the child and seek support from the treatment professional during this time.
 - c. After the investigation is completed, the non-offending parent/caretaker should be fully informed about the details of the allegations.

5. Professionals involved in the treatment of various parties (i.e., victim, offender, non-offending parents and siblings), should collaborate with each other to support effective treatment.
 - a. Appropriate boundaries in working with victims and family members:
 - i. The victim should have a separate therapist from the alleged offender.
 - ii. The “non-contact” rules between offender and victim should be followed consistently.
 - iii. The victim’s therapist should not have direct contact with the alleged offender. Communication should be between the victim’s and the alleged offender’s respective therapists.
 - iv. The victim’s therapist should familiarize her/himself with the Adult and Juvenile Probation Departments’ special conditions of probation for sex offenders and the guidelines for family reunification.
 - v. Therapists should provide support to the child victim through the legal process as appropriate.
6. In cases where prosecution occurs, a Victim Advocate will be assigned.
 - a. The role of the Victim Advocate includes providing information about the criminal justice system and victims’ rights, notification of court dates, visiting the courtroom with the victim and being a support person during interviews, depositions and/or court sessions.
 - b. The therapist should provide emotional support to the victim during this process, in conjunction with the preparation done by the Victim Advocate.
7. The therapist should be prepared to be called as a witness, although this will not always be necessary. This may be done by interview, deposition and/or appearance in court.
 - a. Therapists should be aware that there may be legal limitations regarding the content and scope of their testimony.
 - b. The therapist should contact the assigned or on-call Deputy County Attorney concerning any questions regarding requests for interviews, depositions or court appearances.
 - c. The therapist should not agree to an interview/deposition with a defense attorney without first consulting with the Yavapai County Attorney’s Office. You may request that a Deputy County Attorney be present with you during a defense interview/deposition.

VIII

SCHOOLS PROTOCOLS

A. REPORTING CHILD ABUSE

The Arizona Mandatory Reporting Law, *A.R.S. § 13-3620* requires: “Any person who reasonably believes that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means... shall immediately report or cause reports to be made to a peace officer or to Child Protective Services in the Department of Economic Security; except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only...” (*Section I – Applicable State Laws*)

B. SCHOOL PERSONNEL CHILD ABUSE PROCEDURE

1. When it appears that a child is disclosing information that may be considered abuse, school personnel should listen carefully.
 - a. School personnel should document direct quotes from the victim. The only questions school personnel should ask to establish the elements of a crime are:
 - i. Who is the suspect? Collect sufficient information to minimize misunderstanding (i.e., which uncle, grandfather, etc.)
 - ii. What is the nature of the offense (i.e., sexual, physical)
 - iii. When did the last act occur
 - iv. Where did the crime occur (jurisdiction)
2. School personnel are encouraged to gather information from other school personnel for background, family history, health history and other incidents, etc., to provide to law enforcement and/or CPS to further their investigation.
3. The school employee must report immediately to Child Protective Services (“CPS”) or law enforcement.
 - a. If the suspected acts are committed by a person not having the care, custody or control of the child, the report shall be made only to a law enforcement officer. (*Appendix 1*)
 - b. Yavapai County strongly recommends reporting suspected abuse to both law enforcement and CPS.
4. A written report must be completed and sent to the appropriate agency within 72 hours. (*Appendix 2 and 10*)
5. Upon receiving the information, CPS and/or law enforcement may send an investigator to the school site in order to interview the child.
 - a. School personnel are not to conduct or sit in on the interview unless requested by CPS or law enforcement.

- b. If the child volunteers additional disclosures after the initial interview, school personnel will document the information and contact CPS or law enforcement.
 - c. School personnel may assist law enforcement or CPS in obtaining color photographs if requested. It is common practice that photographs are taken in the presence of law enforcement or CPS.
6. The CPS specialist and/or law enforcement will provide proper identification and should confer with the person making the report.
 7. The CPS and/or law enforcement officer may, at their discretion:
 - a. Enter the school grounds and investigate cases of suspected abuse without unnecessary disruption of normal school activities.
 - b. Interview the child victim, all other children residing in the home and on school grounds outside of the presence of school personnel.
 - c. Conduct interviews of the child without permission from or notice to the parent(s) and/or guardian(s).
 - d. Remove the child from the school (take temporary custody) if necessary to further the investigation.
 - e. Obtain any and all school records by lawful means such by Statute, Subpoena or Court Order.
 8. CPS or law enforcement is required to notify the parents in writing within six (6) hours if the child is taken into temporary custody. It is NOT the responsibility of school personnel to make notifications to the family.
 9. If a parent or guardian calls or comes to the school in an effort to locate a child being interviewed, sheltered or removed from school grounds, the school should refer the parent or guardian to CPS and/or law enforcement

C. TRAINING

Each School District is strongly encouraged to provide an annual training regarding the Mandatory Reporting Laws of Arizona. This training is available through the Yavapai Family Advocacy Center (*Appendix 3*).

D. CONSEQUENCES

The failure to comply with the duty to report might be a class 1 misdemeanor. However, if the failure to report involves a “reportable offense”, the person can be found guilty of a class 6 felony. Penalties could include fines, incarceration and potential loss of certification.

E. REPORTABLE OFFENSES

Abuses classified by statute as Reportable Offenses are:

- a. Indecent Exposure, ARS § 13-1402.
- b. Public Sexual Indecency, ARS § 13-1403.
- c. Sexual Abuse, ARS § 13-1404.

- d. Sexual Conduct with a Minor, ARS § 13-1405.
- e. Sexual Assault, ARS § 13-1406.
- f. Molestation of a Child, ARS § 13-1410.
- g. Surreptitious photographing, videotaping, filming, or digitally recording of a minor, ARS § 13-3019.
- h. Furnishing items that are harmful to a child via the internet, ARS § 13-3506.01.
- i. Commercial sexual exploitation of a minor, ARS § 13-3552.
- j. Sexual exploitation of a minor, ARS § 13-3553.
- k. Child prostitution, ARS § 13-3212.
- l. Incest, ARS § 13-3608.

IX

ADULT PROBATION PROTOCOLS ADULT SEX OFFENDER CASES

A. ADULT PROBATION DEPARTMENT INTERACTS WITH VICTIMS IN THREE WAYS:

1. Investigation as part of the Pre-Sentence Report for the Court prior to sentencing.
2. Supervision of pretrial/sentenced sex offenders in which any contact with the victim(s) is either expressly prohibited or carefully supervised, and in which any family unification/reunification occurs under guidelines, which are structured and incremental. The risk to the community of any sex offender placed there by the Court should be carefully evaluated on an ongoing basis and
3. In the event that probation employees, in the course of their regular duties, have a reasonable belief that a child is or has been the victim of abuse or neglect. This initiates the same protocol as shared by other service professionals who are mandated by law to report the suspected abuse.

B. PRE-SENTENCE INVESTIGATION

1. Preparing the Report
 - a. In the preparation of a presentence report, the probation officer's assignment is to provide timely, accurate, relevant facts and information to assist the Court in making an appropriate decision as to the sentence.
 - b. If there is a possibility that the Defendant will be sentenced to a grant of probation the Pre-Sentence Investigator shall recommend that the Court order the Special Sex Offender Conditions, unless there are exceptional circumstances.
 - c. In conducting Pre-Sentence Investigations with sex offenders, there are a number of issues unique to this population that should be addressed. The Pre-Sentence Report will provide information including:
 - i. A summary of police report(s), detailing the ages and nature of relationship of the victim and offender;
 - ii. A complete description of the assault and grooming behaviors. That is, the method by which the Defendant coerced, threatened or manipulated the victim and the location and setting of the assault(s);
 - iii. The time span over which the assault behaviors occurred and any weapons which may have been used or were present during the offense;
 - iv. Additionally, the Pre-Sentence Report will include any information in the police report regarding the manner in which the offense was disclosed, the Defendant's initial response to disclosure (one of the

greatest potential trauma to victims), any information about trauma to the victim and the response by others to the disclosure.

- d. Much of the Report requires information about the Defendant including his/her social history, criminal history, substance abuse, mental health problems, financial status, his/her interpretation of the offense and the level of remorse, accountability or denial.

2. Taking the Victim's Statement

- a. An important part of the report involves the victim's statement.
- b. Officers should contact the YCAO Victim Services Advocate before contacting the victim. The advocate has often established a rapport with the victim and therefore, the victim might feel more comfortable talking with another stranger if the advocate is present.
- c. It is helpful to let the victims know that this is probably the last time they will have to talk to someone from the Court. He or she has already had to tell the details to numerous individuals and it should not be necessary to repeat them. However, if it seems that they would like to do so, they should be accommodated.
- d. The main objective is twofold:
 - i. To determine the impact the offense had on the victim(s), degree of trauma to the victim(s) (i.e., emotionally, physically and financially), whether they have received counseling and the cost involved, and how they presently view the offender with regard to sentencing; and
 - ii. To do so in a manner that ensures victims' rights are protected in all cases and that the victim is not being further traumatized by the process.
- e. If for some reason the victim has not been provided with information about applying for assistance through the Victim's Compensation Fund, they should be directed to Victim Services at the County Attorney's Office.
- f. When the victim is a child, every effort should be made to decrease any additional trauma or discomfort and make the interview as easy as possible.
 - i. Many parents do not wish their children to be re-interviewed and choose to speak on the child's behalf. If it is deemed appropriate to interview the victim, and time permitting, the officer can offer to go to the victim's home where the child may feel more comfortable and secure.
 - ii. The interview with the child should occur in the presence of a parent or Victim Services Advocate, but the officer should encourage the child to express his or her own feelings.
 - iii. More information about the victim's situation can be gathered from other contacts, such as Child Protective Services Specialist, the victim's counselor, the child's attorney or guardian ad litem, significant members of the family and others who may wish to comment.

- iv. Since a number of victims have still not been in treatment by this time, they or their parent should be encouraged to obtain counseling.

3. Conditions of Probation

- a. The eighteen (18) Specialized Sex Offender Conditions shall be recommended for the supervision of sex offenders at the Pre-Sentence level unless there are exceptional circumstances. This will allow the supervising field officers the ability to further evaluate the case, to order further testing for the Defendant and to provide an appropriate degree of safety in the community for the victim(s) and potential victims.

C. FIELD SUPERVISION

1. Pretrial Officers

- a. If a sex offender is granted Pre-Trial Release, in most cases a condition of that release will include the prohibition of any contact with minors.
- b. At the Court's direction the offender will not be permitted to have contact with or reside with any minors.

