

Bannock County Child Abuse Protocol

BANNOCK COUNTY

CHILD ABUSE

PROTOCOL

PROTOCOL AGREEMENT

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PURPOSE STATEMENT

In response to the increase in the number and severity of child abuse cases, the Interagency Child Abuse Task Force has developed a protocol for the investigation and prosecution of child abuse cases.

The purpose of this protocol is to coordinate the investigative and dispositional activities of the various community agencies that have a legal responsibility to be involved in child abuse cases.

Child abuse cases include sexual abuse, physical abuse, neglect, and cases involving unstable home environments.

Effective child protection requires an interagency commitment to coordinate the work of officials representing many professional disciplines, responsibilities, and perspectives in civil and criminal cases.

The Interagency Task Force and its protocol will provide a forum to resolve problems, determine interagency priorities, devise cooperative strategies, and collaborate on staff training.

The result of this work will be a more streamlined sensitive means of investigating and prosecuting child abuse cases, while providing the utmost in safeguards to the victims.

DEFINITIONS

Appropriate Law Enforcement Agency: Jurisdiction for Law Enforcement, this is determined by the location where the incident occurred.

Child Abuse Priority Guidelines: Criteria used for the determination of risk and appropriate time frames for investigations.

Priority I: A child is in immediate danger involving a life-threatening and/or emergency situation

Priority II: A child is not in immediate danger, but allegations of abuse or serious physical or medical neglect are clearly defined in the referral.

Priority III: A child is not in immediate danger, but allegations of abuse or neglect are clearly defined in the referral as a result of the parent or caregiver failing to meet the age-appropriate needs of the child.

Child Abuse Prosecutor: A specially-designated deputy attorney will be assigned responsibilities for civil child protection actions and criminal prosecution involving abused, neglected, and abandoned children.

Child Advocacy Center (CAC) --Bright Tomorrows - A central child-friendly location, where the focus is to improve the communication and coordination among all MDT members, perform forensic interviews on request, coordinate community services, and provide therapy as well as mental health referrals.

Civil: Relating to rights and remedies sought that generally do not involve punitive sanctions or results.

Criminal: Proceedings by which persons are charged with violations of the law wherein punitive remedies are sought on behalf of the State. Incarceration is one such punitive remedy.

Department of Health and Welfare/Children and Family Services (DHW-CFS) Worker-
A licensed social worker/employee.

Forensic Exam: An examination provided to a sexual assault victim by medical personnel trained to gather evidence of a sexual assault in a manner suitable for use in a court of law.

Forensic Interview: A fact-seeking interview designed to obtain a statement from a child on a sexual abuse case in a developmentally sensitive, truth seeking manner that will support accurate and fair decision making in criminal justice and child welfare systems. Interviews should be conducted by trained and skilled professionals.

Guardian ad Litem: The program to recruit, train and coordinate volunteer persons to serve as Guardians ad Litem for abused, neglected or abandoned children.

The Idaho Internet Crimes Against Children (ICAC): Task Force is committed to the

protection of sexually-exploited children through undercover proactive investigations and cyber tips. The goal is to identify and rescue local victims and apprehend offenders.

Investigative Process (In Home - the alleged offender resides in home with the child): The DHW-CFS has primary responsibility in these cases and coordinates with Law Enforcement for the protection of the child.

Investigative Process (Out of Home - the alleged offender does not reside in home and is not primary caretaker of child): Law Enforcement has primary responsibility for case investigation. Law Enforcement may request assistance from the DHW-CFS social worker. The DHW-CFS will provide the family information and referrals for community resources. This information will be made available at the time of, and throughout the crisis, as needed.

Interagency Task Force: The main body comprised of Bannock County professionals from various agencies who meet on a regularly-scheduled basis to resolve problems, devise cooperative strategies, collaborate on interagency training, and act as a support to the Multi-Disciplinary Team.

Multi-Disciplinary Team (MDT): As stated by Idaho Code §16-1617, a subcommittee comprised of professionals consisting of Law Enforcement, DHW-CFS social workers, Mental Health, Medical, Victim Advocacy, Child Advocate Staff and the Child Abuse Prosecutor.

Protocol: An interagency contractual agreement made between agencies regarding individual and joint responsibilities for the investigations of child abuse cases.

**COMPOSITION AND FUNCTIONS OF
THE INTERAGENCY CHILD ABUSE TASK FORCE**

- I. The Task Force will consist of individuals representing Region VI Department of Health and Welfare/Children and Family Services, Bannock County Prosecutor's Office, Bannock County Sheriff's Office, Pocatello City Police Department, Chubbuck City Police Department, School District #25, Probation and Parole, Sixth Judicial District CASA Program, Medical Community, Child Advocacy Center staff, Mental Health, and other appropriate agencies.
- II. These individuals will be appointed by the respective agency heads with a suggested service time of two years. An extended service time allows for the development of a working team without the interruption of members being rotated out.
- III. The Task Force will meet quarterly or more frequently if conditions warrant. Each agency, however, will take responsibility for hosting the meeting.
- IV. The Task Force will Provide the Following Functions:
 - A. A forum for discussion and resolution of interagency issues, concerns, and problems in the day-to-day management of the child protection issues.
 - B. The Task Force will provide a mechanism for brainstorming interagency (and intra) issues, prioritizing these issues, and the subsequent development of action plans in resolving these issues.
 - C. The Task Force will recommend parameters and policies concerning philosophy and direction of education/training for mutual staffs involved in child protection services with an emphasis on consistency and quality.
 - D. The Task Force will advise and support the Multi-Disciplinary Team.
 - E. The Task Force will promote and sponsor interagency training or agency specific training.
 - F. The Task Force will oversee the ongoing implementation of the interagency child abuse protocol.
 - G. The Task Force will review and update the protocol as necessary.

I. Initial Reports

Per Idaho Code §16-1605, any person or agency having knowledge that a child may be abused or neglected will promptly relay a report of child abuse to the Department of Health and Welfare - Children and Family Services (DHW-CFS), or the appropriate Law Enforcement agency, as the case may be.

1. The appropriate Law Enforcement agency is determined by the jurisdiction where the alleged child abuse or neglect occurred.
2. Questions regarding appropriate Law Enforcement jurisdiction should be referred to the prosecuting attorney for resolution.
3. If Law Enforcement receives the abuse report, it will notify DHW-CFS and vice versa, and actions will be taken within priority guidelines.
4. Within each investigative agency, Law Enforcement and DHW-CFS, there will be a designated contact person for interagency communication.
5. If a forensic interview is deemed necessary, the Child Advocacy Center (CAC) may be notified to schedule the forensic interview and to provide any advocate services or referrals.
6. Other parties necessary to the investigation will be notified as needed.
 - A. The DHW-CFS will be the lead agency in primary care abuse cases, i.e., where the offender is living in the home and/or when the parents are neglectful by failing to protect their child from abuse by some person in or outside the home.
 - B. If jurisdiction of the civil complaint lies within the Fort Hall Indian Reservation and at least one of parties is an Indian person, the Bureau of Indian Affairs (BIA) Social Services and/or Fort Hall Tribal Police will be notified. The ensuing investigation will follow the provisions of the Indian Child Welfare Act. If jurisdiction of the criminal complaint lies within the Fort Hall Indian Reservation and at least one of the parties is an Indian person, a referral will be made to the FBI.

II. Investigations

A. Policy

All investigations will be conducted in a manner which protects the child victim and avoids having the child undergo any unnecessary traumatic experiences.

1. The goals of the investigation are:
 - a. To determine whether an act of child abuse or neglect has occurred.
 - b. To properly gather sufficient evidence to support criminal prosecution and/or

child protection action in appropriate cases.

- c. To assess the need for protective or supportive services for the victim and family, including facilitating access to those resources.
2. Interagency Task Force members shall work together in full cooperation and close coordination in order to maximize the effective use of available investigative resources and avoid unnecessary duplication of effort.
3. The Multi-Disciplinary Team shares information regarding referrals in an effort to arrive at a mutually agreed upon decision regarding how best to approach an investigation of child abuse or neglect.

B. Procedure

Action Priority Determination

The determination of priority for action is determined by DHW-CFS. After a priority is determined, Law Enforcement is notified.

1. Priority is and will be determined by the apparent or potential risk of psychological or physical harm to the child.
2. In some abuse and neglect situations it may be necessary, in order to protect the child, to take emergency action during the investigation. These situations include those in which a child is “endangered in the child’s surroundings and prompt removal appears to be necessary to prevent serious injury to the child.” Idaho Code §16-1608.
3. The following nonexclusive list of risk factors is considered in this initial assessment process:
 - a. Age of child
 - b. Vulnerability of the child
 - c. Prior report/previous history
 - d. Time lapse from incident to report
 - e. Reliability and motivation of reporting source: is the primary motive a concern for the child, contrasted to anger, revenge, retribution, or other issues.
 - f. Family dynamics, if known
 - g. Geographical location and climatic variables

- h. Medical attention given or needed at time of report.
 - i. Possible need to shelter child.
- 4. The investigative team will respond according to the child abuse priority guidelines as set forth by the DHW-CFS.

