



# **Henry County Child Abuse Protocol 2016**

Our special thanks to all agencies and individuals who participated collaboratively to update the child abuse protocol.

Henry County Child Abuse Protocol Committee

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# 1. Introduction

Children hold a special place in our society. Inevitably, it is upon their shoulders that the responsibilities of this world will one day fall. They begin life without any knowledge and without any awareness of what is in store for them. They are absolutely innocent. The adults they become derive, in large part, from the experiences of childhood.

In preparing this agreement, we acknowledge that child abuse exists and that the experience of any such abuse has a negative impact on the child, and, ultimately, on society. Quite often, such abuse has a devastating and irreversible effect. Each of us, as a signatory agency and as an individual, has a responsibility to handle any case of child abuse properly.

Responding to the needs and rights of the abused child is a profound challenge to the legal, law enforcement, social services, mental health, health care, and education communities. No one agency or discipline can address the problem alone. It is crucial then that in the investigation, prosecution, and treatment of these cases that we develop a strategy for effective intervention.

Furthermore, as set forth in O.C.G.A. Section 19-15-1, we are directed by law to develop such a strategy, through the development of a protocol, or interagency agreement. The purpose of this agreement is well-stated: **“To ensure coordination and cooperation between all agencies involved in a child abuse case so as to increase the efficiency of all agencies handling such cases, to minimize the stress created for the allegedly abused child by the legal and investigative process, and to ensure that more effective treatment is provided for the perpetrator, the family and the child.”** It is upon this basis that this agreement is founded and for which this agreement is an absolute necessity.

The following procedures represent a cooperative effort on the part of human service providers in Henry County who deal with child abuse and neglect. The purpose of these procedures is to facilitate the effective handling of child abuse cases in Henry County in such a way as to minimize trauma to the child and obtain effective remedies to prevent further abuse and neglect. This Protocol recognizes that no protocol can purport to offer a comprehensive set of guidelines for the infinite number of circumstances that human service providers face daily. When workers face situations not specifically covered by this Protocol, they are urged to use the Protocol in conjunction with agency supervision and their own judgment to provide safety and welfare for the children of Henry County.

The signatories to this protocol are committed to continuing as an interagency committee as required by law and to periodically review and refine this interagency protocol for managing child abuse and neglect in Henry County. In so doing, the protocol committee will identify critical issues, needs and resources required to facilitate and enhance the handling of child abuse and neglect in Henry County.

## 2. Preface

### 2.1 Our Mission

The mission of the Child Abuse Protocol Committee is:

- To write, review and establish the protocol document, outlining in details the procedure to be used in investigating and prosecuting cases arising from alleged child abuse and the methods to be used in coordinating treatment programs for the perpetrator, the family, and the child;
- To coordinate the efforts of all agencies that investigate, review, treat and manage cases of alleged child abuse;
- To investigate and review cases of unexplained child fatalities; and
- To facilitate and support agencies, organizations and individuals whose effort are directed toward abuse prevention.

To accomplish this mission, the Protocol Committee meets regularly to ensure coordination and cooperation of the various agencies, organizations and individuals, as they work with cases of abuse in the course of their duties. The Protocol Committee strives to increase the efficacy of the member agencies as well as to minimize the trauma inflicted by the legal and investigatory process upon the child victim. Additionally, the Protocol Committee functions in an oversight capacity to ensure that more effective treatment is provided for the perpetrator, the victim and the family. The effectiveness of the Protocol itself is monitored and revised as necessary and goals are established on a yearly basis.

### 2.2 Membership

The current Protocol Committee consists of representatives of the following agencies whose membership is required by **O.C.G.A. § 19-15-2**. Chief Superior Court Judge of the county circuit shall establish the protocol committee and shall appoint an interim chairperson who shall preside over the first meeting. This judge shall appoint persons to fill any vacancies on the committee. Thus established, the committee shall thereafter elect a chairperson from its membership. The protocol committee shall be charged with developing local protocols for the investigation and prosecution of alleged cases of child abuse.

Each of the following individuals, agencies, and entities shall designate a representative to serve on the protocol committee:

- The Sheriff;
- The Department of Family and Children's Services;
- The District Attorney for the Judicial Circuit;
- The Juvenile Court Judge;
- The Chief Magistrate;
- The County Board of Education;
- The County Mental Health Organization;
- The Chief of Police of the county;
- The Chief of Police of the largest municipality in the county;
- The Public Health Department, which shall designate a physician;
- The Coroner or County Medical Examiner.

In addition, the law requires that the chief superior court judge appoint a member who represents a local citizen or advocacy group that focuses on child abuse awareness and prevention. The membership of the Henry County Child Abuse Protocol Committee satisfies these statutory requirements and includes other members selected by the Protocol Committee for their expertise in related fields of medicine, advocacy and management. These members can include:

- Children's Advocacy Center (CAC) with appropriate jurisdiction;
- Medical Provider, preferably with child maltreatment expertise, understanding that inclusion of the CAC and medical provider are not mandated by the Georgia code but are crucial to the effectiveness of the protocol committee.

Additional representation other committees have found useful on an as-needed basis includes:

- City board of education;
- A psychiatrist;
- Local college police;
- Department of Corrections (Probation);
- CASA;
- Victim Witness;
- Fire Department;
- E-911;
- EMS.

## **2.3 Meetings**

Requirements by O.C.G.A. §19-15-2 (g): The protocol committee shall continue in existence and shall meet at least twice annually for the purpose of evaluating the effectiveness of the protocol and appropriately modifying and updating same.

## **2.4 Ensuring Compliance**

In order to ensure compliance, the child abuse protocol committee should:

1. Meet quarterly, or more often if needed, to determine if the protocol is being followed;
2. Conduct a semi-annual review of all sections of the protocol and should amend or revise as necessary.
3. Further, this document reflects and is consistent with state DFCS policy as of June, 2010. Jurisdictions utilizing this model should ensure that it comports with local DFCS policy.

## **2.5 Participation**

The following is a suggested list of actions that may be initiated if a member of the Child Abuse Protocol Committee is routinely absent from committee meetings: The Chair or designee of the committee will contact the member directly via telephone, mail or in person and notify the member of his/her responsibility to attend the meetings. For those members mandated in O.C.G.A §19-5-2 (c)

1. The chair will remind them that the law mandates him/her to attend the meetings.
2. Follow-up with a letter to the member referencing Step #1, and copy it to his/her supervisor within the agency.
3. Contact the member's supervisor and follow-up with a letter. Copy and send this letter to the member.

4. Continue to follow the chain of command within the member's respective agency of employment or affiliation and appeal to the state, director/co-director and/or division director of that agency.
5. Submit copies of all correspondence from the chair of committee to the Georgia Child Fatality Review Panel, and a motion may be filed by the panel with the local superior court judge requesting that this person be held in contempt of court pursuant to O.C.G.A §19-15-2 (3).

If any designated agency fails to carry out its duties relating to participation on the protocol committee, the Chief Superior Court Judge of the circuit may issue an order requiring the participation of such agency. Failure to comply with such order shall be cause of punishment as for contempt of court.

## **2.6 Annual Report (as required by Georgia Code)**

The Annual Report should be submitted to these entities by the first day **July 1st** of each year. The Annual Report should evaluate the following:

1. The extent to which child abuse investigations within the county have complied with the protocol,
2. Recommendations to improve compliance, and
3. Measures taken within the county to prevent child abuse that have been successful.

The Annual report will be provided to the following:

- The county governing authority
- The fall term Grand Jury of the judicial circuit
- The chief superior court judge
- The Georgia Child Fatality Review Panel

## **2.7 Confidentiality**

The meetings and proceedings of a committee or subcommittee of the Child Abuse Protocol in the exercise of its duties shall be closed to the public. Records and other documents, which are made public records pursuant to any other provisions of law, shall remain public records notwithstanding their being obtained, considered, or both, by a committee, a subcommittee, or the panel.

Members of the Child Abuse Protocol Committee shall not disclose what transpires at any meeting nor disclose any information prohibited by O.C.G.A. § 19-15-6, except as required by law. Members of the Child Abuse Protocol Committee shall not be questioned in any civil or criminal proceeding regarding confidential information obtained by such person as a result of their service on the protocol committee. However, such a person shall not be prohibited from testifying regarding information obtained independently of the committee or subcommittee. In any proceeding in which testimony of such a member is offered, the court shall first determine the source of such witness's knowledge.

Except as otherwise provided, information acquired by and records of the Child Abuse Protocol Committee shall be confidential; they shall not be disclosed nor made subject to Article 4 of Chapter 18 of Title 50 of the Official Code of Georgia relating to open records, or subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceeding.

## **2.8 Sexual Abuse and Sexual Exploitation Protocol**

The protocol committee shall adopt a written sexual abuse and sexual exploitation protocol which shall be filed with the Division of Family and Children Services of the Department of Human Services and the Office of the Child Advocate for the Protection of Children, a copy of which shall be furnished to each agency in the county handling the cases of sexual abuse or exploitation. The sexual abuse and sexual exploitation protocol shall be a written document outlining in detail the procedures to be used in

investigating and prosecuting cases arising from alleged sexual abuse and sexual exploitation and the procedures to be followed concerning the obtainment of and payment for sexual assault examinations.

### 3. Prevention

Child abuse prevention rests on the principle that all children should have safe, stable, nurturing relationships and environments. Child abuse and neglect is not caused by a single factor, but by multiple factors related to the individual, family, community, and greater society. Effective prevention involves strategies targeted to supporting families within their communities.

Child maltreatment is a devastating social problem affecting millions of children and families each year in the United States. The effects of maltreatment in the social, cognitive and emotional development of children can be far reaching and, in many cases, irreparable. Children may suffer from serious physical injuries, neurological damage, cognitive deficits, and problems with social relationships, behavior problems, aggression, depression, and increased risk for substance abuse, poor school performance, and juvenile delinquency or adult crime.

It is important for professionals engaged in any practice involving children to understand the types of abuse and to be able to recognize the physical and behavioral indicators of abuse. It is also at least equally, if not more, important to understand that every individual plays a role in preventing maltreatment. Mandated reporters play a critical role in recognizing when to help parents and children reach out for assistance and support before child abuse occurs. Child abuse is not inevitable; it is preventable. All mandated reporters should be trained in recognizing, reporting, and preventing maltreatment. Contact Prevent Child Abuse Georgia's Helpline, 1-800-CHILDREN, for further information.

#### 3.1 Risk factors for maltreatment

If potential risk factors for maltreatment are known, supports and services to mitigate those risks can be offered. See chart on next page.

| Family  | Community                                   |
|---|---|
| Parental or caregiver immaturity – very young or inexperienced parents or caregivers may not understand a child's behavior and needs and may not know what to expect at each stage of child development | Drug endangered environment or neighborhood |
| Unrealistic expectations of a child's development   | Inadequate housing                          |
| Social isolation – a lack of family or friends to help with the demands of parenting  | Underemployment & unemployment              |
| Frequent crises – stress related to finances, employment, relationships, etc.   | Lack of access to medical care              |
| Drug or Alcohol problems  | Residential turnover                        |
| Mental illness  | Violent community                           |
| Poor family boundaries – failure to protect a child from harm which includes access to the home by many outsiders, lack of supervision, etc.  | Promotion of violence                       |
| Dangerous home environments including exposure to drugs, weapons and dangerous objects or animals.  | Economic factors                            |

|   |                              |
|---|------------------------------|
| Parents who were victims of maltreatment and have not learned additional coping skills. | Lack of supportive resources |
|   | Lack of social connections   |

### 3.2 Protective factors for maltreatment

Everyone is exposed to risk at some point. Because risk cannot be entirely eliminated, it is important to build up protective factors, those strengths that can be built upon to increase family's safety and well-being.

| Family   | Service Provider   | Community  |
|--|--|--|
| Develops close bonding with a child                | Expresses positive expectations  | Leaders prioritize community health, safety & quality of life for families |
| Those who are nurturing & protective               | Encourages pro-social development  | Engage supportive neighbors  |
| Value & encourage education                        | Provides opportunities for leadership and participation  | Develop neighborhood watch groups, mentoring groups                        |
| Manage stress                                      | Staff view themselves as caring people   | Ensure safe neighborhoods free from violence                               |
| Makes spending time with their children a priority | Support families when they recognize signs of stress or need   | Provide supportive social & health networks                                |
| Seeks professional help when needed                | Have family friendly information available which includes information on child development, bonding, parenting |  |
|  | Have appropriate community resource referrals available  |  |

### 3.3 Children Expressing Suicidal Ideations

Children experiencing acute thoughts of self-harm or suicide are a growing population. These concerns frequently come to light when the child is at school, and he or she discloses these feelings to peers or school personnel. There may be many reasons and factors contributing to the child's thoughts or ideation of self-harm. Issues of child maltreatment by the child's parent/guardian may or may not be one of the issues immediately apparent. In order to deal with every such occurrence in a consistent and effective manner and to help the child safely through the immediate crisis, the following guidelines for intervention will be followed:

1. When a student is thought to be in imminent danger of suicide, school personnel will immediately notify the school designee. The school designee will attempt to speak with the child and make the determination to either:

- Notify the parents/guardians and urge them to obtain an emergency evaluation. (If the family needs assistance or advice in regards to this, school personnel may contact the Georgia Crisis and Access Line (GCAL): 1-800-715-4225.) OR
  - When a student is thought to be in imminent danger of suicide and there are suspicions or accusations of child abuse regarding the parent/guardian, school personnel will contact the Department of Family and Children Services (DFCS).
2. When a student is thought to be in imminent danger of suicide and parents/guardians are unwilling or unable to obtain an evaluation, school personnel will inform the parents that a report will be made to DFCS. School personnel may also contact GCAL for support in arranging an evaluation.
  3. If the parent/guardian still refuses to seek help or cannot be contacted, school personnel should contact the School Resource Officer (SRO) and DFCS. At that time, both agencies may attempt to contact the parent/guardian and stress the need for cooperation.
  4. DFCS will initiate a Child Protective Services (CPS) response immediately for all reports from a school indicating a child is expressing suicidal thoughts or ideation and parental maltreatment is suspected or parental response is insufficient to meet the child's immediate safety needs.
  5. If necessary, DFCS may contact Juvenile Court and request a deprivation petition be filed. The SRO, or the appropriate police jurisdiction, should work with DFCS regarding transportation of the student to the evaluation.
  6. The protocol may be terminated at any time the parent/guardian is located and cooperates in taking responsibility for seeking appropriate help for the child.

## 4. Reporting Procedures

It is strongly encouraged that all mandated reporters and investigative members of the Child Abuse Protocol Committee follow a multi-disciplinary team approach. Further, early and continued communication between involved agencies is strongly recommended and is vital to the successful investigation and prosecution of child abuse cases.