2. Specialized Officers

- a. Sexual offenders will be assigned to a specialized Sex Offender Field Officer, unless there are exceptional circumstances.
- b. Specialized field officers have been trained to understand the intricate dynamics of the sexual deviance, grooming and manipulation tactics, offense cycle, risk factors for re-offense, treatment strategies and objectives.
- c. The specialized unit utilizes a collaborative approach to containment.
- d. The Sex Offender Supervision Team consists of a probation and a surveillance officer who work closely with the treatment providers in order to ensure consistency in messages given to the Defendant about treatment goals and expectations, and about probation performance. It also provides for a system of checks and balances in monitoring contact restrictions and decisions regarding unification/reunification.
- e. After sentencing, it is the team's goal to disrupt the Defendant's deviant sexuality, to protect the victim and to help prevent further victimization.
 - i. Surveillance of an offender is a critical element in this disruption.
 - ii. Field work is conducted to assure that Defendants are complying with their Conditions of Probation and their treatment objectives.
- f. Officers work on a continuing basis to assess the risk level of the offenders on their caseloads and determine the frequency and quality of random field contacts.
- g. Offenders must adhere to:
 - i. Strict definition of "no contact" with children;
 - ii. Curfews;
 - iii. Compliance with residential restrictions;

- iv. Employment restrictions; and
- v. Engage in and abide by the treatment contracts and other restrictions.

D. OFFENDER TREATMENT/TESTING

1. All sex offenders, with rare exception, are required to participate in sex offender specific counseling.
2. The Probation Officer, not the offender, chooses the therapist that will be utilized in the offender's treatment. This matter is critical issue as offenders often wish to engage in treatment that does not address their offending behaviors.
3. Probation officers will utilize the services of a therapist who is specifically trained in the treatment of sex offenders.
 - a. Therapists specializing in the treatment of sex offenders are certified by the Association for the Treatment of Sexual Abusers (ATSA) and utilize a cognitive behavioral approach with a strong emphasis on relapse prevention. They are also well versed in the need for group process amongst the offending population.
 - b. In treatment, offenders participate in polygraph and phallometric assessments and engage in a behavioral reconditioning component.
4. If not completed at the Pre-Sentence Level, offenders will have a sex offender specific assessment prior to the commencement of treatment.
5. During the initial phase of treatment, offenders will be required to engage in polygraph and phallometric testing.
 - a. Offenders are required to take an instant offense polygraph test if they are in denial.
 - b. If they have admitted to what the victim has alleged, offenders are required to submit to a sexual history or disclosure polygraph examination, which covers their sexual history and often reveals additional paraphilias they will need to address if they are to make significant progress in learning to control their deviant behavior.
 - c. Since offenders' self-report is often inaccurate and incomplete, polygraph examinations are a useful tool for encouraging sexual offenders to disclose sexual secrets.
6. The Sex Offender Program focuses on assisting offenders in eliminating sexually deviant thoughts, fantasies and behaviors. Once the offender has extinguished secretive and manipulative behaviors, they can begin to work toward establishing healthy relationships.
7. Also in the initial phase of treatment, offenders are required to submit to a pre-treatment, Abel Assessment of Sexual Interest or penile plethysmograph, assessment.
 - a. These phallometric tests are used to objectively assess the offender's significant patterns of sexual arousal.
8. When there has been significant time and progress in treatment, post-tests can be administered to determine if deviant responses are decreased and appropriate responses are increased.

9. The offender is placed in a Cognitive-Behavioral Therapy Group.
 - a. The contracted treatment providers are part of the "Sex Offender Supervision Team" that helps break down the secrecy and denial of many sex offenders.
 - b. Open communication between therapists, probation officers, surveillance officers and treatment specialists is maintained in order to monitor offenders.
 - c. Group treatment also helps eliminate the tendencies toward secrecy and manipulation, which are not as easily extinguished in one-on-one counseling.
10. Offenders are given a series of homework assignments, which must be successfully completed as they progress in therapy.
11. Offenders are not allowed contact with any children, including their own, until certain treatment goals have been met and until the instant offense polygraph and/or sexual history polygraph is passed.
 - a. Contact with a victim should proceed only after a detailed clarification process supervised by both the offender's therapist and victim's therapist. Offenders and victims would not be seen by the same provider.
 - b. Professionals involved in the treatment of offenders and others in the treatment of victims should collaborate with each other to support effective treatment.
 - c. Premature confrontation between a victim and the offender should not occur.
 - d. If the case is one of in-home sexual abuse, or abuse by a close family member, the custodial parent should be informed of the Adult Probation Department's Guidelines for contact.
 - e. The spouse or partner should be aware that the offender will not be allowed to return home or have contact with the victim or other children until various treatment objectives have been met, a process which could take years, to accomplish.
 - f. In some instances it will not occur.
12. The process of unification/reunification is slow and structured. It is a major decision to allow an offender to enter into or to return to an intimate living situation with a child or a child who has been previously victimized.
 - a. The Officer would not permit such an arrangement until both the officer and the therapist believe that the partner or non-offending partner is able to protect the children from victimization or further abuse.
 - b. In some cases the non-offending party would not be considered capable of protecting children.
 - c. The partner and the offender need to be totally aware of the pre-offense thoughts, fantasies and behaviors of the offender.
 - d. The offender must also present a detailed plan for relapse prevention.
 - e. Informed support person's groups are helpful with the unification/ reunification process.

- f. Many family members report being angry at "The System," which they perceive as being responsible for their disrupted family. Group treatment and support can help redirect the responsibility toward the offender and also help the partner to become part of a strong support system for the child.
- g. The attitude and strength of the child victim's support system are crucial to recovery of sexual trauma.
- h. Non-offending partners in sexual abuse cases often have been victimized themselves. They carry the additional burdens of providing a healthy and protective environment for their children while attempting to deal with their own past victimization.
- i. The partner must be an active member of a partners' group and be evaluated as an appropriate chaperone before being considered an adequate protector of children.
- j. Often times in cases of unification/reunification, the offender's therapist will meet with the children to assess whether or not relapse prevention measures are being adhered to in the home.
- k. Similarly, child victims sometime develop "trauma bonds" with their victimizer. Therefore, a child's self-report of readiness to reunify would not be considered sufficient for such a serious undertaking.

E. MONITORING

- 1. Specialized Probation Officers often attend various offender and/or victim therapy groups. This allows the Officers to maintain awareness of the issues the offenders and their families are facing.
- 2. Officers monitor the offender's living situation, employment, access and risk to children, adherence to the conditions of probation and the Sex Offender Treatment Contract, substance abuse, use of free time and other areas of his/her environment.
 - a. Detailed information is obtained about the offender's family members and other children with whom the offender may come in contact.
 - b. This information is shared with all members of the team.
 - c. Adult chaperones must be fully informed about the offender's criminal offense and sign a written form of consent before any contact with the children can occur.
- 3. Maintenance/Monitoring polygraphs should take place throughout the offender's term of probation.
 - a. Probation Officers will often review homework and special assignments given in group, increase supervision, verify with family members the offender's accountability and behavioral changes.
 - b. Every attempt within the officer's power is made to assess a potential victim's emotional well-being and provide for victim safety and recovery.

F. MANDATORY REPORTING OF SUSPECTED ABUSE

Adult Probation Department employees may be the first persons to whom children disclose abuse or they may detect possible abuse or neglect as a function of their job.

The Arizona Mandatory Reporting Law, *A.R.S. § 13-3620* requires: “Any person who reasonably believes that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means... shall immediately report or cause reports to be made to a peace officer or to Child Protective Services in the Department of Economic Security; except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only...” (*Section I – Applicable State Laws*)

1. This law also applies to Adult Probation Department employees.
 - a. If one reasonably believes that a child has been neglected or abused, the Adult Probation Department employee is required to immediately report the incident to CPS and to local law enforcement.
 - b. The information about possible abuse may be received through the child's self-report, the observation of neglect or physical injury, or third party disclosure.
2. Child's Self Disclosure
 - a. When it appears that a child is disclosing information about possible abuse, efforts should be made to promote a quiet, safe place to facilitate the conversation.
 - b. The person receiving the information shall listen openly and speak at the child's developmental level in a positive, non-judgmental manner.
 - c. If the child has not spontaneously provided the following information about the abuse, only these questions should be asked as needed to complete the information:
 - i. What happened?
 - ii. Who did it? Collect sufficient information to minimize misunderstanding (i.e., which uncle, grandfather, etc.)
 - iii. When did it happen?
 - iv. Where did it happen? (jurisdiction)
 - d. Efforts should be made to document the child's exact words during the disclosure. Direct quotes will later be included in the offense report.
 - e. Probation employees should not make any promises of confidentiality or outcome. For example, do not tell the child, “This does not have to be reported to the authorities.” “You won't have to testify.” or “No one will go to jail.” etc.
 - f. Follow the reporting procedure as specified in *Section G*.
 - g. Observations of Injury, Neglect and/or Unusual Behavior:
 - i. Probation employees should be observant of bruising, injury or unusual behavior, which may be the result of abuse or neglect.
 - ii. Employees observing the abuse may ask the four questions listed in the previous section to attempt to ascertain the cause.

- iii. If the responses lead to suspicion of abuse or neglect or if the responses are inconsistent with the observations, report as described in *Section G*.

h. Third-party report of abuse

- i. If a third-party informs probation employees that a child may be the victim of abuse or neglect, the third-party should be directed to report the information to both CPS and the local law enforcement agency where the abuse/neglect occurred. Adult Probation Department employees are also required to make the report. (*See Reporting Procedures in Section G below*).

G. REPORTING PROCEDURES

1. The employee, after observing or hearing about the suspected abuse as outlined in Sections C shall immediately call both CPS Hotline and the local law enforcement agency where the suspected abuse occurred.
2. A written report will also be mailed to CPS within 72 hours of the initial report (*Appendix 10*)
3. The report will include the names and addresses of the minor and minor's parents or person having custody of the minor, if known, the minor's age, nature and extent of injuries or neglect, any evidence of previous injuries or neglect and other information that might be helpful.
4. If the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only.
5. Due to the sensitive nature of an impending investigation, the employees shall respond in a manner that protects the victim, preserves evidence and enhances the professional role of each collaborating agency.
6. It is often difficult to determine who plays what role in an abuse allegation. Therefore, the employee will not provide any information about the suspected abuse to the parents or any alleged perpetrators.
7. The employee shall refer questions about reasonable belief of abuse to CPS or the law enforcement agency involved.
8. After assessing the information and determining a need, the employee will attempt to make necessary arrangements to assure the immediate safety of the victim prior to leaving.
9. If the information was obtained from a third-party as described in section C., 4 above, document the information provided.
10. Do not interview the child, but remain observant.
11. If any injury is observed, the four questions listed in Section C may be asked.
12. After the third-party has been directed to report the suspected abuse, the employee shall make a follow-up report to CPS and the appropriate local law enforcement agency.