PRIORITY I: A CHILD IS IN IMMEDIATE DANGER involving a life-threatening and/or emergency situation; the DHW-CFS shall respond immediately. Law Enforcement must be notified and requested to respond or to accompany the DHW-CFS worker. The child must be seen by a DHW-CFS worker immediately unless written regional protocol agreements direct otherwise. The child shall be seen by medical personnel when deemed appropriate by Law Enforcement and/or DHW-CFS worker. Every attempt should be made to coordinate the DHW-CFS' assessment with Law Enforcement's investigation.

PRIORITY II: A CHILD IS NOT IN IMMEDIATE DANGER, but allegations of abuse, or serious physical or medical neglect are clearly defined in the referral; response shall be within twenty-four (24) hours. The child must be seen by a DHW-CFS worker within forty-eight hours (48) of the DHW-CFS' receipt of the referral unless written region protocol agreements direct otherwise. The child shall be seen by medical personnel when deemed appropriate by Law Enforcement and/or DHW-CFS worker. Law Enforcement must be notified within twenty-four (24) hours of receipt of all Priority II referrals which involve issues of abuse or neglect. If possible, attempts should be made to coordinate the DHW-CFS' assessment with Law Enforcement's investigation.

PRIORITY III: A CHILD IS NOT IN IMMEDIATE DANGER, but allegations of abuse or neglect are clearly defined in the referral as a result of the parent or caregiver failing to meet the age-appropriate needs of the child. The DHW-CFS shall respond within three (3) calendar days. The child must be seen by the DHW-CFS worker within five (5) calendar days of the DHW-CFS' receipt of the referral.

C. Investigative Team

The investigative team should consist of all people involved in the investigation of reported child abuse, abandonment, or neglect.

1. A preliminary investigation may be conducted by a Department of Health and Welfare on-call worker and a Law Enforcement officer upon receipt of the initial report if the referral is received after business hours including holidays and weekends. The receiving agency should immediately notify and involve other affected agencies. The Child Abuse Prosecutor directs the investigation as the need arises. Any issues or conflicts shall be decided by the Interagency Team members. The primary function of the preliminary investigation is to assess the risk to the child and gather preliminary information to be turned over to designated supervisors from Law Enforcement and DHW-CFS. Each supervisor should then assign a specialist to the follow-up investigation.

2. Follow-up Investigation - The follow-up investigation should be conducted by specialists who have received training in investigation of abuse, neglect, abandonment and/or child victim crimes with special emphasis on interview techniques with children. When a sexual forensic interview is deemed necessary, every effort should be made to conduct the interview at the CAC interview room (at Bright Tomorrows). The Child Abuse Prosecutor consults, assists in the course of the investigation and directs other non-DHW-CFS investigative agents. Any conflicts of issues concerning the course of investigation shall be decided by the Interagency Team. The follow-up investigation should also involve medical personnel, as appropriate, who have expertise in child abuse.
3. Case Review
 - a. Case review will take place at regularly scheduled MDT meetings (and as needed).
 - b. MDT shall be comprised of agency representation by: Law Enforcement, DHW-CFS, Prosecution, Medical, Mental Health, CAC staff, and Victim Advocacy.
 - c. Cases identified by the various MDT members as at risk or in need of review will be staffed, as well as cases in which forensic interviews have been conducted.
 - d. MDT members will be notified of meeting dates and times and cases to be reviewed.
 - e. If case review is conducted on a case in which a mental health professional outside of the CAC (Bright Tomorrows) is providing services to the child victim, the MDT can request their attendance for the case review on this client.
 - f. Normal rules of confidentiality apply to the case review process for all professionals involved. Sensitivity to the client's rights to confidentiality, especially as it applies to mental health services, must be observed.
4. Case tracking will occur on those cases where a forensic interview has taken place at the CAC.

D. Investigative Strategy

Investigative strategy shall be determined by investigators considering the following:

1. That the successful investigation of cases needs to be conducted in a planned, coordinated, and cooperative manner by team members.
2. Need to intervene for child's immediate protection.

3. Focus on reducing further victimization of the child. Rather than the removal of the victim from the home, when the family can offer a positive and supportive environment, consideration should be given to removal of the offender, (Idaho Code §16-1608(1)(b)) and/or other appropriate means.
4. Need to re-contact and interview reporting party.
5. Need to preserve physical evidence.
6. Logistics of victim, witnesses, and suspect interview, e.g., time, place, and order.

III. Interviews

A. Child Victim

1. Preparing and conducting interviews.

In accordance with Idaho Code §16-1618, unless otherwise demonstrated by good cause, all investigative or risk assessment interviews of alleged victims will be recorded by audio or video taping.

- a. Every effort should be made to employ an appropriately trained and skilled interviewer with skills in child interview techniques, including use of supportive/assistive aids such as toys, drawings, and etc. Additionally, the interviewer should focus on any interpretive needs that the child may require such as language barriers.
- b. The CAC interview room at Bright Tomorrows will be utilized for child and adolescent sexual forensic interviews whenever possible.
--Physical abuse interviews can utilize the CAC but other locations may be used as a forensic venue such as schools, homes, police department, or the DHW-CFS office, depending on the circumstances.
- c. As part of maintaining a child safe environment, the CAC's (and MDT's) policy, is that no alleged offenders are allowed on the CAC's premises.
- d. Generally interviews should be conducted by one specified team member. When circumstances determine that more than one member be present, only one person should conduct the interview to avoid confusing the child.
- e. Prior to conducting the forensic interview, MDT members will discuss multiple hypotheses or explanations for the current concerns.
- f. Assessment of the child's developmental level, in order to achieve optimum interview communication, is important. Landmarks may include, in a younger child, knowing name and age, recognizing colors, counting, and sense of time; in an older child, school grade and achievement, language skills including names for genital areas. Determine any physical, emotional, or intellectual

problems the child may have. Disabilities the child may have should be taken into consideration, i.e., developmental delays, speech delays, hearing problems, assessing whether the child understands truth versus lie, real versus pretend, etc. The team may want to consider the use of a specialist for consultation and/or assistance.

- g. Recognize an interview needs to be conducted in a neutral, nonthreatening environment away from the scene of the assault and preferably outside the presence of the parents; if possible, the Bright Tomorrows CAC interview room, which allows other team members to monitor the interview process. If possible, use a neutral room if the situation necessitates interviewing children at the school.
- h. If the need to protect the child requires that the interview be conducted at the child's school, team members need to make prior arrangements with school administration.
- i. Interview with the child should have the following goals:
 - (1) Assessing imminent danger and possible need for the safety and protection of the child.
 - (2) Gathering of information and facts.
 - (3) Determining need for filing of a child protection petition.
 - (4) Gather information to develop safety plans.
- j. Duplication of interview by multiple persons and agencies should be avoided. It may be necessary, however, to interview the child on more than one occasion depending on the child's ability to disclose at that time, i.e., emotional state, communication, and language skills.
- k. Interviews should seek to gain the information--"Who, What, How, When, Where"--from the following fundamental questions:
 - (1) Name, age, date of birth, residence, and name of parent or guardian.
 - (2) Dates, location, and nature of abuse in as much detail as possible.
 - (3) Name of alleged perpetrator and relation to victim, also description of perpetrator.
 - (4) Initial determination of child's competency to testify.
 - (5) Times, dates of disclosure, and to whom disclosure was made.
 - (6) Assess child's need for medical services.

(7) Determine existence of physical or corroborative evidence.

(8) Identify presence of siblings and/or other victims.

l. Interview Techniques

(1) Establish rapport, engaging the child in age-appropriate interests and conversation before discussing abusive experiences directly.

(2) Guard against using leading gestures and questions, i.e., “putting words in the child’s mouth,” in order to minimize allegations of bias and to maximize the amount of information obtained.

(3) Relate to the child on his or her developmental level: Use words familiar to the victim.

(4) Make every effort to keep the focus of the interview on the child; avoid interviewer’s disclosure of personal information.

(5) Use open-ended narrative questions throughout the interview, i.e. “Tell me more about that.”

(6) Avoid questions that place blame on the child, i.e. “Why” questions.

(7) Be sensitive to, but avoid overreacting to, the child’s statements.

(8) Allow the child time. Recognize the difficulty of disclosing complex, embarrassing information, often with a disbelieving and/or non-supportive family.

(9) Reassure the child that they have done nothing wrong and are not to be blamed for what happened.

(10) Ask the child what questions she/he has about the interview. Answer honestly.

(11) Don’t make promises to the child you may not be able to keep.

m. The interview will be videotaped at the Bright Tomorrows CAC interview room. If the child is being interviewed at school, the interview will be audio taped.