### 4.1 Mandated Reporters O.C.G.A. 19-7-5

**The following persons who have reasonable cause to believe that a child has been abused shall report that abuse:**

- Physicians licensed to practice medicine, interns, or residents.
- Hospital or medical personnel
- Dentists
- Licensed psychologists & persons participating in internships to obtain licensing
- Podiatrists
- Registered professional nurses or licensed practical nurses
- Professional counselors, social workers, or marriage & family therapists licensed pursuant to Chapter 10A of Title 43.
- School teachers, including day care providers
- School administrators
- School guidance counselors, visiting teachers, school social workers, or school psychologists
- Child welfare agency personnel
- Child service organization
- Law enforcement personnel
- Clergy including minister, priest, rabbis, imam, or similar functionaries named by religious organization.

- Reproductive health care facility or pregnancy resource center personnel and volunteers.
- If a person is required to report child abuse because that person attends to a child pursuant to such person's duties as an employee of or volunteer at a hospital, school, social agency, or similar facility, that person shall notify the person in charge of the facility, or the designated delegate thereof, and the person so notified shall report or cause a report to be made. An employee or volunteer who makes a report to the designated person pursuant to this paragraph shall be deemed to have fully complied with the law. Under no circumstances shall any person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, to whom such notification has been made exercise any control, restraint, modification, or make other change to the information provided by the reporter, although each of the aforementioned persons may be consulted prior to the making of a report and may provide any additional, relevant, and necessary information when making the report.

## 4.2 Procedure for Reporting Child Abuse

**O.C.G.A. § 19-7-5(e)** states "**An oral report shall be made immediately, but in no case later than 24 hours** from the time there is reasonable cause to believe a child has been abused, by telephone or otherwise and followed by a report in writing, if requested, to a child welfare agency providing protective services, as designated by the Department of Human Services, or, in the absence of such agency, to an appropriate police authority or district attorney. If a report of child abuse is made to the child welfare agency or independently discovered by the agency, and the agency has reasonable cause to believe such report is true or the report contains any allegation or evidence of child abuse, then the agency shall immediately notify the appropriate police authority or district attorney. To make the report, the following information is recommended:

1. Name, age, home address, and current location of the child.
2. Name and address of the child's parent/caregiver, if known.
3. Name and address of suspected perpetrator.
4. Location (s) where abuse took place, if known.
5. The nature and extent of injuries.
6. Any evidence of previous injuries or information about abuse.
7. Any other information the reporter believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator.
8. Photographs of the child's injuries to be used as documentation in support of allegations by hospital employees or volunteers, physicians, law enforcement personnel, school officials or employees, or volunteers of legally mandated public or private child protection agencies may be taken without permission of the child's parents.
9. Any information about other household members.

An oral report must be made immediately by telephone to DFCS Protective Services (1-855-GA-CHILD) which is designated by DHR or to an appropriate law enforcement authority or District Attorney.

The Georgia Mandatory Reporter Form can be emailed ([cpsintake@dhr.state.ga.us](mailto:cpsintake@dhr.state.ga.us)) or by fax (229-317-9663). A copy of the form can be found at: [https://www.prosolutionstraining.com/courses/mandated\\_ga2/resources/GA\\_Mandated\\_Reporter\\_Form.pdf](https://www.prosolutionstraining.com/courses/mandated_ga2/resources/GA_Mandated_Reporter_Form.pdf).

### 4.3 Liability for Failure to Report

Any person or official required by law to report a suspected case of child abuse who knowingly and willfully fails to do so shall be guilty of a misdemeanor. Failure to report suspected child abuse or neglect is unlawful, and moreover, is extremely dangerous to a child's life. Once a child is suspected to be the victim of abuse or neglect, it is imperative that the report is made immediately in order to ensure that protective agencies have time to respond appropriately and best preserve that child's life and/or well-being. In addition to legal repercussions, there are also serious consequences with regard to personal responsibility and feelings of remorse in the event that a preventable, tragic incident occurs. Indicators of child abuse and/or neglect are often only the "tip of the iceberg" and timely reports must be made to the appropriate agency to protect our children.

### 4.4 Protection as a Mandated Reporter

Any person or persons, partnership, firm, corporation, association, hospital, or other entity participating in the making of a report to a child welfare agency providing protective services or to an appropriate law enforcement authority will be immune from any civil or criminal liability provided such a report is made in good faith.

Suspected child abuse, which is required to be reported by any person by law, must be reported notwithstanding that the reasonable cause to believe such abuse had occurred or is occurring is based in whole or in part upon any communication to that person which is otherwise made privileged or confidential by law.

### 4.5 Henry County Department of Family and Children's Services (DFCS)

125 Henry Parkway, McDonough, GA 30253

1-855-GA-CHILD, 1-855-422-4453

*(if unable to reach someone at above number):*

**Mon.- Fri. 8am-5 pm: 770-288-8989 or 678-610-6343**

Henry County Director: Cassondra Jones



DFCS and Law Enforcement will:

1. Designate an individual to accept notifications of abuse allegations received by one another and communicate in cases involving the following circumstances:
  - Any form of sexual abuse involving a child
  - Any form of sexual exploitation of a child
  - Any form of physical assault by a parent, stepparent or other caretaker
  - Any form of physical abuse involving a child
  - Any severe neglect of a child for which DFCS requests assistance
  - Any refusal by a family to allow a DFCS worker to see the child victim in any abuse or neglect investigation or response
  - The presence of any serious injury on a child for which the explanation offered is inadequate to explain the injury
  - Any physical abuse where there have been previous confirmed reports by DFCS
  - Any referral of abuse diagnosed by a physician

- Any form of Munchausen by Proxy/ Pediatric Condition Falsification and Factitious Disorder by Proxy
  - Any suspicious death of a child
2. Reports assigned for investigation will be given a response time of either immediate to 24 hours or 5 working days. The seriousness of the allegations in the report and the urgency of the safety needs of the child determine response times.
  3. The 5 day response time for non-emergency reports is set as a minimum standard; reports should be responded to sooner whenever possible
  4. In cases such as these, the DFCS investigator will conduct interviews as previously outlined and determine whether maltreatment has occurred and to what extent the child remains at risk.
  5. If at any time the DFCS investigator discovers the child is in immediate danger or there is evidence that a criminal act may have occurred, the investigator will immediately call the law enforcement agency having jurisdiction and request assistance.
  6. In non-emergency removal of children from the home there should be a meeting to inform the parents why the child is being removed, what they need to do in regard to the 72 hour hearing and that they have a right to legal counsel. This will also give DFCS the opportunity to make the removal less traumatic on the child.
    - While promotion of family preservation and stability is encouraged, there must be continuing assurance of safety and protection for children. The seriousness of a substantiated or suspected incident of maltreatment may preclude working with the family.
  7. Should the DFCS investigator and supervisor determine that the child(ren) must be removed from the home in order to meet the safety needs, this can be accomplished in two ways:
    - DFCS may request the assistance of law enforcement which has the authority to take immediate action in taking a child into protective custody.
    - DFCS may contact their Special Assistant Attorney General (SAAG) and seek from the Juvenile Court an emergency order for shelter care signed by a Judge or an authorization for shelter care signed by a Juvenile Court Intake Officer granting DFCS immediate temporary custody until a hearing is convened within 72 hours.
  8. All incidents of child death, serious injury of children with open social service cases, and any other alleged incident of abuse or neglect in foster homes will be assessed by the Field Program Specialist (FPS) to avoid any appearance of a conflict of interest within DFCS.
  9. If the FPS is not available, the county may request that another county conduct the investigation.
  10. DFCS should advertise after-hours contacts to community so that severe cases can be reported as soon as possible.
  11. After Hours {After hours procedures should be established by each committee and developed into the protocol}

## 4.6 Henry County Law Enforcement

### Henry County Police Department

108 South Zack Hinton Parkway

McDonough, GA 30253

770-288-8200

Chief of Police: Keith Nichols



Law Enforcement receives referrals of child abuse from the Department of Family and Children Services or other referral services.

#### A. Law Enforcement may:

1. Designate one or more individual(s) to accept notifications of abuse allegations from DFCS.
2. Initiate an investigation within 24 hours for children who are at imminent risk and within five days on all other referrals.
3. Determine if the allegation of sexual abuse, physical abuse, emotional abuse or neglect is founded by probable cause, and if the crime occurred in the jurisdiction of the agency.
4. Be familiar with the "Child Abuse Protocol" and make every attempt to follow the protocol.
5. Have at least one officer with advanced training in the area of child abuse investigation. This officer should be used as a resource for all the officers in the agency and should assist with the more severe cases of child abuse reported to their agency, if necessary.
6. Determine if an interview is to be conducted by a trained interviewer preferably at the local CAC.
7. File a report when a referral of child abuse is received from any source other than DFCS and notify DFCS.
8. Notify DFCS immediately if the abuse occurred in the child's home or in a caretaker situation.
  - In cases of child-on-child abuse, DFCS should be notified.

#### B. Investigative Procedures

1. The first interview should be basic collecting only the information needed to determine if the child is in danger or if a crime has occurred. It is not mandatory that this interview be recorded, but good notes should be kept. A DFCS worker should be notified at once if it is determined that a joint investigation is necessary.

2. The investigating officer and a DFCS worker in joint cases should conduct a second interview. If possible, this interview should be audio or videotaped and should be very detailed to establish all the facts in the case.
3. Determine if a search warrant is needed to collect physical evidence to support the child's statement.
4. Determine as soon as possible if a medical examination is needed and arrange for one.
5. Always photograph injuries in a physical abuse case or a neglect case. The Henry County Police Department will assist in photographing these types of cases upon request.
6. Try to determine if there are other victims and interview them as soon as possible. Also interview anyone the child talked to about the abuse, especially non-abusive parent or caretaker.
7. Determine if an arrest will be made. If so, notify the District Attorney's office as soon as possible and forward a copy of the case file to the District Attorney's office.

**C. Joint Investigations with DFCS (in situations including but not limited to cases involving the following circumstances):**

1. Any form of sexual abuse including fondling, incest, rape, sodomy of a child by parent or caretaker, and on any child where there is medical evidence.
2. Any form of sexual exploitation of a child.
3. Any form of severe emotional abuse.
4. Any substance abuse in the home, including by parents or children.
5. Any form of physical assault by a parent, step-parent or other caretaker (including severe bruises especially around the head or abdomen, burns or fractured bones).
6. Any severe neglect involving a child for which DFCS requests assistance.
7. Any refusal by a family to allow a DFCS worker to see the child victim in any abuse or neglect investigation or response in compliance with appropriate laws and The Constitution.
8. The presence of any serious injury on a child for which the explanation offered is inadequate to explain the injury.
9. Any physical abuse where there have been reports by DFCS of previous history of reported physical and/or sexual abuse.
10. Any referral of abuse diagnosed by a physician.
11. Any form of Munchausen by Proxy/ Pediatric Condition Falsification and Factitious Disorder by Proxy.

12. If a DFCS worker has reason to believe that a child is in immediate danger and should be removed (or the family may flee) and there is not time to obtain a court order, then the DFCS worker and police officer/investigator will review the referral together.

13. Any suspicious death of a child.

14. If DFCS is made aware of an incident that is violation of a criminal code/law that the proper law enforcement agency is immediately contacted by calling the Henry County Communication Center @ [770 957-6464](tel:770-957-6464). The proper agency would be where the act occurred and this would determine the correct jurisdiction. Henry County has three city police departments (Locust Grove, McDonough, and Hampton) that also investigate child abuse calls using the same resources. The Henry County PD handles calls within the city limits of Stockbridge.

If there is a joint investigation, it should be initiated within 24 hours for children who at imminent risk and within 5 days for all others.

1. If the child is in school, an officer and a DFCS worker will ask the school officials to provide an appropriate place for interviewing the child.
2. If school is not in session or the child is pre-school age, the DFCS worker and the police officer/investigator will make a decision as to how to best interview the child away from the alleged perpetrator.
3. After the initial interview, the police officer/investigator and the DFCS worker will make a decision as to whether the child needs to be taken into protective custody, and then contact Henry County Juvenile Court regarding this decision if protective custody is initiated.
4. The initial interview will determine the need for protection. If protective custody is taken, then at the discretion of the police officer/investigator and worker, the child may be transported to DFCS or another location for further interviewing as deemed necessary.
5. DFCS will notify the parents of the child placed into protective custody and their need to be at the deprivation hearing in Juvenile Court. The DFCS worker will follow up by contacting the parents to notify them of the date and time of the hearing and of their right to have an attorney.
6. The DFCS worker will also attempt to arrange a time to interview the parent prior to the court hearing. The interview of any suspects in the case will be coordinated between the police officer/investigator and the DFCS worker. The police officer/investigator involved is expected to be present to testify at the deprivation hearing.
7. If the child is retained in DFCS custody at the initial hearing, the assigned police officer/investigator and the CPS worker will continue to complete the investigation and assess the safety of the child.
8. If charges are brought against a perpetrator, the law enforcement officer and the DFCS worker will be available for the Magistrate hearing.

## **D. Staffing Referrals with DFCS**

It is imperative that the committee recognize the value of early and continued communication between DFCS and Law Enforcement (LE). Separate and parallel investigations are suboptimal and should be discouraged. Law Enforcement may:

1. Appoint one or more individuals to receive referrals daily from DFCS either by phone, personal pickup, or by facsimile.
2. Meet or correspond with DFCS Child Protective Unit as often as deemed necessary.
3. Check their local files of suspects whenever possible prior to making a decision on the disposition of a referral.
4. Notify DFCS if their records contain a past history of child abuse, domestic violence or physical assaults, and a joint decision should be made on how law enforcement will assist.
5. Make inquiry of the DFCS investigator assigned to the referral of what action was taken by DFCS.
6. In conjunction with DFCS investigator and supervisor, determine if law enforcement assistance is necessary.

## **E. Drug Addicted Newborns**

Whenever a mother or child tests positive for drugs, the Henry County DFCS will be notified by hospital personnel. If the parent or parents are determined to be in need of treatment for their drug problem and are cooperative (and the Henry County DFCS) are receptive to seeking treatment, then law enforcement will not be involved.

In the event the parent(s) have a past history with law enforcement, or the DFCS has a past history involving other children born drug positive then a joint decision will be made between law enforcement and DFCS on how to best handle the case.

### **4.7 Henry County District Attorney's Office**

Jim Wright, District Attorney  
One Courthouse Square, Second Floor  
McDonough, GA 30253  
770-288-6400

- After a warrant has been bound over to Superior Court, the District Attorney's office will review the case and prepare an indictment to be presented to the grand jury as soon as practical under the circumstances.
- The District Attorney's office will subpoena the appropriate witnesses as deemed necessary for the orderly presentation of the case to appear before the grand jury. Child victims will not be interviewed unnecessarily by the District Attorney's office.