13. The incident will be documented per Yavapai County Adult Probation Department Policy.

X

REPORTING COMPLIANCE

An Annual Report shall be transmitted within forty-five days after the end of each fiscal year, independently from Child Protective Services and the Yavapai County Attorney to the Governor, the Speaker of the House of Representatives and the President of the Senate. This report is a public document and shall include:

- a. The number of criminal conduct allegations investigated and how many of these investigations were conducted jointly pursuant to the Investigation Protocols established in this Sub-Section.
- b. Information from the Yavapai County Attorney regarding the number of cases presented for review, the number of persons charged in those cases, the reasons why charges were not pursued and the disposition of these cases.
- c. The reasons why a Joint Investigation did not take place.

XI

DISPUTE RESOLUTION PROCEDURES

A. YAVAPAI COUNTY ATTORNEY'S OFFICE

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

1. Bring the matter to the attention of a Yavapai County Attorney Office ("YCAO") Supervisor and obtain clearance to attempt informal resolution by personal communication with Officer/CPS worker/Assistant Attorney General.
2. If unsuccessful, DCA will discuss result with YCAO Supervisor and determine the next step to be taken. In most cases the Supervisor will discuss with the immediate supervisor in the other agency.
3. If issue(s) remain unresolved after contact with the immediate supervisor, the Supervisor should staff the issue with the Yavapai County Attorney to determine what additional steps will be taken. If further review is desired, the Yavapai County Attorney will attempt to follow the review process established by the outside agency.
4. Lodging a formal complaint with an outside agency should be done only when informal options have been explored and only as a last resort.
5. No contact with the head of another agency expressing criticism of that agency shall be made without prior approval by the Yavapai County Attorney, Chief Deputy or Law Enforcement Liaison. In most cases, it will be necessary for such contact to be made by the Yavapai County Attorney, Chief Deputy or their designee.

Dispute from outside agency personnel with a Deputy County Attorney:

1. Attempt resolution by personal communication with the YCAO DCA.
2. If issues remain unresolved, the outside agency worker should contact the Supervisor of the YCAO DCA and request a review of the DCA's decision/action.
3. If the YCAO Supervisor is unable to resolve the matter, the outside agency worker with their immediate supervisor's knowledge, and following any other requirements of their parent agency may contact the County Attorney and request further review.

B. LAW ENFORCEMENT AGENCIES

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

Dispute from outside agency with Patrol/Deputy:

1. In circumstances when patrol officers/deputies respond to an incident and there is a need to seek resolution beyond the officer's/deputy's ability, the respective agency

seeking resolution shall speak to the on-duty supervisor from that law enforcement agency.

2. In the event there is no on-duty supervisor, the agency seeking resolution shall contract law enforcement communications (dispatch), (*see Appendix A*), and request a supervisor, following that agency's chain of command. All necessary steps will be taken to resolve the complaint.
3. In the event the issue cannot be resolved at that level, the CPS or Yavapai County Attorney representative will notify their respective chain of command asking for a meeting at the management level. This conferring may be completed over the phone as necessary to accommodate a timely response.

Dispute from outside agency with Detective/Investigator:

1. In circumstances when Child Crimes Investigators are investigating a Complaint and there is an issue that requires resolution beyond the Detective's ability, the Detective's Supervisor or Commander shall be notified.
2. If this is not sufficient to resolve the issue, the CPS or County Attorney representative shall notify their respective chain of command asking for a meeting at the management level. This conferring may be completed over the phone as necessary to accommodate a timely response.
3. Dispute from law enforcement personnel with an outside agency:
4. Officers/Deputies shall use a similar process to raise concerns with the Yavapai County Attorney's Office or with Child Protective Services as appropriate and within their prescribed guidelines.

C. CHILD PROTECTIVE SERVICES

Dispute from a CPS Specialist, Supervisor, Assistant Program Manager, Deputy Program Manager with an outside agency:

1. Lodging a formal complaint with an outside agency should be done only when informal options, using the chain of command, have been explored and no resolution has been reached by the interested parties.
2. Formal complaints to an outside agency will be initiated only by the Deputy Program Manager(s) or Assistant Program Manager of the Northern Region District III.

Dispute from outside agency personnel with a CPS Specialist:

1. Attempt resolution with the CPS Specialist by personal communication.
2. If issues remain unresolved, make contact with the CPS Unit Supervisor. Explain in detail what the outstanding issue entails.
3. If issues remain unresolved, make contact with the responsible Assistant Program Manager and set up a one-to-one meeting to discuss the outstanding issues.

4. If issues remain unresolved, contact the appropriate Deputy Program Manager on day-to-day operations and ask for final review of the circumstances of the dispute. The Deputy Program Manager will consult with the Program Administrator Program Manager on issues involving systematic barriers that will need to be addressed as a State-wide System.
5. Any individual barriers will need to be addressed with senior management from the respective entities to engage in conflict resolution pertaining to the Interagency Protocol in Yavapai County.

In situations where the safety and immediate needs of victims are not an immediate concern the case can be review prior to submission to the County Attorney's Office for charging at The Yavapai Family Advocacy Center Case Review meetings. Cases that need a second look can also be brought to this meeting for a "second look".

C. SECOND LOOK - CASE REVIEW

The Yavapai Family Advocacy Center holds scheduled Case Reviews Meetings. The case can be brought to these reviews by any agency wishing for more feedback on how to resolve the case. When a case has been reviewed for prosecution and declined, the case can be brought to one of the Case Review Meetings as well for a "Second Look." Representatives from several agencies attend. The case can be reviewed and discussed to determine further actions that may result in prosecution or final closure of the case.

APPENDIX

YAVAPAI COUNTY LAW ENFORCEMENT AGENCIES

Arizona Department of Public Safety

1111 W. Commerce Drive
Prescott, AZ 86305
Phone: (928) 778-3271
Facsimile: (928) 776-1089

Camp Verde Marshal's Office

646 South 1st Street
P.O. Box 710
Camp Verde, AZ 86322
Phone: (928) 567-6621
Facsimile: (928) 567-6238

Chino Valley Police Department

1020 Palomino Road
P.O. Box 406
Chino Valley, AZ 86323
Phone: (928) 636-4223
Facsimile: (928) 636-1972

Clarkdale Police Department

49 N. 9th Street
P.O. Box 308
Clarkdale, AZ 86324
Phone: (928) 634-7240
Facsimile: (928) 634-1679

Cottonwood Police Department

199 S. 6th Street
Cottonwood, AZ 86326
Phone: (928) 634-4246
Facsimile: (928) 634-0611

Embry Riddle Aeronautical University Police Department

3700 Willow Creek Road
Prescott, AZ 86301
Phone: (928) 777-3739
(928) 777-6671 after hrs
Facsimile: (928) 777-3719

Jerome Police Department

P.O. Box 335
Jerome, AZ 86331
Phone: (928) 634-8992
Facsimile: (928) 649-2776

Prescott Police Department

222 S. Marina
P.O. Box 2059
Prescott, AZ 86302
Phone: (928) 777-1988
Facsimile: (928) 778-3839

Prescott Valley Police Department

7601 E. Civic Circle
Prescott Valley, AZ 86314
Phone: (928) 772-9261
Facsimile: (928) 583-5910

Sedona Police Department

100 Roadrunner Drive
Sedona, AZ 86336
Phone: (928) 282-3102
Facsimile: (928) 282-0622

Yavapai Apache Nation Police Department

353 Middle Verde Road
P.O. Box 1188
Camp Verde, AZ 86322
Phone: (928) 649-7142
Facsimile: (928) 567-7594

Yavapai College Police Department (Prescott)

1100 E Sheldon Street
Prescott Arizona 86301
Phone: (928) 776-2185
Facsimile: (928) 776-2120

Yavapai College Police Department (Verde)

601 Black Hills Drive
Clarkdale, AZ 86324
Phone: (928) 634-6599
Facsimile: (928) 776-2120 c/o Prescott
Campus

Yavapai Prescott Tribal Police

530 Merritt Avenue
Prescott, AZ 86301
Phone: (928) 443-1599
Facsimile: (928) 443-1603

Yavapai County Sheriff's Office

255 E. Gurley Street
Prescott, AZ 86301
Phone: (928) 771-3260
Facsimile: (928) 771-3294

Veterans Affairs Police Department

500 North Highway 89
Prescott, AZ 86313
Phone: (928) 445-4860

YAVAPAI COUNTY CHILD PROTECTIVE SERVICES OFFICES

District III

HOTLINE

Law Enforcement Designated Hotline

Telephone Number: **1-877-238-4501**

P.O. Box 44240

Phoenix, AZ. 85064-4240

Fax

602-520-1832 or 602-520-1833.

Regular HOTLINE number: 1-888-SOS-CHILD (1-888-767-2445)

Or TDD 1-800-530-1831).

Prescott

Child Protective Services Office

1519 W. Gurley St. Suite 2

Prescott, AZ 86301

Phone: (928) 277-2825

Facsimile: (928) 277-2779 or

(928) 277-2777

Cottonwood

Child Protective Services Office

1500 E. Cherry Street, Suite B

Cottonwood, AZ 86326

Phone: (928) 634-7561

Facsimile: (928) 649-6852

Prescott Valley

Child Protective Services Office

3274 Bob Drive

Prescott Valley, AZ 86314

Phone: (928) 277-2600

Facsimile: (928) 277-2658

YAVAPAI FAMILY ADVOCACY CENTER

The mission of the Yavapai Family Advocacy Center is to assist the victims of child or vulnerable adult abuse or neglect, domestic violence and sexual assault, by reducing additional trauma, ensuring thorough investigation and enhancing prosecution through a multidisciplinary team process.

Yavapai Family Advocacy Center
8485 E. Yavapai
P.O. Box 26495
Prescott Valley, AZ 86312
Phone: (928) 775-0669
(928) 642-7107 after hours
Facsimile: (928) 759-0474
Email: www.Yfac.org

YAVAPAI COUNTY ATTORNEY OFFICES

CHARGING UNIT

928-777-7355

Fax

928-771-3454

Prescott

Yavapai County Attorney's Office
255 E. Gurley St.
Prescott, AZ 86303

Phone: (928) 771-3344

Facsimile: (928) 771-3110

Victim

Services: (928) 771-3485

Camp Verde

Yavapai County Attorney's Office
2830 N. Commonwealth Dr. #106
Camp Verde, AZ 86326

Phone: (928) 567-7717

Facsimile: (928) 567-7745

Victim

Services: (928) 567-7757

Law Enforcement Interview Questions

INTRODUCTION

1. Is your concern about a child (person under age 18) currently in Arizona?
2. What is your name and badge number? What department are you with? What is your phone number?
3. How did you get involved with the child or caregivers? Is this your first interaction with the family? Who have you had contact with and where?