(1) Video and audio tapes will be taken by Law Enforcement and placed in evidence as any other crucial piece of evidence.

B. Witness Interviews

1. Witness interviews should be conducted by person or persons designated by the investigative team as soon as possible after the incident has been reported.
2. An attempt should be made to assess competency and credibility of the witness.
3. The person conducting the interview shall determine the most appropriate location for interview of the witnesses. (If the witness is a child or adolescent, use the Bright Tomorrows CAC interview room whenever possible).
4. Whenever possible, interview all witnesses before interviewing suspect.
 - a. Witnesses may include the non-offending parent, siblings, person reporting the abuse or neglect, and other parties with information pertaining to the abuse or neglect.
5. Obtain the following information from the witness:
 - a. Name, age, date of birth, Social Security number, residence, phone numbers, and place of employment for purpose of later contact.
 - b. Determine relationship of witness to victim or offender.
 - c. A written statement when age appropriate.
 - d. Names of other possible witnesses and victims.

C. Alleged Perpetrator Interview (when criminal charges are contemplated).

1. The purpose of the interview is for Law Enforcement to gather facts. When those facts indicate that a crime has been committed, the interviewer should obtain a detailed statement of facts from the alleged perpetrator, which shall be admissible in court.
2. Preparing and conducting interviews
 - a. Prior to interviewing the alleged perpetrator, all relevant information should be obtained from the interview of the child victim and from those persons to whom the child victim may have spoken concerning the abuse.
 - b. A background check should be conducted on the alleged offender which includes checking his/her past history by talking with other officers and professionals who have had contact with the suspect and a complete records check.
 - c. The interviews shall be conducted by the police investigator preferably at the police station.

(1) Policy concerning the Miranda warnings will be followed.

- d. Interviews should seek to gain the following:
 - (1) Name, age, date of birth, current address, and place of employment.
 - (2) Relationship to victim.
 - (3) Statement of actions pertaining to the alleged abuse including times, dates, and locations of the abuse.
 - (4) Ascertain if there are other victims.
 - e. Decisions concerning the use of polygraph, Computer Voice Stress Analyzer, or other approved techniques to determine veracity will be made by investigative officer.
- 3. If possible, a written and/or taped statement should be obtained.
 - 4. When no criminal charges are pending, the DHW-CFS social worker will proceed with their assessment, including an interview with the alleged perpetrator.

IV. Victim Advocacy

- A. Victim support/advocacy will be provided at the time of the victim's forensic interview.
 - 1. Advocacy services to be provided by a CAC staff person, the Victim Witness Coordinator, or a DHW-CFS staff at the time of the forensic interview.
 - 2. Services should include but are not limited to:
 - a. Crisis intervention and support to the victim and their family members/guardians.
 - b. Education regarding investigation, prosecution, and treatment.
 - c. Information regarding the rights of a crime victim and services available to them (Crime Victim's Compensation).
- B. Follow-up services and support/advocacy is available to victims and their family/guardians during the investigation and prosecution of their case.
 - 1. The CAC and/or the appropriate agency involved in the MDT will provide periodic follow-up contact with the child victim/non-offending caregiver(s) to ensure ongoing support and education.
 - 2. If the child victim must appear in court, he/she will be linked with the Victim Witness Coordinator for court preparation.
 - 3. The Victim Witness Coordinator will accompany child/victim in the courtroom

V. Prosecution

A. Child Abuse Prosecutor

1. The Bannock County Prosecutor shall designate a deputy prosecuting attorney who will be specifically responsible for civil child protection actions and criminal prosecutions involving cases where children are abused, neglected, abandoned or in an unstable home environment.
2. The Child Abuse Prosecutor shall be under the supervision of the Bannock County Prosecuting Attorney through the Chief Criminal Deputy Prosecuting Attorney.
3. The prosecuting attorneys involved in child abuse cases are encouraged to obtain specialized training in the prosecution of child abuse/neglect cases on a regular basis.
4. In the event that the Child Abuse Prosecutor is not available when needed, the Prosecuting Attorney or Chief Criminal Deputy Prosecutor or other designee should be contacted by the investigative team when there is a need for consultation and decision making by a prosecutor in a child abuse matter.
5. The “on-call prosecutor” should be contacted in situations where the Child Abuse Prosecutor is unavailable (weekends or evenings).

B. Initial Investigation Prior to Criminal Charges

1. The office of the prosecuting attorney has general authority to direct investigation which may lead to criminal charges and/or civil action under the Child Protective Act.
2. Investigations shall be conducted in general accordance with the Investigation Protocol.
3. The Child Abuse Prosecutor shall be advised by the investigative team of the nature and status of the investigations.
4. The Child Abuse Prosecutor shall provide consultation on special problems arising during the investigation of members of the investigative team.
5. The decision to use a polygraph examination, Computer Voice Stress Analyzer Test, or other approved techniques to determine veracity for either the suspected offender or victim shall be made by the Child Abuse Prosecutor, Law Enforcement and the child’s custodial parent.
6. The Child Abuse Prosecutor should attempt to attend the investigative interviews with the child victim in order to assess the ability of the child victim to render testimony in court proceedings. Reviewing the videotape of the investigative interviews may be substituted for attending in person.

7. Whenever possible, the child forensic interviewer will be a part of the first meeting of the child with the prosecutor.
8. The decision to arrest shall be made by the prosecuting attorney's office upon consultation with investigators, except in special circumstance where the police officer determines that immediate arrest is necessary.

C. Initiation of Criminal Charges

1. The prosecuting attorney's office has sole discretionary responsibility for the initiation of criminal legal proceedings. The decision to file a criminal charge shall be made by the Child Abuse Prosecutor.
 - a. The Child Abuse Prosecutor should consult with investigators and receive input from the Investigative Team prior to deciding whether to prosecute.
 - b. The Child Abuse Prosecutor's decision as to whether to prosecute shall be based upon written reports of police and/or child protection investigators, as well as verbal or written comments received from other concerned persons or agencies as deemed appropriate by the Child Abuse Prosecutor.
 - c. The Child Abuse Prosecutor may require such additional investigation and contact, including contact with the child and child's family, as deemed necessary.
 - (1) It may be necessary for the prosecutor to personally interview the child victim in order to properly assess competency and to establish a trust relationship with the child and the child's family.
 - (2) The investigative team agrees to perform additional investigations as may be requested by the Child Abuse Prosecutor.
 - d. The Child Abuse Prosecutor agrees to suggest, when appropriate, other possible avenues of investigation and alternative legal remedies prior to declining prosecution.
2. Prosecution Declined
 - a. The Child Abuse Prosecutor agrees to provide to the appropriate police or DHW-CFS, a written memorandum and verbal communication stating the reasons for declining prosecution.
 - b. The Child Abuse Prosecutor shall review a declined case upon being advised by an investigator of the existence of new or previously undisclosed evidence.
3. Prosecution Accepted

- a. Determination of what specific charge(s) to file shall be within the sole discretion of the Child Abuse Prosecutor.
 - (1) The Child Abuse Prosecutor may consider the following non-exclusive list of factors in deciding what charge(s) to file:
 - A. Nature of the alleged perpetrator's conduct;
 - B. Ability of the child victim to testify in court, considering factors such as age, competency, demeanor, credibility, likelihood of psychological harm, family and agency support;
 - C. Statements of child which qualify as admissible evidence in court proceedings under exceptions to the hearsay rule;
 - D. The defendant's statements which qualify as admissible evidence;
 - E. Physical corroborating evidence;
 - F. Witness testimony which tends to corroborate other evidence against the defendant;
 - G. Availability of expert testimony
 - H. Legal issues, such as statute of limitations, venue, and admissibility of relevant evidence;
 - I. Completeness of the investigation; and
 - (2) The Child Abuse Prosecutor's decision to charge is independent of whether the defendant has been arrested or upon what charges the arrest was based.
 - (3) The act of filing charges is not a commitment on the part of the Child Abuse Prosecutor to pursue the charges where new or additional factors preclude the likelihood of conviction.

4. Method of Charging

- a. The Child Abuse Prosecutor shall have sole discretion in determining whether to initiate a criminal charge by complaint or grand jury indictment.
- b. Preference will be given to the method of charging which will be the least traumatic to the child victim.

D. Plea Bargaining, Dismissal and Reduction of Charges

1. The Child Abuse Prosecutor shall have sole discretion in determining whether to enter a plea bargain agreement and whether to move the Court to dismiss, reduce or modify a criminal charge.
2. The Child Abuse Prosecutor agrees to consult with the investigative team, victims, family members of victims, and such other persons as the Child Abuse Prosecutor may deem appropriate in deciding whether to enter into a plea bargain agreement and whether a criminal charge should be dismissed or reduced.