- If a true bill is returned by the grand jury, the case will be placed on a calendar for arraignment at which time the defendant enters a guilty or not guilty plea. If the defendant pleads guilty, the defendant will be sentenced by the court.
- If the defendant pleads not guilty, the case will be put on the next available trial calendar.
- The District Attorney's Office will discuss sentencing recommendations with the pertinent parties, to include the guardian and/or the victim's non-offending family members and investigating officer, when possible.
- Victim services staff will inform victims and/or non-offending family members of the victim's rights, and keep them informed/notified of any court proceedings if they so request.
- Courtroom orientations with child victims will take place before a child victim is called to testify at trial by the assistant district attorney assigned to the case and/or victim services staff.

#### **4.8 Henry County Juvenile Court**

44 John Frank Ward Boulevard, 1 Judicial Center, Suite 115  
 McDonough, GA 30253  
 770-288-6866

##### **A. Deprivation Proceedings:**

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

1. Comply with the jurisdiction time limits mandated by law.
2. When a child is alleged to be deprived and is taken into custody, an informal deprivation hearing must be held no later than 72 hours, excluding weekends and holidays, to determine whether continued shelter care is required. If the 72 hour time period expires on a Saturday, Sunday, or legal holiday, the hearing must be on the next day which is not Saturday, Sunday, or legal holiday. All case workers and law enforcement officers involved in the removal of a child should be present at the 72 hour hearing.
3. If the child is not released to the parent or custodian at the deprivation hearing, and the court finds that continued shelter care is required, a petition must be filed with the court within five days of the deprivation hearing for certification; the child will be represented by counsel at the deprivation hearing.

##### **B. Continuance**

1. In abuse cases, the court will be reluctant to grant continuances and will do so in its discretion for providential, compelling, or legal cause.
2. Any continuances granted should be for the shortest period of time possible so that the case will reach an early resolution.

##### **C. Protective orders**

The Juvenile Court allows for the filing of a Protective Order. Such an order can restrain a person from having contact with a child if that contact may be detrimental to the child. The Juvenile Court will consider such an order if the perpetrator has had due process notice and an opportunity to be heard. Such an order may require any such person:

1. To stay away from the home or the child.
2. To permit a parent to visit the child at stated periods.
3. To abstain from offensive conduct against the child, his parent, or any person to whom custody of the child is awarded.
4. To give proper attention to the care of the home.
5. To cooperate in good faith with an agency to which custody of a child is entrusted by the court or with an agency or association to which the child is referred by the court.
6. To refrain from acts of commission or omission that tend to make the home not a proper place for the child.
7. To ensure that the child attends school pursuant to any valid law relating to compulsory attendance. (See pg.16)
8. To participate with the child in any counseling or treatment deemed necessary after consideration of employment and other family needs.

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

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

If the Protective Order is not considered at the dispositional hearing, it will be the policy of the DFCS, where appropriate and through its counsel, to file such an order. The Department's counsel will request a hearing within ten days of the filing of the petition.

#### **4.9 Henry County Mental Health Services**

20 Lawrenceville Street  
McDonough, GA 30253  
770-288-6931

1. If a child discloses sexual abuse or severe physical abuse during psychotherapy or counseling, the mental health provider should NOT attempt a forensic interview.
2. The provider should not question the child in detail about the alleged abuse or attempt to use anatomically correct dolls for investigative purposes. Instead, a referral to DFCS or law enforcement should be made immediately.
3. The mental health provider should reassure the child and prepare him/her for a possible forensic interview by a third party. Any member of the staff who receives information concerning child abuse or neglect is to report as follows:
  - Therapists should report directly to the Department of Family and Children Services (DFCS) or law enforcement.
  - Clerical staff or other support staff should report the incident or information directly to supervisory staff, to be reported to DFCS within 24 hours.

#### **4.10 Department of Juvenile Justice**

1565 Highway 42 N  
McDonough, GA 30253  
Tamica Coleman, DJJ Program Manager  
770-954-2007



During the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, contact the Office of DJJ at (770) 954-2007. If a child is under supervision with the Status Offender/County Probation Office maintained by Juvenile Court, call (770) 288-6888.

Any time beyond normal business hours, call Henry County Dispatch Services at (770) 957-9121 and the scheduled Intake/On-Call Officer for Juvenile Court will be contacted. The On-Call Officer will decide if placement is necessary for the child. In the event that the On-Call Officer cannot be reached, Dispatch will contact the first and second backup for a placement decision.

When any employee for the Department of Juvenile Justice, including employees of other departments, agencies, or entities under the supervision of the Department of Juvenile Justice, believes or becomes aware of any suspected neglect, physical, or sexual abuse of a child under the age of 18, that employee shall immediately report such neglect or abuse to the Henry County Department of Family and Children Services. Should DFCS be closed, the employee shall immediately contact Dispatch and request the On-Call Social Worker for DFCS. The information will be reported to the designated representative from DFCS for investigation and placement decision.

Such report shall contain the names and addresses of the child and the parent/guardian. The child's injury/injuries, including any evidence of previous injuries, and any other pertinent information the employee feels would be helpful in establishing the cause of neglect or injuries. The report should include any knowledge of the perpetrator, if such information is available.

Please note that as new/additional staff is hired, the procedures and persons performing intake, or on-call duties will change. An updated memorandum is provided as needed.

#### **4.11 Henry County Coroner**

Donald D. Cleveland  
140 Henry Parkway  
McDonough, GA 30253  
770-288-7341  
770-957-5200



Adequate death investigation requires the participation of numerous individuals including the medical examiner/coroner, public health officials, that patient's physicians, the pathologist, and personnel from agencies involved with the Child Welfare, Social Services, and Law Enforcement. Collaboration between agencies enhances the ability to determine accurately the cause and circumstances of death.

Information about the death of one child may lead to preventive strategies to protect the life of another. The following steps will be observed in the investigation of child deaths in Henry County in accordance with OCGA19-15-3.

- A. The Coroner's office will investigate the child's death and will file the required report generated by

the investigation with the Georgia Bureau of Investigation, Department of Forensic Science.

1. All deaths of persons under 18 should be reported to the Coroner of Henry County to determine jurisdiction. If jurisdiction is accepted by the Coroner, then the proper police agency and the medical examiner will be contacted to determine if any autopsy is required, giving consideration to the wishes of the Coroner, Police Officer in charge, and accepted criteria and laws relating to the need for an autopsy.
  2. After notification of the death of a child, the Coroner or Police agency will notify DFCS if there is any question of the possibility of abuse or neglect.
- B. Upon filing of the report with the GBI, the Coroner's Office will forward to the chair of the Henry County Protocol Committee and the chair of the Henry County Fatality Review Subcommittee, a copy of the report and findings.
- C. The Henry County Fatality Review Subcommittee will meet within 10 working days after a report is received by the chairperson. The chairperson of the Child Fatality Review Subcommittee will copy the report and mail to all members with the identifying information:
1. Child's Name
  2. Current Address
  3. Mother's full name
  4. Father's full name (and address if different)
  5. Siblings names
  6. Any other parties living at the same address
  7. Any other related information concerning the death of the child
  8. Each member should search all records of their agency and relay any information of activity with the deceased child or family to the committee at the scheduled review date.
- D. At the meeting of the subcommittee, each death will be reviewed on a case by case basis. Subcommittee members who have reviewed their records and have knowledge of the child will provide documentation of the information without breaching the confidentiality rights of the client.
1. To provide greater insight into the circumstances, any DFCS employee involved with the deceased child in the past will attend the subcommittee review to provide information for a more thorough review. Confidentiality of witness testimony shall be in compliance with those conditions established in OCGA 19-15-6 (f).
  2. The subcommittee will then decide whether or not additional information, which would require subpoena, is needed. If that information is necessary to conduct a complete investigation, a subpoena will be obtained from Superior Court of the Flint Judicial Circuit, or if medical records are needed, from the Coroner.
- E. An annual report by the Child Fatality Review Subcommittee is submitted by June 30 of each year to conduct the Child Fatality Review Prevention Panel according to law.
- F. If an additional meeting proves necessary, the chairperson may call for a special review date and time.
- G. The findings of the subcommittee will be recorded upon the Child Fatality Report (CFR) form with attachments as become necessary. Every effort will be made to attach a copy of the death certificate, medical examiner/coroner's report, autopsy report, crime lab reports, police reports and other ancillary documents.

1. The subcommittee's designee will then file a copy of the findings with the Criminal Justice Coordinating Council (CJCC) and to the statewide Child Abuse Prevention Panel.
  2. By supplying a copy of the report to CJCC, the requirement that a copy be supplied to the statewide panel is met.
  3. A copy of the report will also be sent to the office of the District Attorney of the Flint Judicial Circuit, if it is concluded that the child died as a result of these conditions specified on OCGA 19-15-3 ©
- H. Official records and documents generated by the Protocol Committee of Child Fatality Review Committee will be kept in the offices of the Henry County DFCS in compliance with the confidentiality conditions and procedures as previously established. Any request for release of information from these records will be reviewed by the committee at its regular meeting date, at which time the record will be expunged of identifying information and will be released to the requesting party in accordance with Georgia law and Department policy.
- I. A recording secretary will be designated to record and transcribe the minutes of each subcommittee meeting.
- Additionally, the aforementioned individual designated to file appropriate copies of the review report will be appointed for a one year term.
- J. An Annual Report shall be issued by the Child Review Subcommittee pursuant to OCGA 19-15-3 (d), and the annual report shall be published at least once in the legal organ of Henry County, and a copy of the annual report shall be transmitted to the judiciary committees of the House and Senate.

#### **4.12 Henry County Magistrate Court**

1 Judicial Center, Suite 260

McDonough, GA 30253

770-288-7700

**Monday thru Friday**

**8:00 a.m. to 5:00 p.m.**

The Magistrate Court is available 24 hours a day, seven days a week with a judge on duty at all times for the purpose of issuing warrants.

Warrants may be taken out for all adult offenders in child abuse cases after 5:00 p.m. and on weekends and holidays, judges may be contacted in emergency situations by calling 911. The judge on call will then contact the Officer on the case.

#### **4.13 Piedmont Henry Hospital**

1133 Eagles Landing Parkway

Stockbridge, GA 30281

678-604-1000 (Main)

678-604-1040 (Education)



## Policy

It is the policy of Piedmont Henry Hospital to comply with Georgia State Law regarding recognition and reporting of suspected abuse, neglect, or exploitation to the Department of Family and Children's Services or the appropriate police/sheriff's departments. Anyone who makes a report concerning abuse, neglect or exploitation of an adult or minor "shall be immune from any civil or criminal liability related to such report or testimony unless such person acted in bad faith or with malicious purpose". [O.C.G.A § 30-5-4(c)] Anyone who knowingly or willfully fails to make a report is violating the law and "shall be guilty of a misdemeanor."

## Criteria for Identification

- A. Abrasions to palms, knees, elbows— from being pushed down.
- B. Burns from cigarettes, curling irons, clothes irons, chemicals, friction, and immersion in hot liquids.
- C. External genitalia lacerations and abrasions, vaginal bleeding, discharge/infection, or penile discharge, or infection.
- D. Bruises in various stages of bleeding.
- E. Multiple fractures or fractures in different stages of healing.
- F. Spiral fractures or mid-shaft fractures of long bones, or skull fractures.
- G. Acute onset of paresis, visual impairments, post-concussion symptoms, intra-cranial hemorrhage.
- H. Conflicting history between victim and adult on the cause of the injury.
- I. Adult not allowing a child to verbalize a history of the injury.
- J. A history of the cause of injury that does not fit the type of injury observed.
- K. Delay or absence of age appropriate behaviors, i.e. lethargy, social withdrawal, depression, relentless attention seeking behavior, minimal response to painful medical intervention, suicidal ideation or attempts.
- L. **Munchausen's by Proxy Syndrome**—A form of child abuse in which a parent presents a child for medical attention with symptoms that may have been fabricated or directly created and which subjects the child to unnecessary or potentially harmful medical procedures. Common Presentation Findings may include:
  - 1. Unexplained seizures
  - 2. Life threatening events
  - 3. Chronic unexplained symptoms that resolve when child is protected.
  - 4. Discrepancies between history, clinical findings and general health of child
  - 5. Unusual signs and symptoms that do not fit clinical diagnosis
  - 6. Repeated hospitalizations and evaluations without definite medical diagnosis
  - 7. Caregiver welcomes invasive medical testing and displays considerable medical knowledge
  - 8. Family history of similar sibling illnesses, unexplained sibling illness, or suspicious circumstances surrounding a death.
  - 9. Rare or unexplained lab findings.
  - 10. Falsification of medical history.

## M. Domestic Violence

- 1. Injuries not likely to have been caused by the accident reported.
- 2. Radiographic evidence of fractures in different stages of healing.
- 3. Minimizing the frequency or seriousness of injuries.
- 4. Seeking treatment one or more days following the sustained injury.
- 5. Repeated ED visits with injuries becoming more severe as frequency of visits increases.
- 6. Over-protectiveness of the partner and/or not allowing the victim to be alone with the

healthcare professional.

7. Child abuse in the victim's or partner's background.
8. Bruises, scratches, Burns resulting from splashes, friction, chemicals, cigarettes or cigars, knife wounds, scalp or facial lacerations, oral mucosal lacerations.
9. Facial or nose contusions/fractures, skull fractures, patterned bruises, torso injuries such as breast contusions, fractured ribs, abdominal contusions, back or spine injuries
10. Altered consciousness from strangulation attempts, intra-cranial hemorrhage
11. Post-concussion symptoms, visual impairment, miscarriage.
12. An assessment of the patient is performed upon admission. Any report of a fear of returning to one's home or a report of an unsafe environment should be reported.

