

Lorain County

Memorandum of Understanding to Address Child Abuse and Neglect (2024-2026)

“Lorain county’s child abuse and neglect memorandum of understanding is a document that sets forth the normal operating procedures to be employed by all concerned officials in the execution of their respective responsibilities when conducting a child abuse or neglect assessments/investigations. The purpose of the memorandum is to clearly delineate the role and responsibilities of each official or agency in assessing or investigating child abuse or neglect in the county. The respective duties and requirements of all involved shall be addressed in the memorandum.”

Per Ohio Administrative Code 5101:2-33-26

Ohio Department of Job and Family Services
LORAIN COUNTY
MEMORANDUM OF UNDERSTANDING TO
ADDRESS CHILD ABUSE AND NEGLECT

Table of Content

- I. **STATEMENT OF PURPOSE** 1
- II. **ROLES AND RESPONSIBILITIES OF EACH PARTICIPATING AGENCY** 2
 - A. CDJFS/PCSA2..... 2
 - B. Law Enforcement..... 2
 - C. Juvenile Court..... 2
 - D. County Prosecutor 3
 - E. County Department of Job and Family Services 4
 - F. Local Animal Cruelty Reporting Agency..... 4
 - G. Children’s Advocacy Center..... 4
 - H. Clerk of County Common Pleas Court..... 5
- III. **SCOPE OF WORK**..... 5
 - A. Mandated Reporters and Penalty for Failure to Report..... 5
 - B. System for Receiving Reports..... 6
 - C. Responding to Mandated Reporters 6
 - D. Roles and Responsibilities for Handling Emergency Cases of Child Abuse, Neglect, and Dependency 7
 - 1. PCSA’s Response Procedure 7
 - 2. Law Enforcement and Kidz First Child Advocacy Center Response Procedure 23
 - 3. Children in Need of Medical Attention Special Response Procedures 34
 - E. Standards and Procedures to be used in Handling and Coordinating Investigations of Reported Cases of Child Abuse and/or Neglect..... 53
 - F. Standards and procedures addressing the Categories of Persons who may Interview the child who is the Subject of the Report and who Allegedly was Abuse or Neglected 54
 - G. Standards and Procedures for Lorain County Children Services Requests for Law Enforcement Assistance 54
 - H. Specialized Investigations or Circumstances 55
 - 1. Out-of-Home Care..... 55
 - 2. Third-Party Investigations 61
 - 3. Child Fatality – Suspected Cause of Death is Abuse or Neglect.. 68
 - 4. Child Fatality – Death of a Child in the Custody of CCCS 75
 - 5. Allegations of Withholding Medically Indicated Treatment from Disabled Infants with Life-Threatening Conditions 75
 - 6. Allegations of Child Abuse and/or Neglect Constituting a Crime against a Child, Including Human Trafficking, and Require a Joint Assessment/Investigation with Law Enforcement..... 82
 - 7. Reports of Cases Involving Individuals who Aid, Abet, Induce, Cause, Encourage, or Contribute to a Child or Ward of the Juvenile Court

	becoming Dependent, Neglected, Unruly, and Delinquent Child..	82
8.	Reports Involving Individuals who Aid, Abet, Induce, Cause, Encourage, or Contribute to a Child or Ward of the Juvenile Court by Leaving the Custody of any Person, Department, or Public or Private Institution without the Legal Consent of that Person, Department, or Institution	82
9.	Receiving and Responding to Reports of Missing Children	82
I.	Standards and Procedures for Removing and Placing Children	83
1.	Emergency	83
2.	Non-Emergency	83
J.	[Optional section]	84
IV.	TRAINING	82
V.	CONFLICT RESOLUTION	84
VI.	CONFIDENTIALITY STATEMENT.....	85
VII.	TERMS AND CONDITIONS AND STATUTORY REQUIRMENTS.....	87
VIII.	SIGNATURES OF EACH PARTICIPATING AGENCY	88

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MEMORANDUM OF UNDERSTANDING TO
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I. STATEMENT OF PURPOSE

This memorandum of understanding (hereinafter MOU) to address child abuse and neglect is required by sections 2151.4220, 2151.4221, 2151.4222, 2151.4223, 2151.4225, 2151.4226, 2151.4228, 2151.4229, 2151.4230, 2151.4231, 2151.4232, 2151.4233, and 2151.4234 of the Ohio Revised Code and section 5101:2-33-26 of the Ohio Administrative Code. It is an agreement among **Lorain County Children Services** and community partners that delineates roles and responsibilities for referring, reporting, investigating, and prosecuting child abuse and neglect cases. The MOU also identifies procedures for collaborative service provisions needed to ensure child safety, permanence, and well-being, and the minimum requirements of screening, assessment/investigation, and service planning, to meet mandates included in children services legislation passed by the 134th Ohio General Assembly. Two primary goals of this MOU are:

- The elimination of all unnecessary interviews of children who are the subject of reports of child abuse or neglect.
- When feasible, conducting only one interview of a child who is the subject of a report of child abuse or neglect.

Throughout the state each County Department of Job and Family Services (CDJFS)/Public Children Services Agency (PCSA) provides the following services to their communities:

Screening: The capacity to accept and screen referrals of suspected child abuse, neglect, and/or dependency includes but is not limited to the following: Receiving referrals 24 hours/day, 7 days/week; Recording and retaining referral information; Following Ohio's screening guidelines based on Ohio Administrative and Revised Code and categorizing the child maltreatment type; Adherence to a protocol for making screening and differential response pathway decisions regarding referrals of suspected child abuse, neglect, and/or dependency within 24 hours from the time of the referral; Documenting case decisions; And assigning a response priority of emergency or non-emergency to any screened in report.

Assessment and Investigation: The capacity to investigate and assess accepted reports of suspected child abuse, neglect, and/or dependency, includes responding to emergency reports within one (1) hour and non-emergency reports within twenty- four (24) hours; Conducting an initial Safety Assessment using a standardized CAPM (Comprehensive Assessment Planning Model) tool within the timeline prescribed in the Ohio Administrative Code; Completing a more in-depth CAPM Family Assessment including a clinical and actuarial risk assessment within forty- five (45) working days with the option of a fifteen (15) day extension for extenuating circumstances as prescribed in the Ohio Administrative Code; Working collaboratively with other investigative agencies when appropriate; Making

traditional response case dispositions within required timeframes; Evaluating the need for protective, prevention, or supportive services and/or court involvement; and documenting all activities and case determinations.

Service Provision: The capacity to provide services that ameliorate, eliminate, or reduce future child maltreatment and the conditions which led to abuse, neglect, or dependency, includes providing service planning and case management coordination; Identifying and stating the concern and behavior change(s) needed for reunification to occur through the use of the CAPM Family Case Plan; Monitoring the family's case progress, measuring service outcomes, re-assessing safety and risk, and evaluating permanency options by using the CAPM Case Review and Semi- Annual Review tools; And adhering to existing visitation, documentation, and case closure protocols.

II. ROLES AND RESPONSIBILITIES OF EACH PARTICIPATING AGENCY

A. CDJFS/PCSA (If a combined agency or stand-alone PCSA)

The **Lorain County Children Services** is the lead agency for the investigation of child abuse, neglect, or dependency in **Lorain County**. The **Lorain County Children Services** will coordinate and facilitate meetings, establish standards and protocol for joint assessment/investigation with law enforcement, cross-referrals, collection of forensic evidence, confidentiality, and training of signatories as required by statute. Child Protective Services staff and management will also participate in meetings and trainings as deemed appropriate at the discretion of the Director.

B. LAW ENFORCEMENT

The County Sheriff and each Chief of the local political subdivisions will have responsibility for: taking referrals/reports alleging child abuse and neglect from any source within their respective jurisdiction; Referring reports to **Lorain County Children Services** as soon as possible for investigation of the circumstances; Determining whether allegations of abuse or neglect rise to the level of criminal conduct; Cooperating with **Lorain County Children Services** in a joint and thorough investigation when the information contained in the report lends itself to allege a present danger; Assisting **Lorain County Children Services** in hazardous situations where the provision of protective services or the investigation of child abuse or neglect is impeded; Coordinating with **Lorain County Children Services** on interviews with principals of the case when there are serious criminal implications; Notifying **Lorain County Children Services** of any legal action involving an alleged perpetrator of child abuse or neglect; Responding to **Lorain County Children Services'** requests for information regarding the status of the legal action; Providing police record checks for **Lorain County Children Services** as necessary or requested as permitted by law; Handling and coordinating investigations involving a child fatality or near fatality which may have resulted from abuse or neglect.

C. JUVENILE COURT

The most senior Juvenile Judge in point of service of the county or their representative, selected by the Judge, if more than one, will be responsible for attending meetings concerning the MOU, entering into agreements with the other signatories of the MOU regarding the court's responsibility to timely hear and resolve child abuse, neglect, and dependency matters, signing the MOU, and updating the MOU or approving any amendment.

The juvenile court has a duty to exercise jurisdiction over adults and children to hear and decide matters as permitted by the Ohio Revised Code Chapters 2151 and 2152. The court is responsible for issuing orders regarding the care, protection, health, safety, mental and physical best interest of children. The Juvenile Judge shall ensure that due process of law is achieved; Hear evidence and issue findings of fact and conclusions of law as to any abused, neglected, or dependent child; Order timely and safe permanency dispositions for children; Preserve the family environment whenever possible while keeping the child(ren)'s health and safety paramount.

D. COUNTY PROSECUTOR

The County Prosecutor shall report suspected cases of child abuse and neglect to **Lorain County Children Services** or appropriate law enforcement agency. The County Prosecutor shall represent **Lorain County Children Services** in legal actions to protect a child from further harm resulting from child abuse or neglect unless the Prosecutor has granted consent for the appointment of an In-house PCSA Attorney pursuant to Ohio Revised Code chapters 309 and 305.

The prosecuting attorney may inquire into the commission of crimes within the county. The prosecuting attorney shall prosecute, on behalf of the state, all complaints, suits, and controversies in which the state is a party, except for those required to be prosecuted by a special prosecutor or by the attorney general. The County Prosecutor is to determine, based upon the facts, whether criminal culpability exists and if enough evidence exists for a matter to be prosecuted. The prosecutor will be available to law enforcement and **Lorain County Children Services** staff for questions or assistance in the investigation of child abuse and neglect cases and eliminate the need for testimony at the municipal court level by allowing for direct presentation to the Grand Jury, when feasible, to minimize trauma to child victims. The prosecuting attorney agrees to aid **Lorain County Children Services** in protecting the confidential nature of children services records and investigations; As well as the special protection afforded to the identity of the reporting source.

E. COUNTY DEPARTMENT OF JOB & FAMILY SERVICES [If not part of a combined agency]

Not Applicable (if selected this section is not relevant.)

If the **Lorain County Job and Family Services** is a separate agency from **Lorain County Children Services** employees within the county agency are expected to report suspected cases of child abuse and neglect to **Lorain County Children Services** or appropriate law enforcement agency upon receipt; Collaborate with **Lorain County Children Services** to assist families in caring for their children; Assure that children at risk of abuse and neglect receive protective services; Assure service coordination for families already involved with the **Lorain Children Services**; Promote ongoing communication between **Lorain County Job and Family Services** and **Lorain County Children Services** regarding mutual clients, including minors under the protective supervision or in the custody of the Agency and/or minor parents; Assist **Lorain County Children Services** upon request in obtaining case or assistance group information regarding a family when the **Lorain County Children Services** is assessing Title IV-E eligibility or completing an assessment/investigation of a child at risk or alleged to be abused; Assist **Lorain County Children Services** in obtaining addresses and attempts to locate parents whose whereabouts are unknown, pursuant to OAC 5101:2-33- 28; And where applicable and permitted assist **Lorain County Children Services** in locating suitable relatives or kin that may be available as familial support for the child(ren) or as a placement option. (*See full LCJFS/LCCS MOU as attachment A)

F. LOCAL ANIMAL CRUELTY REPORTING AGENCY

The local animal cruelty reporting agencies are to investigate reports of animal abuse and neglect within the county and, pursuant to ORC 2151.421, report suspected cases of child abuse and neglect that may be observed during the commission of their duties to **Lorain County Children Services** or local law enforcement. The local animal cruelty reporting agencies are to utilize the Humane Agents authorization to remove children under emergency circumstances, if necessary. In those circumstances, they are to coordinate efforts with **Lorain County Children Services** and local law enforcement as soon as possible.

G. CHILDREN'S ADVOCACY CENTER

The Children's Advocacy Center (CAC) will establish internal protocols regarding the investigation of CAC cases, participate in training as needed, work jointly and cooperatively in their established role with the other team members in the investigation of CAC cases, and attend and exchange.

information when meeting with **Lorain County Children Services**, law enforcement, and other signatories of this agreement. (See full CAC MOU as attachment E)

H. CLERK OF COUNTY COMMON PLEAS COURT (Optional per statute)

Not Applicable (if selected this section is not relevant.)

The Clerk of County Common Pleas Court will collaborate with **[Enter the name of the CDJFS/PCSA here]**, County Prosecutor, and local law enforcement to establish standards and processes for the filing and acceptance of abuse, neglect, and dependency pleadings; Notice to the necessary parties; Service of process; How to send and receive communications from the Clerk; Defining acceptable methods of communication; Best practices for handling emergency/ex parte motions and orders which require the removal of children and need to be acted upon in an expeditious manner; Date and timestamp process and any cut-offs; Determine how and when to expect decisions or entries to be communicated; Provide periodic training for those involved in the investigation of child abuse and neglect and the signatories of this MOU; Be available to **Lorain County Children Services** management staff or the Prosecutor should questions arise.

III. SCOPE OF WORK

The key objective of this MOU is to clearly define the roles and responsibilities of each agency in the provision of child protective services.

A. Mandated reporters and penalty for failure to report

Persons identified as mandated reporters per Ohio Revised Code section 2151.421, while acting in official or professional capacity, shall immediately report knowledge or reasonable cause to suspect the abuse or neglect of a child in accordance with that section. Reports shall be made to **Lorain County Children Services** or a law enforcement officer.

The penalty for the failure of a person required to report any suspected case of child abuse and/or neglect pursuant to ORC section 2151.421 shall be a misdemeanor of the fourth degree. The penalty is a misdemeanor of the first degree if the child who is the subject of the required report that the offender fails to make suffers or faces the threat of suffering the physical or mental wound, injury, disability or condition that would be the basis of the required report when the child is under the direct care or supervision of the offender who is then acting in the offender's official or professional capacity or when the child is under the direct care or supervision of another person over whom the offender, while acting in the offender's official or professional capacity, has supervisory control. Failure to report suspected child abuse and/or neglect may also result in civil liability in the form of compensatory or exemplary damages.

Please see attachment "Memorandum of Understanding" for procedure on reporting suspected failure to report to County Prosecutor or City Law Director as appropriate.

B. System for receiving reports.

Reports of child abuse or neglect shall be made to **Lorain County Children Services** or any law enforcement officer with jurisdiction in **Lorain County**. If **Lorain County Children Services** contracts with an outside source to receive after-hour calls, a copy of the signed agreement shall be attached to this MOU (Appendix A) which indicates that all reports with identifying and demographic information of the reporter and principals will be forwarded to a designated children services worker within an hour of receipt, confidentiality requirements will be met, and how the public is informed of after-hours reporting opportunities.

Lorain County Children Services has staff available to receive reports by telephone on a 24-hour a day, seven days a week basis.

Regular Hours: 8 AM – 4:30PM, Monday – Friday (excluding holidays)

Regular Telephone Number 440-329-5340

After Hours, Holidays, weekends and emergency office closings, contact may be made by calling:

Child Abuse After Hours Line: 440-406-5121

When a law enforcement officer receives a report of possible abuse or neglect of a child or the possible threat of abuse or neglect of a child, the law enforcement officer shall refer the report to the appropriate PCSA unless an arrest is made at the time of the report that results in the appropriate PCSA being contacted concerning the alleged incident involving the child.

When **Lorain County Children Services** screens in a report of child abuse, **Lorain County Children Services** shall notify the appropriate law enforcement agency of the report, unless law enforcement is present, and an arrest is made at the time of the report that results in the appropriate law enforcement agency being notified of the child abuse.

When **Lorain County Children Services** screens in a report of child neglect, and an active safety threat is identified within the first seven days of the assessment/investigation, **Lorain County Children Services** shall notify the appropriate law enforcement agency within the first seven days of the assessment/investigation. Unless an arrest is made at the time of the report that results in the appropriate law enforcement agency being notified of the child neglect.

C. Responding to mandated reporters

When **Lorain County Children Services** receives a referral from a mandated reporter who provides their name and contact information, **Lorain County Children Services** shall forward an initial mandated reporter notification to the referent within seven days. The notification will be provided, in accordance with the mandated reporter's preference. Information shared with the mandated reporter shall include the information permitted by ORC 2151.421(K):

- Whether the agency or center has initiated an investigation of the report;
- Whether the agency or center is continuing to investigate the report;

- Whether the agency or center is otherwise involved with the child who is the subject of the report;
- The general status of the health and safety of the child who is the subject of the report;
- Whether the report has resulted in the filing of a complaint in juvenile court or of criminal charges in another court.