E. Protecting the Child Victim Witness

1. The prosecuting attorney's office agrees to cooperate in whatever means are reasonable necessary to protect a child victim appearing as a witness in the criminal court process.
2. In particular, the prosecuting attorney's office agrees to cooperate by making every effort to have the Victim/Witness Coordinator or some other friendly person in the immediate presence of the child at all court proceedings.
3. In addition, the Victim/Witness Coordinator, employed by the prosecuting attorney's office, shall be specifically trained and made available to assist child victims and their families in coping with anxieties associated with the child's participation in the court process. The Victim/Witness Coordinator is generally responsible for communicating with victims and witnesses concerning the status of legal proceedings being handled by the prosecuting attorney's office.
5. Every effort should be made to familiarize the child witness with court proceedings prior to their testifying. Consider using an informal walk-through of the courtroom, with an opportunity for the child to take the witness stand for a limited "dry-run," in order to reduce anxieties. Be aware that there may be concerns relating to "coaching."
6. The Child Abuse Prosecutor should meet with the child victim prior to the preliminary hearing.
7. Protecting a witness, child or otherwise, can be enhanced by limiting their time on the stand to what is useful and necessary to make the case. Limiting the time on the stand by posing fewer and simpler questions will generally prevent confusion and uncertainty

on the part of the witness and their potential vulnerability upon cross-examination.

F. Initiation of Civil Proceedings under the Child Protective Act

1. The prosecuting attorney's office has discretionary responsibility for the initiation of civil proceedings under the Child Protective Act.
 - a. The Child Abuse Prosecutor agrees to consult with the investigative team, as deemed appropriate, prior to deciding whether to proceed under the Child Protective Act.
 - b. The Child Abuse Prosecutor's decision as to whether to file under the Child Protective Act shall be based upon written reports of the investigative team, as well as verbal or written comments received from other concerned persons or agencies as deemed appropriate by the Child Abuse Prosecutor.
 - c. The Child Abuse Prosecutor may require such additional investigation and contact, including contact with the child and the child's family, as deemed reasonably necessary.
 - (1) It may be necessary for the Child Abuse Prosecutor to interview the child victim personally in order to assess competency and to establish a trust relationship with the child victim and family.
 - (2) The investigative team agrees to provide additional investigation as may be reasonably requested by the Child Abuse Prosecutor.
 - d. The Child Abuse Prosecutor agrees to suggest, when appropriate, other possible avenues of investigation and alternative legal remedies prior to declining to file a petition under the Child Protective Act.
2. Child Protective Action Declined
 - a. Child Abuse Prosecutor agrees to provide to the investigative team a written memorandum and verbal communication stating the reasons for declining to file under the Child Protective Act.
 - b. The Child Abuse Prosecutor shall review a declined case upon being advised by the investigative team of the evidence of new or previously undisclosed evidence.
3. Child Protection Action Accepted
 - a. Determination of whether to file for legal custody, protective supervision, or an open petition shall be within the discretion of the Child Abuse Prosecutor.
 - (1) A child protective action shall be filed unless there is a reasonable likelihood the court will not find the child to come within the purview of the Child

Protective Act.

- (2) The Child Abuse Prosecutor may consider the following non-exclusive list of factors in deciding which level of intervention to seek:
 - A. Nature of the harm suffered by the child victim.
 - B. Ability of the child victim to testify in court, considering factors such as competency, demeanor, credibility, likelihood of psychological harm, family and agency support.
 - C. Statements of the child victim which qualify as admissible evidence in court under exceptions to the hearsay rule.
 - D. Statements of the perpetrator which qualify as admissible evidence.
 - E. Physical corroborating evidence.
 - F. Witness testimony which tends to corroborate the evidence of abuse.
 - G. Availability of, and necessity for, expert testimony.
 - H. Legal issues, such as statutes of limitation, venue and admissibility of key evidence.
 - I. Completeness of the investigation.
 - J. Ability of child welfare agencies, counseling programs, or other support systems to support the child victim during the legal proceedings.
- (3) The prosecuting attorney's decision to file a child protective action is independent of whether the child victim has been taken into emergency shelter care.
- (4) The act of filing a child protective action is not a commitment on the part of the Child Abuse Prosecutor to pursue the action when new or additional factors preclude the likelihood of jurisdiction under the Child Protective Act.
- (5) It will generally be presumed that a child protective action filed will proceed to an Adjudicatory Hearing.
- (6) The Child Abuse Prosecutor agrees to communicate with the investigative team on all key points as the proceedings progress.

4. Method of filing a Child Protective Action

- a. Non-Emergency - If there is no need for immediate removal of the child victim

from the surroundings, the decision whether or not to file a child protective action shall be made by the prosecutor after reviewing the case. Every effort shall be made to pursue the action within the time guidelines of the Child Protective Act, keeping the best interest of the child in mind at all times.

- b. Emergency - Where immediate or prompt removal of the child victim from the surroundings is required to ensure the child's safety or well-being, the following actions are possible:
 - (1) Protective Order Issues: Idaho Code §16-1608(1)(b), allows removal of the alleged offender. Consideration should be given to utilizing this section if it protects the victim and the offender can be identified without jeopardy to any criminal action.
 - (2) Shelter Care: Idaho Code §16-1608(1)(a), allows a peace officer to remove the child victim from the child's surroundings when the child is endangered "and prompt removal is necessary to prevent serious physical or mental injury to the child." If the child victim is removed under this provision, the Child Abuse Prosecutor must be notified immediately, or as soon as possible the next business day. The Child Abuse Prosecutor shall decide whether or not to follow up the emergency removal with the filing of a child protective action after reviewing the case, with the understanding that time is of the essence under the statute.
 - (3) If the child is declared in Imminent Danger by Law Enforcement, DHW-CFS must be notified immediately and the child must be sheltered in a licensed foster home or if possible a licensed relative home using the Code X process.
 - (4) Endorsement: Idaho Code §16-1611(4), provides for the Child Abuse Prosecutor through motion to request the Court to issue an order and endorsement on the summons, requiring the child to be taken into emergency shelter care. The decision to seek an endorsement shall be made by the prosecutor upon a review of the case.

5. Review

- a. The Child Abuse Prosecutor agrees to meet, when requested to do so, with the appropriate representatives of the DHW-CFS, CASA and the medical community to review:
 - (1) All cases filed and proceedings under the Child Protective Act;
 - (2) Cases currently under investigation;
 - (3) Decisions declining to file a child protective action.

G. Expert Testimony (CPA cases)

1. General considerations

- a. Expert testimony at trial may be necessary to establish child abuse, either physical or sexual. Also, neglect cases not involving abuse may require psychological expertise to evidence the impact of conduct harmful to a child.
- b. Expert testimony may be useful in determining the cognitive skills of and expectations for the child.
- c. Even more likely is the need to develop treatment and rehabilitation regimens by way of expert testimony. Offender evaluations will probably be the most controversial given the present lack of accreditation standards. The most practical approach will probably involve utilizing social workers, therapists or other local professionals, who by actual experience have developed sufficient credibility with the Court.
- d. Expert witnesses should be used in court proceedings when, in the discretion of the Child Abuse Prosecutor, such testimony is deemed necessary and significantly improves the chances of the State prevailing in criminal or child protection actions.
- e. Members of the Investigative Team agree to respond immediately to a request from the prosecuting attorney's office to assist in identifying appropriate expert witnesses best suited to testify in a particular case.
- f. The Child Abuse Prosecutor will attempt to make arrangements for payment of expert witnesses through the District Court fund or prosecuting attorney's budget.

2. Ancillary Considerations

Experts may be called upon to offer non-expert hearsay testimony. Healthcare providers and social workers involved in the investigation and interview phase will undoubtedly be privy to statements by child victims either elicited or voluntary. Recent Idaho case law makes clear that hearsay rules give rise to Confrontation Clause implications. Their ultimate admissibility may be severely limited unless investigation procedures are carefully controlled and documented.

H. Use of Other Statutes

1. Consideration should be given to utilization of the Domestic Violence Act Idaho Code §39-6301, et seq., in those cases where a caretaker is supportive and protective of the child or children. Note that interested parties besides the non-offending spouse can seek a protective order under these sections. This remedy allows quick access to the courts and leaves a protective parent in control.
2. Civil tort remedy Idaho Code §6-1701, et seq., creates a statutory civil tort action for sexual abuse of a child to include possible attorney fees.
3. Statute of Limitations: Idaho Code §19-401 and §19-402. Commencement of prosecution for crimes against children and other felonies.
 - a. A prosecution for any felony other than those specified in section 19-401, Idaho Code, must be commenced by the filing of the complaint or the finding of an indictment within five (5) years after its commission.
 - b. A prosecution under Idaho Code §18-1506 (Sexual Abuse) or §18-1508 (Lewd Conduct), has no statute of limitation of time within which a prosecution must be commenced assuming the original statute of limitations did not run prior to July 1, 2006.
 - c. A prosecution under Idaho Code §18-1506A (Ritualized Abuse) must be commenced within three (3) years after the date of initial disclosure by the victim.