## Procedure

### A. Sexual Abuse:

1. Recent Sexual Contact (within 72 hours)
  - Identify and manage acute medical problems.
  - If child presents to the Emergency Room, obtain a medical history to identify possible sexual contact. (Information is taken only as necessary for medical treatment.)
  - Notify DFCS and law enforcement.
  - Arrange for a formal specialized medical evaluation to be conducted at an appropriate location.
  - Conduct testing and treatment for sexually transmitted diseases and pregnancy as necessary.
  - Make a referral for a Mental Health assessment and evaluation if needed.
  - Facilitate the scheduling of a follow-up appointment by DFCS or the patient; the information shall be forwarded to the primary care physician.
  - Send a written report is to DFCS and law enforcement with expert medical opinion clearly stated. Forensic interviews should occur at the Children's Advocacy Center or designated equipped location (for children 17years or younger) according to Protocol guidelines.
2. Sexual Abuse at remote time (> 72 hours)
  - Complete medical interview to confirm sexual contact (detailed questioning to be reserved for investigative interview).
  - Evaluate and treat acute medical problems.
  - Make a mental health referral if appropriate.
  - Notify DFCS and law enforcement.
  - Support the making of a referral for medical evaluation by DFCS.
  - Send a copy of Emergency Room evaluation to follow-up physician.
3. Medical condition suspicious for sexual abuse (bleeding or infection)
  - Conduct thorough physical and laboratory examination of the patient. (Sexual assault kit is utilized as deemed necessary.)
  - Treat any injuries and/or illnesses.
  - Notify DFCS and law enforcement.
  - Refer the child to abuse specialist for a specialized medical evaluation as necessary.
  - Send a copy of Emergency Room
  - Report to follow-up physician.
  - Send written report to DFCS, with expert medical opinion clearly stated on report.
4. Sexual exploitation suspected
  - Notify security if the child has been brought in by someone who appears to be his or her pimp.

- Identify and manage acute medical problems.
- Conduct thorough physical and laboratory examination of the child, including drug testing or sexual assault kit, as appropriate.
- Send copy of emergency record to follow-up physician.
- Notify DFCS and law enforcement.

B. Physical Abuse –Will full (should be will full) infliction of physical pain, mental anguish, unreasonable confinement, or the willful deprivation of essential services. Take a thorough history of the injury separately from each person with the child.

- If the history is of abusive treatment or the injury does not match the history, make a diagnosis of suspected child abuse is made and notify DFCS and law enforcement.
- Fully document injuries in writing.
- Take photos of injuries. (Photography is essential. Equipment should be purchased by the team.)
- Obtain imaging studies (for example, complete skeletal survey, head and/or abdominal CT) and lab studies as appropriate.
- Provide any necessary medical care.
- Send copy of emergency record to the follow-up physician.
- Consult Primary Care Physician or the Pediatrician on call. If available, a child abuse expert pediatrician is preferred
- Send written report to DFCS, with expert medical opinion clearly stated on the report.
- Support DFCS' efforts to arrange for examination of siblings.

C. Neglect: The absence or omission of essential services/attention to the degree that it harms or threatens a person's physical, social, intellectual or emotional health.

1. Failure to thrive

- Take complete history and conduct full physical examination.
- Review all available medical records.
- Notify DFCS.
- Facilitate DFCS' efforts to schedule a follow-up appointment if there is no consistent medical care provider.
- Support arrangements made for examination of siblings by follow-up physician.
- Develop short and long-term treatment plan.

2. Other Neglect issues

- Take complete medical history and conduct full physical examination.
- Review all available medical records.
- Notify DFCS.
- Support DFCS' efforts to arrange medical follow-up.
- For cases of severe neglect, consider referral to child abuse specialist for complete review (to include medical review, scene photos, DFCS and Law enforcement records).

3. Munchausen by Proxy (MSBP) / Pediatric Condition Falsification (PCF)

- PCF /MSBP are medical diagnoses and can only be made by a licensed physician.
- Intake reports made to any agency will be referred to the Multi-Disciplinary Team for Multidisciplinary intervention in coordination with medical personnel. A pediatric expert in PCF/MSBP should be consulted.
- DFCS, medical personnel, and the MDT will consider whether notification of the parents poses a danger to the child. In general, routine notification of the parent that an investigation is in process is dangerous to the child until such time as the case is decided.
- A plan of action for each agency represented will be coordinated through the MDT. A

Plan of action may include the following tasks:

- Review all of child's available medical records
- Obtain verification of as many items as possible (records of drugs purchased, blood levels on child)
- Seek report of child's condition when parent is absent
- If appropriate, video monitoring in hospital with plan in place to intervene if child is found to be in danger from perpetrator's actions
- A plan of action may include the following tasks:
  - Follow-up protection plan by DFCS
  - Law Enforcement and legal actions as dictated by evidence

Please refer to Appendix 9.3 for legal statute regarding the legal requirement for a physician to take emergency custody of a child.

## Reporting Procedures

Medical personnel should respond to suspected abuse and neglect cases as outlined below. It should be emphasized that according to O.C.G.A. § 19-7-5(e), an oral report should be made to DFCS within 24 hours; however, a timely referral is critical in a multidisciplinary approach and immediate reporting to DFCS is desirable.

The desired procedure whenever abuse is suspected is to notify DFCS or Law Enforcement of the Suspected abuse as outlined in the preceding sections; however, in some circumstances events may evolve too quickly for a physician to pause to contact DFCS or Law Enforcement in order to protect a child who is at risk of "imminent danger."

1. A staff member at Piedmont Henry that has reason to believe that a patient may be a victim of abuse, neglect or exploitation shall make an immediate report to their immediate supervisor.
2. For patients that have a primary physician, the physician on record must be notified.
3. The Nursing Supervisor shall be notified, and an immediate oral report shall be made to the DFCS and/or the appropriate law enforcement agency.
4. For ED patients, the ED physician must be notified. The ED Charge Nurse should be notified and an immediate report should be made with DFCS and/or law enforcement agency. A written report should be given to the ED patient advocate who should follow up on all reports coming from the ED. This report must be filed in the patient's medical record.
5. After hours, an emergency on-call list for Henry County DFCS is available from the Nursing Supervisor or in the Emergency Room.
6. County DFCS personnel can also be reached by calling 911 Dispatch and requesting that the on-call person be paged.
7. **Populations at risk for abuse** include children, dependent adults and the elderly. These populations should be screened by criteria, including but not limited to that contained in this policy:
  - Child—age 17 years and under
  - Adult—an individual between the ages of 18 and 59.
  - Geriatric—age 60 and over.

## For the Physicians

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

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

After a determination is made by the physician to take emergency custody, the physician should:

- Ensure that there is sufficient security to avoid danger to staff.
- Tell any persons with the child that you have assumed custody of the child pursuant to law; take reasonable and diligent efforts to inform the parents, guardian or custodian of the child of the child's whereabouts.
- Orally notify DFCS immediately and thereafter report in writing if requested.
- Within 24 hours notify the Juvenile Court Intake officer (911 will assist in such notification) who will determine, based on your information, whether the child shall be detained. If the intake officer determines that the child should not be detained, the child is to be released immediately to the child's parents, guardian or custodian. Alternatively the physician may contact a law enforcement officer who shall take the child into custody and promptly bring the child before a juvenile court intake officer.
- Document thoroughly what has been done and why.
- If detention of the child is authorized, the physician should admit the child if medically necessary; if not medically necessary DFCS shall pick up the child within 6 hours.
- Be prepared to go to court and testify within 72 hours – the physician will be notified of the hearing time and day.
- The physician is given the obligation under the law to file the appropriate Deprivation Petition in the Juvenile Court within five days of the detention hearing. The physician should determine from DFCS if they intend to file a petition first; if they indicate that they will, the physician's obligation will be obviated. However, the physician should know that should this Petition not be filed the child must be released to the parent at the end of the five days.

## Physician Liability

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

### 4.14 Henry County Public Health Department

135 Henry Parkway  
McDonough, GA 30253  
770-288-6136



The staff member shall immediately orally notify DFCS of suspected cases of abuse, pursuant to O.C.G.A. § 19-7-5(e). If DFCS is closed, the police are to be notified instead of waiting for the next business day. In no case shall the report be made more than 24 hours from the time staff member has reason to believe the child has been abused.

1. The incident as reported or observed shall be documented in the child's medical record.
2. The child's attending physician shall be notified and advised of the incident.
3. The report to protective services shall contain the following information: child's name, address, age, ace, parent's names, care provider, children involved, as appropriate, and nature of the allegation. See Appendix 9.4 for optional form to assist in the written reporting process.
4. A copy of the written report shall be maintained in the child's record.
5. The child's right to confidentiality should be respected. Information regarding diagnosis, current condition, and prognosis should be shared only as necessary in response to pertinent questions posed by protective services personnel. No release of information is required to make this report.
6. The staff member should not verbally disclose to the parents/guardians or legal custodians of the child that a report is being made to protective services until the safety of the child have been established.
7. When a report is made, a therapeutic approach shall always be utilized, presenting protective services as a "help" for families, not a punishment.
8. Reports of suspected abuse and/or neglect made to appropriate protective services or police agencies in good faith render the reporter immune from civil or criminal liability.
9. An incident report should be completed by a public health staff member for each suspected/actual incident of abuse.

#### **4.15 Henry County Board of Education (Public and Private Schools)**

33 N. Zack Hinton Parkway  
McDonough, GA 30253  
770-957-6601

Superintendent: Rodney Bowler



All employees of Henry County Schools shall comply with the O.C.G.A. 19-7-5 requirement for reporting any suspected incident of child abuse and sexual exploitation to the Henry County Department of Family and Children Services.

1. Suspected cases of child abuse will be reported to DFCS immediately. A written confirmation of the report will be requested from DFCS.
2. A written referral to DFCS will be completed whether or not the report is made verbally. The employee making the report will notify the building principal (if the principal is not the person making the report), and his/her signature will be secured on the written referral.
3. A copy of the written referral will be forwarded to Administrative Services (Ms. April Brown, Director, 770-957-6601).
4. A copy of the referral will be maintained at the school and central office.
5. No employee shall contact a parent/guardian regarding the interview of their student in child abuse/neglect referrals.
6. DFCS or law enforcement will be allowed to a brief, preliminary interview as necessary on school grounds. Every effort will be made to provide a private area for abuse investigations to be conducted.
7. Charges against teachers abusing children. School staff should not conduct their own detailed interview of the child and that the staff should only question the child enough to determine if a report is necessary.

For further information on the Henry County Board of Education policy JGI regarding child abuse protocol procedures, please visit the system on-line at [www.henry.k12.ga.us](http://www.henry.k12.ga.us).

## **Tuancy**

Based on Georgia Law (20-2-690.1) and State Board of Education Rule (JB), any child between the ages of 6 and 16 who during the calendar year has more than five days of unexcused absences from school will be considered truant.

## **Penalties**

The legal penalties and consequences for truancy include referral of parents, guardians or custodians to State Court and referral of juveniles to Juvenile Court for prosecution.

Any parent, guardian, or other person residing in this state who have control or charge of a child or children and who violates the Mandatory Attendance Code section of Georgia law, shall be guilty of a misdemeanor and, upon conviction thereof, shall be subject to a fine of not less than \$25 and not greater than \$100, imprisonment not to exceed 30 days, community service, or any combination of such penalties per absence.

Each day's absence from school is a violation of this provision and shall constitute a separate offense. If convicted of truancy, juveniles may face severe penalties under the Juvenile Code of the State of Georgia.

## **Teenage and Adult Driver Responsibility Act**

The TADR Act, Georgia Code Section 40-5-22 requires that students must meet attendance and discipline requirements in order to receive and maintain a Georgia driver's permit or license.

Between the ages of 14 and 18, unexcused absences may result in students becoming ineligible to receive or maintain a Georgia driver's permit or license.

## **Tardy and Early Checkouts**

Unexcused tardy to school or unexcused early checkouts from school are detrimental to the academic success of individual students and classmates. Students should arrive at school on time and should remain for the complete school day.

Acceptable excuses for tardy to school or early checkouts are the same as excused reasons for full-day absences. Excessive unexcused tardy and early checkouts will be referred to the Henry County Courts for consideration of prosecution.

## **4.16 Prevent Child Abuse Henry County**

PO Box 1525  
Stockbridge, GA 30281  
770-507-9900



All employees, interns and volunteers of Prevent Child Abuse Henry shall comply with the O.C.G.A. §19-7-5 requirement for reporting any suspected incident of child abuse and sexual exploitation to the Henry County Department of Family and Children Services.

1. The employee, volunteer or intern will inform the First Steps Coordinator immediately if there is direct knowledge or a concern regarding possible abuse or neglect in a family with whom they are working.
2. The First Steps Coordinator will report the information to the Department of Family and Children's Services at 1-855 GA Child or 911, if the child is in immediate danger. If the First Steps Coordinator is not available, the employee, volunteer or intern should contact the Department of Family and Children's Services at 1- 855 GACHild immediately, as mandated by the law. They should call 911 if the child is in immediate danger.
3. A written report of the incident will be given to the First Steps Coordinator within 3 days of the report.

#### 4.17 A Friend's House

111 Henry Parkway  
 McDonough, GA 30253  
 678-432-1630  
 Director: Jill Holder



All employees of A Friend's House shall comply with the O.C.G.A. 19-7-5 requirement for reporting any suspected incident of child abuse and sexual exploitation to the Henry County DFCS.

All staff is trained during orientation in the following areas: Child abuse policies and procedures and reporting requirements.

All reports of child abuse and/or sexual exploitation of children in care shall also be reported immediately to the Office of Residential Child Care section of the Department of Human Services and to the Office of Provider Management section of the Department of Family & Children Services.

Failure to report the above described suspicions according to the below procedures will result in an employee's termination and will place all legal responsibility on the employee.

1. Any employee who suspects that a child has been abused, neglected, exploited or deprived must immediately report this to the director of A Friends House. If the director is not available, the employee should make the report to the person designated in charge at that time. If the incident occurs after hours or on a weekend, the on-call supervisor or the director is to be called.
2. The director or designee shall request that the employee complete an incident report and shall call the local DFCS to make the report and will notify the child's legal custodian. Document that the report was made, noting the date, time, person spoken with, and information given on a Conversation Recording Form.
3. If the individual suspected of abuse or neglect is an employee, the staff member will be given the opportunity to hear the suspicion and to write a response. The employee will be suspended during a complete investigation. A Friend's House will cooperate with the Henry County DFCS fully during the investigation. Employees determined to have abused, neglected, exploited or deprived a child will be separated immediately.

#### 4.18 Haven House

PO Box 1150  
 McDonough, GA 30253  
 770-954-1008; 24 hr Crisis Line: 770-954--9229  
 Director: Marjorie Lacy



When a staff member becomes aware of or has suspicion of child abuse or neglect, that staff person will make a referral by telephone to DFCS to file a report as mandated by law. Following a report of Child Abuse/Neglect to DFCS, a written report of the action will be given to the Executive Director.

Interviews by the DFCS Investigator or Ongoing Caseworker with a resident of Haven House will take place at the Haven House Administrative Office. Due to confidentiality, DFCS staff may not interview a child or parent at the shelter.

Haven House staff will cooperate fully and will transport any child (or children) or parent to the Administrative Office to be interviewed as requested by DFCS staff. DFCS should forward a copy of the case plan to the Haven House caseworker as well as the parent as soon as a case plan becomes available.