When **Lorain County Children Services** closes an investigation/assessment reported by a mandated reporter, **Lorain County Children Services** shall forward an outcome mandated reporter notification to the referent. The notification will be provided in accordance with the mandated reporter's preference. Information shared with the mandated reporter shall be that permitted by ORC 2151.421 to include a notification that the agency has closed the investigation along with a point of contact.

D. Roles and responsibilities for handling emergency cases of child abuse, neglect, and dependency.

1. PCSA's Response Procedure

When **Lorain County Children Services** determines that a report is emergent, **Lorain County Children Services** shall attempt a face-to-face contact with the child subject of the report/ alleged child victim within one hour of the receipt of the report.

If **Lorain County Children Services** identifies an active safety threat at any point during the assessment/investigation, the caseworker or supervisor shall implement a safety response.

The following procedures address Safety Planning and Removal

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PROCEDURE NAME:	SUPERVISOR RESPONSIBLE	UNIT:
Safety Plan	Christina Turcola	Direct Services

I. PROCEDURE SUMMARY

Providing for a child's safety is a foremost consideration. The agency's commitment is to find a way to do so, immediately, and in the least disruptive way when a child is deemed to be at imminent risk of harm. There are situations in which the immediate response to a child's safety needs requires a legally authorized out-of-home placement. At other times, a child's safety needs may be met through the utilization of a Safety Plan. The purpose of this procedure is to outline the steps for utilization of a written Safety Plan.

II. PROCEDURE STEPS

1. Caseworkers should carry blank ODJFS Safety Plan forms (JFS 011409) with them when meeting with families and children or complete the form in SACWIS before going out since the form looks different in SACWIS. Whenever it seems that there is imminent risk to a child, efforts should be made to immediately implement a Safety Plan.

2. To determine the degree of intervention needed, the worker is to:
 - (a) assess active safety threats
 - (b) consider the type, frequency, and degree of maltreatment to which the child is being subjected;
 - (c) assess the family's history of CA/N resulting in any serious harm;
 - (d) determine the level of vulnerability of the child based on: age, physical, intellectual and social development, behavioral challenges, ability to self-protect, and role the child plays in the family;
 - (e) assess the ability and willingness of the adults in the home to protect the child, based on: history of assaultive behavior, intellectual, physical, psychological impairment of adults in the household which may interfere with care of the children, and alcohol/substance abuse by adult members or children in the household;
 - (f) determine the level of access of the perpetrator; and
 - (g) identify extended family members, family friends, and community resources that can be mobilized to develop and implement the Safety Plan.

3. If, after the assessment of safety or re-assessment of safety, the response is to implement an in-home Safety Plan or an out-of-home Safety Plan, the caseworker shall utilize the JFS 01409 "Comprehensive Assessment and Planning Model – I.S., Safety Plan for Children" (rev. 2/2006). This form can be found in the top "forms" drawer under the Supervisor mailboxes and is on NCR paper so that copies can be left with the parent and other person who signs the plan. The information from this form must be entered into SACWIS under Safety Plans within 3 working days. Every Safety Plan must be linked to a Safety Assessment or Safety Re-assessment in SACWIS (depending on where in the life of the case the Safety Plan is needed.)

Examples of situations that may require Safety Plans include but are not limited to:

- Physical or sexual abuse and the perpetrator is in the home and suitable relatives are available to provide a safe home for the child.
- Young child or infant suffers a serious injury and the origin of the injury and the AP are unknown or the explanation for the injury is inconsistent with the injury itself.
- Infant tested positive at birth and will require additional care and supervision upon release from the hospital. Mother will not be allowed unsupervised access to the infant.
- Housing is unavailable or unsafe. Children must reside in an out-of-home setting agreed upon by parent and may not return to the uninhabitable residence.

- Domestic violence in the home requires the children to reside elsewhere while parent stabilizes.
- Substance use of parents putting children at risk.

4. If, after the assessment of safety, the safety response is to remove the child from the caregiver's custody, the caseworker shall contact law enforcement and/or remove the child following the Removal From the Home procedure. Completion of the JFS 01409 (Safety Plan form) is not required for a legally authorized out-of-home placement safety response.

5. When developing the Safety Plan, the caseworker shall consider, at a minimum, all of the following:

- (a) How to involve the parent(s), guardian, or custodian, extended family, neighbors, friends, and community resources.
- (b) How to utilize the least restrictive and least disruptive strategies to control safety threats while securing the safety of the child.
- (c) Which methods will be utilized for receiving information from other involved persons or agencies that are assisting in monitoring the Safety Plan.
- (d) How the caseworker will monitor the Safety Plan.

6).The Safety Plan shall cover all these areas:

- (a) The description of the safety threat clearly identifies what the child is being protected from.
- (b) The activities should control the safety threat and are part of the plan.
- © The monitoring plan .

6. As applicable, the caseworker and the parent, guardian, or custodian shall jointly identify each individual or community resource responsible for conducting an action step specified on the Safety Plan and agree to the participation of that individual or community resource (babysitter, grandmother, neighbor, etc.) on the Safety Plan. The person responsible to assure the plan is followed should not be the alleged perpetrator or a parent. If a parent is capable of maintaining the child's safety then a safety plan does not need to be implemented.

7. When LCCS establishes an out-of-home safety plan with a family, the proposed caretakers of the children should be evaluated in terms of their ability to safely care for the children. Prior to or concurrent with the finalization of the plan, the Caseworker, in collaboration with Administrative Assistant/AA or other agency personnel, will check SACWIS history of proposed caretakers, run local background checks through Ohio Court Network on adults residing in the home of the proposed caretakers, and complete an environmental safety inspection of the caretaker's home to ensure that the home is safe.

8. When deciding on the Responsible Person please consider the following factors:

- a. Are the responsible persons identified willing to assist in safety planning within the home or out of the home?
Have the parent's previous involvement with these responsible persons influenced the responsible person's willingness to provide support to the family For example, parents have a history of abusing drugs and relatives are fed up with the behavior.
- b. Do they have the ability to stay in the family's home?
- c. How frequently or how long are the responsible persons willing to stay in or visit the home?
- d. Are the responsible persons capable of implementing the safety plan activities to control the safety threat?
- e. Do they have a history of child abuse and neglect?
- f. Do they have a history of arrests or criminal activity?
- g. Are the responsible persons supportive of the parent(s) and child?

- h. Do the parents see extended family members as supportive and helpful?
 - i. Do the parents want them involved with their case/family?
 - j. What are the conditions of their home environment?
Who resides in their home?
 - k. What is their relationship with the parents and children?
 - l. Do they have a conflictual relationship or pattern of demeaning the parent(s) or child?
 - m. Do the relative/kin show fear of the parents?
9. The caseworker must obtain signatures on the Safety Plan from the parent who holds custody unless parents are married, the current guardian, or custodian and all persons responsible for a Safety Plan action step indicating their willingness to participate in and follow the Safety Plan.
 10. The caseworker must implement alternative safety interventions when a parent, guardian, or custodian or responsible person is unwilling to sign the Safety Plan. For example, a parent will allow their children to stay with an appropriate relative for their safety but refuses to sign the safety plan form. This is not ideal, but it is an alternative to a formal safety plan. The caseworker should consult with their supervisor regarding this type of arrangement. A verbal plan should be followed up with a letter detailing the agreement including the concern, activities, monitoring the plan and the outcome if the plan is not followed.
 11. If the parents of the child are married or if the parents of the child are divorced and a court has issued an order of shared parenting, the caseworker shall obtain agreement and signatures from both parents.
 12. If verbal authorization is obtained, the caseworker shall complete an extension and attempt to obtain the signatures on the safety plan (JFS 01409) within five working day from receipt of the verbal authorization. All attempts to obtain the signature(s) and the reasons why the signature(s) cannot be obtained shall be documented in the activity log.
 13. If the signature of the parent, guardian, or custodian is not obtained by the expiration of the extension, the Safety Plan shall be discontinued and other safety interventions shall be implemented, ie legal intervention. Documentation of the attempts to obtain the signature of the parent, guardian, or custodian shall be recorded in the activity log. Safety plans should always be in writing unless replaced by a legally authorized safety plan. If the signature of a person responsible to monitor and assist with the safety plan follow through is not obtained, the worker must consult with their supervisor to re-evaluate and potentially rewrite the safety plan.
 14. The signature of a custodial parent, legal guardian, or legal custodian may be waived if the person is unable or unavailable to sign the safety plan and if the signature has already been obtained from another custodial parent, legal guardian, or legal custodian. The reasons why the signature cannot be obtained shall be documented in the activity log.
 15. A supervisor's signature is required to be on the Safety Plan.
 16. The safety plan shall be entered into SACWIS within three (3) working days from the date the first signature is obtained.
 17. The caseworker should review the contents of the safety plan with the parents and the responsible parties at HVs to assure the plan is understood and is being followed. During HVs with the responsible parties, the caseworker should share relevant safety information such as parents testing positive for drug screens.

18. The caseworker shall monitor Safety Plans to ensure that the action steps are controlling the identified safety threats. The monitoring plan requires the following:
 - a. To monitor an in-home Safety Plan, the caseworker shall conduct weekly home visits. During the home visits, the caseworker shall make face-to-face contact with each child identified on the safety plan and each parent, guardian, or custodian residing in the home and the listed as a responsible person.
 - b. To monitor an out-of-home Safety Plan, the caseworker shall have weekly contact with the children or persons responsible for an action step either by telephone or face-to-face. The caseworker shall have face-to-face contact with each child, parent, guardian, or custodian and responsible involved every other week.
 - c. To monitor a legally authorized out-of-home placement safety response see the Face to Face for Non-Custody Cases and the Face-to-Face Contact for Children in Custody procedures.

19. When a caseworker attempts face to face contact with one of the parties (Child, Responsible Party, parent(s)) on the safety plan and this attempt is unsuccessful, the caseworker will do the following:
 - a. Attempt phone contact with the party that same day, if successful with making contact schedule to come out to make face to face contact that same day or the next working day.
 - b. If phone contact has not been successful, attempt another face-to-face contact within three working days.
 - c. If face to face contact is still not successful leave a letter for the party letting them know that you are trying to make contact. Inform caseworker's supervisor (or interim supervisor) about inability to make contact.
 - d. Consult with the APA if the caseworker does not receive any response to the letter within three working days.

If it is a child that the caseworker is not able to make face to face contact with the caseworker and supervisor should determine how often they need to try to make face to face contact (but no less than every 3 working days) based on the specifics of the case and the level of risk the child is believed to be at.

20. If the caseworker learns that a safety plan has been broken, they should gather all pertinent information, discuss this with their supervisor, consult with the APA and document the information in the activity log.

21. When the caseworker determines that a safety threat is no longer active or is being controlled through the family's protective capacities and the child is no longer in immediate danger of serious harm, the Safety Plan shall be discontinued. The caseworker shall notify the parent, guardian, or custodian and each responsible party in writing within two working days of the discontinuation of the Safety Plan.(See template letter in Word: Letter Terminating Safety Plan)

22. If the Safety Plan is modified, the signatures of all participants on the modified Safety Plan prior to its implementation shall serve as notification.

23. The caseworker shall not close a case if an active Safety Plan exists.

24. The caseworker shall maintain the Safety Plan in the Risk Assessment Section of the case record with the most recent on top.

25. The Safety Plan and its effectiveness should be evaluated at major decision-making points in the case process and at the Case Review and SAR.

III. RESPONSIBILITIES

Each unit supervisor is to assure workers use Safety Plans effectively and review them as appropriate. Direct Services workers are responsible for addressing child safety in the least restrictive manner whenever possible. Direct Service workers should be familiar with Safety Planning and use it appropriately as needed. The Direct Services worker and/or the Direct Services Unit AA is responsible for entering the Safety Plan information into SACWIS.

IV. ASSOCIATED FORMS/INFORMATION

Templates cannot be hyperlinked. Use "File" and "New" and "On my computer" and "LCCS" to access templates.

- Safety Planning TA Document
- Form 01510 ODJFS--NCR form and SACWIS.
- Safety Plan template for when SACWIS is down.
- Letter--Safety Plan Termination (form)
- Letter – Safety Plan Termination (template)
- Environmental Checklist (template and form)

Procedures:

- Conducting Assessments and Investigations
- Face to Face Contact for Non-Custody Cases
- Face to Face Contact for Custody Cases
- Removal From the Home
- Family Team Meeting

OAC Rules

- Rule Cite OAC 5101:2-34-37 PCSA requirements for completing the ODJFS 01510, "Family Assessment and Planning Model; Safety Plan for Children."
- OAC 5101:2-37-01 PCSA requirements for completing the safety assessment.
- OAC 5101:2-39-03 Emergency removal of a child from an out-of-home care setting
- OAC 5101:2-38-05 PCSA case plan for children in custody or under protective supervision
- OAC 5101:2-38-09 PCSA requirements for completing the case review.

Procedure Section Code:	Direct Services	
Date Approved: Revision Dates:	11/25/97 11/25/98, 2/02, 2/03, 2/04, 8/04,6/06, 9/07, 3/08, 3/09, 4/10, 4/11, 4/12, 2/13, 9/15, 4/17, 2/20, 2/23	Kristen Fox-Berki, MSSA, LISW-S
		Kristen Fox-Berki MSSA, LISW-S
Next Review Date:	2/2025	

PROCEDURE NAME:	SUPERVISOR RESPONSIBLE	UNIT:
Removal from the Home	Michelle Hunt	Direct Services

I. PROCEDURE SUMMARY

Removing a child from the home and placement into LCCS custody can be a traumatic and life altering experience for both the child and the family. Because of the risk of trauma to the child, the agency makes "reasonable efforts" to prevent removals when possible. Reasonable effort is defined as including:

1. Assessment of risk and safety to child if the child remains in the home vs. risk of trauma if removed.
2. Determining child and family needs to reduce the risk to a satisfactory level.
3. Identifying and providing or referring for needed and available services, creating options based on alternatives identified by the family.

Only when the worker has examined and exhausted viable options, or the Court orders that reasonable efforts are not necessary, does the agency petition the court to grant custody to the agency in order to remove the child from the home. The determination to do so may be made upon entering the home in response to a report or after weeks and months of working with the family to ameliorate the problems which caused the family's involvement with LCCS. The determination of reasonable efforts is contingent upon the availability of supportive services in the community, system supports of the extended family unit or the opportunity for the agency to provide reasonable efforts. Definition of Kinship Caregiver is grandparents (including great, great-great, great-great-great); Siblings; Aunts; Uncles; Nephews; Nieces; First Cousins once removed; Stepparents, Stepsiblings; Spouses; Former Spouses; and any nonrelative adult that has a familiar and long-standing relationship or bond with the child or family, which relationship or bond will ensure the child's social ties.

II. PROCEDURE STEPS

Removal:

1. A removal from the home via a petition to the court to grant custody to the agency should be made when the level of risk to the child is such that the child is in danger if the child remains in the home and one or more of the following exist:
 - a. The primary caregiver and adults in the household cannot be located nor can a safety plan be implemented.
 - b. The child's and extended family's heritage has been determined and the child is not of Indian Heritage.
 - c. There are no appropriate alternatives expressed by the family, which are realistic and immediately accessible.
 - d. There are no services immediately accessible which would reduce the risk making the children safe and keeping the family intact.
 - e. The agency has documented the family's unwillingness to participate in the case plan over an extended period, and risk is unable to be reduced.
2. When the worker and supervisor begin to discuss the need for custody to LCCS, emergency or planned, the Custody Review Team (CRT) Request Form should be completed and given to the designated CRT representative for a CRT planning meeting to be scheduled. Follow the CRT procedure for this. The CRT must authorize all non-emergency custody requests to LCCS and review all emergency LCCS custody requests. A Family Team Meeting must be held or attempted prior to removal and the Family Contacts form must be updated. All known relatives/interested third parties, should be pursued, or ruled out.

3. Other resources to locate family members include emergency contact forms from schools, day cares, and doctors. Workers should also cross reference LCCS records, , and communicate with the ODJFS worker assigned to the family. Workers and Administrative Assistants should become familiar with internet searches such as Accurant, Truepeoplesearch, Ohio Court Network (OCN)and those on the Diligent Search Tools located on SharePoint.
4. When the child is a member of an American Indian tribe, the worker must contact and collaborate with the tribe. In order to remove an American Indian child from his parents, a qualified witness (agency personnel or community service provider who can be qualified an expert witness by the court) must testify that serious emotional or physical harm is likely to occur if the child remains in the parents' custody.
5. Prior to the court hearing regarding custody to LCCS and the children's' removal from the home, the worker should discuss with the parents the reason for the request to remove the children from their care, their rights, the legal process including the name and phone number of the court employee who will provide the appointment of counsel to the parents, the location and time (if known) of court hearings, and what placement will mean to them and to the children. The worker should work with the parents in understanding how to reduce the concerns the children will have about not living with the parent and instruct the parents on ways to make the process less disruptive to the children.
6. If there is domestic violence in the home and the perpetrator has access to the adult victim, ensure that safety planning for the adult victim is done by working closely with Genesis House's staff and identified supportive people, (friends, family, etc.) who can provide safety and support to the adult victim after the children are removed.