I. Special Considerations Regarding Juvenile Offenders

1. The number of juvenile sexual offenders who are identified is greatly increasing. The Juvenile Justice Reform Act does not specifically address sexual offenders, but it does provide for discretionary and mandatory waivers in Idaho Code §20-508. Such juveniles, if fourteen (14) years of age or over, may fall into the category of automatic waiver into adult court.
2. Idaho Code §20-525A(2), prohibits the expungement of the record of certain sexual abuse or physical abuse charges from being reduced to a misdemeanor or from being expunged from the juvenile's criminal record.
3. When appropriate, treatment should be ordered for the family, including the parents, victim and offender. The Domestic Violence Act and Child Protective Act should be considered as resources to secure the safety of the victim and provide stability to the family.
4. Child Witness friendly face provisions apply under the Juvenile Corrections Act, and it appears that pursuant to Idaho Code §19-3023, the Idaho Criminal Rules and Rules of Evidence, regarding closed circuit television testimony apply.

VI. Guardian ad Litem for the Child

A. The CASA Program

The Sixth Judicial District Guardian ad Litem (GAL)/Court-Appointed Special Advocate (CASA) Program in accordance with Chapter 16, Title 16, Idaho Code, recruits, trains and coordinates volunteer persons to serve as Guardians ad Litem for abused, neglected, or abandoned children. The Guardian ad Litem volunteer is appointed by the Court to act as a special advocate for the child under this chapter.

1. The Guardian ad Litem agrees to become involved after initiation of civil proceedings under the Child Protective Act by the prosecuting attorney's office.
2. The Guardian ad Litem Program agrees to recruit, train, and assign a volunteer to serve at the pleasure of the Court as a Guardian ad Litem for the child named in the Petition.

B. The Role of the GAL/CASA Volunteer in Child Protection Cases

1. The CASA volunteer will be sworn in by the Magistrate Judge to perform and fulfill all the duties and responsibilities of a Guardian ad Litem pursuant to and in accordance with the Order Appointing Guardian ad Litem, and as outlined in the Idaho Child Protective Act, §16-1633.
2. The Order Appointing Guardian ad Litem will permit, upon presentation of this Order to any agency, hospital, organization, school, person or office, including but not limited to the Clerk of the Court, the DHW-CFS, nurses, physicians, psychologists, psychiatrists and police departments, the Guardian ad Litem to inspect and/or copy pertinent records and expressly authorizes access to "protected health information" relating to the child, parents, custodians or guardians without prior consent by said parents, custodians, or guardians.
3. The Guardian ad Litem will conduct an independent factual investigation and will maintain any information received from any such source as confidential and will not disclose the same except in Guardian ad Litem Reports to the Court or to the other parties to the case.
4. The Guardian ad Litem will appear at all hearings or proceedings scheduled in the case to ensure proper representation of the child at hearings and to ensure the best interests of the child are being served.
5. The Guardian ad Litem shall be party to any agreement or plan entered into on behalf of the child and shall remain as Guardian ad Litem until released by the Court.
6. The Guardian ad Litem will monitor the circumstances of the child, to assure

compliance with the law and to assure that the terms of the Court's orders are being fulfilled and remain in the best interest of the child.

C. The Role of the Guardian ad Litem Volunteer Attorney

1. Volunteer attorneys are recruited by the Sixth Judicial District GAL/CASA Program in each county where possible to act as a pro bono attorney for the Guardian ad Litem volunteer. The Idaho Volunteer Lawyers Program will make attorney referrals to the program.
2. The GAL volunteer is represented by an attorney, who may file pleadings, motions, memoranda, and briefs on behalf of the CASA volunteer.
3. The volunteer attorney will appear at all the hearings scheduled in the case and represent the GAL volunteer.
4. Volunteer attorneys and the GAL volunteer, together, advocate for the best interest of abused, neglected, or abandoned children within the purview of the Child Protective Act.

D. Interagency Cooperation

1. The Sixth Judicial District GAL/CASA Program will work in cooperation and coordinate said activities with the Interagency Investigative Team.
2. The Sixth Judicial District GAL/CASA Program will be promptly notified by the DHW-CFS and the prosecutor's office of all hearings, staffing, investigations, depositions, and significant changes of circumstances of the child (Idaho Code §16-1634(2)) and will be notified of any significant action taken on behalf of the child by any party.

VII. Follow-up Disposition Probation and Parole

A. Police Statement

1. It is the policy of the Department of Corrections, Division of Community Corrections, to provide for the protection of society and the habilitation of the adult offender when possible through treatment and supervision.

B. Pre-Sentence Investigation (PSI) Report

All Pre-Sentence Investigations are to follow the procedure of the Idaho Supreme Court, Rule 32.

1. PSI will be conducted in all cases of severe physical or sexual abuse when the offender either pleads guilty or is found guilty by a District Court. (Felony cases only.)
2. The offender will be interviewed by an investigator from Idaho Community Corrections.

3. A psychological evaluation will be included in the PSI whenever possible.
4. All pertinent reports will be included in the PSI so that the Court has a complete understanding of the crime and the offender. (Police reports, DHW-CFS reports, Release of Information, etc.)
5. A Victim's Impact Statement will be included in the PSI wherever practical.
 - a. The investigator will contact the DHW-CFS supervisor or the custodial parent/guardian to arrange for this statement. (Small children will not be unnecessarily re-interviewed to obtain this information.)
6. The investigator will include a summary and analysis of the offender in the PSI and make appropriate sentencing recommendations to the Court.
7. The investigator will include a proposed plan for the habilitation of the offender in the PSI which will include, but not be limited to:
 - a. Counseling to the offender.
 - b. No contact with the victim.
 - c. Restitution to, or payment of counseling for the victim.
 - d. Use of polygraph and/or plethysmograph in counseling.

C. Supervision of Probationers and Parolees

1. The client will be classified using the Department of Corrections "Level of Service Revised" to provide for the proper level of supervision.
2. An offender management plan will be developed using the court order, Probation and Parole agreements, psychological evaluations, Risks and Needs, etc., of the client. Conditions for treatment, counseling, or no contact with the victim or other juveniles will be enforced.
3. The client's employment will be approved by the supervising officer to ensure no contact with children.
4. The supervising officer will maintain contact with Law Enforcement, counselors, and DHW-CFS staff to monitor compliance with the Court order, Parole Agreement, or Probation Agreement.
5. Whenever a convicted offender is placed under the supervision of the Department of Community Corrections, DHW-CFS, and Law Enforcement will be notified.
6. Violation of the agreement, Court Order, etc., will be referred to the proper authority along with recommendations for intermediate or formal sanction.
7. Information concerning suspected new violations of the law will be referred to the proper Law Enforcement agency for investigation.

8. Prior to making a decision regarding re-contact between the offender and the child victim and/or other family members, the supervising officer will consult with counselors, DHW-CFS, or other parties involved in the treatment of the family.

VIII. Treatment

A. Policy/Principles

1. The Interagency Task Force and the MDT should recognize that there is an immediate need for evaluation and treatment of victims, family members of the victims, and perpetrators involved in child abuse.

Supervision and compliance with treatment for the offender found guilty of the felony crime of child abuse shall be the responsibility of the Department of Corrections.

2. Therapeutic interventions for the victim, the perpetrator and/or other family members should be based upon individual needs in each situation.
3. Any referrals for treatment should be made to respected, qualified agencies and individuals.
4. All sexual offenders should have some form of treatment and/or rehabilitation imposed as a mandatory part of sentence, regardless of whether the charge has been reduced.
5. The school, as an important component in the child's life, should be integrally involved in the treatment of the child victim.
6. Treatment providers have an obligation to inform offenders referred to them that treatment providers are required by the Child Protective Act to report any future disclosures by an offender.
7. Treatment providers should consult with the county prosecutors regarding handling of future disclosures by an offender.
8. MDT should have representation and involvement of a mental health professional(s), who is a part of case tracking and review.

B. Procedures

1. All victims, family members and perpetrators shall be offered the opportunity for therapeutic intervention, and appropriate referrals will be made by the investigation team.
2. Priority should be given to referring the victim for evaluation and mental health services at the earliest opportunity, either at the CAC or with qualified treatment providers in the community.
3. When a Court Order places children in the DHW-CFS' custody or under protective supervision, the responsibility for case management resides with DHW-CFS, and a treatment plan will be based upon an assessment of the family's needs.
4. For those cases where the DHW-CFS has custody under the Child Protective Act, the assigned case manager shall be responsible for the coordination of treatment services to the victim, to the offender, and the other family members.
5. The DHW-CFS and the CAC will serve as a resource to other agencies and will assist families in finding appropriate treatment when requested.
6. Relevant case tracking information should be gathered from mental health providers ensuring families receive services they need/request. Sensitivity to the client's rights to confidentiality, especially as it applies to mental health services, must be observed.
7. The investigative team should encourage the parent or parents to inform appropriate school district personnel of the situation, to enlist the school's support of the child through this period.
8. The Interagency Task Force will work with interested providers to develop treatment expertise for victims and offenders of child abuse and child sexual abuse and utilize those expert resources as necessary.