INFORMATION COLLECTION TO MAKE SAFETY DECISIONS

Family Composition and Demographic Data

1. Who is living in the home? (Ask for the child's parents' names if the child does not live with their parents.)
2. Do you know any identifying information about the family and others living in the home (i.e. dates of birth, ages, social security numbers, and ethnicity)?
3. What is the primary language of the family?
4. If parents do not live together, do you know the custody and visitation arrangements?
5. What is the family's home address and phone number? (Include the name of the apartment complex and trailer park, apartment or space number and directions, if needed. Verify if phone number is home or cellular.)
 - If the home address is not known, is there any other way to locate the family (i.e. school, day care, a relative's home, or caregiver's place of employment)?
 - If the child or caregiver is currently at another location (i.e. police, relative, medical facility), where is the child and/or caregiver currently located? (Include name of person and address or facility name, including room number and the expected discharge date.)
 - If the family is Native American, does the family live on the Reservation?
6. Where does the child go to school and/or daycare? (Ask only if child was interviewed at the school or reporter is school resource officer.)
 - Gather school dismissal time if situation may require an immediate response.

What is the extent of current maltreatment and circumstances surrounding the maltreatment?

1. What is your concern for the child?
 - Do you believe the caregiver is meeting the basic needs of the child? If no, describe.
 - If reporter has been in the home, do you have concerns about the child's living environment?
2. Did the child get injured? If yes, describe the child's injury (Include the location, size, shape and color.).
3. Does the child need or has the child received medical treatment?
 - If treatment is needed, what type of medical care is needed (i.e. physical or mental health treatment)?
 - If treatment was received, when and where did this occur?
4. What was the child's statement(s) about the injury, incident or their home situation?
5. When and where did the incident occur?

Law Enforcement Interview Questions

6. Who caused harm to the child? What is the caregiver's explanation of the injuries or incident? Does the alleged perpetrator have access to the child or other children outside of the home? If yes, when and how often?
7. Are the parents or other adults in the household aware of the incident? If yes, has any adult in the household intervened to protect the child?
8. Are you aware if incidents like this have occurred before? If yes, describe.
9. Do you have a DR number? Has an arrest been made? What has the perpetrator been charged with?

What is the level of child functioning and adult functioning within the family?

1. Can you describe the child's overall appearance, health and well-being?
2. Does the child have any behavioral, mental, emotional, intellectual or physical conditions?
3. Has the child expressed concern about being at or going home? Do you have concerns about the child going home?
 - If yes, what has the child done or said to indicate concern?
4. Does the caregiver have any behavioral, mental, emotional, intellectual or physical conditions?
5. Are you aware if anyone in the home abuses drugs or alcohol?
 - If yes, who is using, what type of drugs, and does the child have access to the drugs or drug paraphernalia?
 - Do you suspect drug sales or manufacturing in the home? If yes, describe.
6. Is there domestic violence going on among the adults in the home?
 - Can you describe the domestic violence? Do you know who the abuser and victim are?
 - Have there been injuries to adults and/or the child? If yes, describe.

CONCLUSION

1. Do you need immediate assistance from CPS?
2. Are you aware if there are any safety concerns such as pets, weapons, violence or illegal activity that may threaten a social worker's safety if they visit the home?

A.R.S. §41-1010 Statement

According to state law, we must inform you that you are required to provide your name as the reporting source. However, CPS will keep your name confidential under the state CPS confidentiality law and will only disclose it if we receive a court order to do so, or if needed by law enforcement for an investigation or to provide for the immediate safety of a child. Therefore it is important that we document any concerns you may have regarding substantial risk of harm to you, someone else or the public if your name is disclosed.

1. Do you have concerns regarding substantial risk of harm? What are those concerns?
2. May I document your name and phone number as the reporting source?

**CHILD PROTECTIVE SERVICES (CPS)
RESPONSE SYSTEM***(Effective July 1, 2010)***RESPONSE TIME #1 – 2 Hours**

For the purpose of determining the initial response to a report at the Child Abuse Hotline, present danger refers to an immediate, significant and clearly observable family condition present now which has resulted in or is likely to result in serious or severe harm requiring an immediate initial response.

The following conditions suggest that a child may be in present danger:

EXTENT OF MALTREATMENT

1. Death of a child due to physical abuse, neglect or suspicious death
2. Serious injuries including but not limited to:
 - fractures
 - immersion burns, second or third degree burns
 - shaken baby syndrome
 - multiple plane injuries
3. Serious injuries to face or head including but not limited to:
 - bruises
 - cuts
 - abrasions
 - swelling
4. Injuries to a non-ambulatory child
5. Injuries to a child up to one (1) year of age
6. Unknown injuries, but child under the age of six (6) observed or reported to be forcefully struck in the face, head, neck, genitalia or abdomen which could likely cause an injury.
7. Child injured during an incident of domestic violence.
8. The restriction of movement or confinement of a child to an enclosed area and/or uses a threat of harm or intimidation to force a child to remain in a location or position which may include:
 - tying a child's arms or legs together
 - tying a child to an object
 - locking a child in a cage
9. Physical injury resulting from permitting a child to enter or remain in a structure or vehicle that is used for the purposes of manufacturing dangerous drugs.
10. Living environment is an immediate threat to child's safety. This would include the most serious health circumstances, such as buildings capable of collapsing, exposure to elements in extreme weather, fire hazards, electrical wiring exposed, weapons accessible and available, access to dangerous objects or harmful substances, manufacturing of drugs (i.e. meth lab), etc.

11. Child presents with clear physical indicators of malnourishment such as dehydrated or failure to thrive (a.k.a. poor weight gain or pediatric undernourishment).
12. Child requires emergency medical care and caregiver is unwilling or unable to seek treatment.
13. A substance exposed newborn who is scheduled for discharge within 24 hours or is at home. Substance exposed newborn is defined as an infant (birth to one (1) year of age) exposed prenatally to alcohol or drugs including an infant who is exhibiting symptoms consistent with fetal alcohol syndrome or fetal alcohol effects.
14. Caregiver provides the child prescribed/non-prescribed or adult medications, or illegal drugs or alcohol and the child requires emergency medical care.
15. Child left alone and is not capable of caring for self or other children.
16. Evidence or disclosure of current sexual abuse (sexual contact only) **and** the perpetrator currently has or will have access to the identified victim within the next 48 hours. This does not include historical allegations of sexual abuse, unless there is a clear threat of reoccurrence.

CHILD FUNCTIONING

17. Child is extremely fearful because of their home situation, present circumstance or because of a threat of additional abuse or neglect. This does not refer to fear of legal disciplinary practices or generalized fear.
18. Child is a danger to self or others now and caregiver cannot or will not control the child's behavior.

ADULT FUNCTIONING

19. Child was in close proximity to an incident of domestic violence and could have been injured. This includes being held by one of the adults during the incident.
20. Caregiver is described as physically or verbally imposing and threatening, brandishing weapons, or currently behaving in attacking or aggressive ways.
21. The caregiver describes or acts toward the child in predominantly negative terms or has a distorted view of the child or has extremely unrealistic expectations given the child's age or level of development.
22. Caregiver is **incapacitated** due to substance use/abuse, behavioral/mental illness including depression and situational stress, physical impairment, and/or cognitive functioning **and** is unable to perform parental responsibilities consistent with basic needs or child safety, leaving the child in a threatened state.
23. Caregiver is actively placing child in dangerous situations or fails to protect the child from imminent threats from other persons.
24. Caregiver permits a child to enter or remain in a structure or vehicle that is used for the purposes of manufacturing dangerous drugs.
25. Evidence of abuse or neglect and the caregiver denies access to or will flee with child to avoid CPS contact.

RESPONSE TIME #2 – 48 Hours

Impending danger refers to a family condition that may not be occurring in the present but is likely to occur in the immediate to near future and will likely result in serious or severe harm to a child.

All information gathered is analyzed to the following five factors – if all safety threshold criteria are met, the report meets Response Time #2 criteria.

SAFETY THRESHOLD CRITERIA – HOTLINE VERSION

- Specific & Observable – The family’s condition can be described in specific behavioral terms.
- Out-of-Control – Beyond the control of any adult in the household to prevent the impending danger or unknown whether any adult is present or able to control the situation.
- Vulnerable Child – Reliant or dependent on others for protection.
- Severity – Likely to cause serious or severe harm to a child.
- Imminence (Specific Time Frame) – Likely to occur within the next 72 hours.

RESPONSE TIME #3 – 72 Hours

Reports that do not rise to the level of present or impending danger, but there is an incident of abuse or neglect that occurred in the past 30 days. This includes a current minor injury to the child.

RESPONSE TIME #4 – 7 Consecutive Days

Reports that do not rise to the level of present or impending danger, but:

- there is an incident of abuse or neglect that occurred more than 30 days ago, or
- the date of last occurrence is unknown and there is no current physical indicator of maltreatment, or
- there is UNREASONABLE risk of harm to the child’s health or welfare.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Ayuda gratuita con traducciones relacionadas a los servicios de DES está disponible a solicitud del cliente.

Child Abuse Hotline Safety Decision Tool

Specialist Name: _____ **Date:** _____

Supervisor Name: _____ **Communication #:** _____

Safety Decision 1:

Does information collected justify accepting the report based on Arizona statutes?

1. Is the person presently under the age of 18?
 Yes No
2. Is there an allegation of child abuse or neglect meeting the legal definition of harm?
 Yes No Insufficient Information
3. Is the alleged perpetrator the parent or caregiver of the child?
 Yes No Unknown but caregiver is unable to be ruled out
4. Is there sufficient information available to locate the child?
 Yes No

If there is insufficient information to make an accurate, confident decision, consider a collateral contact and refer to the Collateral Contacts Decision Making Tool.

If all four criteria are met, the information received meets report criteria by Arizona statutes.

5. If report criteria is met, what is the type of maltreatment?
 Neglect Physical Abuse Sexual Abuse Emotional Abuse

Proceed to Safety Decision 2.

Safety Decision 2:

For the purpose of determining the initial response to a report at the Child Abuse Hotline, present danger refers to an immediate, significant and clearly observable family condition present now which has resulted in or is likely to result in serious or severe harm requiring an immediate initial response.

Do present danger threats exist? The following conditions suggest that a child may be in present danger. Check all that describe the current situation. If present danger is identified, complete this section and skip to Safety Decision 4.