If a Child Protective Service case is opened, a caseworker at Haven House will follow up and assist our client in complying with the DFCS case plan. Should the case be safety resourced or diverted, DFCS staff will forward copies of court orders or a written explanation to Haven House so we may take appropriate action/follow up with our client.



#### **4.19 Southern Crescent Sexual Assault and Child Advocacy Center (SCSAC-CAC)**

2 West Main Street  
Hampton, GA 30228  
O. 770-507-7772  
F. 770-573-4112  
Crisis Line. 770-477-2177

#### **Forensic Interview Procedure**

##### **A. Joint Investigation**

DFCS and Law Enforcement have committed to the joint investigation of child abuse cases, and to the coordination of the investigation of child sexual abuse, severe physical abuse cases, and other cases deemed necessary through SCSAC-CAC. Frequently, these may also include neglect cases or children as witnesses to domestic violence. Children who are alleged victims of sexual abuse or severe physical abuse will receive multidisciplinary response coordinated through the SCSAC-CAC. Joint investigation shall include cross-reporting of allegations, collaborative interviewing and interdisciplinary case review.

##### **B. Forensic Interview Procedures**

Forensic interviewing of alleged victims of child abuse is an extremely specialized skill, which requires research-informed knowledge and specialized training in specific areas. Some of these areas include:

- Children's memory and suggestibility
- Children as witnesses
- Interviewing techniques and process of inquiry
- Process of disclosure
- Dynamics of child sexual abuse
- Child development
- Use of anatomical dolls and diagrams

- Characteristics of abuse and neglect
- Exploration of alternative hypothesis
- Criminal codes
- Effect of childhood trauma and stress
- Recantation
- Developmental, cognitive, and physical issues associated with children with special needs
- Dynamics associated with commercially sexually exploited children and teens

The competence and objectivity of interviewers and the quality of the interview itself are frequently the focus of abuse investigations. Trained interviewers should be utilized to conduct forensic interviews of children. Interviewers should be trained in a nationally recognized forensic interview protocol such as Finding Words/ChildFirst, Corner House, or the National Children's Advocacy Center Forensic Interview model.

### **C. Child Advocacy Center (CAC)**

Interviews of children alleged to be victims of child physical abuse, sexual abuse, or children witnessing a violent crime should be conducted at Southern Crescent Sexual Assault and Child Advocacy Center (SCSAC-CAC). Personnel from law enforcement and DFCS should make every effort to follow SCSAC-CAC procedures and to coordinate their investigation efforts in a manner which increases the efficiency of the investigation while minimizing additional trauma to the child.

#### **1. Services**

All forensic services by the child advocacy center are provided upon referral from DFCS, law enforcement, and/or the district attorney's office. SCSAC-CAC will provide the following services:

- Video and/or audio taped forensic interviews
- Coordination of multidisciplinary team (MDT) staffing
- Court testimony
- Court preparation
- Medical exam/Photo documentation
- Medical accompaniment
- Telemedicine referrals to Children's Healthcare of Atlanta (as needed)
- Forensic evaluations
- Family advocacy
- Individual therapy
- Group therapy
- Assessment and referrals
- Resource materials
- Parent education/support groups
- Darkness to Light Workshops

All of the above services are offered in English. However, they can be provided in any other language to accommodate the client and non-offending caregiver at no charge.

#### **2. Making Referrals**

Children who have made a disclosure regarding sexual or physical abuse, or have medical evidence of abuse, or who exhibit concerning behaviors, should be referred for a joint forensic investigation of the abuse by DFCS and law enforcement.

- Children 3 and under who are insufficiently verbal for an interview but who present with medical evidence or sexualized behaviors should be referred by LE and/or DFCS for multidisciplinary review by contacting SCSAC-CAC.
- Video recorded forensic interviews of children 3-17 should be conducted at SCSAC-CAC and will be scheduled at the request of DFCS, LE, or District Attorney's office personnel only.
- Services provided to children under 3 are at the discretion of the Director. If a child under 3 is believed to be sufficiently developed cognitively and verbally to participate in an interview, an attempt at an interview may occur.
- Children 14-17 may be interviewed by a trained interviewer at an agency location if circumstances require immediate response; however, these cases should be referred to the CAC for interdisciplinary case coordination the following business day.
- Intake reports should be made to the SCSAC-CAC staff who will schedule an interview time. To ensure that all relevant information is obtained in the initial forensic interview, all team members involved in the investigation should be present.

### **3. Forensic Interviews**

Video/audio documentation of forensic interviews with alleged child victims and/or child witnesses of alleged abuse or homicide is available upon referral from appropriate agencies, including DFCS, law enforcement, and the District Attorney's office.

- When recording is appropriate, the interview will be conducted at SCSAC-CAC by a qualified forensic interviewer.
- The assigned DFCS caseworker and LE investigator assigned to the case will have access to observe the interview from a separate viewing room.
- Once recording has begun, it should not be discontinued until the interview is complete.
- Upon completion of the interview, SCSAC-CAC will provide law enforcement with a disc containing the interview to be placed into evidence. SCSAC-CAC will maintain a backup copy of the interview in a secured location.

### **4. Forensic Evaluations**

Referrals may be made for children ages 3 to 17 when one or more of the following conditions are present and when participation in the evaluation will not compromise the best interests of the child. Forensic evaluations are generally conducted in 4-6 sessions. Efforts may be made to conduct 2 sessions per week, to facilitate a timely conclusion of the investigation and the protection of the child. It is acknowledged that if a child discloses early in the evaluation, 6 sessions may not be necessary.

- The child did not disclose abuse to investigators but there are other indicators strongly suggesting victimization, such as sexualized behaviors, medical evidence, statements of other children and/or witnesses, pornography, access by known offender, etc.
- The child did not disclose abuse to investigators but allegedly disclosed to some other person.
- Prosecution and/or child protective decisions cannot be made based on initial forensic interview results.

### **5. Multi-Disciplinary Meetings (MDT)**

SCSAC-CAC will coordinate multidisciplinary team (MDT) meetings for the primary purpose of facilitating communication between agencies involved in the investigation and prosecution of allegations of child maltreatment as well as those agencies responsible for protecting child victims.

MDT staffing will provide agency members with a forum to discuss complex cases with other professionals, and as a result, will enhance both the decision-making and intervention processes.

- Requests for cases to be staffed by the MDT are accepted from any MDT member and/or appropriate agencies. Appropriate referral sources include, but are not limited to, DFCS, Board of Education, Law Enforcement, District Attorney's office, the Department of Juvenile Justice, a Domestic Violence Shelter, and medical and mental health personnel.
- MDT members may request to staff any case they believe can benefit from the collaborative input of the team. Requests can include cases involving children who were not seen for services at SCSAC-CAC.
- MDT meetings will be held at a location decided by the protocol members, and an agenda identifying cases to be staffed at each meeting will be provided to all involved agencies at least 48 hours prior to the regularly scheduled meeting time (at least monthly).
- A special reconvening of the MDT can be called by the District Attorney's office representative if circumstances change prior to indictment.
- Because the purpose of the MDT staffing is to facilitate the sharing of information between agencies, all individual from DFCS, law enforcement, prosecution, medical, and mental health that are involved with a case being staffed should be present.

All agencies will cooperate fully in sharing information with each other concerning the abuse allegation, the child, and any other persons involved in the incident in order to fulfill their respective duties. The agencies will assist each other in making the child available for interviewing if necessary to fulfill their duties and will inform each other immediately upon learning of a change of location, address, or phone number of the child. A child's MDT case review will be considered complete when all investigative agencies involved have reached a disposition and all linkage to identified services have been successfully completed. Any team member may request that completed cases be re-staffed at the MDT meeting if additional concerns arise during the course of a team member's contact with the child and family.

## **6. Forensic Interview of Special Populations**

- Sexually Exploited Children
- Although normally best practice suggests that children should have a forensic interview as soon as possible, interviews with children who have been sexually exploited should occur after at least 30 days.
- Sexually exploited children are often pimped. Pimps teach victims to be distrustful of health/social service providers, police, and government officials.
- These children believe that revealing what has happened to them will result in arrest and detention for prostitution.
- Further, many children have a "love" relationship with their pimp and fear that the state may lock up their "boyfriends" if they are truthful.
- An additional complication is that sexual exploitation victims are frequently brought into the system as suspects or arrestees and some interviews initially take the tone of interrogation. This makes children reluctant to believe the state is trying to help them.
- Effective information gathering requires that service providers and interviewers work to empower the child and help him/her understand their "victimization". Trust should be established over time, and the formal forensic interview needs to occur after this trust has been established.
- Child protection is paramount throughout the investigation.

- It may be necessary for these children to have multiple interviews in order to gather additional details about the abuse. Therapeutic services tailored to address their exploitation component are an integral part of the investigation and their overall well-being.
  - Children with Special Needs
    - If a forensic interview is needed for a child with a cognitive or physical disability, the protocol should be modified to accommodate the needs of the individual child. Children with learning disabilities should also be accommodated to maximize their ability to communicate effectively. All agencies involved in the investigation are required to adhere to federal regulations, specifically Titles II and III of the Americans with Disabilities Act and the Rehabilitation Act. These requirements include accommodations for communication and requirements for accessibility for services.
  - Children detained at RYDC
    - Children detained at RYDC who are disclosing acts of violence done against them or have been a victim of abuse should be offered the same services as a child who is not in a detained facility. SCSAC-CAC is available to work closely with the facility and law enforcement to ensure their statements are investigated and the child is able to be interviewed in a neutral setting.
  - Children detained cannot have their hands shackled on the video.
  - A transported or facility employee will be allowed to sit outside the interview room to ensure the child does not attempt to flee.
  - Adults over the age of 18 with delays
    - Adults 18 years of age and older with disabilities should be interviewed utilizing the same procedures for children being interviewed at SCSAC-CAC. Based on their cognitive and developmental delays, a trained interviewer is able to gather the details needed in a manner that is engaging and supportive towards the victim. Special attention should be taken to ensure the interviewer is provided with their level of functioning and any other infractions regarding the manner in which they present.
7. **After Hours/on-call:** There is no formal on-call system for forensic services. Please call the crisis line at 770/477-2177 to assess for the need for after-hours services factoring in the best interest of the child.

## Medical Examination Procedure

Medical providers at SCSAC-CAC will provide medical evaluations of children 0-18 years of age who are suspected victims of child maltreatment, or who are significantly exposed to a suspected perpetrator of maltreatment.

Regardless of the type of child maltreatment initially reported, every child should receive a full, head-to-toe physical exam. The exam should address the possibility of more than one type of maltreatment occurring in the child. Goals of the general exam are:

- To ensure the health, safety, and well-being of the child
- To obtain the history from the child and/or guardian

- To consider alternative explanations for a concerning sign or symptom
- To identify and document evidence of injury or infection
- To diagnose and treat medical conditions resulting from abuse
- To identify and treat medical conditions unrelated to abuse
- To assess the child for any developmental, emotional, or behavioral problems needing further evaluation and treatment and make referrals as necessary
- To assess the child's safety and make a report to child protective services if needed
- To reassure and educate the child and family, as appropriate
- To document findings in such a way that information can be effectively and accurately presented, if requested by a social service or law enforcement agency

A. Appointments for medical examinations are made on a referral basis. SCSAC-CAC accepts referrals from:

- Members of Georgia law enforcement agencies
- Department of Family and Children's Services
- Community Child Advocacy Centers
- Community medical providers
- Medical staff from emergency departments

B. During regular business hours, the referring agency should contact the SCSAC-CAC Hampton office to provide the necessary intake information to schedule the appointment. **After hours, the referring agency should contact the 24 hour Crisis Line if the referring agency has a client who has been abused within the past 72 hours or if the referring agency has questions about the timing of the medical evaluation.** The Crisis Line responder will contact the medical provider to discuss the case and schedule the exam. **The medical provider is available after-hours to conduct medical examinations when appropriate.**

## Sexual Abuse

A. The CAC recommends that the following children receive a full medical exam by a licensed practitioner with expertise in the medical evaluation of child maltreatment:

1. Sexual Abuse/Assault
  - Any child who has disclosed sexual abuse involving **any type of sexual contact (not restricted to 'penetration')**.
  - A child for whom others have concerns of sexual abuse\*
  - Siblings and other children who live in the home of a suspected abuse victim, or who have had access to the alleged perpetrator.

\* There may be rare exceptions to these recommendations. **Before deciding against a medical exam, we recommend discussing the case with the CAC medical provider.**

2. Physical Abuse
  - Appropriate referrals include those children who **do not have** signs/symptoms of possible intracranial injury, acute fracture, abdominal trauma, significant burn or other serious medical condition requiring extensive evaluation and immediate treatment. Children with these concerns need to be evaluated in the Pediatric Emergency Department.

- Generally, suspected victims of physical abuse who should be seen at SCSAC-CAC include those who have (or who are reported to have)
    - Skin injuries (old or new) that do not require suturing or other medical procedure
    - Siblings and other children who live in the home of a suspected abuse victim, or who have had access to the alleged perpetrator.
3. Neglect
- Any child for whom there are concerns of significant physical, environmental, supervisory, educational or emotional neglect, who do not require emergency medical treatment may have a medical evaluation at SCSAC-CAC. Often, these cases are best handled if they include not only a physical exam of the child/children but also a full case review of home photographs, law enforcement and DFCS records and medical records.
  - Siblings of suspected neglect victims, and other children living in the home also need medical exams

**B. A child should be evaluated immediately at SCSAC-CAC if she/he:**

1. Has been sexually abused or assaulted within the previous 72 hours\*\* (or has an unclear history but there is reason to believe the abuse/assault occurred within the previous 72 hours)
2. A child should be evaluated in the Pediatric Emergency Department if she/he:
  - Complains of abdominal pain, obvious vaginal/rectal bleeding, significant genital or rectal pain, or other medically concerning symptoms AND/OR
  - Has other medical problems requiring immediate attention.

\*\* Some caretakers may present with a suspicion of sexual abuse based on vague and nonspecific statements made by a very young child (i.e.: “my private hurts” expressed while the caregiver is washing the child’s genitals), and/or minor and nonspecific physical findings (“her bottom looks red”). In most cases, these families can be referred to the CAC for the next available appointment and do NOT need to be evaluated immediately. However, should the referral source have any questions, he/she should call the CAC medical provider to discuss the case.

**C. A child should be evaluated at the SCSAC-CAC, at the next available appointment if she/he:**

1. Has a history of remote sexual abuse (occurring more than 72 hours prior), without signs/symptoms of acute injury or abdominal pain.
2. Lives in the home of a suspected abuse victim, or who have had access to the alleged perpetrator.