IX. Case Tracking

- A. The various agencies involved in the investigative process will maintain their own required paperwork and tracking systems as required by their own policies and procedures.
- B. The CAC will track all cases being seen through the CAC.
 1. Information to be collected is to include but not be limited to:
 - a. Client demographics (age, ethnicity, disability, gender, etc.)

- b. Case Outcome as determined by the CAC.
 - c. Statistical Information
 - d. Referral Information
2. At the time of the forensic interview, the CAC will gather information and enter data into a tracking system.
 3. All agencies involved with the MDT will share relevant information with the CAC, as permitted by the agency's policies, to adequately track cases and case flow.
 4. MDT members will have access to case tracking information.

DISPUTE RESOLUTION

On occasion, a disagreement will arise among members of the Multi-Disciplinary Team. In order to handle these situations, the following procedures will be used.

Level 1: Staff involved in the disagreement will attempt to resolve the problem, using the protocol as a guide.

Level 2: If the staff cannot reach agreement, their supervisors will be notified and attempt to resolve the problem.

Level 3: If the problem is still unresolved, the affected agencies will bring it to the Interagency Task Force meeting for resolution.

CONFIDENTIALITY

Members of the Interagency Task Force and the Multi-Disciplinary Team recognize that the subject of child abuse is controversial and potentially inflammatory. Therefore, normal rules of confidentiality shall be followed. Releases of Information will be obtained whenever necessary. During the investigative process, necessary information will be exchanged among members of the investigative team within those parameters.

MEDICAL PROTOCOL CHILD SEXUAL ABUSE

Child Protection Referrals in the Hospital

I. Purpose Statement - the purpose of a medical evaluation in suspected child sexual abuse is to:

- Reassure the child and family
- Identify and document evidence
- Diagnose and treat medical conditions resulting from abuse
- Differentiate medical findings that are indicative of abuse from those which may be explained by other medical conditions
- Assist in assessment of child's safety

II. When Forensic Examination Should Take Place -

- If the abuse has occurred within the past 72 hours and with disclosure that leads the investigating agency to believe forensic evidence might be collected, then the child will be examined by a qualified medical practitioner identified by the Multi-Disciplinary Team.
- If the caregiver shows up at an emergency room alleging sexual abuse/assault, hospital social worker/case manager will notify Law Enforcement or the DHW-CFS. A determination regarding the collection of forensic evidence will be made by the investigating agency. All exams will be conducted by medical professionals trained in forensic examinations who work in conjunction with the CAC whenever possible. Of course, physical injuries will be treated as determined by medical personnel.
- Sexual abuse that has occurred after the 72-hour time frame will not be considered an emergency. An appointment for a physical exam will be scheduled as the medical practitioner's time allows.

III. General Guidelines

- A. If the DHW-CFS receives the referral from medical personnel or the emergency room, they will notify the appropriate Law Enforcement agency as soon as the referral is made.
- B. If Law Enforcement receives the referral from medical personnel and if appropriate, they will notify the DHW-CFS.
- C. The DHW-CFS Social Worker and assigned Law Enforcement Detective will respond within the priority guidelines as referenced in Bannock County's Child Abuse Protocol Agreement.
- D. The assigned investigative team will refer children for a medical exam after disclosure of sexual abuse has been made. All efforts will be made to have the exam scheduled at a convenient time for family in a non-threatening child-friendly atmosphere.

IV. TEAM RESPONSIBILITIES

A. Law Enforcement

1. The detective will respond in a timely manner and will work closely with the DHW-CFS social worker and other investigative team members.
2. In out-of-home situations, Law Enforcement will be responsible for the investigation.

B. Department of Health and Welfare-Children and Family Services

1. The DHW-CFS social worker will respond in a timely manner and make sure appropriate Law Enforcement agencies have been notified of all cases.

C. Medical Practitioner

1. Medical evaluations will be provided by health care providers with pediatric experience and training in child abuse detection.
2. To minimize potential trauma to the victim, multiple examinations will be avoided whenever possible. If more than twelve (12) hours have passed since the alleged abuse, exams will take place as soon as possible after a forensic interview, as the interview may assist the practitioner define the extent of forensic evaluation and testing required. Information gathered from the forensic interview will be shared with the practitioner prior to the medical exam to avoid duplication of questioning/ interviewing the child victim.
3. Every effort will be made to avoid performing a medical evaluation in an emergency room setting.
4. Practitioner will verbally contact requesting agency (Law Enforcement or DHW-CFS) to discuss findings within 24 hours of forensic exam.
5. If forensic evidence is collected, it will be preserved by the qualified medical practitioner at the secured, designated exam room.

D. Child Advocacy Center

1. Provide child friendly environment in which to conduct child victim interviews.
2. Will meet with all sexual abuse victims' guardians to notify them of their rights, options and CAC functions.
3. Follow-up tracking and referrals to appropriate mental health and counseling.

E. Coordination of Care with Hospital Department of Social Services

1. The hospital social worker/case manager will be the primary reporter of child abuse to (DHW-CFS)/Law Enforcement in the hospital, including the Emergency Department.
2. The hospital social worker will provide either verbal or written report of alleged abuse to DHW-CFS/Law Enforcement. Infants testing positive for harmful drugs at birth will have their test results given to DHW-CFS/Law Enforcement. All other hospital records will require a court order for release of records to DHW-CFS/Law Enforcement.
3. The hospital social worker will notify DHW-CFS of any impending discharge of the alleged victim.
4. DHW-CFS/Law Enforcement will coordinate all child abuse cases in the hospital or Emergency Department with the hospital social worker.
5. DHW-CFS will provide the status of the investigation on an ongoing basis to the hospital social worker and notify the hospital social worker whether the child can be released to the parent or guardian or if DHW-CFS will be taking custody of the child upon discharge.
6. The hospital social worker will attend MDT meetings to represent the hospital, and act as an additional contact between the medical practitioner (providing forensic exams) and the MDT; providing relevant case tracking and review information. Sensitivity to the client's rights to confidentiality, especially as it applies to medical treatment, will be observed.

ABUSIVE HEAD TRAUMA PROTOCOL (Formerly Known as Shaken Baby Syndrome)

- Suspected Abusive Head Trauma cases are considered a Priority I.
- The Abusive Head Trauma Protocol is developed to ensure the safety, protection and well-being of children served by Bannock County's Child Multi-Disciplinary Team. Abusive Head Trauma is a form of child abuse and should be treated as such.
- The list of possible symptoms and consequences of Abusive Head Trauma is lengthy and disturbing. The severity of the injury is related to the violence of the shaking and how often the shaking has occurred.
- Symptoms may include: broken bones and ribs, vomiting, low body temperature, failure to thrive, lethargy, irritability, poor feeding and decreased appetite, decreased muscle tone, decreased heart rate, fever, bruising, breathing problems, bulging soft spot, motor coordination problems, optic atrophy, retinal detachment, cerebral edema, subdural hematomas, rise in intracranial and intraocular pressure, and massive intracranial and intraocular hemorrhages.
- Consequences may include: permanent impairment of vision, severe behavior disorders, attention deficits and learning disabilities, speech delay, permanent impairment of hearing, seizures, severe developmental delay, spinal cord injury, hypothermia, coma and death.
- The DHW-CFS, Law Enforcement and health care professionals need to be better educated about the symptoms and diagnostic methods for Abusive Head Trauma. The symptoms of Abusive Head Trauma mimic other childhood diseases such as meningitis and Sudden Infant Death Syndrome. A diagnosis of Sudden Infant Death Syndrome should only be considered after an autopsy is performed.
- Diagnosis is further complicated by the child's inability to communicate either what has happened to him or where he hurts. Parents are often either reluctant to admit to having shaken the child or are unaware that violent shaking has occurred.