Emergency Placement Planning

1. In emergency situations requiring placement in relative or interested third party settings where the agency holds custody of the child, the designated supervisor/caseworker must access a LEADS report at the Lorain County Sheriff's Department and the worker must conduct an emergency environmental safety check prior to placement of the child/children. The LCCS staff with LEADS access are: all Direct Services Supervisors, Direct Services Administrative Assistances Cheryl Morris and Jennie Cortes. A LEADS request may be made via phone call to the Records Officer at the LCSO. The LEADS information will be disseminated over the phone, but an agency representative must go to the Sheriff's Office ASAP during regular business hours in order to take possession of the document(s).
2. The following process pertains when a LEADS check is requested:
 - a. The DS Caseworker will complete the Placement and Leave Form and route this to CQI (Michelle Kundtz & Jennifer Scanlan).
 - b. The CQI designee will e-mail the fingerprint group (Primary Jennie Cortes, Stephanie Gunnoe, Karen Strader, Backup-Margi and Evelisse,) the "Due by" date for the relative/non-relative caregiver to be fingerprinted. (This date is 15 calendar days from the LEADS check date including the day of the check. The date of the LEADS check should coincide with the date of the ETC.
 - c. CQI will set up a reminder in Outlook that will go out on the 10th and 15th day to the Fingerprint Group, the assigned DS Caseworker and the DS Supervisor reminding them that the relative caregiver still needs to come in to be fingerprinted.
 - d. When the DS Caseworker receives this reminder, they will contact the relative caregiver to remind them that they still need to come into the office for these fingerprints.
 - e. Once the relative/non-relative Caregiver calls to make an appointment with Stephanie Gunnoe or Jennie Cortes or Karen Strader and comes in to be fingerprinted, the person doing the fingerprinting will send an e-mail to the Fingerprint Group, the DS Caseworker, DS Supervisor, Michelle Kundtz and Jennifer Scanlan notifying them that the fingerprints have been completed. This person will also let the Caseworker know the outcome of that request.
 - f. If, after 15 days, the relative/non-relative has not come in to be fingerprinted the Direct Services Caseworker will be in contact with the relative to stress that the home study process can not be completed without this step and to schedule a date for them to come in.

If the relative still does not come in there will be a conference between the DS Caseworker and Supervisor to discuss next step (removal of the child(ren) from the relative home).

3. In addition to the LEADS check the following activities are also required when placing a child on an emergency basis:
 - a. Check the LCCS's records and SACWIS for the prospective caregiver and others residing within the home.
 - b. Provide the prospective caregiver with the Criminal History Information and Conviction Statement (Kinship Home Evaluation) document so the caregiver can make arrangements to submit fingerprints within 15 calendar days from the date of placement.
 - c. Make a referral for a Prospective Caregiver Home Evaluation.
 - d. Provide the prospective caregiver with known information regarding educational, medical, childcare, and special needs of the child including information on how to access support services to meet the needs of the child. (ICCA). The ICCA shall be signed by all parties and a copy provided to the substitute caregiver within 7 calendar days of an **EMERGENCY PLACEMENT**.
 - e. Provide the prospective caregiver with the following information:
 - i. How to apply for Ohio works first (OWF) child-only financial assistance and Medicaid coverage.
4. The worker or supervisor, will contact the APA representing LCCS who will then complete the paperwork necessary to request:
 - a. Emergency Temporary Custody (ETC) which is necessary when the agency has determined that the child would be in danger without immediate removal from the home.
 - i. After hours, ETC can only be obtained by the supervisor or the on call prosecutor phoning the magistrate directly. If an after hours ETC is obtained, the prosecutor's office should be notified by and LCCS representative at the time of the ETC or at the very latest by 8:30 a.m. the next working day.
 - ii. After the ETC is granted, the worker must provide the needed information to the APA assigned to the case and complete the necessary court paperwork (Shelter care notices, Affidavit, Complaint, GAL appointment letters, etc.)
 - b. File a motion in Domestic Relations Court for PDIO requesting T.C. to LCCS.

Emergency Removal of a Child from Substitute Care Placement.

1. Emergency removal of a child from a substitute care setting shall be considered necessary if it is determined the child is in immediate danger of serious harm and in need of protection from child abuse or neglect or the presence of the child in the substitute care setting places another child in the substitute care setting in immediate danger of serious harm.
2. If a child in the custody of LCCS is removed from a substitute care setting, LCCS Caseworker shall provide the child; if age and developmentally appropriate, and parent, non-custodial parent, guardian, or custodian; substitute caregiver; and guardian ad litem with the following information verbally and in writing within twenty-four hours.
 - a. Reason for emergency removal.
 - b. LCCS name, telephone number, address, and name of Direct Services Caseworker/Supervisor to contact regarding the case.
 - c. Date, time and place of court hearings, as applicable.
3. If emergency removal of a child occurs and attempts to notify the parent, non-custodial parent, guardian, or custodian; substitute caregiver; and guardian ad litem pursuant to paragraph (B) of this rule are unsuccessful, LCCS shall provide written notice no later than the next business day.
 - a. LCCS shall complete an amendment to the case plan in accordance with rule 5101:2-38-05 or 5101:2-38-07 of the Administrative Code upon removal of a child from a substitute care setting. See Case Plan Procedure for details.
 - b. LCCS Caseworker shall document all activities and notifications required by this rule in the case record.

Non Emergency Placement Planning

1. When considering placement in a relative or interested third party homes and LCCS has requested or obtained custody of the child, the worker must ensure that Home Evaluations which include BCII, FBI, and local background checks are completed for the prospective caregiver who will be accepting care and/or custody of the children and any adult residing in the caregiver's home.
2. Check the LCCS records and SACWIS for the prospective caregiver and others residing within the home.
3. Provide the prospective caregiver with known information regarding educational, medical, child care, and special needs of the child including information on how to access support services to meet the needs of the child (ICCA). **NON EMERGENCY PLACEMENTS** the ICCA shall be signed by all parties and a copy provided to the substitute caregivers **PRIOR** to placement not the day of placement.

Emergency and Non Emergency Placement Planning

1. The worker and supervisor will, together, determine the safest and least traumatic way to remove children from the home. The worker must consider safety needs of all involved, including the worker, and contact law enforcement for support if there are safety concerns. The worker should involve the parents, if possible and appropriate, in assuring the children are made aware of the reasons for the removal and the process that will follow. If
 - a. The parents refuse entry to the home or access to the child.
 - b. The parents become aggressive or resistant to the custody proceedings; or
 - c. The safety of the child or the worker is jeopardized,
 The worker will notify the appropriate local law enforcement department immediately and coordinate investigation and removal of the child with them.
2. If the removal was an emergency, the worker should provide the parents verbally and in writing at the time of removal or within 24 hours, the completed Notice of Ex Parte form that includes:
 - a. The reason for the ETC;
 - b. The date,time and place of the court hearings;
 - c. Methods to contact the worker (phone number's, agency address, etc.)
 - d. Name and phone number of court personnel who can provide the appointment of legal counsel; and,
 - e. Planning for visitation (provide parents with the Visitation Pamphlet found in the placement packet and follow LCCS procedure "Visitation"). At that time, the worker should provide or attempt to provide the parents with copies of the ex-parte court order if the children were removed by ETC.
3. Whenever possible, "pre-placement" visits should occur. Pre-placement visits may include spending part of a day, an overnight, or a weekend with a prospective caregiver.
4. The worker should attempt to obtain as much medical (any current concerns, needs, and appointments), therapeutic (name and phone number of counselor, current psychiatric information), emotional (personality, etc.), daily routine, and other important information about the child as possible e.g.: eating, sleeping, medications, favorite toy, etc to share with the substitute caregivers upon placement. This can best be accomplished by completing the placement forms available in the agency placement packet as identified on the placement checklist. The caseworker must ensure that needed medication and medical equipment accompany the child or are obtained ASAP. Medication chain of custody form will be utilized from parent to caregiver. When the child requires medication or medical equipment, the caseworker must instruct the caregiver to follow the procedures for storage and administration of the medication and/or use of the equipment.
5. Children who are in LCCS custody must be accompanied by an LCCS case worker in the following instances:
 - a. Pre-placement visits,
 - b. Placement outside the family home, and
 - c. Whenever a child changes placement. If the move is for respite purposes, the child may be accompanied by a foster parent, other agency employee, or person approved by the LCCS caseworker.

Placement

1. There are separate placement packets for LCCS foster homes and relative and interested third party homes. Each packet contains vital information, including the Individual Child Care Agreement (ICCA), that is important to the caregiver and to the agency and must be reviewed and completed carefully. The ICCA needs to be completed each time a child is placed in a substitute care setting, including a Children's Residential Center (CRC). The ICCA shall be signed by all parties and a copy provided to the substitute caregiver within 7 calendar days of an **EMERGENCY PLACEMENT**. If the placement is a **NON EMERGENCY PLACEMENT**, the ICCA shall be signed by all parties and a copy provided to the substitute caregivers **PRIOR** to placement not the day of placement. An ICCA is not required for temporary leaves (respite, hospital stay, or detention home stay which are direct placements ordered by the court). **Turning Point is a placement**. If a child's stay is going to be 15 days or longer at a hospital, or detention facility than an ICCA will need to be completed (because those situations will be considered a placement) so the placement form will need to be filled out. The detention facility or hospital may not sign the ICCA so the caseworker should document the refusal on the signature page. For the Detention Home Placements attempt to obtain the signature from the Superintendent of the DH. Prior to placing a child, obtain the appropriate "placement packet" located in the work station file cabinet by the big kitchen.
2. When removing a child several things should be considered when selecting an alternative caresetting:
 - a. That caregivers are, whenever possible, relatives or interested third parties who have a relationship with the child;
 - b. That siblings are placed together. Exceptions to this would be:
 - i. Cases where the siblings are involved in a dangerous, unhealthy or abusive relationship and placement is the same caresetting would put one or both siblings at risk of harm;
 - ii. Cases where siblings are separated due to lack of a substitute caregiver willing or able to accept placement of a sibling group; or
 - iii. A suitable paternal relative or father is not related to all of the siblings and is unwilling or unable to take the sibling group.

These exceptions and the explanation that efforts were made to keep the sibling group together and why the efforts were unsuccessful must be documented by the FBC Placement Worker in the case record Activity Log and the Case Plan Section 5 by the assigned Direct Services Worker.
 - c. That caregivers are able to provide for the child's basic, special and medical needs; and allow the children to maintain cultural connections;
 - d. That the caresetting is in close proximity to the child's family;
 - e. That the caresetting is in close proximity to the child's original school;
 - f. That we have explored the possibility of American Indian Heritage and followed the American Indian Children Entering the Child Welfare System procedure if applicable.
 - If the child is part of an Indian tribe, the worker would work closely with the identified tribe to identify options within the tribal community. All possible tribal families should be considered.
 - Per ICWA, foster care preference is:
 - extended family
 - tribal members
 - tribal licensed foster home
 - institution approved or licensed by the tribe
 - The worker must document efforts to follow ICWA requirements for placement of an American Indian child.
 - g. That special attention is provided to cases involving sexual abuse including:

- i. Ensuring that no child is placed in an alternative care setting where an adult or juvenile sex offender is known to reside regardless of whether treatment has occurred;
 - ii. Ensuring that no child who has been sexually abused is placed in an alternative care setting where the caregivers are unwilling or unable to participate in treatment (including individual therapy, family therapy, and safety planning);
 - iii. Ensuring that if a child is placed in an alternative care setting with another child who has been sexually abused (including a sibling of the child), that all treatment issues have been or will be effectively addressed by the entire family system.
 - iv. Assisting in the coordination of treatment services and following up with the child, the family and service providers at least monthly to ensure attendance, participation and progress in treatment.
 - h. Whether the child is involved with and may need LCBDD services.
 - i. Whether the child has been adjudicated delinquent for specified violent crimes and caregiver and school system notification requirements apply per O.A.C. Rule 5101:2-42.90 Information to be Provided to Caregivers, School Districts and Juvenile Courts; Information to be Included in Individual Child Care Agreement.
3. Once a home is identified, the worker will make arrangements to move the child to the substitute caregiver's home by contacting the parties involved. The worker and supervisor should determine with the substitute caregiver what information will be provided to the parents regarding the location of the home. The worker must discuss with the foster parents/caregivers their wishes about the release of their addresses and phone numbers. Do not give this information to the parents without the foster parent's/caregiver's permission. However, discuss with them the child's need to have contact with family members through visitation and phone calls, and to be prepared to participate in the planning for these contacts. Consideration must be given to the safety and well-being of both the child and the substitute caregivers. Visitations should be arranged between the parent(s) and child(ren) within the first week (7 working days) of placement.
4. Provide each child with an agency supplied duffel bag or suitcase if they do not have one provided for them. Do not allow the child to have their clothing and personal items put in trash bags.
5. To prepare the child for his removal from the home and to assist the child in making the transition to the new placement, the following must be addressed:
 - a. Let the child know that he has to be removed from the home and tell the child why in terms the child will understand.
 - b. Let the child know he won't be left alone - tell the child when and how the worker can be contacted.
 - c. Give the child the worker's card with after hours #'s and the best times to call during the day. Don't make any statements about when the child will return home- make no promises that can't be kept.
 - d. Discuss with the child how he can maintain contact with his family or tribal community, if an American Indian child.
 - e. Ask who the child would like to call, write, or visit; get phone numbers and addresses of those individuals.
 - f. Talk about where the child will go - how many other children, pets, where the child will sleep, names of the caregivers, family members, and where the family lives.
 - g. Tour the new home with the child.
 - h. Talk about the school the child is leaving and the school the child will attend. Does the child need anything picked up at the old school? If so, make certain these items are retrieved.
 - i. Explain the "Child's Rights" pamphlet found in the placement packets.
 - j. Talk to the child about his religious or spiritual beliefs. Children should be free to express and practice their religious or spiritual beliefs so long as doing so does not

jeopardize the safety or well-being of the child. It is important that the religious or spiritual development of a child in custody is facilitated based upon the wishes of the child and parent/guardian, including assisting the child in obtaining transportation to services and resolution of differences between the child and parents regarding spiritual/religious practices.

- k. Separation, loss, and needs of the child
 - l. Awareness of the child's culture and how to maintain cultural support and resources. Know the child's routine, dislikes, and special needs - share with the substitute caregiver.
6. The worker should stay with the child and substitute caregivers to help establish a comfort level for the child before leaving.

Post Placement

1. If the family is a participant in Ohio Works First (OWF), the worker or secretary must notify LCDJFS of the children's removal from the home and document this contact in the record. The child's parent, guardian, or custodian may continue to participate in OWF and receive cash assistance for up to six payment months, if the worker completes the following activities: Refer to the Procedure: TANF 180 Day Benefit Extension
 - a. Notifies the LCDJFS at the time the child is taken into custody that the child may be able to return to the home within six months.
 - b. Informs the LCDJFS at the end of the first five months after the child is taken into custody of the following:
 1. the parent, non-custodial parent, guardian, or custodian, or specified relative of the child is cooperating with the family case plan.
 2. The agency is making reasonable efforts to return the child to the home of the OWF recipient.
 2. The worker should continue to process reasons for removal with the child after placement as well as the child(ren)'s reactions and adjustment to the placement during routine Home Visits with the child. Address separation and loss issues with the child via referral to CQI Supervisor for short term therapy, referral to outside services or through casework counseling for a Clinical Assessment to determine that the child has no diagnosed medical or mental health conditions.
 3. The worker will meet with the parents within two weeks of placement to orient the parents to substitute care and what it means, discuss permanency and the importance of continuing involvement with the children and LCCS. The worker should again review with the parents their rights and responsibilities as outlined in the "When Your Child Stays with a Foster Family" pamphlet. If the child is with a caregiver who is not a foster parent, the worker should review with the parents and caregiver:
 - a. the resources available to them
 - b. the importance of concurrent planning
 - c. the time frames for the case plan reviews
 - d. the need for safety and permanence
 - e. the importance of participation in meetings, appointments, and all aspects of planning for the child(ren)'s care and well being.
- The worker is responsible to support, encourage, and review the religious-spiritual development of the child with the parent/caregiver/guardian. Discussions about this are commonly enhanced when reviewing/completing:
- a. "When Your Child Stays with a Foster Family," Handbook
 - b. Individual Child Care Agreement
 - c. ODHS 1616 - Social, Medical History under Social, Medical History of Birth Mother/Father "Religion."
4. Within 30 days of removal of a child from his home:
- a. A color photo of the child must be taken and placed in the child's record.
 - b. Exercise due diligence in identifying the following relatives:
 1. Assess the maternal and paternal grandparents.
 2. Individuals related by blood or adoption.