EXTENT OF MALTREATMENT

- Death of a child due to physical abuse, neglect or suspicious death
- Serious injuries including but not limited to:
 - fractures
 - immersion burns, second or third degree burns
 - shaken baby syndrome
 - multiple plane injuries

Child Abuse Hotline Safety Decision Tool

- Serious injuries to face or head including but not limited to:
 - bruises
 - cuts
 - abrasions
 - swelling
- Injuries to a non-ambulatory child
- Injuries to a child up to one (1) year of age
- Unknown injuries, but child under the age of six (6) observed or reported to be forcefully struck in the face, head, neck, genitalia or abdomen which could likely cause an injury.
- Child injured during an incident of domestic violence.
- The restriction of movement or confinement of a child to an enclosed area and/or uses a threat of harm or intimidation to force a child to remain in a location or position which may include:
 - tying a child's arms or legs together
 - tying a child to an object
 - locking a child in a cage
- Physical injury resulting from permitting a child to enter or remain in a structure or vehicle that is used for the purposes of manufacturing dangerous drugs.
- Living environment is an immediate threat to child's safety. This would include the most serious health circumstances, such as buildings capable of falling in, exposure to elements in extreme weather, fire hazards, electrical wiring exposed, weapons accessible and available, access to dangerous objects or harmful substances, manufacturing of drugs (i.e. meth lab), etc.
- Child presents with clear physical indicators of malnourishment such as dehydrated or failure to thrive (AKA poor weight gain or pediatric undernourishment).
- Child requires emergency medical care and caregiver is unwilling or unable to seek treatment.
- A substance exposed newborn who is scheduled for discharge within 24 hours or is at home. Substance exposed newborn is defined as an infant (birth to one (1) year of age) exposed prenatally to alcohol or drugs including an infant who is exhibiting symptoms consistent with fetal alcohol syndrome or fetal alcohol effects.
- Caregiver provides the child prescribed/non-prescribed or adult medications, or illegal drugs or alcohol and the child requires emergency medical care.
- Child left alone and is not capable of caring for self or other children.
- Evidence or disclosure of current sexual abuse (sexual contact only) **and** the perpetrator currently has or will have access to the identified victim within the next 48 hours. This does not include historical allegations of sexual abuse, unless there is a clear threat of reoccurrence.

CHILD FUNCTIONING

- Child is extremely fearful because of their home situation, present circumstance or because of a threat of additional abuse or neglect. This does not refer to fear of legal disciplinary practices or generalized fear.

Child Abuse Hotline Safety Decision Tool

- Child is a danger to self or others now and caregiver cannot or will not control the child's behavior.

ADULT FUNCTIONING

- Child was in close proximity to an incident of domestic violence and could have been injured. This includes being held by one of the adults during the incident.
- Caregiver is described as physically or verbally imposing and threatening, brandishing weapons, or currently behaving in attacking or aggressive ways.
- The caregiver describes or acts toward the child in predominantly negative terms or has a distorted view of the child or has extremely unrealistic expectations given the child's age or level of development.
- Caregiver is **incapacitated** due to substance use/abuse, behavioral/mental illness including depression and situational stress, physical impairment, and/or cognitive functioning **and** is unable to perform parental responsibilities consistent with basic needs or child safety, leaving the child in a threatened state.
- Caregiver is actively placing child in dangerous situations or fails to protect the child from imminent threats from other persons.
- Caregiver permits a child to enter or remain in a structure or vehicle that is used for the purposes of manufacturing dangerous drugs.
- Evidence of abuse or neglect and the caregiver denies access to or will flee with child to avoid CPS contact.

If no present danger threats exist, proceed to Safety Decision 3.

Safety Decision 3:

Impending danger refers to a family condition that may not be occurring in the present but is likely to occur in the immediate to near future and will likely result in serious or severe harm to a child.

Does the information as collected and analyzed meet the following safety threshold criteria, indicating possible impending danger?

- Specific & Observable – The family's condition can be described in specific behavioral terms.
- Out-of-Control – Beyond the control of any adult in the household to prevent the impending danger or unknown whether any adult is present or able to control the situation.
- Vulnerable Child – Reliant or dependent on others for protection.
- Severity – Likely to cause serious or severe harm to a child.
- Imminence (Specific Time Frame) – Likely to occur within the next 72 hours.

Child Abuse Hotline Safety Decision Tool

If all five safety threshold criteria are met, there are possible safety threats indicating impending danger. Proceed to Safety Decision 4.

Safety Decision 4:

Is it unclear what initial response time is needed to ensure child safety due to insufficient information?

Yes No

If yes, consider a collateral contact and refer to the Collateral Contacts Decision Making Tool.

If no, what is the initial response time needed to ensure child safety?

Response Time #1 – 2 hours
Present Danger

Response Time #2 – 48 hours
Impending Danger

Response Time #3 – 72 hours
Reports that do not rise to the level of present or impending danger, but there is an incident of abuse or neglect that occurred in the past 30 days. This includes a current minor injury to the child.

Response Time #4 – 7 consecutive days
Reports that do not rise to the level of present or impending danger, but:

- there is an incident of abuse or neglect that occurred more than 30 days ago, or
- the date of last occurrence is unknown and there is no current physical indicator of maltreatment, or
- there is UNREASONABLE risk of harm to the child's health or welfare.

RECOMMENDED TRAININGS

The training shall cover the following or its equivalent for any member tasked with responding to reports of child abuse/neglect:

INVESTIGATIONS/PROSECUTION

The specific Children's Justice Task Force courses (Child Physical Abuse Investigations and Medical Aspects, Child Sexual Abuse Investigations, and Forensic Interviewing – Basic 8 Hour) meet the recommended standards for members tasked with conducting an investigation. Any equivalent course shall cover:

- Title 13 – Criminal Code
- Title 8 – Juvenile Code
- Scene Preservation: photos, evidence collection
- Search warrants
- Temporary Custody Notices
- Juvenile Rights
- Mandated Reporting Law
- Medical Release/Information – HIPAA Protocol
- Introduction and Risk Factors
- Inflicted Coetaneous Injuries
- Caretaker Interviews
- Suspect Interviews
- Interviewing Medical Personnel
- Burns
- Fractures
- Head Injuries
- Abdominal Trauma
- Failure to Thrive
- Scene Investigation
- Jurisdiction
- Who Should Be Interviewed
- Why Should People Be Interviewed Immediately
- Victim Interview
- Establishing Time Frames – “Significant Childhood Events”
- Transition Tips (investigation – trial)
- Witness Interviews - “Verbal Corroboration”
- Tangible Evidence - Physical Corroboration
- How to Get Medical Records (A.R.S. § 13-3620)
- Search Warrants and Related Court Documents
- Interviewing Suspects
- Eliminating Defenses
- Defense Attorney Interviews

- Understanding and Accepting your Caseload Investigation and Prosecution of Child Abuse
- Investigation and Prosecution of Child Fatalities and Physical Abuse.
- Childproof: Advanced Trial Advocacy for Child Abuse Prosecutors
- Prosecutors should look for similar training and other courses offered by APAAC, NCDA, NDA and APRI.

BASIC FORENSIC INTERVIEWING

- Victimology
- Forensic Interviewing
- Semi-structured Cognitive Interview
- Videotaped Samples of Forensic Interviews
- Interviewing Adolescents

ADVANCED FORENSIC INTERVIEWING

- Medical Aspects of Physical and Sexual Abuse
- Development and Linguistic Considerations
- Semi-Structured Cognitive Interview
- Disclosure Patterns
- Memory and Suggestibility
- Interviewing Developmental Delayed Victims
- Interviewing Preschool, Reluctant and Anxious Children
- Interviewing Child Witnesses
- Sexual Trauma and Sex Offending Behavior
- Secondary Trauma
- Taking it to the Jury
- Investigators as Experts – Preparing a Resume for Court
- A View from the Bench
- Cultural Considerations
- Legal Considerations in Forensic Interviews
- Courtroom Testimony
- The Defense

PRACTICA

- 2 child interviews
- Courtroom testimony

FORENSIC INTERVIEW GUIDELINES

The child victim is often the principal source of information about allegations of child abuse. These guidelines are intended as a framework for professionals who are interviewing and are not an all-inclusive guide.

Purpose: The purpose of the interview is to collect information after an allegation of abuse has emerged.

The Interviewer: It is recommended that the interviewer shall receive training and demonstrate an ability to perform fact-based interviews. Recommended training includes completion of basic forensic interview training as well as an advanced training curriculum, quarterly peer review and Arizona Children's Justice training seminars.

The Interview: The interview is approached in a neutral, fact-finding attitude for the purpose of collecting information. The interviewer should appear neutral and supportive. The forensic interview process is based on a semi-structured cognitive interview:

1. Rapport building discussion of neutral topics to briefly ascertain the child's developmental and language level.
2. Free narrative/recall – allowance of spontaneous disclosures.
3. Open-ended questioning – Questions that allow a broad range of responses (e.g. "What did he do when you told him "no"? Where was your mom when this happened?")
4. Focus questions – specific questions elicit additional details from the child. (e.g. "Was he in the house or in the yard? Did he put his mouth anywhere else?")
5. Neutral closing – End on a neutral topic.

Where: It is recommended that the interview be conducted in a neutral victim-friendly environment such as the Yavapai Family Advocacy Center.

When: The initial child interview should occur as close to the event in question as feasible. Whenever possible, the child interview should also be timed to maximize the child capacity to provide accurate and complete information. This often involves consideration of the child's physical and mental state (e.g. alert, rested, fed), immediate safety concerns, and the possible impact of delays on the child's ability to recall and report an experience.

Persons Present or Observing the Interview: The interview may be observed by law enforcement personnel, medical personnel, prosecutors and CPS caseworkers investigating the allegations and other allied professionals involved in the investigation process. It is the responsibility of the primary law enforcement investigator to assure that only the appropriate professionals are allowed to observe the interview.

It is recommended that the child making the allegations be interviewed alone. In limited circumstances, a third person may be present provided that they do not ask questions or speak, and such an interview must be recorded to prevent the third person from becoming a witness. Also, they should sit out of direct sight of the child.

The perpetrator or family members of the perpetrator should not be present during the interview.

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

Preservation of Interviews: All interviews of children alleging abuse should be preserved on videotape and/or audio tape and/or disc.

It is recommended that the interviews by the first responding officer also be audio recorded whenever possible.

Recordings of interviews shall be preserved as evidence in accordance with agency policy.



CHILD ABUSE HOTLINE REPORT

Mandated reporting sources must follow-up all telephone reports to Child Protective Services (CPS) with a written statement within seventy-two (72) hours, A.R.S. §13-3620. Completing this form fulfills the written requirement for mandated reporting sources. Reports made in good faith are immune from civil or criminal liability. Mail to: Child Abuse Hotline, P.O. Box 44240, Phoenix, AZ 85064-4240. To report child abuse, call the Hotline at 1-888-767-2445.