I. Team Responsibilities:

A. Medical Professionals

When a child presents at their physician's office or emergency room with signs suggesting Abusive Head Trauma, the following are guidelines to aid the Multi-Disciplinary Team members in their assessment:

1. Medical personnel will assess the medical needs of the child to determine diagnosis, the extent of the injuries, the approximate time frame when the injuries occurred and the treatment regimen.
2. The physicians will order appropriate tests and will communicate the findings with the Multi-Disciplinary Team. Testing may include, but is not limited to, a full body x-ray (skeletal survey), including long bones, hands, wrists and head, to determine previous or hidden injuries. A skeletal survey should be considered on children who are medically assessed for physical abuse, severe neglect, are under the age of three (3), or are nonverbal or developmentally delayed. Strong consideration should be given to a follow-up skeletal survey approximately two (2) weeks later to delineate any small, acute fractures that may not be evident on the initial skeletal survey, but may be seen later due to developing callus. Exceptions can be made when a skeletal survey is medically contraindicated.
3. Medical research recommends that Computed Tomography (CT) and/or Magnetic Resonance Imaging (MRI) scans should be performed to aid in the early detection of Abusive Head Trauma. A child may present without external signs of trauma after being shaken.
4. Routine fundoscopic exams (done by an experienced examiner or ophthalmologist) of children with possible symptoms of Abusive Head Trauma are recommended.
5. Medical personnel, including emergency medical technicians, are advised to document, preferably in the caretaker's own words, the history of what happened at the scene, during transport and at the hospital.
6. Upon completion of the initial physical exam, DHW-CFS and Law Enforcement will be contracted and a referral made to initiate an investigation.

B. Law Enforcement

1. The detective will respond in a timely manner and will work closely with the DHW-CFS social worker.
2. Investigators should establish who was with the baby when he became symptomatic, as well as who was with the baby before and after symptoms presented.
3. It is critical that a time line be supplied by each person interviewed, including when the child was last awake, last sucking on a bottle or eating, and last smiling, talking or playing.
4. Parents and caregivers should be interviewed separately.

5. The interview shall be audio or video taped if possible.

C. Department of Health and Welfare – Children and Family Services

1. The DHW-CFS social worker will respond according to the priority guidelines and will work closely with Law Enforcement.
2. The DHW-CFS social worker will communicate with attending physicians as needed.
3. The DHW-CFS social worker will assess the need for placement of the child.
4. The DHW-CFS social worker will document their investigative actions. This will include but not be limited to:
 - a. The legal status of the child as it relates to custody.
 - b. Who shall have visitation rights to the child, if the child is in State's custody.
 - c. Who is authorized to make decisions as to the medical treatment of the child, if the child is in State's custody.

Additionally, they shall keep medical personnel informed as to all pertinent information.

INFANTS TESTING POSITIVE FOR DRUGS AT BIRTH

This protocol is also intended to address alcohol-related situations.

I. Infants Testing Positive for Drugs at Birth

A. The DHW-CFS social worker will assess the risk to the infant and the family's ability to care for the needs of the infant. Response should be an evaluation process that will reduce risk by assisting parents with appropriate referrals and/or assessing the health and safety of the child.

1. If DHW-CFS receives the referral, they will notify the appropriate Law Enforcement agencies.
2. If Law Enforcement receives the referral, they will notify DHW-CFS.
3. If the hospital or the child's physician receives the referral, they will report to DHW-CFS.
4. The DHW-CFS social worker and assigned Law Enforcement detective will respond within the priority guidelines as referenced in the Bannock County Child Abuse Protocol Agreement.

B. Team Responsibilities

1. Law Enforcement

- a. The detective will respond in a timely manner and will work closely with the DHW-CFS social worker.
- b. If the infant is seen at the hospital, appropriate documentation will be presented by the DHW-CFS social worker or the detective to the hospital staff for inclusion in the medical record.
- c. The detective will communicate with the attending physician as needed.

2. Department of Health and Welfare - Children and Family Services

- a. The DHW-CFS social worker will respond according to priority guidelines and will work closely with Law Enforcement.
- b. The DHW-CFS social worker will communicate with the attending physician as needed.

- c. If a child is seen at the hospital, appropriate documentation will be presented to hospital staff by the DHW-CFS social worker or the detective.

3. Child's Physician, Portneuf Medical Center

- a. Upon mother's admission to the hospital:

If there is a medically indicated reason to suspect illegal substance use and/or abuse (including alcohol), the baby shall be tested (including urinalysis and meconium testing), with consideration of testing on the mother.

- b. Factors to consider:

- Mother's health
- Prenatal history
- Social history
- Length of gestation
- Statements by mother/family

- c. Other items:

Upon completion of the initial testing, the physician will consult with the investigative team to determine if additional procedures are warranted.

If the mother tests positive for illegal substances but the infant tests negative, a referral by hospital staff will be made to the DHW-CFS and/or Law Enforcement.

DRUG-ENDANGERED CHILDREN PROTOCOL

I. Active Methamphetamine Lab Protocol

A. Methamphetamine lab discovery where children are present

1. The investigating agency will contact the Idaho State Police who will contact Haz-Mat and local Fire Department/Ambulance.
2. All children who live in the house where the laboratory was found shall immediately be declared in Imminent Danger by Law Enforcement.
3. All children present in the home must be medically assessed by the Bannock County Paramedics prior to being removed from the scene.
4. All children present shall then be taken to a medical facility for examination and evaluation.

B. DECP Evaluation - Child found in/on the premise of an active laboratory

1. The child will be “decontaminated” at the scene with a change of clothing and the child will then be placed with the DHW-CFS, the Law Enforcement agency or Emergency Medical Services and be transported to the hospital for an evaluation. Once cleared from the hospital, the child will then be placed in foster care through DHW-CFS, and the Child Abuse Prosecutor will be notified to start Shelter Care proceedings.
2. Police and/or paramedic reports should describe the child’s symptoms in detail. To include the child’s mental status (behavior, body language) as well as physical status even if the child is not symptomatic. Photographs should be taken of the children, the methamphetamine lab, and its proximity to the child and the child’s general living conditions. Reports should include all statements by the children involved.

C. Law Enforcement

1. Paperwork for prosecution should include:

- Living conditions
- Visible symptoms of exposure to the child
- Components of the methamphetamine lab
- Photographs taken of scene

The offender should be charged with the enhancement Manufacturing Where a Child is Present, Idaho Code §37-2737A(1) and Felony Injury to a Child, Idaho Code §18-1501.

2. If Law Enforcement has prior knowledge of children being present in a suspected methamphetamine lab, the DHW-CFS will be contacted in advance. The assigned social worker shall attend the briefing; this will ensure a quick response to the scene.

D. Other children visiting the premises of a methamphetamine lab

1. Police must deliver the child after decontamination to his/her parents and notify them of the hazardous conditions to which the child may have been exposed.
2. Police will inform the parents that the child has been medically assessed by the Bannock County Paramedics and that follow-up medical care may be necessary.
3. Law Enforcement needs to include the names and addresses of all children present in the home in their reports. Information of the person the child is released to must also be in the report. A “Notification that the children were present when a methamphetamine lab was seized” form should also be completed and forwarded to DHW-CFS.
4. If DHW-CFS or Law Enforcement leaves the child with the current caregiver or places the child informally with another relative or friend, the following documents should be provided to them:
 - “Information to Health Care Providers”
 - “Illegal Methamphetamine Lab General Information”

II. Non-Working Laboratory

A. Meth-Lab Discovery

1. The investigation agency shall contact the Idaho State Police for lab processing and disposal.
2. Law Enforcement makes imminent danger preliminary decisions. If imminent danger exists, the DHW-CFS shall be contacted.
 - a. The investigating officer must assess the need for the paramedics’ assistance.
 - b. If paramedics are called out, paramedics will make medical assessment per protocol.
 - c. Investigators may also decide to declare the child in imminent danger for other appropriate reasons rather than the non-working methamphetamine laboratory.

III. Drug Environments- Risk to Children

Children found in drug environments may be at risk and within the purview of the Child Protective Act. The DHW-CFS/Law Enforcement will assess the risk to the children when there are allegations of abuse or neglect based on their training and consideration of the following factors:

A. Factors to help evaluate risks to children

1. Drugs and/or paraphernalia found where children have access.
2. Statements regarding drug use around children or in the home.
3. Exposure of children to criminal activity.

**NOTIFICATION PROTOCOL IN CRIMINAL INVESTIGATIONS
INVOLVING ILLEGAL SUBSTANCES**

I. Purpose:

The purpose of the Drug Endangered Children Program is to coordinate and document the work of a Multi-Disciplinary Team to respond effectively to illicit drug laboratories and other drug environments where children are present and declared in imminent danger.

II. Notification:

- A. When possible, notification of impending investigation, i.e., execution of search warrant, shall be made by Law Enforcement to the DHW-CFS in all cases involving children who may reasonably fall under the Child Protective Act.
- B. Notice shall be such as to inform the DHW-CFS of the number of children and their vital statistics and that the DHW-CFS may need to respond immediately.

III. Duties of Law Enforcement:

- A. The case officer or designee shall notify the on-call DHW-CFS worker in all investigations in which children are declared to be in imminent danger.
- B. The case officer or designee shall notify the on-call DHW-CFS worker as soon as practical or reasonable of the fact that the children may come under the Child Protective Act in any other situation.