3. Any non-relative adult the child or the child's parent, guardian, or custodian identifies as having a familiar relationship with the child and/or the family.
 4. A parent who has legal custody of the child's sibling including blood, half-blood or adoption.
- c. The caseworker will provide written notice to maternal and paternal grandparents all adult relatives and kin identified (above in #4) of the child suggested by the parents or others:
1. that the child has been or is being removed from the parents' custody.
 2. the options the relative or kin has to participate in the support of the child by babysitting, companionship, emotional support, mentorship, respite care and transportation including any options that may be lost by failing to respond to the notice.
 3. The option the relative or kin has to provide care and placement for the child including: the requirements to become a licensed foster caregiver and/or available kinship support.
 4. The potential of legal permanency of the child if the parent, guardian or custodian is unable to regain custody of the child removed.
 5. The failure to respond to the notification within six months from the date of receipt to demonstrate interest in and willingness to provide a permanent home for the child, the court may excuse LCCS from considering such relative for placement. This may impact future ability to provide support, care and placement of the child.
- d. Document in the case record if any adult relative or kin identified has a history of family or domestic violence. LCCS is not required to assess any other respondent; but will keep a recorded list of the identified adult relatives and kin in the case record.
- e. Provide information to relative or kin respondents whether or not placement is approved. Upon placement of the child with approved relative or kin, LCCS is not required to assess any other respondent: but shall keep a recorded list of the identified adult relatives and kin the case record.
- f. At every court hearing regarding a child in custody, the court shall determine whether LCCS has continued intensive efforts to identify and engage appropriate and willing kinship caregivers for the child. At each hearing the court shall:
1. Review the placement of the child to determine if the child is receiving care in the home of a kinship caregiver.
 2. Review the efforts of the agency since the previous hearing to place the child with a kinship caregiver, including efforts to utilize search technology to find biological family members of the child.
 3. Review any previous court order issued to determine if the order should continue based on the child's current placement situation.
5. The ODJFS form 1616, Social, Medical History, must be completed for the birth mother and birth father within 60 days of obtaining custody of the child. Please refer to the hyperlinked attachment "Social and Medical History-1616-Information & Instructions For Children in LCCS Custody".

II. RESPONSIBILITIES

Unless the Court orders otherwise, or the risk of immediate harm to the child is so great that efforts cannot be made, the worker is to provide reasonable efforts and services in an attempt to prevent placement, whenever possible, and document in the record what the efforts were, or why they were not possible. The worker confers with supervisor, obtains assistance from law enforcement, if necessary, requests a Custody Review Team Meeting, and obtains custody prior to placing a child. The worker prepares the child for the placement and sees that a color photo of the child is kept in the child's record.

IV. RELATED FORMS/INFORMATION:

Templates cannot be hyperlinked. Use "File," "New," and "LCCS" to access templates.

Child Behavior Checklist (template) (NCR also)
School Enrollment and Notification (if applicable)
Child's Education & Health Information Form (SACWIS or template if SACWIS is down)
Criminal History Information and Conviction Statement (Kinship Home Evaluation)
Custody Review Team Worksheet (template)
Professional Services Referral (if applicable)
Individual Child Care Agreement (template) (NCR)
Letter – Potential Caregiver – Initial TC and 6 Months (template)
Letter Request for Dental Records
Letter Request for Medical Records (template)
Letter Request for School Records (template)
Letter-Request for Counseling Records (template) (if applicable)
Letter-Notification of Hearing to Caregiver (template) (if applicable)
Life Skills Assessment Request (template) (if applicable)
Notice of Ex Parte Form
PDIO and Complaint Referral Form for APAs (template)
Placed Child Record Face Sheet – Summary Form
Placement Checklist
Replacement Checklist
Request for Child Information
Social and Medical History (1616)

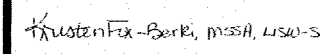
Procedures:

24 Hour On-Call
Amerindian Children Entering the Child Welfare System
Concurrent Planning – Relative Search and Interested Third Party
Custody Review Team
Face to Face Contact With Children in Custody
Pre-Dispositional Interim Orders
Prospective Caregiver Home Evaluation Process (Kinship)
Reasonable Efforts
Safety Plan
School Enrollment and Legal Residence
TANF 180 Day Benefit Extension
Telephone Ex-Parte Order of Custody
Visitation

Administrative code rule cites:

5101:2-39-01 Removal of a Child from His Own Home
5101:2-38-05 PCSA Case Plan for Children in Custody or Under Protective Supervision
5101:2-42-05 Selection of a Placement Setting,
5101:2-42-48 Agency Administrative Responsibilities for Children Affected by the Indian Child Welfare Act,
5101:2-42-52 Verification of Tribal Membership,
5101:2-42-53 Involuntary Custody Requirements,
5101:2-42-54 Permanent Surrender or Parental Consent to Adoptive Placement of Indian Children,
5101:2-42-55 Acceptance of Agreement for Temporary Custody of Indian Children,
5101:2-42-56 Placement Preference Related to Indian Children,
5101:2-42-90 Information to be Provided to Caregivers, School Districts and Juvenile Courts;
Information to be Included in Individual Child Care Agreement

Procedure Section Code:	Direct Services	
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Date Approved: Revision Dates:	1/29/1999 4/00, 10/00, 10/01, 10/02, 8/04, 11/04, 12/04, 2/06, 1/07, 5/08, 10/09, 5/10, 1/11, 6/11, 1/12, 1/14, 3/14, 4/16, 5/17, 5/19, 6/21, 12/21	 Kristen Fox-Berki, MSSA, LISW-S
		Kristen Fox-Berki MSSA, LISW-S
Next Review Date:	12/2023	

2. Law Enforcement and Kidz First Child Advocacy Center Response Procedure

PROCEDURE NAME:	SUPERVISOR RESPONSIBLE	UNIT:
Sex Abuse Investigations	Tina Cottrell and Felicia Fair	Direct Services

I. PROCEDURE SUMMARY

In conducting investigations of referrals alleging sexual abuse of children the obligation of providing competent assessments that do not further traumatize the victim or family members, while meeting their emotional and physical safety needs, presents a unique task. With the nature of the investigations frequently involving allegations leading to criminal charges, the worker must be prepared to interface knowledgeably with, law enforcement, the court, physicians, and therapists, given the very sensitive nature of the assessments, the worker needs to be thorough in pursuing leads, collaterals or additional evidence in addition to conducting unbiased interviews with principals to the case. It is not the worker's responsibility to pronounce a "verdict" of "proven" or "not proven" but rather to assemble as much information as possible in order to determine the imminent or likely potential risk to the child(ren) of sexual abuse so that appropriate safety measures can be put in place for the child, and to provide adequate support and assistance to family members. Further, the worker needs to present the information to other agencies that may subsequently become involved with the child and family, such as victim witness, Child Advocacy Center, Prosecutors, and therapists. It is important to realize the unique impact the investigation may have on each family member and be able to respond appropriately in hopes of strengthening the whole family system.

A. Referral Specialist

Referral Specialist and/or caseworker will:

1. Gather as much information from the referent as possible and log into SACWIS.
2. Check for past records of parties involved to see if there is a prior/present involvement with the agency.
3. If case is already open, forward a copy of the Screened In Report immediately or the next working day (if information is obtained after hours and not an emergency) to both the assigned worker and their supervisor. If neither is available, information is forwarded to Supervisor's Manager. If information is obtained after hours and is an emergency, information will be forwarded (emailed) to the assigned worker immediately. [See procedures on Referral Process and 24 Hour On Call]

Priority Rating

A priority rating on Sexual Abuse cases will occur as follows: if the AP and ACV reside in the home together and the AP has immediate access to the child, the case should be rated an emergency. If the AP and the ACV do not reside in the same home together and the AP will not have access to the child, the case should be rated non-emergency.

The Screening Decision Maker will assign the case to a Direct Services worker to complete an investigation/assessment per agency time frame guidelines, keeping in mind the need to co-interview with law enforcement per Lorain County Memorandum of Understanding and Lorain County Protocol for Investigation of Sex Abuse and Severe & Physical Abuse against Children.

1. Juvenile Offender - Sex Abuse cases where both children are under the age of ten or the juvenile offender functions at a level below the age of ten will be processed as follows:
 - a. The referral will be taken as two rated Sex Abuse cases. The ACV would be one SA case with AP unknown, and the Juvenile offender (under the age of ten or functional age is under 10) would be a rated Sexual Abuse case with AP unknown.

2. Stranger Danger - For sexual abuse reports that involve a perpetrator (AP) who is a "stranger" and LCCS is involved in the child and/or AP interviews, the case will be rated Sexual Abuse. The Safety Assessment must be completed for the victim and victim's family. If LCCS does not assist or conduct an AP interview, the police report documenting the AP interview must be obtained.
3. If referral involves Third Party Investigation, please refer to that procedure.

C. Investigation/Interviewing

Upon receipt of a Screened in Report the assigned worker or referral specialist will contact the appropriate legal jurisdiction to relate referral information and consult on course of action (who will interview, when, how). Worker should utilize the "Lorain County Protocol for the Investigation of Sexual Abuse and Severe Physical Abuse against Children" in coordination with Law Enforcement and the Children's Advocacy Center (CAC). If jurisdiction cannot be determined or is unknown, worker may contact the Lorain County Sheriff's Department to assist in determining jurisdiction. Caseworker must complete Notification of Abuse and Neglect Form and forward to the appropriate legal jurisdiction within 5 days, per Lorain County Plan of Cooperation.

D. Medical Evaluation Services

Lorain County residents have access to the Sexual Assault Care Unit for the provision of specialized sexual assault evaluations for children birth through twelve years of age suspected of being sexually abused. For children older than twelve, evaluations are conducted in the Sexual Assault Care Unit according to the Ohio Department of Health Adolescent/Adult protocol. The Sexual Assault Care Unit is administered as a program of the Nord Center. Specially trained nurses conduct the exams in a neutral, private and child friendly environment. Area hospital emergency rooms have been consulted and have agreed to refer medically cleared children in need of a specialized sexual assault evaluation to the Sexual Assault Care Unit.

The circumstance under which a medical evaluation is recommended includes:
When a child has disclosed penetration or skin-on-skin contact; or when the offender is known to have a sexually-transmitted infection; or in cases where there is reasonable suspicion that such contact has occurred and the child is pre-verbal.

The purpose of the medical exam is to provide information to the child and non-offending parent or caregiver about the child's well-being and the nature of any trauma; to begin therapeutic intervention by developing a trusting relationship in a safe, sensitive environment; document significant findings that impact the patient's health; advocate for the protection of the child from future harm; and referral for treatment of sexually transmitted diseases.

Medical evaluations are made available through a referral process. Referrals are made directly to the Sexual Assault Care Unit (SACU) for review of the appropriateness of the evaluation and for scheduling of the evaluations. Referrals are accepted by non-offending parent(s) and/or caregivers, health care providers, children service workers and law enforcement.

Multiple exams are avoided through agreements with area hospitals not to duplicate evaluations on children suspected of being sexually abused. The SACU has contracted with all 6 Lorain County Emergency rooms that if a child is medically cleared from the hospital they will be sent to the SACU for an evidentiary examination. If the child cannot be medically cleared then a SANE nurse will go to the hospital and perform the examination.

If the last known contact is within 72 hours for under age 16 and 96 hours over that age, the examiner completes the documentation and signs the Ohio Sexual Assault/Abuse Evidence Collection Kit chain of evidence forms (Brooks Yates kit). The "Assault/Abuse History Form" and the

Evidence Collection Kit are personally handed to the law enforcement officer. Each item in the kit is labeled and stored as recommended. Urine specimens are held in a locked refrigerator.

Photo Documentation: A digital camera or colposcopic photographic documentation of the genital examination is required of all examinations. When using the digital camera, a separate DVD is initialized and finalized (cannot be overwritten) for each child/adult. An identification picture (full face) and close-up photographs are taken of all trauma areas. A measuring device to document the size of trauma (cut, bruise, abrasion, etc.) is included in the photographic frame when appropriate. Photos are generally taken in both the supine and knee-chest positions for genital-anal documentation. Labeling information includes the child's name, DOB, medical record number, date of exam and name of the nurse who completed the assessment. Photos are placed in the patient's medical record in a locked file. Photo documentation is proprietary (the property of the Nord Center) and remains with the medical record. Copies are made in the format requested (DVD/ photo print) when subpoenaed.

E. Interviewing Procedures and Practices

Since the child's disclosure is the most critical piece of protecting the child and the chance of obtaining a disclosure is greatly increased when children are interviewed in neutral settings, every attempt is made to interview children at the Child Advocacy Center (CAC). When an interview is needed to be scheduled for the Child Advocacy Center, the caseworker and/or Law Enforcement should contact the Child Advocacy Center's Coordinator who will then schedule a date and time. Whoever schedules the interview shall notify the other parties (including the family) of the date and time of the interview. CAC Forensic Interviewer will lead the interview unless law enforcement wants to lead and they will need to communicate that to the CAC.

Interviews that are not completed at the CAC are not as easily controlled as to who has the ability to participate, observe, or overhear the interview. If an interview is completed at school, it is generally school policy that school officials sit in on the interview. Unless, based on the facts of the individual case, the investigating case worker, law enforcement officer or the child requests that the school official leave, school policy must be observed.

At the home, caseworkers and law enforcement need to be aware that many parents/caregivers will agree to leave but will sit in close proximity to where the interview is taking place, so that they can hear what is said. Parents or other members in the home might be influencing a child through nonverbal cues or motions which can contaminate the interview and the child's response. In these situations, police can be of assistance in controlling the environment so that the caseworker and law enforcement interviewer can focus completely on the child during the interview and the parent/caregiver is not influencing the interview.

Specially trained and designated Multi-Disciplinary Team members have a variety of tools that they may use while interviewing children. Some of these various techniques include, but are not limited to, Touch Survey, anatomically detailed drawings, drawings of the location where the abuse occurred, drawings of family members, and timelines. They may also introduce pictures of the parties involved and social media records. The Forensic Interviewer should use only those tools necessary to maximize the information the child is able to provide, while minimizing the trauma to the child.

F. Interview Scheduling/Process:

1. Upon receipt of a Child Abuse / Neglect (CA/N) referral, LCCS/Law enforcement will assess the need for a forensic interview and, when possible, review with the non-offending parent/caregiver the options available. Once a parent or custodian, decides that a case should be referred to the CAC for a forensic interview, LCCS or law enforcement will contact the CAC.

2. Once a referral has been made for a forensic interview by law enforcement and/or LCCS to the CAC Coordinator, the CAC Coordinator or LCCS Caseworker contact the rest of the Multi-Disciplinary Team (MDT) and schedule the interview.
3. The Multi-Disciplinary Team (MDT) will consist of the Child Advocacy Center Coordinator, Child Advocacy Center Child/Family Advocates, Sexual Assault Nurse Examiner, Law Enforcement representative, Children Services representative, Prosecutor's Office, Mental Health Agencies, CAC Forensic Interviewer, and/or others as needed on a case-by-case basis.
4. Victims of abuse will be interviewed by a specially trained MDT member with all members who have investigative responsibilities present and at minimum, observing in the multi-disciplinary room. This is best practice, reduces the number of total interviews experienced by the child and should eliminate duplicative interviews. A member(s) training/experience and who would make each child feel safe will be considered when determining which team member shall interview.
5. When scheduling interviews, it is best to consider the most appropriate time for the child. For example, do not schedule interviews during a child's regularly scheduled nap time, or during mealtimes. Young children in particular have very short attention spans, so interviews should be within an appropriate time span based on the developmental level of the child.
6. On the day of the interview, the multidisciplinary team assembles at the facility.
7. The multidisciplinary team conducts a pre-interview debriefing to discuss case specific information; discuss any developmental or mental health issues, medical or cultural issues that may have relevance for the interview.
8. When the family first arrives, the Child/Family Advocate will accompany the child and their parent(s)/caregiver(s) to the waiting area. The Child/Family Advocate will engage the child in an activity while the parent/legal guardian fills out the Children's Advocacy Center paperwork.
9. When the investigators are ready to begin the interview, either the law enforcement representative, courtesy interviewer and/or CAC Forensic Interviewer may interview the parent prior to the child being interviewed. The rest of the multidisciplinary team will observe via closed circuit television in an adjacent room. Generally, parents are not permitted in the interview room during the interview or in the observation room. In isolated situations, it may be necessary for a non-offending parent/caregiver to be with a young child during the forensic interview. Decisions on whether a parent/caregiver will be present during the interview will be made by the law enforcement representative and children services representative. Clear instructions will be provided to the parent/caregiver on expectations during the interview.
10. If appropriate, the victim should be informed that the interview is being observed at the beginning of the interview.
11. In situations where the siblings have no knowledge of the sex abuse, and have had no contact with the alleged perpetrator, sibling interviews may be waived at the CAC.
12. In cases where the non-offending parents/caregivers are protecting, sibling interviews may be waived at the CAC.