**D. If the child sexual abuse client was evaluated in the Emergency Department or primary care office by a person not trained in child abuse evaluations, we recommend follow up as below:**

1. Next day at CAC (primarily to document exam and look for injuries)
  - Acute child sexual abuse involving genital-genital contact or anal penetration
  - Acute child sexual abuse in which child reports significant pain or bleeding associated with event
  - Acute or chronic child sexual abuse exam in which a positive finding is noted by a primary care or Emergency Department medical provider (or if the medical provider has a question about a possible finding)

- Chronic child sexual abuse with symptoms
- 2. Exam within 72 hours of primary care or Emergency Department visit:
  - Acute child sexual abuse involving fondling only, with “negative” exam
- 3. Exam at next available appointment (within 7 days if at all possible):
  - Chronic child sexual abuse with no symptoms or findings on primary care or Emergency Department exam
  - Child with sexualized behavior (even if they have already been seen by primary care or Emergency Department)
  - Siblings of sexual abuse victims and other children living in the home, as well as other children, with whom an alleged perpetrator has had access, may need a forensic interview and/or medical exam.
- 4. Exam in 2 weeks:
  - Acute child sexual abuse in pre-pubertal patients who need STI testing
  - Acute child sexual abuse in adolescents who were given prophylactic treatment for STIs

## **Physical Abuse**

Children who do not have an immediate need for treatment in the Emergency Department should be scheduled as follows:

- If a child has visible recent injuries (or there is the report that he/she has), the child should be evaluated at the SCSAC-CAC the same day, if at all possible. If this is not feasible, it is critical that photographs of the injuries be obtained as soon as possible, typically by law enforcement. The child should be seen at SCSAC-CAC as soon as an appointment is available, and at that time the medical provider can review the photographs, as well as perform the exam.
- If there are no visible recent injuries and none suspected, the child should be seen at the next available appointment, to document possible scars or other evidence of abuse/neglect.
- Siblings and other non-index children should be evaluated at SCSAC-CAC according to the above criteria (on same day if recent injuries are suspected; at next available appointment otherwise).

## **Neglect**

Children who are suspected victims of neglect should be evaluated as soon as possible, in order to thoroughly document the current condition of the child and address conditions requiring treatment. Ideally this should be performed by an expert medical provider at SCSAC-CAC, but if a child is removed from the home at night, and/or needs extensive evaluation/treatment for an acute condition, he/she may need to be evaluated at the local Emergency Department.

## **5. Judicial Procedures**

### **5.1 Court Appointed Special Advocate (CASA)**

In Juvenile Court deprivation proceedings, an attorney or a court appointed special advocate (CASA), or both, may be appointed as the child’s guardian ad Litem. A CASA is a community volunteer who has been screened and trained regarding deprivation, child development, and juvenile court procedures and has been appointed as a lay Guardian Ad Litem by the court. The juvenile court judge has the authority to appoint a CASA volunteer at the earliest stage possible of deprivation proceedings. A request for CASA

appointment can be made to the judge by the GAL attorney, child's attorney, Citizen Review Panel member, DFCS case manager, SAAG, and any other interested party.

- The locally-operated affiliate CASA program is Henry County CASA and is organized under the auspices of Henry County. The Henry County CASA Program operates with the approval of the Juvenile Court of Henry County County/Circuit. Henry County CASA is responsible for screening, training, and supervising local CASA volunteers. Henry County CASA has a paid staff person(s) that supervise(s) the daily operations and volunteer supervision.

### **Roles and Responsibilities of a CASA volunteer**

A. CASA volunteer is an officer of the Court, who must advocate for the best interest of the child(ren) he or she is assigned. The role of the CASA is to provide the Court with independent and objective information regarding the best interests of children involved in deprivation proceedings. In all cases assigned, except as ordered by the judge, a CASA volunteer shall:

- Conduct an independent assessment to determine the facts and circumstances surrounding the case;
- Maintain regular and sufficient in-person contact with the child;
- Submit written reports to the court regarding the child's best interests;
- Advocate for timely court hearings to obtain permanency for the child;
- Request judicial citizen review panel or judicial review of the case;
- Collaborate with the GAL attorney/child's attorney, if any;
- Attend all court hearings and other proceedings to advocate for the child's best interests;
- Monitor compliance with the caseplan and all court orders; and
- Review all court related documents.

As a lay guardian ad Litem, a CASA volunteer shall not be required to:

- Engage in activities which could reasonably be construed as the practice of law;
- Obtain legal counsel or other professional services for a child;
- Interview the child concerning facts relating to allegations of abuse; and
- Conduct in-depth investigation of allegations of abuse.

Any information obtained in the CASA volunteer's assessment concerning unknown or unreported abuse shall be reported to the local DFCS office.

### **B. Confidentiality**

The CASA volunteer must maintain strict confidentiality of all information related to a case. Once appointed, the CASA volunteer has the responsibility to interview all persons having knowledge of the child's situation and to review documents and reports relating to the child and family. The CASA volunteer shall have access to all records and information relevant to the child's case with few exceptions.

CASA volunteers may not have access to any records or information that:

- Identifies a reporter of child abuse and/or any other person whose life or safety is likely to be endangered if their identity was not protected;
- Records and orders concerning the disposition or treatment of a delinquent or unruly child within the Department of Juvenile Justice; and

- Any records or information regarding an investigation by the Office of the Child Advocate.

The reproduction and distribution of confidential and personal information related to any child or family should be limited. Documents and reports contained in the records of an agency or institution should be reviewed by appointment. Upon request, copies may be provided to a CASA volunteer.

All records and information acquired, reviewed or produced by a CASA volunteer during the course of his or her appointment shall be deemed confidential and shall not be disclosed except as ordered by the court. Any CASA volunteer who discloses confidential information obtained during the course of his or her appointment shall be guilty of a misdemeanor.

- A. In considering bond, the Magistrate should pay particular attention to the safety of the child, preferably prohibiting contact between the child and the accused
- B. In setting further bond conditions, the Magistrate should consider precluding contact between the accused and all children under the age of sixteen in sex abuse cases and under eighteen in physical abuse cases; for the protection of both the accused and the protected classes of children alike.
  - Bond conditions imposed should be made known to DFCS and the Juvenile Court.

## 5.2 Superior Court Procedures

### A. Trial Court

In Superior court during the trial of criminal charges against a defendant in child abuse case, the judge has particular responsibility to ensure a fair and judicious process for all parties including the victim. Outlined below are concerns requiring paramount consideration:

- Judges should ensure that the child is protected during the trial by conducting proceedings in a manner both protective of the child and absent of perpetrator intimidation, consistent with the defendant's Constitutional rights.
- Judges should ensure that these cases are given first priority on the trial calendar behind demand for trial and incarcerated defendants.
- Continuances should generally not be given except on legal grounds and the case should be rescheduled as promptly as possible. Every effort should be made to complete the trial as soon as possible. Every effort should be made to accommodate the witnesses contributing their time.
- Sentencing should reflect the need to protect the victim from the perpetrator and be consistent with the family case plan enacted in Juvenile Court. To this end, communication with the Juvenile Court should be maintained prior to sentencing to ensure a consistent approach in handling the family situation.

## 6. Treatment

### 6.1 Treatment Format for Child Abuse Cases

- A. For sexual and physical abuse cases staffed by the MDT, the MDT will assist the provider to determine if there is a need of referral for treatment, further screening or an extended evaluation. The MDT will identify the primary involved agency, which will make appropriate referrals for services and assure follow-up of these services. If an extended evaluation is indicated, the evaluation will be arranged by the appropriate agency identified by the MDT.

- B. If a treatment referral is indicated, the primary involved agency will provide the family with a list of local mental health providers known to have experience and expertise with child sexual and/or physical abuse. The Children's Advocacy Center or designated location's staff will provide additional assistance in selecting a provider based on the needs of the child, the financial resources of the family, and the availability of the provider. It is recommended that the provider be a certified clinician trained and experienced in the treatment of child sexual abuse and trauma. For sexual exploitation cases, Georgia Care Connection should be contacted to assist in identification of appropriate service resources.
- C. The referring agency will facilitate the acquisition of pertinent information regarding the case for the mental health provider treating the child. If, after beginning treatment, the family refuses further treatment or becomes uncooperative, or the mental health provider suspects that this lack of cooperation is endangering the child, a referral to DFCS will be made as with any case involving mandatory reporting.
- D. When a state licensed clinician is not available, regional referrals should be provided.
- E. Referrals for perpetrator treatment by state licensed clinicians will be coordinated by Adult Probation and Parole for Superior Court cases, and the Department of Juvenile Justice for Juvenile Court cases.

## **6.2 Reporting Child Sexual Abuse when a Child Discloses During Therapy**

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

## **7. Training**

It is recommended that all mandated reporters and protocol committee members should receive training in recognition, reporting and prevention of child abuse. The lists that follow below are meant to simply outline some factors, dynamics and symptoms indicative of abuse and to serve as reminders for trained professionals. This list is in no way exhaustive and all child abuse professionals and mandated reporters should seek appropriate training. Free and reduced rate training is available in Georgia through a variety of providers. For more information about training contact: Office of the Child Advocate, 404-656-4200

### **7.1 Neglect and Maltreatment**

#### **A. Child**

1. Physical findings that may be associated with abuse:
  - Chronic hunger or tiredness
  - Chronic health problems (i.e., skin, respiratory, digestive)
  - Medical problems left unattended
  - Inadequate hygiene (i.e., dirty and unwashed)

- Developmentally delayed (i.e., speech disorder, failure to thrive)
  - Has been abandoned
  - Without adult supervision for extended periods of time
2. Behavioral findings that may be associated with abuse:
    - Begging or stealing food
    - Chronic fatigue (i.e., falling asleep in school, dull/apathetic appearance, listlessness)
    - Poor school attendance or chronic lateness
    - Coming to school early and leaving late
    - Functions below grade/aptitude level in school
- Delinquent/antisocial/destructive behavior (i.e., vandalism, inappropriate affection seeking, sucking/biting/rocking)
  - Use of drugs/alcohol

## B. Parent/Caretaker

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

## 7.2 Physical Abuse

Physical abuse may be suspected if the injuries listed below are not associated with accidental injuries or if the explanation does not fit the pattern of the injury.

### A. Child

1. Physical findings that may be associated with abuse:

- Bruises (i.e., occurring in unusual patterns; occurring on posterior side of body; occurring in clusters; occurring on an infant, especially on the face; in various stages of healing)
- Burns (i.e., immersion burns, cigarette-type burns, restraint burns, appliance related burns etc.) Unexpected missing or loosened teeth
- Unexplained lacerations and abrasions
- Inflicted marks (i.e., human bite marks, choke marks)
- Skeletal injuries
- Head injuries (i.e., absence of hair, nasal or jaw fractures, sub-dural hematomas, other more serious injuries)
- Internal injuries

2. Behavioral findings that may be associated with abuse:

- Wary of adults
- Extreme behaviors (i.e., aggressive or withdrawn, frightened of sudden movements, apprehensive when other children cry)
- Reports injuries by parents (i.e., frightened of parents, afraid to go home)
- Wear long sleeves or other concealing clothing
- Explanation of injury is inconsistent with nature of injury
- Aggressive behavior to other children/animals
- Indiscriminately seeks affection

B. Parent/Caretaker

1. Behavioral findings that may be associated with abuse:

- Unrealistic expectations of child
- Uses discipline which is inappropriate or extreme for child's age or behavior
- Discipline is often cruel
- Failed appointments (i.e., lack of cooperation with agency regarding child's health/injuries, reluctant to share information about child)
- Discourages social contacts
- Different medical facilities (i.e., refuses consent for medical exam/diagnostic testing)
- Fails to obtain medical care for child
- Believes in/defends corporal punishment
- Religious practices that pose the risk of child abuse
- Parent cannot be located
- Parent conceals child's injuries
- Parent confines child for extended periods of time

2. Environmental findings that may be associated with abuse:

- Parental history of child abuse
- Lack of parenting skills
- Marital problems
- Mental/physical illness
- Drug/alcohol problems
- Social isolation
- Financial pressures

- Unemployment
- Inadequate housing
- Target child in home (i.e., physically or emotionally handicapped, developmentally disabled, unwanted)

### **7.3 Pediatric Condition Falsification**

(Munchausen syndrome by proxy)

Pediatric Condition Falsification is a form of medical abuse initiated by a caregiver. It consists of chronic false reporting of symptoms and/or inducement of illness. The child is then unnecessarily exposed to medical interventions. The primary reason for this falsification of signs or symptoms in the child/victim by the perpetrator is called Factitious Disorder by Proxy. This is a psychiatric concept in which the adults seek attention at another's expense, and have the ability not only to lie but to imposture. An older term, Munchausen syndrome by proxy, refers to Pediatric Condition Falsification in which Factitious Disorder by Proxy is also present. In some instances, the non-perpetrating spouse or others help maintain the deceptive process by their failure to believe the doctors, blindly support the perpetrator, and/or at times actively collude with the deception.

#### A. Child – presentations

##### 1. Physical findings that may be associated with abuse:

- Perpetrator directly inducing conditions (examples—vomiting or diarrhea induced by drug administration, causing apnea by occluding the airway)
- Perpetrator deceptively reports signs and symptoms thereby misrepresenting the victim as ill (examples—reporting seizure activity, symptoms, but child appears healthy—such as high fevers).
- Presents false evidence of illness (examples— blood placed in victim's bodily fluids)

#### B. Parent/Caretaker – characteristics

##### 1. Psychological findings that may be associated with abuse:

- Perpetrator reports false psychological symptoms (examples—excessive anxiety, school refusal, stress reactions, schizophrenia)

##### 2. Sexual Abuse

- Perpetrator repeatedly requests evaluation for false allegations of sexual abuse. This is Pediatric Condition Falsification although there is some dispute whether all cases are also Factitious Disorder by Proxy.

##### 3. Goal is to gain attention for self

##### 4. Masquerading as the “good mother”

##### 5. Occasionally uses the child to gain material goods

#### C. Colluding family members – possibilities

##### 1. Passive spouse

##### 2. Abusive spouse

##### 3. Help maintain deception by defending the perpetrator

## D. Others

1. Doctors may be found who are more easily fooled and help to continue the deception.
2. "Doctor shopping" may occur to hide the deceptions (e.g. obtaining multiple medications) or to avoid a doctor getting wise to the situation.
3. Lawyers and judges may have problems recognizing this form of abuse as serious and propose plans that do not adequately protect the child's physical and emotional health.