DATE REPORTED TO CPS CHILD ABUSE HOTLINE	TIME REPORTED
--	---------------

REPORTING SOURCE'S NAME AND/OR AGENCY

REPORTING SOURCE'S PHONE NO.	CHILD ABUSE HOTLINE CALL NO. (If known)	CPS SPECIALIST'S NAME (If known)
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AS REQUIRED IN A.R.S. § 13-3620, THE REPORT SHALL CONTAIN:

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

PARENT, GUARDIAN OR CUSTODIAN'S NAME

ADDRESS (No., Street, City, State, ZIP)

HOME PHONE NO.	WORK PHONE NO.
----------------	----------------

PARENT, GUARDIAN OR CUSTODIAN'S NAME

ADDRESS (No., Street, City, State, ZIP)

HOME PHONE NO.	WORK PHONE NO.
----------------	----------------

CHILD'S NAME	DATE OF BIRTH
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CHILD'S ADDRESS (No., Street, City, State, ZIP)

CHILD'S NAME	DATE OF BIRTH
--------------	---------------

CHILD'S ADDRESS (No., Street, City, State, ZIP)

CHILD'S NAME	DATE OF BIRTH
--------------	---------------

CHILD'S ADDRESS (No., Street, City, State, ZIP)

CHILD'S NAME	DATE OF BIRTH
--------------	---------------

CHILD'S ADDRESS (No., Street, City, State, ZIP)

Equal Opportunity Employer/Program ♦ Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Administration for Children, Youth and Families

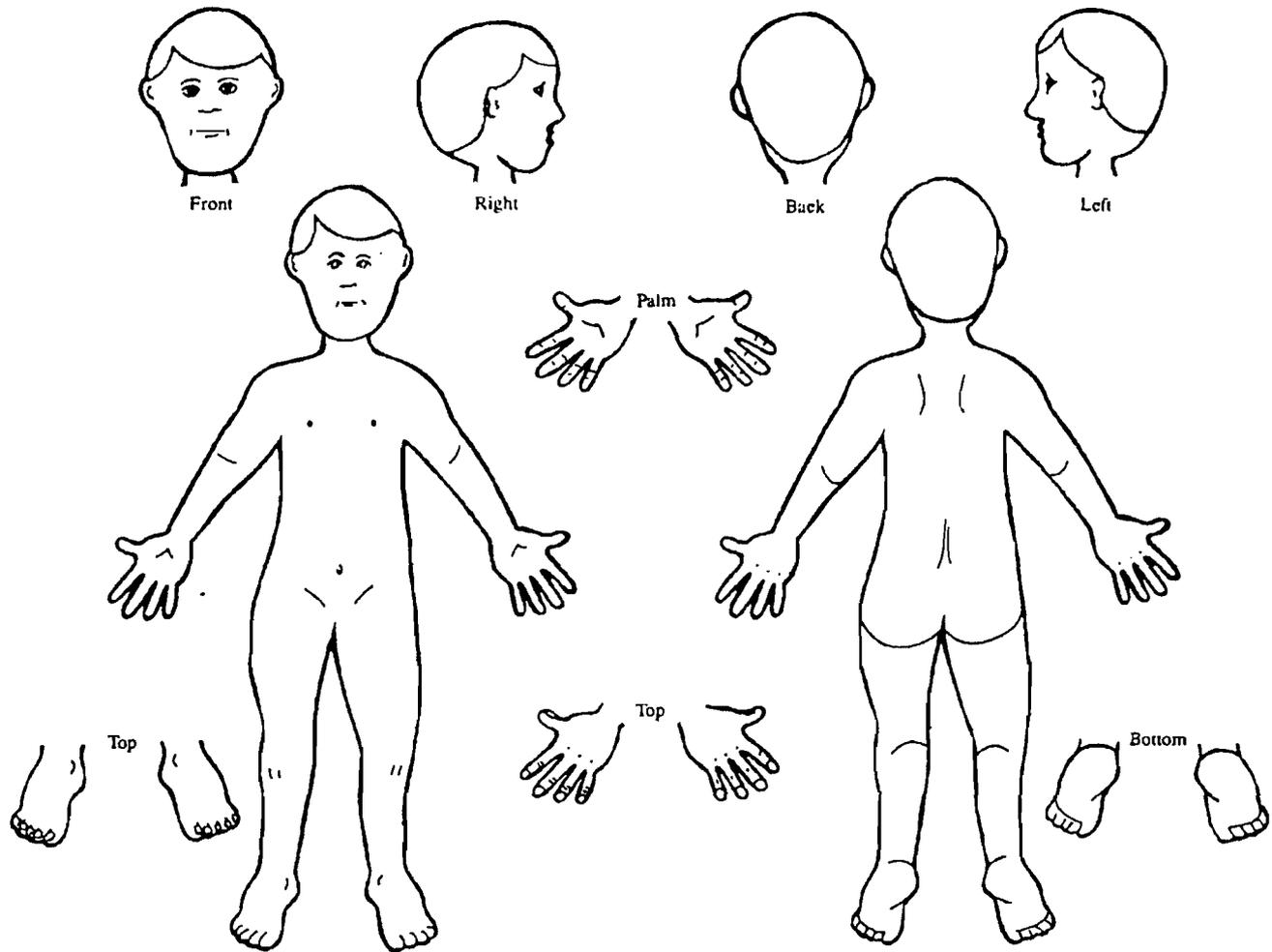
CHILD ABUSE OR NEGLECT REPORT

This form may be submitted to the Child Abuse Hotline in addition to the written report of abuse or neglect pursuant to A.R.S. § 13-3620. Reports made in good faith are immune from civil or criminal activity. Mail to Child Abuse Hotline, P.O. Box 44240, Phoenix, AZ 85064-4240. To report child abuse, call the Hotline at 1-888-767-2445.

CHILD'S NAME (Last, First, M.I.)	DATE
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CHECK (✓) THOSE THAT APPLY AND ENTER LETTER AND NUMBER AS APPROPRIATE ON THE CHILD DIAGRAMS TO SHOW LOCATION OF INJURY(IES)

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



Record child's physical injuries on appropriate areas and attach to the written documentation. Include the shape, size and colors.

PRINT NAME OF PERSON PROVIDING INFORMATION	SIGNATURE OF PERSON PROVIDING INFORMATION	DATE
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Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-0220; TTY/TDD Services: 7-1-1.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

TEMPORARY CUSTODY NOTICE

On (date) _____, at (time) _____ AM /PM, temporary custody of (child's name) _____

was taken at (address) _____ by (agency) _____

Describe the specific reason(s) temporary custody is necessary _____

Check the circumstances (imminent risk factor) that most clearly describes the reason temporary custody was necessary:

- Medical or psychological examination required to diagnose abuse or neglect.
No caregiver is present and the child cannot care for himself or herself or for other children in the household.
A child has severe or serious non-accidental injuries that require immediate medical treatment.
A child requires immediate medical treatment for a life-threatening medical condition or a condition likely to result in impairment of bodily functions or disfigurement, and the child's caregiver is not willing or able to obtain treatment.
A child is suffering from nutritional deprivation that has resulted in malnourishment or dehydration to the extent that the child is at risk of death or permanent physical impairment.
The physical or mental condition of a child's caregiver endangers a child's health or safety.
A medical doctor or psychologist determined that a child's caregiver is unable or unwilling to provide minimally adequate care.
The home environment has conditions that endanger a child's health or safety, such as unsanitary disposal of human waste, animal feces or garbage, exposed wiring, access to dangerous objects, or harmful substances that present a substantial risk of harm to the child.
A medical doctor or psychologist determined that a child's caregiver has emotionally damaged the child; the child is exhibiting severe anxiety, depression, withdrawal, or aggressive behavior due to the emotional damage; and the caregiver is unwilling or unable to seek treatment for the child.
The child was physically injured as a result of living on premises where dangerous drugs or narcotic drugs are being manufactured.
The child's caregiver has engaged in sexual conduct with a child, or has allowed the child to participate in sexual activity with others.
Other circumstances place a child at imminent risk of harm requiring removal (describe specific circumstance).

The Department of Economic Security, Child Protective Services (CPS) must:

- Return your child within 72 hours (not including weekends and holidays) unless CPS files a legal paper, called a petition, with the Juvenile Court. If a petition is filed, your child will be kept in the temporary custody of CPS.
Return your child within 12 hours if your child was removed to be examined by a medical doctor or psychologist, unless abuse or neglect is diagnosed, and
Inform you of the right to give a verbal or written response to the allegations and have them included in the investigation report. Any documentation you give and what you say or write will be included in the case record and can be used in court proceedings.

A Preliminary Protective Hearing will be held on (date) _____ (time) _____

OR Location (court name) _____ (address) _____

You will be notified if CPS files a petition and a Preliminary Protective Hearing is set. CPS will provide you a written notice of the date, time and location of the hearing within 24 hours after the petition is filed.

If a petition is filed, you have the right to have an attorney represent you. The Juvenile Court will appoint an attorney to represent you if you qualify financially. The court may also appoint an attorney or a guardian ad litem to represent your child's best interest.

Before the Preliminary Protective Hearing, you must meet with your attorney. Prior to the Preliminary Protective Hearing, a meeting will be held to try to reach an agreement about placement of your child, what services should be provided and visitation with your child. The availability of reasonable services will be considered. The child's health and safety will be a main concern at this meeting.

Other people may attend this meeting including: child, relatives, other interested persons with whom the child might be placed, witnesses, advocates or a person who has knowledge of your child or an interest in the welfare of your child.

It is your responsibility to participate in all services determined reasonable and necessary by the court. If you do not, the court may hold further hearings to terminate your rights as a parent. This means your child will never be returned to you.

Services available to parents, guardians and custodians, and agencies to contact for assistance are listed on the back of this form.

CHILD PROTECTIVE SERVICES SPECIALIST'S NAME (Please print) _____ AREA CODE AND PHONE NO. () _____

ARIZONA DEPARTMENT OF ECONOMIC SECURITY'S ADDRESS (No., Street, City, State, ZIP) _____

CHILD PROTECTIVE SERVICES SUPERVISOR'S NAME (Please print) _____ AREA CODE AND PHONE NO. () _____

METHOD OF NOTICE: On (date) _____, at (time) _____ AM/PM, I served notice to (parent, guardian or custodian) (print name) _____

Method used: given directly left at residence verbal Date: _____ Time: _____

Address where mailed/left/given (No., Street, City, State, ZIP) _____

ASK: Is the child or child's parents of American Indian heritage/ancestry? Yes No Unknown

PARENT, GUARDIAN OR CUSTODIAN'S SIGNATURE _____

Information for Parents and Guardians

PURPOSE. This form is required by Arizona law to notify the parent, guardian or custodian when a child is removed from his/her custody and placed in temporary custody prior to filing a Dependency Petition or for psychological or physical examination. This form also provides additional resources and services available to the parent, guardian or custodian.

You may call the Family Advocacy Office at 1-877-527-0765, to request a review of the child's removal. In order to ensure sufficient time for review of the removal, please make this call within 48 hours (*not including weekends and holidays*) of receiving this notice.

You may call the Parent Assistance Statewide Hotline, 1-800-732-8193, or Phoenix (602) 542-9580, TDD (602) 452-3545, for more information on the Juvenile Court system and how to obtain legal assistance.