13. In cases where the parents/caregivers are protecting, and the offender is not a member of the family, and no additional information can be gained through an interview with a second parental figure in the home, that interview may be waived.
14. Siblings may be interviewed at the Child Advocacy Center, school, at the home, or at any location approved by LCCS/Law Enforcement, depending on safety issues involved, and possible sources of contamination.
15. Following the interview, the child and/or parent/caregiver will be escorted to the waiting area. The Child/Family Advocate will join the multidisciplinary team for post-interview debriefing. If available another advocate will sit with the child and the parent/caregiver while the multidisciplinary team meets. The outcome of the interview will be processed as well as a recommended plan of action from the various multidisciplinary team members.

G. Joint Investigations

Together, Lorain County Children Services (LCCS) caseworkers and Lorain County Law Enforcement representatives (Team Members) shall jointly investigate allegations of abuse and with the CAC workers which makes up the Multi-Disciplinary Team (MDT).

1. In these investigations, the role of law enforcement is:
 - to determine whether or not a crime has been committed,
 - to determine who committed the crime,
 - to collect evidence and,
 - to present information to the proper authorities for prosecution.
2. The role of LCCS caseworkers is:
 - to provide for the protection of children.
 - to provide treatment and rehabilitative services to children and families
 - Document who was at the CAC for the interview, who signed the consent forms, assigned advocate, summary of pre-interview discussion, who conducted the Forensic Interview and the summary of post interview discussion (this may include safety plan, AP interview, witnesses and review of plan with family. Document interview in SACWIS within 7 days of the interview.
3. The role of CAC Forensic Interviewer
 - If you are the lead interviewer, interview the alleged child victim.
 - Consult with staff regarding the interview.
 - If there is a subpoena will provide testimony for criminal case.
4. The CAC Role
 - Coordinate interviews with representatives from child protection services, law enforcement, mental health, child/family advocacy, and the medical field.
 - Arrange pediatric forensic medical evaluations where specialized sexual abuse exams are available in a child-friendly environment.
 - Refer for services that consist of crisis intervention, education on sexual abuse issues and supportive counseling.
5. The Multi-Disciplinary Team (MDT) members should jointly decide the best course of action for interviewing the alleged child victim.

6. Age and safety issues are two factors that must be considered in deciding when, where, and who will interview the child. In Lorain County, it has been agreed that, whenever feasible, all children who are identified as ACVs on sexual abuse reports shall be interviewed at the Child Advocacy Center (CAC).
7. It is recognized that individual factors may dictate that this protocol be put aside, given the needs of the child or family. There are times when it will not be in the child's best interests to notify the parent in advance of the interview, or when the needs of the family may contraindicate use of the Child Advocacy Center. In these situations, the child/family have a right to have an advocate present for the off-site forensic interview.
8. At any time during the investigative stage, the MDT Investigative Team can contact the Lorain County Prosecutor's office for advice or input regarding:
 - guidance in removing a child from a home
 - help in preparing search warrants
 - assistance in the legal aspects of gathering evidence,
 - whether or not to arrest an alleged perpetrator.

H. Who Interviews Children:

1. Law enforcement representative or CAC Forensic interviewer who has received specialized training will conduct the forensic interview.
2. During the pre-interview debriefing, the most appropriate representative to take the lead during the interview will be identified. However, regardless of who the lead interviewer is, representatives from law enforcement and Children Services will have the opportunity to ask questions to meet their respective mandates. There is the option to wear earpieces during the interview, so the lead interviewer does not need to stop the interview and ask the MDT if there are any questions.
3. Other multidisciplinary team members will be accessible before, during and after the interview as consultants. Team members will not directly participate in the interview process. Only law enforcement or a trained forensic interviewer will directly question the alleged victim, potential witnesses, siblings and parent(s)/legal guardians. Only Law enforcement can receive a DVD copy of the interview.
4. The Lorain County Prosecutor's designee will serve as consultant on a case-by-case basis and will attend the monthly Multi-Disciplinary Team case reviews which are scheduled and coordinated by the CAC.

I. Post-Interview Procedures

Once the interviews are completed, the investigative team meets with the non-offending parent/caregiver to provide feedback on the nature of the child interview, what the child disclosed, and what are the next steps in the investigative process. The Child Advocacy Center's Coordinator or staff member may participate in this discussion providing there is a Child Advocacy staff member available to sit with the child. If no staff member is available, the Coordinator will remain with the child.

Immediately after the family leaves the Child Advocacy Center, the investigative team and Coordinator/Advocate will have a brief post-interview conference to discuss the interview results and plans for the investigation for the purpose of case coordination.

The need for medical services and mental health services linkages is identified by the investigative team and the Child Advocacy Center's Coordinator at this stage. If a medical exam is indicated, the

coordinator immediately consults with the Sexual Assault Nurse Examiner. The program manager will schedule a time that meets the needs of the family and child and which falls in the appropriate time frame for an acute case.

***Workers are to ensure comprehensive and detailed documentation regarding disclosures made during forensic interviews, without including opinions or assumptions of other involved professionals.**

J. Any Pertinent Collaterals/Witnesses.

Collaterals and witnesses may include: landlords, neighbors, family members, spiritual advisors, any professional service provider, friends, referents, school personnel. Workers shall conduct interviews with all known witnesses to corroborate what has been reported.

Assigned staff shall gather information by telephone, in person, through written documentation, etc., to obtain the following information:

- a. Knowledge and observations concerning the allegation, including any current safety risk to the child or past incidents of concern.
- b. Any additional information regarding their knowledge of family and child functioning, their perceptions of the family strengths or concerns and risk of harm to the child.
- c. Knowledge and observations concerning the alleged perpetrator including access to the child or other children.

K. Alleged Perpetrators

1. When a criminal investigation is involved, coordinate the interview schedule with law enforcement. Never contact the alleged perpetrator with an allegation of sexual abuse prior to police doing so, unless otherwise directed by the police. It is also possible, by plan with law enforcement, to defer interviewing the alleged perpetrator regarding an alleged incident to law enforcement. Once police have interviewed the AP, worker should make contact with alleged perpetrator (in person, phone or writing) to provide them appropriate therapy resources, answer questions they may have, and obtain Family Assessment Information. The alleged perpetrator should know that LCCS is involved and LCCS shall notify law enforcement of time frame mandates for investigation and need for contact with alleged perpetrator. If law enforcement continues to instruct no LCCS contact with alleged perpetrator at the conclusion of the agency investigation, **LCCS will request law enforcement to notify alleged perpetrator of LCCS involvement.** Requesting the written detective's report documenting the interview is required if LCCS was not part of the interview. Any deferral of interviewing the perpetrator to law enforcement must be documented in the case record. If law enforcement has not or will not interview the AP by the 60th day of the investigation, communicate with law enforcement regarding a plan for LCCS' disposition and notification to the AP. If law enforcement is not going to charge the perpetrator and LCCS investigations is still open and LCCS was not part of the interview between Law Enforcement and the perpetrator, LCCS will need to interview the perpetrator.

Interviewing regarding Family Assessment elements must be conducted by LCCS. Explain the purpose and role of the agency to the alleged perpetrator and provide the LCCS Intro Pamphlet. Inform the alleged perpetrator of the allegations in the report in a non-confrontive, non accusatory manner, always protecting the identity of the Referent.

2. Describe next steps in the process and what the alleged perpetrator can expect to happen following the conclusion of the interview.
 - a. When law enforcement is involved, share only that information about next steps and the investigation which has been approved by law enforcement.
 - b. Provide referrals and local resources as needed

L. Referral to Services

1. Worker will coordinate services for the family and child with the CAC.

2. If mental health services are indicated, the Child Advocacy Center's Advocate completes the referral before the family leaves the Child Advocacy Center (CAC). If mental health services are indicated, the Child Advocacy Center's Coordinator/Advocate works with the family to determine which mental health provider is most appropriate, the release of information is signed, and if possible, the referral is made immediately with the family present.
3. If the CAC is not involved, the worker will provide family with choices of appropriate therapy resources and will make actual referral if required by therapist/therapy agency.

M. Case Disposition/Documentation

If any requirements of the investigation cannot be completed or completed in a timely manner, documentation of such will be made in worker's activity log and Supervisor may waive any waivable requirements. Unless a waiver from Supervisor is obtained extending time frame to 60 days, a case disposition will be recorded in SACWIS by caseworker within 45 days. Worker will complete a Safety and Family Assessment and complete their activity logs. Workers are to ensure comprehensive and detailed documentation regarding disclosures made during forensic interviews, without including opinions or assumptions of other involved professionals. The case is then closed with no further services, assigned for protective services, if deemed appropriate, or services continue if case is already assigned.

Worker will send a disposition letter notifying principals of the case the outcome of agency's investigation including mandated reporters.

See disposition section in the Conducting Investigation Tradition Response Procedure for detail, indicators and definitions. Remember Indicated Disposition can be recorded in Sex Abuse Cases Only.

Workers will ensure the following language regarding alleged perpetrator's right to grieve the disposition is included in their disposition letter: **You have the right to appeal this finding by contacting LCCS within 30 (thirty) days of the date of this letter. The method to appeal is through the agency's Grievance Procedure. To obtain a copy of the Grievance Procedure or the form for filing a grievance, please contact the agency. Any staff member may provide this.**

N. Special Issues

1. Taping

Interviews at the CAC are video recorded. In the event that a worker is unable to attend a forensic interview due to unforeseen circumstances they must schedule with the CAC to view the video at a later date. Law enforcement is able to obtain a copy of the video for their records.

2. Recantation

It is very important for workers to be aware of the concept of recantation by alleged sexual abuse victims. To be aware of these dynamics, worker will familiarize themselves with "**Recantation in Sexual Abuse Cases**" located in SharePoint .

O. Case Review Process

The Child Advocacy Center in conjunction with the multi-disciplinary team review cases on the fourth Friday of every month. Case review meetings are held at the Lorain County Prosecutor's office. Cases where a forensic interview was conducted at the Child Advocacy Center in the last 45 days in which a disclosure was made and/or present with multifaceted dynamics are reviewed. Cases that are expected to go to trial can also be reviewed at the discretion of the assigned Prosecutor. Law enforcement representatives, LCCS caseworkers, Child/Family Advocates, Medical Representatives or Prosecutors can refer a case for review when it falls outside of the time parameters previously mentioned (outside the 45-day review period the exception of the two weeks prior to the actual case review). In those instances, the person referring the case for review is expected to contact the Child Advocacy Center Coordinator one week prior to the review so that the case can be added to the final

docket and participating team members can be invited to attend. Other professionals, those outside of the identified multidisciplinary team members who have relevant information to share regarding the case discussion may be invited to attend the case review process as well.

A senior Child Advocate is responsible for facilitating the case review process as well as all preliminary and post case review correspondence to team members. Multi-disciplinary team members receive a docket of potential cases to be reviewed two weeks prior to the actual case review. A final list of cases that will be reviewed is disseminated to all multi-disciplinary team members one week prior to the case review.

The expectation is that the LCCS caseworker and/or supervisor assigned to the case will attend the case review unless they are out of the office for vacation day, sick day, training day or unforeseen work obligations that deter from attending. If you are not attending a summary of the case needs to be sent to the supervisor attending or another party representing LCCS.

Prior to starting the case review, multidisciplinary team members sign a confidentiality statement agreeing to keep information shared during the case review in confidence. During the course of the Case Review, the assigned LCCS caseworker and/or supervisor will be prepared to discuss the details of the investigation, findings, services and family progress (). Child/Family Advocates record the content and outcomes of each case. Following the case review, summaries are generated and made available to team members.

III. RESPONSIBILITIES

1. Caseworker receiving the referral will collect/record all intake information in SACWIS. The caseworker will then make a screening decision as well as a decision as to whether the report is an emergency/non-emergency.
2. Referral will be given Priority Rating.
3. Workers will complete all intake investigation requirements per agency guidelines and state mandates.
4. Investigating workers will complete referral to services.
5. Supervisor and Worker will consult to determine case disposition.

IV. ASSOCIATED FORMS/INFORMATION

Templates can't be hyperlinked; use "File" and then "New" to access them.

Referral Process (procedure)

Third Party Investigations (procedure)

Non-Offending Parent Interview Issues

Removing Offender in Cases of Family Child Sexual Assault

Letter to Mandated Reporter (template)

Release of Info—Multi-Purpose (form) or Release of Info—Multi-Purpose (template)

Safety Assessment (SACWIS or template if SACWIS is down)

Family Assessment (SACWIS or template if SACWIS is down)

Specialized Assessment (SACWIS or template if SACWIS is down)

Ongoing Assessment (SACWIS or template if SACWIS is down)

Activity Log (SACWIS or template if SACWIS is down)

Letter on Case Disposition--Perpetrator (form) or Letter on Case Disposition--Perpetrator (*template*)

Recantation in Child Sexual Abuse Cases

Beyond the Silence Summary Sheet

Lorain County Protocol for Investigation of Sexual Abuse and Severe Physical Abuse Against Children

Forensic Interviewing

Forensic Interviewing (excerpts from Beyond the Silence Manual)

Type of Sexual Offenses

Notification of Child Abuse and Neglect

Procedure Section Code:	Direct Services	
Date Approved: Revision Dates:	1/21/99 4/99, 4/00, 6/03, 4/06, 1/08, 3/09, 8/10, 5/11, 6/19, 12/19	<i>Kristen Fox-Berki, MSSA, LISW-S</i>
		Kristen Fox-Berki MSSA, LISW-S
Next Review Date:	2/2025	

3. Children in Need of Medical Attention Special Response Procedures

See Section G in the following procedure "Conducting Traditional Investigation"

PROCEDURE NAME:	SUPERVISOR RESPONSIBLE	UNIT:
Conducting Assessments & Investigations Traditional Response	Christina Turcola	Direct Services

I. PROCEDURE SUMMARY

LCCS is responsible for assessing reports of suspected abuse and neglect. The interview process is the most important step in accurately assessing the level of current safety and future risk to children. Interviewing alleged child victims, family members, collateral contacts, and alleged perpetrators is a delicate process which requires knowledge, skill and sensitivity. The interviewer is responsible for creating an atmosphere which will allow the interviewee to feel comfortable in providing the needed information. When it is determined that children are unsafe or are at risk of abuse or neglect, the agency must determine appropriate interventions and identify available community service supports. Families will be afforded the opportunity to an individualized, strength based, family focused, and culturally responsive assessment that informs the agency of information important for assessing risk and planning for permanency.

II. PROCEDURE STEPS

1. Once a referral has been screened in and assigned to a Direct Services Caseworker the following checks shall occur:
 - a. OCN (Ohio Court Network) to be run at the time of assignment of referral on all parents/caregivers and of all the adults living in home. If police report is needed caseworker/supervisor will ask unit Administrative Assistant to request report. If during the course of the assessment/investigation new adults move in or become involved with the family and have access to the children, the caseworker should ask their unit Administrative Assistant to run OCN on those individuals too.
 - b. If police checks are need for out of state jurisdictions caseworker/supervisor is to request unit AA to send. See Addendum A (located at the end of procedure) for local jurisdictions fax numbers and/or email address for background checks
2. A check of the sexual offender registries should be run on all adults listed on the intake worksheet and living in the home and on the primary caregiver’s paramour and should be conducted within 48 hours by the unit Administrative Assistant Once the check has been completed the results of the check will be documented in SACWIS. If the individual is found on one of the registries the results will be printed and placed in the direct services caseworker’s mailbox and an e-mail will be sent to the assigned caseworker and their supervisor that same day.
3. Develop an assessment plan prior to initiating and conducting the assessment process with the family. This plan should include, but is not limited to the following activities:
 - a. review of historical information; including internal, external information to determine who resides in the home and add to the referral worksheet as appropriate parties
 - b. a determination as to who will be interviewed and in what order ensuring that all persons are interviewed
 - c. a determination as to who should be present at each interview (i.e., law enforcement, teacher, non-offending parent, therapist).
 - d. Ask the family if they are of Native American Heritage. If it is known that the child or family is of Native American heritage, contact the local tribe to determine if the family member or child is a tribal member and what services or resources might be available through the tribal connection. Clarify roles in the investigation process and level of involvement of tribal representative.