## 7.4 Sexual Abuse

### A. Child

1. Physical findings which may be associated with abuse:
  - Difficulty in walking or sitting
  - Complaints of pain or discomfort in genital area
  - Torn/stained/bloody underclothing
  - Unusual or offensive odors
  - Poor sphincter control in previously toilet trained child
  - Self-Mutilation, disfigurement
  - Medical indicators (i.e., bruises/bleeding/laceration in genitalia or anus; genital or rectal pain, itching, swelling; venereal disease; discharge; pregnancy; extreme passivity in a pelvic exam)
2. Behavioral findings which may be associated with abuse:
  - Sophisticated or unusual sexual knowledge and/or behavior (i.e., preoccupation with sexual organs of self/parent/other children, seductive behavior, sexual promiscuity, excessive masturbatory behavior, poor physical boundaries, perpetration to other children)
  - Wearing many layers of clothing, regardless of weather
  - Reluctance to go to a particular place or to be with a particular person
  - Recurrent nightmares or disturbed sleep patterns and fear of dark
  - Withdrawal/fantasy
  - Infantile behavior
  - Overly affectionate/indiscriminately seeks affection

### B. Parent/Caretaker

- Marked role reversal between mother and child
- Extreme over-protectiveness of the child
- Isolation of child from peer contact and community systems
- Domineering/rigid disciplinarian
- History of sexual abuse for either parent
- Extreme reaction to sex education or prevention education in the schools
- Physical and/or psychological unavailability of mother
- Marital dysfunction
- Presence of unrelated male in the home

## 7.5 Child Commercial Sex Exploitation Victims

## A. Child

### 1. Physical findings that are associated with child prostitution victims:

- Inappropriate dress, including oversized clothing or overtly sexy clothing
- Poor personal hygiene
- Unexplained bruises or injuries
- Cigarette burns
- In possession of large amounts of money or more than one cell phone
- Presence of “gifts” the origin of which is unknown
- Rumors among students regarding sexual activity, which victim may not necessarily deny
- Diagnosed with sexually transmitted disease(s)
- Older boyfriend or male friend or relative
- Older female friend
- In the Juvenile Court system, probably on repeated status offenses particularly running away or truancy
- Failing grades and/or school suspensions
- Fake identification and/or fake dance permits
- Substance abuse
- Gang clothing or other gang symbols
- Tattoo of a someone’s name or nickname, particularly on the back of the neck
- Has a history of recruiting others into prostitution
- The arrest of the child is in or around an area known for prostitution, such as an adult entertainment venue, strip club, massage parlor, X-rated video shop and/or hotel

### 2. Behavioral findings that are associated with child prostitution victims:

- Angry, aggressive, clinically depressed, suicidal and/or tearful
- Withdrawn, uncommunicative, and/or isolated
- Little to no eye contact
- Truancy and/or chronic absenteeism
- Sleeping in class
- Not eating

## B. Family indicators associated with child prostitution victims:

- Runaway child
- Lack of adult supervision/support
- Sexual or physical abuse at home, by family member or friend
- History with DFCS
- Parental substance abuse
- Parental history of prostitution arrests
- Domestic violence
- Living, hanging out in geographic areas known to be a gathering place for prostitution

## 7.6 Emotional/Verbal Abuse

### A. Child

1. Physical findings which may be associated with abuse:

- Regressive habits, such as rocking, or thumb sucking in an older child
- Poor peer relations
- Daytime anxiety and unrealistic fears
- Behavioral extremes: either aggressive/antisocial or passive/withdrawn
- Problems sleeping at night, may fall asleep during day
- Speech disorders
- Learning difficulties
- Displays low self-confidence/self-esteem
- Sadomasochistic behavior (displays cruelty towards other children or animals, or seems to derive satisfaction from being mistreated)
- Lack of concern for personal safety, oblivious to hazards and risks

B. Parent/Caretaker

1. Behavioral findings which may be associated with abuse:

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

2. Environmental Risk Factors

- Parents were victims of some form of child abuse: physical, sexual, emotional
- Marital problems
- Isolated, no support system
- Low self-esteem
- Drug/alcohol problems
- Does not understand normal developmental stages of children
- Mentally/physically ill
- Financial/employment problems
- Child unwanted
- Family Violence

All training designed to help professionals deal appropriately with children who have suffered abuse should include information found below. Professionals working with children are often unsure of the appropriate response to children who have been abused. Try to normalize the situation by acknowledging it as you would divorce, death, or other traumatic crises in a child's life. Try not to dwell on the abuse or ignore inappropriate behavior. Your role is to help build the child's self-esteem and sense of safety and security. Some suggestions are:

- Maintain contact with the child's caseworker, therapist, and non-offending parent when appropriate.
- Be aware of such events as foster care placement and juvenile/criminal court proceedings.
- Be sensitive about touching the sexually abused child without asking permission.
- Do not tolerate inappropriate sexual or violent behavior. Reassure the child that he/she is OK, but that the behavior is unacceptable.
- If the child wants to talk more about the abuse, find a private place to listen, validate feelings, and continue to be supportive.
- Respect the family's feelings and need for privacy. Do not discuss the abuse with persons not involved.
- Abused children especially need to hear self-esteem messages such as: "You are healthy," "You have every right to be here," "You have every right to be safe" or "You are brave for telling."
- Recognize your need for support in dealing with your own feelings of pain, fear, anger, and powerlessness.

Suggested additional areas of training:

- Bullying
- Internet safety
- Child development
- Child-on-child abuse
- Domestic violence and children who witness it

## 8. Appendix

### 8.1 Legal Requirement to Report Child Abuse

The purpose of the Code section is to provide for the protection of children whose health and welfare are adversely affected and further threatened by the conduct of those responsible for their care and protection. It is intended that the mandatory reporting of such cases will cause the protective services of the state to be brought to bear on the situation in an effort to prevent further abuses, to protect and enhance the welfare of these children, and to preserve family life wherever possible. The Code section shall be liberally construed so as to carry out the purposes thereof.

#### O.C.G.A. § 19-15-1. Definitions

As used in this chapter, the term:

1. "Abused" means subjected to child abuse.
2. "Child" means any person under 18 years of age.
3. "Child abuse" means:
  - Physical injury or death inflicted upon a child by a parent or caretaker thereof by other than accidental means; provided, however, physical forms of discipline may be used as long as there is no physical injury to the child;
  - Neglect or exploitation of a child by a parent or caretaker thereof;
  - Sexual abuse of a child; or

- Sexual exploitation of a child.
4. "Child protection professional" means any person who is employed by the state or a political subdivision of the state as a law enforcement officer, school teacher, school administrator, or school counselor or who is employed to render services to children by the Department of Community Health, the Department of Behavioral Health and Developmental Disabilities, or the Department of Human Services or any county board of health, community service board, or county department of family and children services.
  5. "Eligible deaths" means deaths meeting the criteria for review by a county child fatality review committee including deaths resulting from Sudden Infant Death Syndrome, unintentional injuries, intentional injuries, medical conditions when unexpected or when unattended by a physician, or any manner that is suspicious or unusual.
  6. "Investigation" in the context of child death includes all of the following:
    - A post-mortem examination which may be limited to an external examination or may include an autopsy;
    - An inquiry by law enforcement agencies having jurisdiction into the circumstances of the death, including a scene investigation and interview with the child's parents, guardian, or caretaker and the person who reported the child's death;
    - A review of information regarding the child and family from relevant agencies, professionals, and providers of medical care.
  7. "Panel" means the Georgia Child Fatality Review Panel established pursuant to Code Section 19-15-4. The panel oversees the local child fatality review process and reports to the Governor on the incidence of child deaths with recommendations for prevention.
  8. "Protocol committee" means a multidisciplinary, multiagency child abuse protocol committee established for a county pursuant to Code Section 19-15-2. The protocol committee is charged with developing local protocols to investigate and prosecute alleged cases of child abuse.
  9. "Report" means a standardized form designated by the panel which is required for collecting data on child fatalities reviewed by local child fatality review committees. "Review Committee" means a multidisciplinary, multiagency child fatality review committee established for a county or circuit pursuant to Code Section 19-15-3.
  10. The review committee is charged with reviewing all eligible child deaths to determine manner and cause of death and if the death was preventable.
  11. "Sexual abuse" means a person's employing, using, persuading, inducing, enticing, or coercing any minor who is not that person's spouse to engage in any act which involves:
    - Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex;
    - Bestiality;
    - Masturbation;
    - Lewd exhibition of the genitals or pubic area of any person;
    - Flagellation or torture by or upon a person who is nude;
    - Condition of being fettered, bound, or otherwise physically restrained on the part of a person who is nude;
    - Physical contact in an act of apparent sexual stimulation or gratification with any person's clothed or unclothed genitals, pubic area, or buttocks or with a female's clothed or unclothed breasts;
    - Defecation or urination for the purpose of sexual stimulation; or
    - Penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure. "Sexual abuse" shall not include consensual sex acts involving persons of the opposite sex when the sex acts are between minors or between a minor and an adult who is not more than three years older than the minor.

This provision shall not be deemed or construed to repeal any law concerning the age or capacity to consent.

12. "Sexual exploitation" means conduct by any person who allows, permits, encourages, or requires that child to engage in: Prostitution, as defined in Code Section 16-6-9; or Sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct, as defined in Code Section 16-12-100.

## 8.2 Child Fatality Review (CFR)

The unexpected death of a child creates a crisis for the family, friends, and community. In an attempt to reduce such tragedies, the Georgia Legislature mandated that each county establish a Child Fatality Review committee to review any sudden or unexplained death of a child under the age of 18. The Child Abuse Protocol committee will cooperate and work with the Child Fatality Review committee in investigations of all reviewable deaths.

### O.C.G.A §19-15-3

- A. Each county shall establish a local multidisciplinary, multiagency child fatality review committee as provided in this Code section. The chief superior court judge of the circuit in which the county is located shall establish a child fatality review committee composed of, but not limited to, the following members:
  1. The county medical examiner or coroner;
  2. The district attorney or his or her designee;
  3. A county department of family and children services representative;
  4. A local law enforcement representative;
  5. The sheriff or county police chief or his or her designee;
  6. A juvenile court representative;
  7. A county board of health representative; and
  8. A county mental health representative.

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

- B. Review committee members shall recommend whether to establish a review committee for that county alone or establish a review committee with and for the counties within that judicial circuit.
- C. The chief superior court judge shall appoint persons to fill any vacancies on the review committee should the membership fail to do so.
- D. If any designated agency fails to carry out its duties relating to participation on the local review committee, the chief superior court judge of the circuit or any superior court judge who is a member of the Georgia Child Fatality Review Panel shall issue an order requiring the participation of such agency. Failure to comply with such order shall be cause for punishment as for contempt of court.
- E. Deaths eligible for review by local review committees are all deaths of children ages birth through 17 as a result of:
  1. Sudden Infant Death Syndrome;
  2. Any unexpected or unexplained conditions;
  3. Unintentional injuries;
  4. Intentional injuries;
  5. Sudden death when the child is in apparent good health;
  6. Any manner that is suspicious or unusual;

7. Medical conditions when unattended by a physician. For the purpose of this paragraph, no person shall be deemed to have died unattended when the death occurred while the person was a patient of a hospice licensed under Article 9 of Chapter 7 of Title 31; or
  8. Serving as an inmate of a state hospital or a state, county, or city penal institution.
- F. It shall be the duty of any law enforcement officer, medical personnel, or other person having knowledge of the death of a child to immediately notify the coroner or medical examiner of the county wherein the body is found or death occurs.
  - G. If the death of a child occurs outside the child's county of residence, it shall be the duty of the medical examiner or coroner in the county where the child died to notify the medical examiner or coroner in the county of the child's residence.
  - H. When a county medical examiner or coroner receives a report regarding the death of any child he or she shall within 48 hours of the death notify the chairperson of the child fatality review committee of the county or circuit in which such child resided at the time of death.
  - I. The coroner or county medical examiner shall review the findings regarding the cause and manner of death for each child death report received and respond as follows:
    1. If the death does not meet the criteria for review pursuant to subsection (e) of this Code section, the coroner or county medical examiner shall sign the form designated by the panel stating that the death does not meet the criteria for review. He or she shall forward the form and findings, within seven days of the child's death, to the chairperson of the child fatality review committee in the county or circuit of the child's residence; or
    2. If the death meets the criteria for review pursuant to subsection (e) of this Code section, the coroner or county medical examiner shall complete and sign the form designated by the panel stating the death meets the criteria for review. He or she shall forward the form and findings, within seven days of the child's death, to the chairperson of the child fatality review committee in the county or circuit of the child's residence.
  - J. When the chairperson of a local child fatality review committee receives a report from the coroner or medical examiner regarding the death of a child, that chairperson shall review the report and findings regarding the cause and manner of the child's death and respond as follows:
    1. If the report indicates the child's death does not meet the criteria for review and the chairperson agrees with this decision, the chairperson shall sign the form designated by the panel stating that the death does not meet the criteria for review. He or she shall forward the form and findings to the panel within seven days of receipt;
    2. If the report indicates the child's death does not meet the criteria for review and the chairperson disagrees with this decision, the chairperson shall follow the procedures for deaths to be reviewed pursuant to subsection (k) of this Code section;
    3. If the report indicates the child's death meets the criteria for review and the chairperson disagrees with this decision, the chairperson shall sign the form designated by the panel stating that the death does not meet the criteria for review. The chairperson shall also attach an explanation for this decision; or
    4. If the report indicates the child's death meets the criteria for review and the chairperson agrees with this decision, the chairperson shall follow the procedures for deaths to be reviewed pursuant to subsection (k) of this Code section.
  - K. When a child death meets the criteria for review, the chairperson shall convene the review committee within 30 days after receipt of the report for a meeting to review and investigate the cause and circumstances of the death. Review committee members shall provide information as specified below, except where otherwise protected by statute:

1. The providers of medical care and the medical examiner or coroner shall provide pertinent health and medical information regarding a child whose death is being reviewed by the local review committee;
  2. State, county, or local government agencies shall provide all of the following data on forms designated by the panel for reporting child fatalities:
    - Birth information for children who died at less than one year of age including confidential information collected for medical and health use;
    - Death information for children who havenot reached their eighteenth birthday;
    - Law enforcement investigative data, medical examiner or coroner investigative data, and parole and probation information and records;
    - Medical care, including dental, mental, and prenatal health care; and
    - Pertinent information from any social services agency that provided services to the child or family; and
  3. The review committee may obtain from any superior court judge of the county or circuit for which the review committee was created a subpoena to compel the production of documents or attendance of witnesses when that judge has made a finding that such documents or witnesses are necessary for the review committee review. However, this Code section shall not modify or impair the privileged communications as provided by law except as otherwise provided in Code Section 19-7-5.
- L. The review committee shall complete its review and prepare a report of the child death within 20 days, weekends and holidays excluded, following the first meeting held after receipt of the county medical examiner or coroner's report. The review committee report shall:
1. State the circumstances leading up to death and cause of death;
  2. Detail any agency involvement prior to death, including the beginning and ending dates and kinds of services delivered, the reasons for initial agency activity, and the reasons for any termination of agency activities;
  3. State whether any agency services had been delivered to the family or child prior to the circumstances leading to the child's death;
  4. State whether court intervention had ever been sought;
  5. State whether there have been any acts or reports of violence between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household;
  6. Conclude whether services or agency activities delivered prior to death were appropriate and whether the child death could have been prevented;
  7. Make recommendations for possible prevention of future deaths of similar incidents for children who are at risk for such deaths; and
  8. Include other findings as requested by the Georgia Child Fatality Review Panel.
- M. The review committee shall transmit a copy of its report within 15 days of completion to the panel.
- N. The review committee shall transmit a copy of its report within 15 days following its completion to the district attorney of the county or circuit for which the review committee was created if the report concluded that the child named therein died as a result of:
1. Sudden Infant Death Syndrome when no autopsy was performed to confirm the diagnosis;
  2. Accidental death when it appears that the death could have been prevented through intervention or supervision;

3. Any sexually transmitted disease;
  4. Medical causes which could have been prevented through intervention by an agency or by seeking medical treatment;
  5. Suicide of a child in custody or known to the Department of Human Resources or when the finding of suicide is suspicious;
  6. Suspected or confirmed child abuse;
  7. Trauma to the head or body; or
  8. Homicide.
- O. Each local review committee shall issue an annual report no later than the first day of July in 2001 and in each year thereafter. The report shall:
1. Specify the numbers of reports received by that review committee from a county medical examiner or coroner pursuant to subsection (h) of this Code section for the preceding calendar year;
  2. Specify the number of reports of child fatality reviews prepared by the review committee during such period;
  3. Be published at least once annually in the legal organ of the county or counties for which the review committee was established with the expense of such publication paid each by such county; and
  4. Be transmitted, no later than the fifteenth day of July in 2001 and in each year thereafter, to the Georgia Child Fatality Review Panel.