You have the right to call the Office of the Ombudsman-Citizen's Aide, if you have a complaint about CPS actions. The Ombudsman-Citizen's Aide will impartially investigate the complaint, inform you of the results of the investigation and provide you with referrals for additional assistance. To contact the Ombudsman-Citizen's Aide call: 1-800-872-2879, or Phoenix (602) 277-7292.

Services and Programs

Services provided are child-centered and family-focused to promote family preservation, independence and self-sufficiency. Programs available include, but are not limited to:

In-Home Services: Directed at strengthening the family unit to enhance parenting skills including:

- Intensive family preservation
- Parent aide services
- Parent skills training
- CPS child care
- Referrals to community services
- Counseling
- Peer self-help
- Services to high-risk infants and their families

Out-of-Home Placement: Placements provided for children who are unable to remain in their homes including:

- Relative homes
- Foster homes
- Group homes
- Residential treatment centers
- Independent living subsidy arrangements
- Community placements
- Selected placements, as ordered by juvenile court
- Adoption
- Guardianship

Child Protective Services is referring you to the following services: _____

Additional service needs will be assessed prior to the Preliminary Protective Hearing.

COMPLETION AND DOCUMENTATION

1. This notice must indicate the date and time that the child was placed in temporary custody of the child's name.
2. Describe the specific reason why temporary custody is necessary must be indicated or stated.
3. Check the specific factors that constitute imminent danger that corresponds to the reason the child was removed.
4. The CPS Specialist's and CPS Supervisor's name, phone numbers, and address of the local CPS office must be completed.
5. Method of Notice section must be completed. One method of notice must be checked and this section must be signed by the CPS Specialist or law enforcement officer who took temporary custody of the child.
6. If the parent, guardian or custodian is served directly, he/she should be asked to sign the form. If he/she refuses, write in "Refuses to Sign" on the signature line.
7. Leave a copy of the form with the parent, guardian or custodian even if the parent refuses to sign.

DISTRIBUTION

1. The original is given to the parent, guardian or custodian:
 - a. Immediately if he/she is present at the removal;
 - b. Within 24 hours if out-of-state (mailgram);
 - c. As soon as possible if residence is unknown at time of removal.
2. A copy is sent to the Assistant Attorney General to file with the petition.
3. A copy is retained in the case record.

RETENTION. A copy of the form is retained in the permanent case record.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this

document in alternative format or for further information about this policy, please contact your local office; TTY/TDD Services: 7-1-1. Disponible en español en la oficina local.

**CONSENT TO SEARCH FORM
(CHILD-SERIOUS MEDICAL EMERGENCY)**

The _____ has responded to
(Agency)

(Address)
after a report of a serious medical emergency involving a child. The
_____ fully understands the emotional
(Agency)

trauma that exists as a natural consequence of this emergency.
Nevertheless, an immediate investigation is needed to determine the
cause of the medical emergency. The results of the investigation may
assist in the child's treatment and recovery.

The _____ requests permission
(Agency)
to search _____
(Address of home, including outbuildings, all vehicles and any persons)

for any items that may assist in the investigation and to seize any relevant
items. You are not legally required to consent to any such search and
seizure. Even if you do give consent for the search and seizure, you may
withdraw that consent at any time by clearly indicating your wishes to any
officer of _____ involved in the investigation.
(Agency)

I have read and understand the foregoing. I hereby authorize _____
_____ to search the area referred to
(Agency)

above.

Dated: _____ Time: _____

Signature: _____

Witness: _____

**CONSENT TO SEARCH FORM
(IN CASES IN CHILD DEATH)**

The _____ has responded to
(Agency)

(Address)

after a report of a child death. The _____
(Agency)
fully understands the emotional trauma that exists as a natural
consequence of this emergency. Nevertheless, an immediate
investigation is necessary to determine the cause and origin of the death.

The _____ requests permission
(Agency)
to search _____
(Address of home, including outbuildings, all vehicles and any persons)

for any items that may assist in the investigation and to seize any relevant
items. You are not legally required to consent to any such search and
seizure. Even if you do give consent for the search and seizure, you may
withdraw that consent at any time by clearly indicating your wishes to any
officer of _____ involved in the investigation.
(Agency)

I have read and understand the foregoing. I hereby authorize _____
_____ to search the area referred to
(Agency)

above.

Dated: _____ Time: _____

Signature: _____

INTRODUCTION AND RECOMMENDATION FOR THE USE OF THE INFANT DEATH CHECKLIST (PROTOCOL)

INTRODUCTION:

In 2002, the State of Arizona passed into law two statutes concerning the investigation of unexplained infant deaths in Arizona. A.R.S. 36-2292 requires the Department Of Health Services to establish protocols for death scene investigations of apparent natural infant deaths. These protocols must specifically address the need for compassion and sensitivity with parents and caregivers, include recommended procedures for law enforcement, and require scene investigations as a component of the infant death investigation. A.R.S. 36-2293 requires that law enforcement officers complete an infant death investigation checklist during investigations of unexplained infant deaths and further requires law enforcement officers to complete the checklist prior to autopsy. The intent of these two statutes was to standardize the process of unexplained infant death investigations throughout the state, and to ensure medical examiners are provided sufficient information from investigators to assist in determining the cause and manner of an infant's death.

Unexplained infant deaths are those for which there is no cause of death obvious when the infant died. Unexplained infant deaths would not include those in which there was a previously diagnosed life-threatening illness that clearly contributed to the death (i.e., complications of prematurity, congenital anomaly, infectious disease), or when there is a clear cause of death, immediately known (i.e., accident, homicide, etc.). In cases of an unexplained infant death, a thorough investigation is necessary to accurately determine the cause and manner of the death. That process includes a death scene investigation, interviews with parents and caregivers, a review of the infant's clinical history, and a complete autopsy.

In developing the required investigative protocols, the Unexplained Infant Death Advisory Council reviewed guidelines set forth by national infant death organizations, as well as those of other states where such guidelines exist. This review led the Council to create a short form protocol or checklist titled the "Arizona Infant Death Investigation Checklist (2002)." The form is a carbon pack triplicate to allow easy distribution. Instructions for completing the checklist are conveniently printed on the reverse side. The Council believes that uniform use of this checklist will standardize the investigation of unexplained infant deaths in Arizona, while also ensuring that pertinent information is gathered and documented in each case. The checklist is to be used by law enforcement officers, but may also be used by other death investigators. Distribution of this form to medical examiners prior to the autopsy will assist medical examiners in accurately determining the cause and manner of death. Data contained in the form may also provide information for researchers examining the causes of unexplained child deaths and stillborn infants.

Although the recognized definition of an "infant" is a child under one year of age, law enforcement officers are encouraged to use the death investigation checklist in any case of an unexplained child death. The unexplained death of a child over one year of age will require the same investigative process, and the checklist may remain a valuable tool to law enforcement and medical examiners in such instances.

RECOMMENDATIONS:

Death Scene Investigation - The death scene investigation is an essential component of a thorough investigation of unexplained child deaths. Information gathered during the scene investigation augments information obtained from autopsy and review of the child's clinical history. Information gathered during the death scene investigation can help the pathologist interpret postmortem findings. This information will aid in the determination of accidental, environmental, or other unnatural causes of deaths, including child abuse and neglect. Although the ultimate goal of a death scene investigation is to accurately assign a cause of death, equally important goals are the identification of health threats posed by consumer products; identification of risk factors associated with unexplained infant deaths; and using the opportunity to refer families to grief counseling and support groups.

The Unexplained Infant Death Advisory Council recommends a thorough death scene investigation by trained investigative personnel, even in cases where a child may have been transported to a hospital or other location. Access to the death scene must take into consideration issues of privacy and standing, as with any other law enforcement investigation. The death scene investigation should include careful observation and documentation, including measurements and photographs. Consideration should be given to lawfully seizing any items deemed to have evidentiary value, or which may assist in determining the cause of the child's death.

Officer Demeanor – Parents or caregivers who experience the sudden, unexpected death of a child need compassion, support, and accurate information. Those responsible for determining the cause of death must have both technical skills and sensitivity, as they go about their difficult task. A knowledgeable and sympathetic approach will contribute to gathering necessary information while also supporting parents in crisis.

The Unexplained Infant Death Advisory Council recognizes that law enforcement officers know, all too well, that infants and children can die at the hands of parents or caregivers. Such instances, however, are statistically very rare. The vast majority of unexplained infant deaths are attributed to natural causes, not criminal acts. The Council, therefore, recommends that law enforcement officers conduct their investigations with compassion and sensitivity for the parents and caregivers they contact. It is recommended that officers interview parents and caregivers with a non-accusatory demeanor, and withhold judgment until all the facts and medical evaluations are known. In those rare instances where an autopsy or other evidence indicates criminal activity occurred, officers might find it necessary to adopt a different demeanor. Until such time, officers should offer compassion and support to families and caregivers. Recognizing that the grief and feelings of guilt associated with a child's death can be devastating, officers should be familiar with local support groups and be able to provide referral information for long-term support.

(2002) ARIZONA INFANT DEATH SCENE INVESTIGATION CHECKLIST INSTRUCTIONS

Scene Investigated by- Name of the person responsible for the death scene investigation.

Agency: Name of the agency that the person works for.

Phone Number: Telephone number where the scene investigator can be reached.

County: County of the infant death investigation.

A. GENERAL INFORMATION

1. Infant's Name- Include the infant's first, middle and last names. Also known as (a.k.a.) can be added if this is appropriate. Sex- Indicate whether the infant is male or female. Age- Age of the infant in months or days at the time of death. Date of Birth- Month, date and year of the infant's birth.
2. Date of Death- Actual date of the infant's death. Time of Death- Actual time infant died. Location- Identify where the infant's death occurred, (i.e. home, day care, relative's home, etc.) Give the address, including city.
3. Father's Name- Indicate the first, middle and last names of the infant's father. Age of the father in years. Usual occupation of the father.
4. Mother's Name- Indicate the first, middle and last names of the infant's mother. Age of the mother in years. Usual occupation of the mother.
5. Siblings- If yes, indicate ages.
6. Home Address - If different from the location of death, indicate the home address, including city and state.
7. Pediatrician (Family Physician)- Name of the physician who was providing the infant's ongoing health care. Phone- Indicate the physician's phone number.

B. PAST HISTORY

1. Birth Weight- Weight of the infant at the time of birth in pounds and ounces. Prematurity- If premature, indicate# of weeks premature.
2. Place of Birth- Indicate the hospital and City/ State where the infant was born.
3. Difficulty with pregnancy/delivery- Answer yes or no. If yes, explain.
4. Smoking during pregnancy- Indicate if any household member smoked tobacco during this pregnancy. If yes, identify relationship to infant. Drugs during pregnancy- Indicate if any household member abused drugs during this pregnancy. If yes, identify relationship to infant and type of drug.
5. Hospitalization/ Emergency Care- Indicate if the infant has been admitted to the hospital or seen in an emergency room. Explain the reasons for hospital admission or emergency room visit.
6. Indicate if infant had any unusual sleeping habits, if infant ever turned blue or stopped breathing, and if infant had seizures or convulsion. If yes, explain.
7. Other medical conditions noted- Answer yes or no. If yes, explain.
8. Immunization- Indicate if the infant received any immunizations. Indicate if immunizations are up to date and the date of last immunization.
9. History of other child deaths in the family. If yes, identify where, cause of death, and age of child at death.