- e. Make contact with and obtain assessment information from professionals involved with the family including probation officers, parole officers, counselors, physicians, educators, and Health Department personnel.
 - f. During the initial investigation/assessment, if worker becomes aware of potential child human trafficking:
 - i. Notify Supervisor
 - ii. Notify the Prosecutor
 - iii. Obtain as much information as possible to determine jurisdictions.
 - iv. recognize that children who are victims of human trafficking have many needs to be addressed.
4. LCCS shall document in the case record the date, time, and with whom the assessment was initiated. The caseworker shall complete and document face-to-face contacts with each child residing within the home of the child(ren)both other involved children (OIC) and Alleged Child Victim(ACV).
 5. LCCS shall complete face-to-face contact with a caretaker and ACV(s) (at a minimum) within the first four working days from the date the report was screened in as a child abuse or neglect report to assess the safety of the child and complete the written Safety Assessment within 10 days from the date of the report
 6. **If LCCS attempts to complete face-to-face contact is unsuccessful, LCCS shall attempt at least one additional face-to-face contact within the first four working days from the date that the referral was screened in as a report. This applies even if a meeting has been scheduled outside of the first 4 working days.**
 7. **If face to face contact is unsuccessful** with any of the case participants after a week immediately consult with your supervisor regarding a plan of action. When face to face contact is not successful at the case participants residence caseworkers should attempt contact at daycares, schools, other relatives homes, phone contact with relatives trying to locate case participants or any other diligent effort ideas that will help to locate participants.
 8. **If face to face contact with any party (ACV(s) and/or caretaker), is unsuccessful LCCS shall complete the Waiver to extend the Safety Assessment by day four.**
 - 9.
 10. The caseworker shall at a minimum continue making attempts of face-to-face contact at least every three working days until the ACV(s) and caretaker are seen or until the caseworker is required to complete a case decision.
 11. Regular and consistent face-to-face contact is preferred during the investigation with all case participants, this includes, alleged child victim (ACV), alleged perpetrators (AP), parents, caregivers and other involved children. **No more than 30 days will pass without seeing case participants.** Face to face contact is the primary mechanism through which the assigned worker assesses safety, risk, child and family well-being and promotes positive change in the case. ***It is best practice to have face to face contact with the alleged child victim, other involved children and caregiver 7 days before closing the case but no longer than 14 days.**
 12. Reports are initiated as followed:
 - a. **Emergency reports** attempt face to face contact with the ACV within 1 hour from the time the referral was screened in to assess child safety. Initiation of the investigation is defined by LCCS as the time the worker dispatched for the face to face contact.
 - b. **Non-emergency reports** the caseworker will attempt face to face contact or complete a telephone contact with the ACV within 24 hours from the time the referral was screened in. The completed telephone contact shall be with a non-offending caregiver on the report or a collateral source who has knowledge of the ACV's current condition, and can provide current information about the child's safety. If the report was successfully initiated by completing a phone call, an attempt at face to face contact with the ACV(s) is to be made

within 72 hours of the report being screened in (regardless of weekends or holidays). The collateral source contacted to verify the ACV's safety shall not be the identified AP.

- c. **Rapid Response (RR)** the caseworker shall respond within 12 hours or prior to the child's return to the home. This designation (RR) can not be entered into SACWIS and is to be written on the hard copy of the Intake Report Form next to the Intake Type Field.

* **For Emergency and Rapid reports** every effort should be made to make contact by going to the daycare, school, other relatives homes, phone contact trying to locate the ACV etc. especially if ACV is returning to the AP.. If contact has not been made and/or the following day is a weekend or holiday consult with your supervisor to develop a plan of action that may include consultation with the coverage caseworkers and their supervisors.

13. When a report is initiated by completing a phone call the caseworker shall document in the activity log the date, time, and with whom the report was initiated.
14. In accordance with the Memorandum of Understanding, staff should immediately contact the designated law enforcement authority and/or the prosecuting attorney when there is a report of physical abuse, neglect, or sexual abuse that appears to be criminal in nature and complete the "Notification of Child Abuse/Neglect" form within five (5) days of receipt of the report.
15. To minimize or eliminate multiple interviews with the alleged child victim, assigned staff should coordinate interviewing activities with law enforcement, the Prosecutor's office, and other service providers in the community. For cases of sexual abuse and severe physical abuse, interviews should be conducted at the Kids First Child Advocacy Center.
16. At minimum, conduct one face-to-face interview with the alleged child victim during the assessment process. However, if the initial interview of the alleged child victim of physical, sexual, or emotional abuse is conducted in the presence of the alleged perpetrator, or the alleged perpetrator is unknown, a second interview of the alleged child victim should be conducted without the alleged perpetrator, caretaker, or potential alleged perpetrator's presence.
17. If a child is interviewed without parental consent the reason why must be documented in the activity log. Conduct a face-to-face interview with the primary caregiver, the alleged perpetrator, and all adults and children who reside in the home. If possible, each child should be interviewed separately and apart from the AP in order to:
 - a. evaluate each child's condition
 - b. determine if each child is safe
 - c. obtain each child's explanation regarding the allegation contained in the report
18. In cases involving police, interviewing the perpetrator regarding the alleged incident may be deferred to police. This should be determined at the outset, and documented in the record. However, the perpetrator must be interviewed within the required time frame in order to complete the Family Assessment. In cases where law enforcement requests that the worker have no contact with the alleged perpetrator, the worker must seek supervisory consultation and approval as to how to proceed. However, the worker must request a copy of the police "Investigative Report" detailing the interview with the perpetrator and include it in the case record.
19. The worker may request assistance of law enforcement at any time during an assessment/investigation when one or more of the following situations exist and the reason for contacting law enforcement is documented in the case record:
 - a. The worker has reason to believe that the child is in immediate danger of serious harm.
 - b. The agency has reason to believe that the worker is, or will be, in danger of harm.
 - c. The worker has reason to believe that a crime is being, or has been committed against a child.
 - d. The assistance of law enforcement needs to be invoked in accordance with the county child abuse and neglect memorandum of understanding; i.e. coordination of child victim interviews.
20. Provide an interpreter for all interviews when it has been determined that a principal of the case speaks a language, or has an impairment, that causes a barrier in communication (i.e., principal

is deaf or hearing impaired, speaks a language other than English, or is developmentally delayed or autistic) and document this service.

21. Conduct a home visit as part of the assessment process. View the entire physical environment including any living area the child may have access to including the basement, garage, etc. Complete the Environmental Checklist regardless of the rating. If environmental neglect is a concern, refer to the Environmental Neglect Procedure.
22. At the time of the initial contact (face to face or telephone whichever occurs first) inform parents/caretakers of:
 - a. Their rights and responsibilities
 - b. the allegations that are being investigated
 - c. the process that will be followed to conduct the investigation and assessment
23. Provide and review with them the written document **Introduction to LCCS Pamphlet** outlining their rights and the grievance process. If any family member has specific needs, ensure that their rights and responsibilities are reviewed with them in a way that they can understand. Particular attention should be paid to providing information regarding rights under the Indian Child Welfare Act if the child/family is a member of an American Indian tribe. After the clients have signed the "**Introduction to LCCS Pamphlet**", bring the signature page to the agency for filing on the Case Record.
24. PCSAs are required by the law (ORC 3701.63 & 3701.64) to provide **Safe Sleep** and **Shaken Baby** educational materials to families with infants (0 to 12 months old) at the point of first contact with the family. The Ohio Department of Health has developed the materials that LCCS is expected to provide to families "**Babies Cry a lot**" and "**Follow the ABCs of Safe Sleep**" brochures (found next to the intake referral mailbox). Documentation is required that these materials have been provided to the parent, guardian or other responsible party in the activity log and they understand the material. **Documentation is also required that worker observed the crib, pack and play or bassinet and that there were no items observed in them. If there are items in the crib, pack and play or bassinet the caseworker is to address the risk concerns. Safe Sleep Tote Bags** materials may be provided to the infant's parents, guardian or other person responsible for the infant (ie: a kinship caregiver). The **Safe Sleep Tote Bags** will be kept in the metal cabinet across from the DS & FBC Manager's offices for caseworkers to take as needed.

* Remember part of the Safe Sleep discussion should include infants sleeping in carriers and the risk of suffocation.
25. Use the Safety and Family Assessments, the Family Contacts Form, and the ODJFS 01441 Child Abuse or Neglect Intake Report Worksheet Form and Supplemental Family Case Record Face Sheet as the foundation for collecting culturally relevant child and family information obtained from all sources including previous records, service providers, caretakers, and family members that include assessment of:
 - a. Child safety
 - b. Family strengths and needs
 - c. History/impact of prior CA/N, DV or substance abuse and,
 - d. Family connections
26. Conduct face-to-face interviews or make telephone contacts with persons identified as possible information sources (the referent, family members, tribal members, friends, neighbors, school personnel, other involved professionals, etc) during the assessment/investigation to obtain relevant information regarding the risk to the children and to obtain assessment information. Discretion shall be exercised in the selection of collateral sources to protect the family's right to privacy. To protect the confidentiality of the principals of the case (child, caregiver, and alleged perpetrator), persons shall not be randomly interviewed.
27. In cases where a mandated reporter has made the referral, the assessment process should not be considered complete until the mandated reporter is notified that the assessment process has

been completed and that an incident disposition has been made. There is a form letter for this purpose when notification is written.

28. When the mandated reporter is actively involved with service provision for the child and/or family, make verbal contact ASAP to inform the mandated reporter (school personnel P.O., counselor, etc.) of the outcome of the HV/interviews. School personnel, counselor, P.O.'s, etc. who are actively working with the child need to know the extent of LCCS involvement and risk to the child in order to provide more effective intervention. Verbal notification must be documented in the case record.
29. In cases where there are two or more public children service agencies (PCSA) involved, the PCSA located within the county in which the child's parent, guardian, or custodian resides shall lead assessment/investigation efforts.
30. In situations of shared parenting and a residential parent has not been designated, the PCSA in the county in which the custodian who has physical care of the ACV at the time of the incident shall lead the assessment efforts.
31. If a report of child abuse and neglect involves a child who is living in a shelter for victims of domestic violence or a homeless shelter, the PCSA who received the report shall:
 - a. Determine if the child was brought to the shelter pursuant to an agreement with a shelter in another county. If a determination is made that there was an agreement in place, the PCSA in the county from which the child was brought shall lead the assessment/investigation and provide the required supportive services or petition the court for custody of the child, if necessary.
 - b. Lead the assessment/investigation when a determination was made that the child was not brought to the shelter under an agreement with a shelter in another county. If two or more PCSAs are involved, the non-lead PCSA shall be responsible for following Step #20 below.
 - c. Commence the assessment/investigation if a determination cannot be made immediately if an agreement is in effect.
32. When requested by the lead PCSA (either verbally or in writing), the non-lead PCSA, located in a non-contiguous county shall conduct interviews of any principals and collateral sources presently located within its jurisdiction to provide the lead agency with the information necessary to complete the Family Assessment and/or Safety Assessment (unless the lead PCSA notified the other PCSA that they will interview these parties) within a time frame that will allow the lead PCSA to fulfill their required time frames. All PCSAs involved, shall document the request in the case record.
33. Cooperate with the out-of-state Children Services Agency, including, when necessary, leading investigative efforts when the child is located within Lorain County, or when the abuse or neglect is alleged to have occurred within Lorain County.
34. Contact other PCSAs immediately, but no later than the next working day to share information in accordance with Rule 5101:2-34-38 (confidentiality) of the Administrative Code and to coordinate investigative efforts.
35. Explain the court process to families in cases that involve Juvenile Court proceedings and for cases that involve criminal prosecution, and link or refer the family to the Victim Witness Program for services.
36. Make a referral to Help Me Grow in all cases of substantiated abuse or neglect of a child age three or younger (per CAPTA). Document "per CAPTA" on those required referrals only.
37. Complete the assessment process and required paperwork (Family Assessment, Ongoing Case Assessment/Investigation or Specialized Assessment/Investigation Tool) within 45 days of screening determination. If additional time is necessary to complete the investigation, consult with a supervisor to obtain a 15 day waiver to complete the investigation and disposition.
38. All persons in the home and any absent parent(s) must be assessed and included on the written family assessment after face to face interviews are conducted.

39. Within two (2) working days of completion of the assessment process, advise the family including the child who has the developmental capacity and understanding, verbally, or in writing of the case disposition and discuss the next steps of the service plan. There is a form letter for this purpose.
40. Within two (2) working days of completion of the assessment process, notify the alleged perpetrator in writing of the case disposition and the right to and method for filing an appeal of the case disposition. There is a form letter for notification of disposition, and a pamphlet, "Introduction to LCCS" which outlines the grievance process.
41. An extension is permitted to notify the alleged perpetrator in writing of the report disposition if the AP is the subject of a law enforcement investigation into human trafficking. The timeframe for the extension shall not exceed one hundred twenty days (120) from the date the report was screened in.
42. Document in the case record the date and method of notification of the case disposition for the principals of the case.
43. The assessment/investigation documentation and any material obtained as a result of the assessment/investigation, shall be maintained in the case record. If any information gathering activity cannot be completed, justification and written approval of the supervisor shall be documented in the Family Assessment or explained in the case record. The agency may not waive the case disposition, or the time frame for making the case disposition.
44. If a parent or custodian refuses to cooperate with the investigation this does not negate LCCS' responsibility to investigate the alleged maltreatment. If a parent or custodian is refusing to cooperate with the investigation the caseworker should consult with their supervisor about other ways of engaging the parent/custodian and other ways of assessing the safety of the ACV(s). If after consulting with a supervisor, the client continues to refuse to cooperate, the caseworker and supervisor shall request assistance from the APA. (Please see "Misconceptions & Facts Regarding Protecting Parents Constitutional Rights During Child Abuse & Neglect Investigations & Assessments" attached to this procedure)
45. When a caseworker has not been able to make face-to-face contact with the ACV(s) or the parent/custodian within the first four working days the caseworker shall continue to attempt face to face contact every three working days until successful or until required to make a disposition. There is a list of diligent efforts that caseworkers should use when attempting face to face contact attached to this procedure.
46. For assessments and investigations involving domestic violence please refer to the procedures titled: Domestic Violence Referral and Domestic Violence Safety Planning.
47. For assessments and investigations involving drug and alcohol use please refer to the procedure titled: Drug Screening Referral Process: urine and oral fluids.
48. For assessments and investigations involving sexual abuse please refer to the procedure titled: Sex Abuse Investigations.
49. For assessments and investigations involving serious injuries to children (debilitating or requiring medical treatment) please refer to the procedure titled: Children with Serious Injuries: Assessment and Intervention. These specialized procedures should be followed in tandem with the Conducting Assessments and Investigation Procedure.

A. Interviewing Alleged Child Victims, Siblings and Other Children.

1. Determine the safety and risk to the child prior to notifying the caregiver of the intent to interview the child.
2. When the determination is made that informing the caregiver of the intent to interview the child will place the child at further risk, the caregiver should not be informed of the child interview prior to it being conducted. When an ACV is interviewed without parental consent, the caseworker shall attempt a face-to-face contact with the child's parent, guardian, or cutodian to inform them

that an interview of the child occurred. If unsuccessful, an attempt to compel face-to-face contact shall occur once every three working days until the contact is made with the child's parent, guardian, or custodian or until required to make a disposition.

3. When an individual not involved in the allegation (e.g. non-offending caregiver for sex abuse cases, teacher, counselor) is available for consultation, contact and hold a pre-interview consultation with the individual to determine
 - a. the child's primary and secondary strengths, disabilities;
 - b. the best approach to take with the child based on the child's likes, dislikes, sensitivities.
4. In most cases, the child should be interviewed without the caregiver present, especially when the alleged perpetrator is not known. The decision to include the caregiver and other individuals in the interview process should be driven by the needs of the child in balance with preserving the integrity of the assessment.
5. Inform the child as to your identity, purpose and role and explain in terms appropriate to the child's developmental level what to expect during the interview.
6. As part of the rapport building process prior to conducting the formal interview, ask the child questions to assess the child's developmental stage and level of understanding. Adjust the interview questions to meet the developmental stage of the child.
7. Use the "Categories for Interviewing and Assessment of Alleged Child Victims, Siblings, and Other Children" found in Section "C" of this procedure when conducting these interviews.
8. Throughout the assessment process, the worker should ensure the child is kept informed (as is developmentally appropriate), and provided with emotional support. Discussions with the child regarding the assessment/investigative process will be documented in the case notes.
9. In closing the interview, the caseworker, as appropriate to the child's level of understanding, should:
 - a. help the child identify a healthy support system available to provide support;
 - b. describe available counseling and support groups in the community;
 - c. validate the child's feelings;
 - d. educate the child on prevention and protection techniques and safety planning.

B. Interviewing Children With Special Needs

1. Obtain as much information regarding the child's disability to help prepare for the interview, and to increase the effective outcome of the interview process. As a result of this process, when deemed necessary, contact the appropriate service provider, non-offending caregiver, educator, or other person who can provide support assistance in interviewing the alleged child victim.
2. Contact and conduct a pre-interview consultation with Lorain County Board of Developmental Disabilities (LCBDD) when children are identified as mentally or developmentally disabled. The consultation should be held to determine the need and level for LCBDD involvement in preparing and conducting the interview with the alleged child victim.
3. Follow sections: "A. Interviewing Alleged Child Victims, Siblings and Other Children", and "C. Categories for Interviewing and Assessment of Alleged Child Victims, Siblings, and Other Children" of this procedure when conducting these interviews.