### **8.3 Emergency Custody by a Physician**

#### **O.C.G.A. § 15-11-131. Detainment of child in temporary protective custody of physician**

- A. Notwithstanding Code Section 15-11-133 or any other provision of law, a physician, licensed to practice medicine in the State of Georgia in accordance with Article 2 of Chapter 34 of Title 43, who is treating a child may take or retain temporary protective custody of the child, without a court order and without the consent of a parent, guardian, or custodian, provided that:
1. The physician has reasonable cause to believe that the child is in a circumstance or condition that presents an imminent danger to the child's life or health as a result of suspected abuse or neglect; and
  2. There is not sufficient time for a court order to be obtained under this article for temporary custody of the child before the child may be removed from the presence of the physician.
- B. A physician detaining a child in temporary custody shall:
1. Make reasonable and diligent efforts to inform the parents, guardian, or custodian of the child of the whereabouts of the child;
  2. As soon as possible, make a report of the suspected abuse or neglect which caused him or her to take temporary custody of the child, as required by subsection (e) of Code Section 19-7-5, and inform the child welfare agency designated by the Department of Human Services to which such report is made that the child has been detained in temporary custody as provided in this Code section; and
  3. Not later than 24 hours after the child is detained in temporary custody:

- Contact a juvenile court intake officer as provided in paragraph (2) of subsection of Code Section 15-11-410, and inform such intake officer that the child is in imminent danger to his or her life or health as a result of suspected abuse or neglect; or
  - Contact a law enforcement officer who shall take the child into custody and promptly bring the child before a juvenile court intake officer as provided in Code Sections 15-11-410 and 15-11-504.
- C. A child who meets the requirements for inpatient admission shall be retained in the hospital or institution until such time as the child is medically ready for discharge. Upon notification by the hospital or institution to the department that a child who is not eligible for inpatient admission or who is medically ready for discharge has been taken into custody by a physician in accordance with code section 15-11-131, provided that the child has been placed in the custody of the Department of Human Services, the department shall take physical custody of the child within six hours of being notified.
- D. If the intake officer determines that the child is to be detained, in accordance with Code Sections 15-11-415 and 15-11-504 and subsection (a) of Code Section 15-11-133 and 15-11-505, and the court orders that the child be detained in the legal custody of the Department of Human Services, acting by and through any of the county departments of family and children services, then:
1. If the child remains in the physical care of the physician, the department shall take physical possession of the child within six hours of being notified by the physician, unless the child meets the criteria for admission to a hospital, or other medical institution or facility where he or she has been detained in the temporary custody by a physician; or
  2. If the child has been brought before the juvenile court by a law enforcement officer, the department shall promptly take physical possession of the child.
- E. If the child is not released, then the court shall notify the child's parents, guardian, or other custodian, the physician, and the Department of Human Services of the detention hearing which is to be held within 72 hours as provided in subsection (c) of Code Section 15-11-472.
- F. If the intake officer determines that the child should not be detained, the child shall be released pursuant to the provisions set forth in Code Section 15-11-506.
- G. If after the detention hearing the child is not released, the physician shall file the petition required by subsection (e) of Code Section 15-11-521 in accordance with this article, provided that such physician continues to believe that the child's life or health is in danger as a result of suspected abuse or neglect.
- H. Any hospital or physician authorized and acting in good faith and in accordance with acceptable medical practice in the treatment of a child under this Code section shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed as a result of taking or failing to take any action, pursuant to this Code section. This Code section shall not be construed as imposing any additional duty not already otherwise imposed by law.

## 9. Resources

State and national resources listed below promote the general welfare of children and families, provide prevention activities to children, families and the community and provide prevention of the recurrence of abuse and neglect.

| National Resources   | Phone Number                | Website   |
|--|-----------------------------|---|
| American Academy of Pediatrics                                 | 847/434-4000                | <a href="http://www.aap.org">www.aap.org</a>  |
| American Humane Association                                    | 303-792-9900                | <a href="http://www.americanhumane.org">www.americanhumane.org</a>  |
| American Professional Society on the Abuse of Children (APSAC) | 405-271-8202                | <a href="http://www.apsac.org">www.apsac.org</a>  |
| Centers for Disease Control                                    | 800-CDC-INFO (800-232-4636) | <a href="http://www.cdc.gov/violenceprevention/childmaltreatment/index.htm">http://www.cdc.gov/violenceprevention/childmaltreatment/index.htm</a> |
| Child Welfare Information Gateway                              | 800-394-3366                | <a href="http://www.childwelfare.gov">www.childwelfare.gov</a>  |
| Children's Defense Fund (CDF)                                  | 202-678-8787                | <a href="http://www.childrensdefense.org">www.childrensdefense.org</a>  |
| National Center for Missing and Exploited Children             | 1-800-THE-LOST              | <a href="http://www.missingkids.com">www.missingkids.com</a>  |
| The National Center on Shaken Baby Syndrome                    | 801-627-3399                | <a href="http://www.dontshake.com">www.dontshake.com</a>  |
| National Children's Advocacy Center                            | 800-747-8122                | <a href="http://www.nationalcac.org">www.nationalcac.org</a>  |
| National Children's Alliance                                   | 800-239-9950                | <a href="http://www.nationalchildrensalliance.org">www.nationalchildrensalliance.org</a>  |
| National Council on Child Abuse and Family Violence (NCCAFV)   | 202-429-6695                | <a href="http://www.nccafv.org">www.nccafv.org</a>  |
| Prevent Child Abuse America                                    | 312-663-3520                | <a href="http://www.preventchildabuse.org">www.preventchildabuse.org</a>  |
| State Resources  | Phone Number                | Website   |
| Children's Advocacy Centers of Georgia                         | 770-319-6888                | <a href="http://www.cacga.org">www.cacga.org</a>  |
| GA Bureau of Investigation (GA Sex Offender Registry)          | 404-270-8465                | <a href="http://www.gbi.georgia.gov/georgia-sex-offender-registry">www.gbi.georgia.gov/georgia-sex-offender-registry</a>                          |

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| GA Department of Human Resources / Division of Family and Children Services | Child Protective Services: 404-651-9361<br>Domestic Violence: 404-657-3780<br>Foster Care Placement: 404-651-9361<br>Human Trafficking: 888-373-7888 | <a href="http://dfcs.dhr.georgia.gov/portal.site">http://dfcs.dhr.georgia.gov/portal.site</a><br><a href="http://www.acf.hhs.gov/trafficking">www.acf.hhs.gov/trafficking</a> |
| Georgia Care Connection   | 404-602-0068   | <a href="http://www.georgiacareconnection.com">www.georgiacareconnection.com</a>  |
| GA Helpline   | 800-CHILDREN   |   |
| Prevent Child Abuse Georgia (Georgia State University)                      | 404-413-1419<br>1-800-CHILDREN   | <a href="http://www.preventchildabusegeorgia.org">www.preventchildabusegeorgia.org</a>  |
| <b>County Resources</b>   | <b>Phone Number</b>  | <b>Website</b>  |
| Henry County Police   | 770-288-7100   |   |
| Hampton Police  | 770-946-4513   |   |
| Locust Grove Police   | 770-957-7055   |   |
| McDonough Police  | 770-957-1218   |   |
| Henry County DFCS   | 770-954-2014   |   |
| Southern Crescent Sexual Assault and Child Advocacy Center                  | 770-477-2177   | <a href="http://www.scsac.org">www.scsac.org</a>  |
| Prevent Child Abuse Henry County  | 770-507-9900   | <a href="http://www.preventchildabusehc.org">www.preventchildabusehc.org</a>  |

## 10. Signature Page

The signature page should be attached and signed by all members. Member titles should also be given.

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Henry County District Attorney

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Henry County Superior Court

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Henry County Health Department

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Henry County Department of Family  
and Children Services

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Henry County Sheriff's Department

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Henry County Police Department

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Henry County Juvenile Court

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Henry County Mental Health

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Henry County Magistrate Court

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Southern Crescent Sexual Assault and  
Child Advocacy Center

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Henry County Board of Education

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Prevent Child Abuse Henry County

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A Friends House

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Haven House

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Henry County Coroner

## 11. Glossary

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| Age of Consent                                    | The age of consent for sexual activity is sixteen (16).   |
| Children's Advocacy Center (CAC)                  | The Children's Advocacy Center (CAC) model is a child-focused, facility-based program in which representatives from many disciplines -- law enforcement, child protection, prosecution, mental health, medical and victim advocacy - work together, conducting joint forensic interviews and making team decisions about the investigation, treatment, management and prosecution of child abuse cases. CACs are community-based programs designed to meet the unique needs of a community, so no two CACs look exactly alike. They share a core philosophy that child abuse is a multifaceted community problem and no single agency, individual or discipline has the necessary knowledge, skills or resources to serve the needs of all children and their families. They also share a belief that the combined wisdom and professional knowledge of professionals of different disciplines will result in a more complete understanding of case issues and the most effective, child and family-focused system response. The primary goal of all CACs is to ensure that children are not further victimized by the intervention systems designed to protect them. |
| Court Appointed Special Advocate (CASA)           | A volunteer that is a trained citizen who is appointed by a judge to represent the best interests of abused and neglected children in court.  |
| Child   | Any person under 18 years of age for purposes of alleged physical abuse. Any person under the age of 16 years for the purposes of alleged sexual abuse. Any person under the age of 17 for the purposes of lodging jurisdiction in the juvenile court where it is alleged that the child is delinquent.   |
| Commercial Sexual Exploitation of Children (CSEC) | Includes the prostitution of children; child pornography; and other forms of transactional sex where a child engages in sexual activities to have key needs fulfilled, such as food, shelter or access to education. It includes forms of transactional sex where the sexual abuse of children is not stopped or reported by household members, due to benefits derived by the household from the perpetrator.  |
| Eligible deaths                                   | Deaths meeting the criteria for review by a county child fatality review committee including deaths resulting from Sudden Infant Death Syndrome, unintentional injuries, intentional injuries, medical conditions when unexpected or when unattended by a physician, or any manner that is suspicious or unusual.   |
| Forensic interview                                | A neutral, developmentally sensitive, investigative and legally sound method of gathering information regarding allegations of abuse and/ or exposure to violence. Forensic interviewer A professional employed with or contracted by law enforcement, DFCS, district attorney or children's advocacy center to conduct forensic interviews and/or evaluations. Individuals employed or contracted by a CAC must meet Children's Advocacy Centers of Georgia standards governing the work of a forensic interviewer and comport with the forensic interviewing guidelines of the American Professional Society on the Abuse of Children. All forensic interviewers must have had training in a nationally recognized interview technique and routinely participate in multidisciplinary team investigations and/or interventions.   |

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| Guardian ad Litem                                     | A guardian appointed to represent the interests of a child with respect to a single action in litigation   |
| Maltreatment  | Any act or series of acts of commission or omission by a parent or other caregiver that results in harm, or threat of harm to a child.   |
| Multidisciplinary Team (MDT)                          | A multidisciplinary team (MDT) is a public/private partnership between mandated government agencies and professionals from the private sector who work together in a coordinated and collaborative manner to ensure an effective response to reports of child abuse and neglect. The MDT typically includes professionals from law enforcement, child protective services, prosecution, and children's advocacy center, medical, counseling, and related fields for the purpose of investigating crimes against children and protecting and treating children in a particular community. |
| Munchausen by Proxy/Pediatric Condition Falsification | A physician-diagnosed condition in which a caretaker falsifies physical and/or psychological signs and/or symptoms in a victim, causing the victim to be regarded as ill or impaired by others. (See Training section for more information.)   |
| Panel   | The Georgia Child Fatality Review Panel established pursuant to Code Section 19-15-4. The panel oversees the local child fatality review process and reports to the Governor on the incidence of child deaths with recommendations for prevention.   |
| Protocol committee                                    | A multidisciplinary, multiagency child abuse protocol committee established for a county pursuant to Code Section 19-15-2. The protocol committee is charged with developing local protocols to investigate and prosecute alleged cases of child abuse.  |
| Report (Child Fatality)                               | A standardized form designated by the panel, which is required for collecting data on child fatalities reviewed by local child fatality review committees.   |
| Review committee                                      | A multidisciplinary, multiagency child fatality review committee established for a county or circuit pursuant to Code Section 19-15-3. The review committee is charged with reviewing all eligible child deaths to determine manner and cause of death and if the death was preventable.   |
| Sexual exploitation                                   | Conduct by a child's parent or caretaker who allows permits, encourages, or requires that child to engage in: Prostitution, as defined in Code Section 16-6-9; or sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct, as defined in Code Section 16-12-100.  |
| Prostitution  | Performing or offering/consenting to perform a sexual act, including but not limited to sexual intercourse or sodomy, for money or other items of value  |