C. RECENT HISTORY

1. Type of feeding- What type of feeding did the infant regularly receive? Check appropriate box. Last feeding- Indicate the time of the last feeding. What- Indicate what the infant consumed.
2. Recent Illness- Answer yes or no. If yes, check the box corresponding to the condition. Other-Describe other conditions not listed. Medicine- Indicate name of medication or home remedy. Amount- Amount infant was given. Time- Indicate the time medicine was given to infant. Collect all medication or home remedy containers for submission to Medical Examiner.
3. Chemicals- Indicate if the infant was exposed to any chemicals or noxious agents. What- Describe chemical. When- Give date of exposure.
4. Sickness in the household- Indicate if family members or close contacts have exposed the infant to any recent illnesses. Who - Indicate relationship. Illness- Type of illness.
5. Injury or fall- Indicate if the infant had a recent accident. If yes, explain.
6. Recent caregivers- Answer yes or no. If yes, indicate relationship with infant.
7. Last date infant was seen by medical provider- Indicate date. Where- Indicate medical center or physician name. Reason- Indicate why infant was seen.

D. SCENE - (Ask person who discovered the infant)

1. Last seen alive- Indicate the time and circle AM or PM. Behavior - Indicate if infant's behavior was normal. If no, describe infant's behavior.
2. Who discovered the infant- Name and relationship of the individual and time this occurred.
3. Position when found- Indicate infant's position when found. (Check the appropriate box) Position when put to bed-Indicate the position of the infant when put to sleep. (Check the appropriate box) Clothing-Describe what was infant wearing. Covering- Describe how was infant covered.
4. Nose or mouth obstruction- Answer yes or no. If yes, indicate what was causing the obstruction.
5. Infant's sleeping environment- Describe the infants sleeping environment. Other category may include infant carrier, car seat, floor, sofa, swing, etc. Items in bed with infant- Note any items in the bed or immediate sleeping environment. Room Temperature- Indicate if room was cold, hot or normal.
6. Sleeping arrangement- Indicate if infant was sleeping alone. If no, identify co-sleepers. Weight - estimate weight of co-sleepers(s). Drug or alcohol usage- Indicate if co-sleepers used drugs or alcohol. Answer yes or no. If yes, explain.
7. Infant's temperature- Check appropriate box.
8. Attempts to revive infant- Check appropriate box. If yes, note by whom. Time of attempt- Indicate time. Method of attempts- Check appropriate box. Other- Describe other types of attempts if not listed.
9. Household or day care smokers- Answer yes or no. If yes, indicate the relationship to infant.

COMMENTS

Use this space to elaborate on questions above or anything unusual. List the medication or home remedies identified in Section C #2. Attach additional sheets when necessary.

ROUTING INSTRUCTIONS - Send original to ADHS, address listed below. Send yellow copy to County Medical Examiner's Office. First responder keeps the pink copy. Please call (602) 542-1875 if any additional information is needed.

Arizona Department of Health Services
Unexplained Infant Death Council
150 N. 18th Avenue, Suite 320 Phoenix, AZ 85007
Fax: (602) 542-1843

ARIZONA INFANT DEATH INVESTIGATION CHECKLIST

Scene Investigated by _____ Agency _____ Phone Number _____ County _____

A. General Information

1. Infant's name _____ Sex _____ Age _____ Date of birth _____
2. Date of death _____ Time of death _____ AM/PM Location _____
3. Father's name _____ Age _____ Occupation _____
4. Mother's name _____ Age _____ Occupation _____
5. Are there siblings? Yes, No If yes, list ages _____
6. Home address (if different from location of death) _____
7. Pediatrician (family physician) _____ Physician's Phone _____

B. Past History

1. Birth weight _____ lbs _____ oz Was infant premature? Yes, No If yes, number of weeks premature _____
2. Place of Birth (Hospital and City/State) _____
3. Any problems with pregnancy and delivery? Yes, No If yes, explain _____
4. During pregnancy, did anyone: Smoke? Who? _____ Use drugs? Who? _____ What? _____
5. Has infant ever required hospitalization or emergency care? Yes, No If yes, explain: When? _____ Where? _____, Why? _____
6. Anything unusual about sleeping habits or breathing? Yes, No Has infant turned blue or stopped breathing? Yes, No
Has infant had seizures or convulsions? Yes, No If yes, explain _____
7. Any other medical problems or concerns? Yes, No If yes, explain _____
8. Has infant been immunized? Yes, No If yes, are immunizations up to date? Yes, No, Unknown Date of last immunization _____
9. Have there been other child deaths in this family or relatives of the immediate family? Yes, No If yes, where? _____ Cause of death(s) _____ Age(s) at death _____

C. Recent History

1. Was the infant Breast-fed Bottle-fed Both? Last feeding _____ AM/PM What was last feeding? _____
2. Recent illness? Yes, No If yes, what? Appetite change, Cough, Diarrhea, Ear infection, Fever, Irritability/listlessness, Sniffles, Vomiting, Weakness/ "floppiness", Wheezing, Other _____
Were medications or home remedies given? Yes, No If yes, what _____ * Amount _____ Time _____ AM/PM
3. Was there recent exposure to chemicals? Yes, No If yes, what _____ When _____
4. Is anybody in the house sick? Yes, No If yes, who _____ Illness _____
5. Was there a history of a recent fall or injury? Yes, No If yes, explain _____
6. Was the infant in anyone else's care in the last 48 hours? Yes, No If so, whom? _____
7. Last date infant was seen by a medical provider _____ Where? _____ Reason for visit _____

D. Scene

1. Last seen alive _____ AM/PM Was infant behaving normally? Yes, No If no, describe: _____
2. Who discovered the infant? Name _____ Relationship _____ Time _____ AM/PM
3. Position infant was in when found? Abdomen, Back, Side Position when put to bed? Abdomen, Back, Side
What was the infant wearing? _____ How was the infant covered? _____
4. Were the nose and mouth obstructed? Yes, No If yes, with or by what? _____
5. Describe infant's sleeping environment Crib, Bed, Sofa, Other _____ Type of mattress Soft, Hard, Waterbed, Exposed plastic covering Were any of the following found in infant's bed? Pillow, Blankets, Cushions, Toys, Pets, Other _____ Temperature of room _____
6. Was the infant sleeping alone? Yes, No If no, with whom? Child, Adult, More than one person Estimated weight of sleeper(s) _____ Drug or alcohol used? Yes, No If yes, what? _____
7. Was the infant Warm, Cool
8. Were attempts made to revive the infant? Yes, No If yes, by whom? _____ Time of attempt _____ AM/PM
Method of attempt CPR, Shaken, Other _____
9. Does anyone in the immediate household or daycare facility smoke? Yes, No If yes, identify relationship _____

Comments: (Use this space to elaborate on questions above or to note anything unusual)

*Use "Comments" section if more space is needed. Collect all medication/home remedy containers for submission to Medical Examiner.
White = First Responder Canary = Medical Examiner Pink = ADHS

MEDICAL RECORDS REQUEST

The _____ requests that the medical records of _____, D.O.B. _____ be given to _____.

The requested records include the following:

- Admitting notes
- Progress notes
- Nursing notes
- Discharge summary
- Social work notes
- Lab reports
- Doctor's orders
- Consultation notes and reports
- X-ray, CT and MRI reports

This request is made pursuant to an official investigation involving the minor's possible neglect or abuse and Arizona Revised Statute §13-3620(C).

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

Failure to provide these records may subject the person and/or institution responsible to criminal prosecution under A.R.S. §13-3620(J):

J. "A person who violates any provision of this section is guilty of a class 1 misdemeanor."

(Officer)

(Date)

**YAVAPAI COUNTY ATTORNEY'S OFFICE
AUTHORIZATION TO RELEASE MEDICAL RECORDS**

PATIENT NAME		DATE OF BIRTH
CARE OR SERVICE INFORMATION TO BE RELEASED <input type="checkbox"/> History and Physical <input type="checkbox"/> Operative Report <input type="checkbox"/> Laboratory Report <input type="checkbox"/> Cardiopulmonary Report <input type="checkbox"/> Discharge Summary <input type="checkbox"/> ER Record <input type="checkbox"/> X-Ray Report <input type="checkbox"/> Pathology Report <input type="checkbox"/> Consultation Report <input type="checkbox"/> Physical Rehab <input type="checkbox"/> All Records <input type="checkbox"/> Other: _____		DATE(S) OF CARE/SERVICE
REASON(S) INFORMATION REQUESTED		
NAME OF PERSON(S) AUTHORIZED TO RECEIVE INFORMATION		FAX #:
ADDRESS		
CITY	STATE	ZIP

The undersigned hereby authorizes _____ to furnish to the Authorized Person(s) named above with a copy of the information related to type of care or service(s) indicated above that was provided to the Patient for the date(s) stated above.

The undersigned understands that the information in the Patient's health record may include information relating to communicable disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

PATIENT INITIALS

The undersigned understands that any disclosure of information carries with it the potential for further disclosure by the above-name recipient, and the information may not be protected by federal confidentiality rules.

The undersigned understands that (1) authorizing the disclosure of this health information is voluntary; (2) the undersigned can refuse to sign this authorization; (3) the undersigned need not sign this form in order to assure treatment; and (4) the undersigned may inspect or request a copy of the information to be used or disclosed, as provided in CFR 164.524. If the undersigned has questions about disclosure of the Patient's health information, the undersigned can contact the provider's Health Information Management Department.

This authorization will be considered invalid based on expiration date or event determined by patient as noted below. The undersigned may revoke this authorization at any time by providing written notice of revocation to the provider's Health Information Management Department. I understand that the revocation will not apply to information that has already been released in response to this Authorization. I understand that the revocation will not apply to Patient's insurance company when the law provides the insurer with the right to contest a claim under Patient's policy.

The undersigned will be given a copy of this Authorization, after signing.

EXPIRATION DATE OR EVENT

PATIENT SIGNATURE		
IF PATIENT IS UNABLE TO CONSENT BY REASON OF AGE OR SOME OTHER FACTOR, STATE REASON AND PROVIDE APPROPRIATE DOCUMENTATION WHERE APPLICABLE		
LEGALLY AUTHORIZED REPRESENTATIVE	DATE	RELATIONSHIP TO PATIENT
WITNESS	DATE	