IV. Duties of Department of Health and Welfare/Children and Family Services:

- A. Shall provide an on-call worker to respond in cases where children are in imminent danger.
- B. The DHW-CFS shall follow up in all other notifications as soon as reasonable and practical.
- C. It is recommended when a search warrant is executed on a residence when children will be present and the risk for removal is high, that Law Enforcement will assign an officer the responsibility of the children. This officer will work with DHW-CFS from beginning to end.

August 1999

Illegal Methamphetamine Labs General Information

Methamphetamine, also known as "meth," "crank," or "speed," is a potent central nervous system stimulant that is harmful to the human body and can be addictive. Possession, manufacture, or distribution is illegal in the United States and many other countries.

What is an Illegal Lab?

An illegal meth lab is a laboratory set up to make the illegal drug methamphetamine. The lab may be located anywhere activities can be hidden from view. For example, illegal meth labs have been found in storage units, motel rooms, trailer parks, apartments, and houses.

Several techniques are used to produce methamphetamine. All the processes use a variety of chemicals that can be harmful, including explosives, solvents, metals, salts, and corrosives. During the drug manufacturing process (also called "cooking"), additional toxic compounds and by-products are produced. The fumes, vapors, and spillage associated with cooking can all be toxic.

Possible Health Effects

The risk of injury from chemical exposure depends on nature of the chemical itself (including its concentration and quantity), the length of time of exposure, and how the chemical enters the body. Chemicals may enter the body by being inhaled, swallowed, injected (by a contaminated needle or accidental skin prick), or absorbed by the skin.

Acute Exposure: An *acute* chemical exposure occurs over a relatively short period of time and may be harmful to health.

An acute exposure to high levels of contaminants found in meth labs causes shortness of breath, coughing, chest pain, dizziness, lack of coordination, tissue irritation, and burns of skin, eyes, mouth and nose. Acute exposure can even cause death. Acute reactions of this nature could occur during or immediately after a drug bust, before the lab has been aired out.

Less severe symptoms resulting from a lower level exposure include headache, nausea, dizziness, and fatigue. Symptoms sometimes occur in people who have entered a drug lab after a bust, but before the property has been adequately cleaned and aired out. Symptoms usually go away after several hours away from the chemicals.

Corrosive Effects: Corrosive substances may cause injury when they contact skin or are inhaled. Symptoms may include shortness of breath, coughing, chest pain and skin burns.
Solvents: Solvents can irritate the skin, mucous membranes and respiratory tract, and can cause central nervous system effects. Solvents may burst into flame or explode.

Chronic Exposure: *Chronic* exposure occurs over an extended period of time - weeks, months, or years. Chronic health effects usually appear after a long period of time, possibly years. Not much is known about the chronic health effects of these substances, but scientific studies show the chemicals used to make meth can cause a range of health effects. These include cancer; damage to the brain, liver and kidneys; birth defects; and complications of pregnancy, such as miscarriage.

Recommendations

Because of the possible health effects associated with methamphetamine labs:

No one should enter a place that has been used as an illegal drug lab without appropriate personal protective equipment, until the area has been aired out and decontaminated.

No one should occupy any space that has been used as an illegal drug lab until the property has been decontaminated. Be aware that once a building has been used as an illegal drug lab, no decontamination process can *guarantee* to make it totally safe to live in.

Need more information?

If you suspect a dwelling or property may be an illegal lab, contact the local police or sheriff's department.

If you own property that has been used as an illegal lab and want a list of chemicals found at the site, contact the Law Enforcement agency responsible for processing the lab. That may be the local police or sheriff, Idaho Department of Law Enforcement, or Federal Drug Enforcement Administration.

If you have questions about indoor contamination, clean-up, and/or health effects possibly related to illegal labs, contact your local district health department. You may also contact the Idaho Division of Health, Bureau of Community and Environmental Health, at (208) 334-5717 or 1-800-445-8647 or bceh@dhw.idaho.gov.

Idaho Poison Center: 1-(800) 860-0620

August 1999

Illegal Methamphetamine Labs Information for Health Care Providers

The following information is provided to facilitate evaluation of health outcomes associated with exposure to chemicals used in the production of illegal methamphetamine.

The methods and chemicals used to produce methamphetamine are highly variable. There are three basic categories of chemicals found at illegal methamphetamine labs in Idaho: solvents, corrosives/ irritants, and metals/salts. Specific chemicals within these categories commonly found at illegal labs and some of their possible health effects and their target organs are listed below.

Solvents: acetone, ether, methanol, and white gas

Symptoms: irritation to skin, eyes, nose, and throat; headache; dizziness; central nervous system depressant/depression; nausea; vomiting, and visual disturbances

Target organs: eyes, skin, respiratory system, central nervous system

Corrosives/Irritants: hydriodic acid, hydrochloric acid, phosphine, sodium hydroxide, sodium thiosulfate, and sulfuric acid

Symptoms: irritation to upper respiratory tract; cough; eye, skin burns; gastrointestinal disturbances; thirst; chest tightness; dyspnea; muscle pain; syncope, and convulsions

Target organs: eyes, skin, respiratory tract

Metals/Salts: iodine, red phosphorus, and yellow phosphorus

Symptoms: irritation to eyes, skin, nose, respiratory tract; lacrimation; headache; chest tightness; cutaneous hypersensitivity; abdominal pain; jaundice

Target organs: eyes, skin, respiratory system, central nervous system, liver, kidneys, blood, cardiovascular system

Need more information?

If you have questions about indoor contamination, clean-up, and/or health effects possibly related to illegal labs, contact your local district health department. You may also contact the Idaho Division of Health, Bureau of Community and Environmental Health, at (208) 334-5717 or 1-800-445-8647 or bceh@dhw.idaho.gov.

Idaho Poison Center: 1-(800) 860-0620

**NOTIFICATION THAT CHILDREN WERE PRESENT
WHEN A METHAMPHETAMINE LAB WAS SEIZED**

DATE: _____

NAME(S) OF CHILD(REN):

PARENT(S) NAMES:

PARENT(S) CURRENT LOCATION:

ADDRESS WHERE LAB WAS SEIZED:

CHILDREN ARE CURRENTLY LIVING WITH:

NAME OF CAREGIVER: _____ PHONE: _____

CAREGIVER'S CURRENT ADDRESS:

*ILLEGAL METHAMPHETAMINE LABS INFO PROVIDED TO CAREGIVER: Y ___ N ___

*ILLEGAL INFO FOR HEALTH CARE PROVIDERS PROVIDED: Y ___ N ___

REFERRING LAW ENFORCEMENT OFFICER: _____

INTERNET CRIMES AGAINST CHILDREN (ICAC) PROTOCOL FOR LOCAL VICTIMS

The Idaho Internet Crimes Against Children (ICAC) Task Force is committed to the protection of sexually-exploited children through undercover proactive investigations and cyber tips. The goal locally is to identify and rescue local victims of this type of crime and apprehend the offenders. Because of the very nature of this type of crime, the victim is victimized globally. The victims of this type of crime are not obvious and range in age from infant to adolescent. This type of crime is often violent in nature and may pose a significant obstacle for the investigator with a child victim.

In the event, through a local investigation, a local victim is identified and rescued, normal forensic interview protocol should be followed. The interview should, if possible, also be observed by an ICAC Task Force investigator to aid in the direction of what questions to ask.

It is important for the forensic interviewer to understand that victims of this type of crime often do not know to what extent they have been victimized. Because this type of crime involves the Internet, an image or video of the victim is distributed and viewed all over the world. Because of the global span for this crime, once a local victim is identified, national standards shall be followed which will assist other child exploitation investigators around the world.

INTERAGENCY CHILD ABUSE TASK FORCE FOUNDING MEMBERS

Larry Echohawk
Bannock County Prosecutor

Stephen C. Weeg
Region VI Director
Department of Health and Welfare

Tom Eckert
Deputy Bannock County Prosecutor

Kem Williamson
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Department of Health and Welfare

Lieutenant Lorin Nielsen
Bannock County Sheriff's Department

Mary Johnson
Social Work Supervisor
Department of Health and Welfare

Sheriff Shirley Gameson
Bannock County Sheriff's Department

Mickey Harmer
Human Services Supervisor
Department of Health and Welfare

Chief James Benham
Pocatello Police Department

Karla Hancock
Teacher
School District #25

Captain Lynn Harris
Pocatello Police Department

Rick Newman
Probation and Parole

Chief Arnold Stone
Chubbuck Police Department

Gordon Loosle
Superintendent
Marsh Valley School District #21

Jerry Rowland
Assistant Chief
Chubbuck Police Department

Myrna Evans
Social Worker
School District #25

HISTORY OF THE INTERAGENCY CHILD ABUSE TASK FORCE

In 1985, our community recognized the need to work as a team to better serve the children and families of Bannock County affected by child abuse. The individuals listed above met to form the Bannock County Interagency Task Force from which an MDT protocol and interview room resulted. Through their efforts, Bannock County now is able to more effectively investigate and prosecute child abuse cases.