C. Categories For Interviewing And Assessment of Alleged Child Victims, Siblings and Other Children

For the effective collection of information in assessing the level of child risk, include the following categories. Information within each category should be collected through interviewing, observation and collateral reports.

- Extent of physical injury
- Extent of emotional harm
- Adequacy of medical care
- Securement of basic needs
- Adequacy of supervision

- Physical hazards in the home
- Sexual abuse
- Frequency of dangerous acts or conditions to which children have been exposed
- Age, physical/cognitive/social development
- Emotional/behavioral functioning
- Self-protection ability
- Children's role in family
- Victimization of other children
- History of abuse or neglect and of domestic violence in the home
- Coping with problems in family functioning
- Attachment, bonding, nurturance
- Alleged perpetrator access to child.

D. Conducting A Physical Assessment of Children in Cases of Physical Abuse

Assessing children for physical abuse requires knowledge of procedure, physical abuse indicators, and a high level of sensitivity. Staff must be emotionally and mentally prepared to manage the process prior to, during, and after the physical assessment process is complete. When a referral is received regarding alleged physical abuse, it is expected that caseworkers will make every effort to assess for all outward signs of physical injury not just those contained in the allegation.

1. When possible, staff should be accompanied by another adult (parent, co-worker, nurse, etc.) when conducting a physical assessment of the alleged child victim of abuse. A physical assessment should be conducted for children who have been reported to have been physically abused or there is a concern based on information obtained by the caseworker that the child may have been abused.
2. When a parent or caregiver is not present, and disrobing is necessary, at least one of the two adults should be the same gender as the alleged child victim. Whenever possible, a child above age three (3) years will not be disrobed in front of someone of the opposite sex. Disrobing means exposing what would normally be considered the child's private parts.
3. If a child does not want to participate in or when the child requests termination of the physical assessment process, discontinue and make arrangements for a medical professional to continue the physical assessment. Document efforts made to conduct the assessment and steps taken to obtain assistance in the case record. Consult with your Supervisor if you have any questions.
4. In cases where the alleged child victim is unable to disrobe without assistance, staff or accompanying adult should assist the child in disrobing in the following manner:
 - a. expose one area of the body at a time beginning with clothing above the waist; and
 - b. observe the area, take photos when necessary in accordance with the Evidence Gathering section; and
 - c. replace clothing prior to exposing the next area of the body.
5. When there is a concern that the child requires medical and/or psychological evaluation/attention, arrange for immediate medical/psychological care.
 - a. If the child appears to be suicidal or a threat to others, contact ESS at the Nord Center immediately Phone No. 1-800-888-6161
 - b. If the child's psychological status is not life threatening but of immediate concern, contact the non-offending parent or (if child is in school) have the school personnel locate an emergency contact person in order for the child to get psychological/psychiatric services ASAP.
 - c. If the child has injuries that are causing pain, appear to be untreated and a health threat or have other medical concerns that appear to require immediate attention, contact the non-offending parent ASAP for assistance in obtaining medical attention. If the child is at an out-of-home care setting facility such as school, day care, etc. there may be medical staff able to assess the need for immediate medical intervention and call for an ambulance, if necessary.
 - d. If there is no response from the non-offending caregiver, or if the caregiver is the alleged perpetrator and there is no one else to contact who can assist in obtaining immediate

medical assistance, contact your supervisor or anyone in management for direction. APA consultation may be necessary.

At this point the assessment should be suspended until the safety needs of the child are addressed. Medical and psychiatric emergencies should not be handled by LCCS staff.

If the caseworker is unable to observe and/or photograph the physical injury they should contact their Supervisor or the Supervisor on call for further instructions.

E. Conducting Sexual Abuse Interviews

In addition to the previous sections, the following should be applied in cases where sexual abuse has been reported:

1. Genital exams should be conducted by authorized medical professionals only. LCCS staff should not do physical assessments of children in the context of sexual abuse investigations.
2. Follow the Sexual Abuse Investigations Procedure.
3. Any physical evidence from sex abuse will be documented by medical professional only.

F. Chain of Physical Evidence Collection

1. Physical evidence collection as a result of the assessment process should be documented and submitted to the authority as recognized by the Memorandum of Understanding.
2. The type of evidence collected should be documented in the case record.
3. Staff should not take physical evidence without the consent of the owner, or consultation with law enforcement, or the prosecutors office.

G. For cases with Medical Concerns :

Releases of information will be signed within the first 7 calendar days of the case initiation. Caseworker will collaborate with medical treatment providers to gather complete current and historical medical needs.

Should parents/custodians not agree to sign any releases Caseworker should consult their supervisor and possibly the APA.

Barriers should be identified of the parent and why they cannot prioritize their child(ren) medical needs, and this includes family support.

Factors to consider as high risk; Concerns over inability to engage parent(s) regarding medical concerns for their child(ren), parent(s) possess no insight to the special needs of their child(ren) and parent(s) are unable to integrate parenting practices from the information medical providers presented in classes or services.

Ensure that the parent(s) follow through immediately with all medical appointments.

Make the Help Me grow referral (if age appropriate) and ensure that it is received.

Documentation that caseworker contacted pediatrician's office and all other medical professionals to make sure all appointments were made for all the children in the home and there are no concerns.

H. Photography

1. When conducting a physical assessment of the alleged child victim for signs of physical abuse, assure photographs are taken of discovered bruises, lacerations, etc. Per the O.R.C. 2151.421, 1) "any person who is required to report CA/N may take or cause to be taken color photos of areas of trauma visible on the child or if medically indicated, cause to be performed radiological exam of the child." If the reporter indicates there are injuries, ask if photographs have been taken or if medical assistance is needed or has been requested.
2. Assure that at least one photograph of the alleged child victim includes the adult witness (other than the staff conducting the investigative assessment) with the child victim. This will help to establish the time frame in which the photo was taken, and verify that the witness was there.
3. Each photograph of alleged child victims should have an identifier present (piece of child's clothing. . .) and at least one photograph should include the child's face and clothing to assure

that the evidence collected demonstrates the photograph series is of the same child. If the mandated reporter has taken photos and gives them to you, be sure that the photos identify who took the picture, name, address, and phone number.

4. When an object has been identified as the cause of a child's injury, a photograph of the object should be taken.
5. All photographs should be identified with the following information to be written on the back of the photo:
 - a. name of the individual who took the photo
 - b. date it was taken
 - c. name and age of the child
 - d. address of living environment if photograph was taken for a neglect case
 - e. what the picture is, i.e., injuries, home, weapon, etc.
 - f. name and address of adults/witnesses in photos
6. When there is an allegation of observable physical injury and the caseworker finds that there is no injury, a photograph should be taken to document that as well.
7. In cases of environmental neglect, obtain permission from the head of the household. If the worker is denied permission to photograph evidence of environmental neglect including the children and the living environment, contact law enforcement for assistance. If possible have an officer meet the caseworker at the home immediately; otherwise as soon as possible. Documenting the observations in descriptive detail, consulting with the supervisor and APA should be done in these cases.

I. Interviewing The Non-Offending Caregiver

1. Explain the purpose and role of the agency to the caregivers. Utilize the Diligent Efforts checklist to locate absent parent. If non-offending caregiver resides in Lorain County and LCCS is aware of their location face to face contact is required. See Face to Face Procedure.
2. Inform the caregiver of the allegations made being careful to protect the identity of the referent;
3. Interview questions should include the categories listed in Section I, Categories For Interviewing and Assessment of the Non-Offending Caregiver, of this procedure.
4. In closing the interview :
 - a. obtain from the caregivers the names and location of people who are included in their network of support;
 - b. describe available counseling and support groups in the community and provide a resource list;
 - c. describe behavioral indicators of the abuse the child experienced, and prepare them for possible behavioral changes in the days to come;
 - d. develop a safety plan to protect the child as appropriate.
 - e. gather information for the Safety and Family Assessments and concurrent planning using the Family Contacts Form.

J. Categories For Interviewing and Assessment of the Non-Offending Caregiver

For the effective collection of information in assessing the level of child risk, include the following categories. Information within each category should be collected through interviewing, observation and-collateral reports and should be addressed as part of the Family Assessment

- a. Adequacy of supervision.
- b. Physical hazards in the home
- c. Dangerous acts, frequency of dangerous acts or conditions to which children have been exposed
- d. Age
- e. Their description of children's physical intellectual/social development, intellectual, physical, psychological impairment
- f. Self-protection ability
- g. Children's role in family
- h. Cognitive abilities

- i. Physical health
- j. Emotional/mental health functioning
- k. Domestic violence
- l. Substance abuse
- m. Response to stressors
- n. Parenting practices (all parents) including family traditions, daily routines, expectations, types of discipline, how meals are managed, bed times, managing school work and attendance, supervision, entertainment, etc.
- o. Family roles, interactions, and relationships (include fathers)
- p. Resource management and household maintenance
- q. Extended family, social, and community connectedness
- r. Caretaker's victimization of other children
- s. Caretaker's abuse/neglect as a child
- t. Impact of past services
- u. Family's perception of their ability and willingness to protect the child (address AP's access)
- v. Family's view of their strengths and problem areas - in Family & Safety Assessments perceptions.

K. Interviewing Alleged Perpetrators

- b. When a criminal investigation is involved, coordinate the interview schedule with law enforcement. It is also possible, by plan with law enforcement, to defer interviewing the alleged perpetrator regarding an alleged incident to law enforcement. The alleged perpetrator should know that LCCS is involved. Written police reports documenting the interview is required if LCCS was not part of the interview. Any deferral of interviewing the perpetrator to law enforcement must be documented in the case record. If law enforcement is not going to charge the perpetrator and LCCS investigations is still open and LCCS was not part of the interview between Law Enforcement and the perpetrator, LCCS will need to interview the perpetrator.
- c. Interviewing regarding Family Assessment elements must be conducted by LCCS. Explain the purpose and role of the agency to the alleged perpetrator.
- d. Inform the alleged perpetrator of the allegations in the report in a non-confrontive, non accusatory manner, always protecting the identity of the Referent.
- e. Interview questions should include the categories listed in the next section of this procedure.
- f. In closing the interview:
 - a. as appropriate, develop a safety plan to protect the child;
 - b. describe available counseling and supportive services in the community and provide a resource list;
 - c. describe next steps in the process and what the alleged perpetrator can expect to happen following the conclusion of the interview.
 - d. when law enforcement is involved, share only that information about next steps and the investigation which has been approved by law enforcement.
 - e. obtain Family Assessment and Family Contacts information.

L. Categories For Interviewing and Assessment of Alleged Perpetrators

For the effective collection of information in assessing the level of child risk, include the following categories. Information within each category should be collected through interviewing, observation and collateral reports.

- Alleged perpetrator's response to the allegation
- Culpability
- Adequacy of supervision
- Physical hazards in the home

- Dangerous acts
- Frequency of dangerous acts or conditions to which children have been exposed
- Age
- Cognitive abilities
- Physical health
- Emotional/mental health functioning
- Domestic violence past and current
- Substance use past and current
- Response to stressors
- Parenting practices (all parents) including family traditions, daily routines, expectations, types of discipline, how meals are managed, bed times, managing school work and attendance, supervision, entertainment, etc.
- Family roles, interactions, and relationships (include fathers)
- Resource management and household maintenance
- Extended family, social, and community connectedness
- Caretaker's victimization of other children
- Caretaker's abuse/neglect as a child.
- Impact of past services
- Alleged perpetrator access to child
- Ability and willingness to protect the child.

M. Gathering Information From Collateral Sources and Witnesses

Collaterals and witnesses may include landlords, neighbors, family members, spiritual advisors, any professional service provider, friends, referents, school personnel

1. Assigned staff shall gather information by telephone, in person, through written documentation, etc., to obtain the following information:
 - d. Knowledge and observations concerning the allegation, including any current safety risk to the child or past incidents of concern.
 - e. Any additional information regarding their knowledge of family and child functioning, their perceptions of the family strengths or concerns and risk of harm to the child.
 - f. Knowledge and observations concerning the alleged perpetrator including access to the child or other children.

N. Case Disposition

Every screened in report represents an opportunity to do both of the following:

- Determine whether the child/children who are part of the report are at risk of harm and are in need of protective services.
- Determine whether the alleged maltreatment of child/ren did or did not occur.

It is possible for every allegation in a report to be verified as accurate and for maltreatment to be unsubstantiated when the allegations contained in the referral do not constitute abuse or neglect as defined by the Ohio Administrative Code.

Conversely, a caseworker may find that many of the allegations the reporter made cannot be verified, but that other information discovered during the investigation does constitute maltreatment as defined by the Ohio Administrative Code.

Below, you will find the following:

- Definitions of Abused and Neglected Child as well as Abused and Neglect Child in out of home case settings from the Ohio Administrative Code

- Definitions of Report Dispositions from Ohio Administrative Code
- Guide-lines as to what LCCS deems acceptable "forms of confirmation" for substantiation of allegations as well as what LCCS deem to be acceptable "isolated indicators of maltreatment" for indication of maltreatment.

Please be sure to consider the totality of information you have collected as well as the relevant definitions and guide-lines prior to making a case disposition.

Then having done so, please articulate the rationale behind your case dispositions in the final summary of your assessment tool.

Definitions to Consult while making Case Dispositions:

"Abused child," pursuant to section 2151.031 of the Revised Code, includes any child who:

- Is the victim of sexual activity as defined under Chapter 2907. of the Revised Code, where such activity would constitute an offense under Chapter 2907. of the Revised Code except that the court need not find that any person has been convicted of the offense in order to find that the child is an abused child. (ORC Chapter 2707 is an appendix for your reference.)
- Is endangered as defined in section 2919.22 of the Revised Code, except that the court need not find that any person has been convicted under section 2919.22 of the Revised Code in order to find that the child is an abused child. (ORC 1919.22 is an appendix for your reference.)
- Exhibits evidence of any physical or mental injury or death, inflicted other than by accidental means, or an injury or death which is at variance with the history given of it. Except as provided in this definition, a child exhibiting evidence of corporal punishment or other physical disciplinary measure by a parent, guardian, custodian, person having custody or control, or person in loco parentis of a child is not an abused child under this definition if the measure is not prohibited under section 2919.22 of the Revised Code. (ORC 1919.22 is an appendix for your reference.)
- Because of the acts of his parents, guardian, or custodian, suffers physical or mental injury that harms or threatens to harm the child's health or welfare.
- Is subjected to out-of-home care child abuse.

"Out-of-home care child abuse" pursuant to section 2151.011 of the Revised Code, means any of the following when committed by a person responsible for the care of a child in out-of-home care:

- Engaging in sexual activity with a child in the person's care.
- Denial to a child, as a means of punishment, of proper or necessary subsistence, education, medical care, or other care necessary for a child's health.
- Use of restraint procedures on a child that cause injury or pain.
- Administration of prescription drugs or psychotropic medication to the child without the written approval and ongoing supervision of a licensed physician.
- Commission of any act, other than by accidental means, that results in any injury to or death of the child in out-of-home care or commission of any act by accidental means that results in an injury to or death of a child in out-of-home care and that is at variance with the history given of the injury or death.

"Neglected child" pursuant to Chapter 2151. of the Revised Code includes any child:

- Who is abandoned by the child's parents, guardian, or custodian.
- Who lacks adequate parental care because of the faults or habits of the child's parents, guardian, or custodian.

- Whose parents, guardian, or custodian neglects the child or refuses to provide proper or necessary subsistence, education, medical or surgical care or treatment, or other care necessary for the child's health, morals, or well being.
- Whose parents, guardian, or custodian neglects the child or refuses to provide the special care made necessary by the child's mental condition.
- Whose parents, legal guardian, or custodian have placed or attempted to place the child in violation of sections 5103.16 and 5103.17 of the Revised Code.
- Who, because of the omission of the child's parents, guardian, or custodian, suffers physical or mental injury harming or threatening to harm the child's health or welfare.
- Who is subject to out-of-home care child neglect.
- Nothing in Chapter 2151. of the Revised Code shall be construed as subjecting a parent, guardian, or custodian of a child to criminal liability when solely in the practice of religious beliefs, the parent, guardian, or custodian fails to provide adequate medical or surgical care or treatment for the child.

"Out-of-home care child neglect," pursuant to section 2151.011 of the Revised Code, means any of the following when committed by a person responsible for the care of a child in out-of-home care:

- Failure to provide reasonable supervision according to the standards of care appropriate to the age, mental and physical condition, or other special needs of the child.
- Failure to provide reasonable supervision according to the standards of care appropriate to the age, mental and physical condition, or other special needs of the child, that results in sexual or physical abuse of the child by any person.
- Failure to develop a process for all of the following:
 - Administration of prescription drugs or psychotropic drugs for the child.
 - Assuring that the instructions of the licensed physician who prescribed a drug for the child are followed.
 - Reporting to the licensed physician who prescribed the drug all unfavorable or dangerous side effects from the use of the drug.
- Failure to provide proper or necessary subsistence, education, medical care, or other individualized care necessary for the health or well-being of the child.
- Confinement of the child to a locked room without monitoring by staff.
- Failure to provide ongoing security for all prescription and nonprescription medication.
- Isolation of a child for a period of time when there is substantial risk that the isolation, if continued, will impair or retard the mental health or physical well-being of the child.

"Withholding of medically indicated treatment" is the failure to respond to the disabled infant's life-threatening conditions by providing treatment (including appropriate nutrition, hydration, and medication) which, in the attending physician's reasonable medical judgment, will most likely be effective in ameliorating or correcting all such conditions. Withholding medically indicated treatment may constitute neglect of a child. This term does not include the failure to provide treatment (other than appropriate nutrition, hydration, or medication) to a disabled infant when, in the attending physician's reasonable medical judgment, any of the following circumstances apply:

- The disabled infant is chronically and irreversibly comatose.
- The provisions of such treatment would merely prolong dying, or not be effective in ameliorating or correcting all of the disabled infant's life-threatening conditions, or otherwise be futile in terms of survival of the disabled infant.
- The provisions of such treatment would be virtually futile in terms of the survival of the disabled infant and the treatment itself under such circumstances would be inhumane

"Abandoned child", pursuant to section 2151.011 of the Revised Code, means a child who is presumed abandoned when the parents of the child have failed to visit or maintain contact with the

child for more than ninety days, regardless of whether the parents resume contact with the child after that period of ninety days.

"Reasonable medical judgment" is a medical judgment that would be made by a reasonably prudent physician, knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved.

Possible Case Disposition Definitions:

"Report disposition" means one of the following determinations of whether a report of abuse or neglect has occurred or is occurring specific to an alleged child victim:

- (a) Family moved - unable to complete assessment/investigation.
- (b) Family moved out-of-county - refer to appropriate PCSA.
- (c) Indicated -**ONLY UTILIZED IN SEX ABUSE CASES**
- (d) Substantiated.
- (e) Unable to locate.
- (f) Unsubstantiated.

"Family moved - unable to complete assessment/investigation" means the report disposition when a PCSA cannot confirm or deny child abuse or neglect allegations based upon a full assessment/investigation because the family moved after the PCSA made contact with the family but the family's current whereabouts are unknown or the family now lives out of state and a referral was made to the child services agency where the family currently resides.

"Indicated" means the report disposition in which there is a circumstantial or other isolated indicator of child abuse or neglect lacking confirmation; or a determination by the caseworker that the child may have been abused or neglected based upon completion of an assessment/investigation. **LCCS only uses indicated in Sex Abuse cases.**

"Substantiated report" means the report disposition in which there is an admission of child abuse or neglect by the person(s) responsible; an adjudication of child abuse or neglect; or other forms of confirmation deemed valid by the PCSA.

"Unsubstantiated report" means the report disposition in which the assessment/ investigation determined no occurrence of child abuse or neglect.

LCCS deems the following forms of confirmation to be valid for purposes of substantiating a disposition:

- there is a conviction, adjudication, or admission by the alleged perpetrator; or
- there is medical evidence of a non-accidental injury as determined by a medical professional; or
- the child discloses and there is corroborative evidence; or
- there is a **credible** witness with corroborative evidence supporting the allegation; or
- there is validation through the presence of significant evidence that establishes a clear factual foundation for the determination of "substantiated."

LCCS deems the following isolated indicators to be valid for purposes of making an "indicated report" disposition IN SEX ABUSE CASES ONLY.

- there is medical and/or other indicators of child abuse (sex abuse) but confirmation is lacking at the time of the investigative assessment process; or
- there is an injury inconsistent or at variance with the history given; or
- there is a suspicious injury with no explanation; or
- there is **credible, consistent** disclosure by the child, but corroborative evidence is lacking.

- At the conclusion of an assessment/investigation, the determination by the caseworker that the child has been abused should be based upon the use of objective tools for assessing safety and risk.

Credibility of Assessment/Investigation Informants (Witnesses):

The following factors should be considered in all investigations when judging the credibility of a witness:

- Whether the witness's statements are logical, internally consistent, and consistent with other credible statements and known facts from other witnesses, collateral and other sources (e.g., does the witness appear to leave out or not know about information that he/she should know about?); or does the witness provide a significant amount of tangential and irrelevant information?
- Whether the witness was in a position to hear or see what is claimed; does the witness have first hand knowledge of the events described?
- Whether the witness has a history of being reliable and honest when reporting incidents or making statements regarding incidents; (similar to bullet (5) below).
- Whether the witness has a special interest or motive for making a false statement (e.g., is there a possible bias of the witness?); For example, is a relative attempting to wrongfully obtain custody or is a teen-aged child trying to inappropriately manipulate the custody determination? In addition, if the parents have a conflicted relationship then there may be a motive to hurt the other.
- The witness's relevant disciplinary history such as involvement in similar past allegations.
- The witness's demeanor during the interview (e.g., did the witness appear evasive or not forthcoming?). This could include assessment of body language.
- Whether the witness gave a factually rich description by providing a detailed description of events.
- Length of time between incident and report, for instance is there a significant or unreasonable delay between the alleged incident and the reporting of the incident?
- Who is the source of information? For example, if the witness is a professional or mandated reporter, then their opinion is highly respected. How old is the witness? Does the witness have cognitive or mental health deficits?

All information collected as a result of investigative assessment activities should be used to support the case disposition. Assessment of the case will be based on the worker's judgment, information gathered in the Safety and Family Assessments and any other collateral information the worker is able to obtain. The worker must connect the family with necessary services and supports prior to assigning or closing the case. Included in the case assessment must be:

1. Consultation with other professionals involved in the case in order to develop a plan to strengthen the family and/or protect the child. Professionals include doctors, teachers, tribal representatives, counselors, therapists, probation officers, etc.
2. Collaboration with other professionals to develop a plan that would likely achieve safety, well-being, and permanency for the child.
3. Documentation of all steps taken to ascertain the safety and well-being of the child(ren).
4. Assessment of the ability of the family to protect the child(ren) and provide permanence for the child(ren).
5. Description of the extent of the family's support system, including community or tribal involvement with the family and the ability of the family to sustain the involvement.

Case disposition is to be determined within 45 days of acceptance of the referral as a report, (but up to a 15-day extension may be obtained with supervisory permission, when the need for further information can be documented). The case disposition should be documented in the "Case Disposition" section of Family Assessment and the "Case Analysis" section of the Family Assessment. For CARA cases the substance field on the disposition page in SACWIS will be completed in the area of harm descriptions and substances. It is the expectation that a case will

close 7 calendar days after the Family Assessment is completed if the case decision is "close".

III. RESPONSIBILITIES

Direct Services staff will follow the procedures as outlined above. Supervisors will monitor and assure compliance.

IV. ASSOCIATED FORMS/INFORMATION:

Administrative Code Rules:

5101:2-36-01 Intake and Screening Procedures for Child Abuse, Neglect, Dependency and Family in Need of Services Reports; and Information and/or Referral Intakes

5101:2-36-03 PCSA Requirements for Intra-Familial Child Abuse and/or Neglect Assessment/Investigations

5101:2-36-04 PCSA Requirements for Conducting a Specialized Assessment/Investigation

5101:2-36-05 PCSA Requirements for Conducting Stranger Danger Investigations

5101:2-36-06 PCSA Requirements for a Deserted Child Assessment/Investigation

5101:2-36-07 PCSA Requirement for Conducting an Assessment/Investigation of the Alleged Withholding of Medically Indicated Treatment from a Disabled Infant with Life-Threatening Conditions

5101:2-36-08 PCSA Requirements for Involving a Third Party in the Assessment/Investigation of a Child Abuse or Neglect Report

5101:2-36-09 Requirements for Dependent Child Assessments/Investigations

5101:2-36-10 PCSA Requirements for Responding to Family in Need of Services Reports

5101:2-36-11 Justification to Extend Time Frames for Completion or Waive Completion of Assessment/Investigation Activities

5101:2-36-12 PCSA Requirement for Cross-Referring Reports of Child Abuse and/or Neglect

5101:2-36-13 Intrastate and Interstate Referral Procedures for Children's Protective Services

5101:2-33-21 Confidentiality and Dissemination of Information Relating to Child Abuse or Neglect

Forms and Templates

Safety Assessment (SACWIS)

Family Assessment (SACWIS)

Letter--Case Disposition--Caregiver Only (*template*)

Letter--Case Disposition--Caregiver Only--Spanish (*template*)

Letter--Case Disposition--Caregiver is Perpetrator (*template*)

Letter--Case Disposition--Perpetrator (*template*)

Letter--Case Disposition--Perpetrator--Spanish (*template*)

Letter--Case .Resolution--SAC form (*template*)

Letter--Mandated Reporter (*template*)

Letter--Mandated Reporter--No Investigation (*template*)

Letter--Third-Party Investigation Disposition (*template*)

Child Abuse or Neglect Intake Report Worksheet Form (*template*);

Sex Abuse Investigation Protocol (form)

Notification of Child Abuse/Neglect (form)

Diligent Efforts

Attachment A: "Misconceptions & Facts Re: Protecting Parents Constitutional Rights During Child Abuse & Neglect Investigations & Assessments

Refer to these other procedures:

Environmental Neglect

Sex Abuse Investigations

Memorandum of Understanding

Case Coordination and Collaboration

CAPMIS Tools

Concurrent Planning

Face to Face Contact for Non-Custody Cases
 American Indian Children Entering the Child Welfare System
 Dissemination of Information to Mandated Reporter
 Children with Serious Injuries: Assessment and Intervention
 Drug Screening Referral Process: Urine and Oral Fluid

Procedure Section Code:	Direct Services	
Date Approved:	1/8/99	<i>Kristen Fox-Berki, MSSA, LISW-S</i>
Revision Date:	3/00,3/02, 1/03, 3/04, 7/06, 3/07,3/08, 3/09, 7/10, 11/10, 6/11, 7/12, 2/13, 3/15, 8/15, 11/16, 9/18, 4/21, 4/23	Kristen Fox Berki MSSA, LISW-S
Next Review Date:	4/2025	

E. Standards and procedures to be used in handling and coordinating investigations of reported cases of child abuse and/or neglect

Methods to be used in interviewing the child who is the subject of the report and who allegedly was abused and/or neglected, alleged perpetrators, and other family members and witnesses/collaterals will be discussed and agreed upon in advance by the **Lorain County Children Services** and the corresponding law enforcement agency.

To the extent possible investigative interviews of children who are the alleged victims of reports of abuse and/or neglect where criminal activity is suspected, including reports of human trafficking, are cooperatively planned by **Lorain County Children Services** and the law enforcement agency of the jurisdiction.

Every effort will be made by the signatories of this MOU to prevent or reduce duplicate interviews of the victims or witnesses. When feasible, to reduce trauma complete only one interview with the alleged child victim/ child subject of the report. **Lorain County Children Services** agrees to be the lead agency in scheduling the time, place, and location of joint interviews as well as notifying all participants.

Before starting the interview, the participants will determine who is to be present in the room, who will be asking the questions, what areas are to be covered, and who will be the scribe for the interview. Audio and video recordings may be used when necessary.

When law enforcement or the prosecutor's office interviews a participant in a criminal investigation and a representative of **Lorain County Children Services** is not present, the interviews conducted by law enforcement or the prosecutor's office may be used by **Lorain County Children Services** to meet the agency investigative requirements set forth in rule. Law enforcement or the prosecutor's office will forward a written summary of the interview to **Lorain County Children Services** upon request.

The **Lorain County Children Services** agrees not to proceed without the advice and consent of the prosecutor's office when a criminal investigation is being conducted concurrently. **Lorain County Children Services** will not jeopardize a criminal investigation but will work with law enforcement to protect the safety of the child victim or witnesses. Law enforcement will be the lead agency in the collection of forensic evidence and will coordinate with the necessary facilities to obtain and store such evidence properly.

Lorain County Children Services shall follow up with law enforcement to ensure timely assistance and to complete mandated assessment/investigation activities within the forty-five-day timeframe. The timeframe can be extended in special circumstances to a maximum of sixty days if law enforcement needs additional time, however, **Lorain County Children Services** must make a disposition within the sixty-day timeframe.

F. Standards and procedures addressing the categories of persons who may interview the child who is the subject of the report and who allegedly was abused or neglected

The categories of personnel who may conduct interviews of children who are the subjects of reports of alleged abuse, neglect, and/or dependency are limited to the following:

- Casework and supervisory staff of **Lorain County Children Services**.
- Law enforcement personnel
- County or city prosecuting attorneys, assistant prosecuting attorneys, in-house JFS legal counsel if applicable, and their investigative staff
- **Kidz First Child Advocacy Center**

G. Standards and procedures for Lorain County Children Services requests for law enforcement assistance

Lorain County Children Services may request the assistance of law enforcement during an assessment/investigation if one or more of the following situations exist:

- An exigent circumstance exists.
- **Lorain County Children Services** has reason to believe that the child is in immediate danger of serious harm.
- **Lorain County Children Services** has reason to believe that the worker is, or will be, in danger of harm.
- **Lorain County Children Services** has reason to believe that a crime is being committed, or has been committed, against a child.
- **Lorain County Children Services** worker must conduct a home visit after regular **Lorain County Children Services** business hours and a law enforcement escort if requested.

- **Lorain County Children Services** is removing a child from his or her family via an order of the court and the assistance of law enforcement is needed as **Lorain County Children Services** has reason to believe the family will challenge the removal.
- **Lorain County Children Services** is working with a client who has a propensity toward violence and the assistance of law enforcement is needed to ensure the safety of all involved.
- **Lorain County Children Services** is working with a family that has historically threatened to do harm to PCSA staff.

H. Specialized Investigations or Circumstances

To the extent possible, investigative interviews of children who are the alleged child victims/child subjects of the report of abuse and neglect where criminal activity is suspected, including reports of human trafficking, physical and sexual abuse, domestic violence, child endangering, or the like, are cooperatively planned by **Lorain County Children Services** and the law enforcement agency of jurisdiction.

1. Out-of-Home Care

Lorain County Children Services conducts an out-of-home care investigation in response to a child abuse or neglect report that includes an alleged perpetrator who meets one or more of the following criteria:

- Is a person responsible for the alleged child victim's care in an out-of-home care setting as defined in rule 5101:2-1-01 of the Administrative Code.
- Is a person responsible for the alleged child victim's care in out-of-home care as defined in section 2151.011 of the Revised Code.
- Has access to the alleged child victim by virtue of his/her employment by or affiliation to an organization as defined in section 2151.011 of the Revised Code.
- Has access to the alleged child victim through placement in an out-of-home care setting.

Lorain County Children Services follows the procedures for conducting out-of-home care investigations as described in section 5101:2-36-04 of the OAC.

PROCEDURE NAME:	SUPERVISOR RESPONSIBLE	UNIT:
Out of Home Care Setting Investigations and Cross-Referring Reports	Julie Haight	Direct Services

I. PROCEDURE SUMMARY

The purpose of the Out-of-Home Care Setting investigation is to assess and investigate allegations of abuse or neglect by a person responsible for the care of a child in an out-of-home care setting licensed by the ODJFS. Out-of-Home care settings are defined as: a detention facility, shelter facility, family foster home, foster home, pre-finalized adoptive placement, certified foster home and approved foster care, organization, certified organization, child day care center, type A family day-care home, type B family day-care home, group home, institution, state institution, residential facility, residential care facility, residential camp, day camp, hospital, medical clinic, children’s residential center, public or nonpublic school, or respite home that is responsible for the care, physical custody, or control of a child.

The investigating worker will make a cross referral to law enforcement if the report of child abuse or neglect could constitute a criminal offense or if the worker requires assistance in the assessment.

**** IF THE REPORT IS BOTH A THIRD PARTY INVESTIGATION AND AN OUT-OF-HOME INVESTIGATION BOTH PROCEDURES MUST BE FOLLOWED.**

II. PROCEDURE STEPS

Out of Home Care Setting

1. Upon receipt of the referral, the worker taking the referral should collect all pertinent and specific information regarding the incident following the Referral Process procedure. That worker should then determine if a rating of abuse or neglect is warranted.
2. If the referral is screened in as abuse or neglect the worker taking the report should distribute copies of the report on blue paper to the following individuals: Direct Services Managers, Assigned Direct Services Caseworker and Supervisor, Director, Deputy Director, CQI Manager, and PR Manager if applicable.
3. When the investigation involves a child in the custody of LCCS the person who screens in the referral should provide copies of the report on blue paper to the all those in step #2 plus the FBC Manager, FBC Supervisor of Foster Care, assigned FBC workers and all other caseworkers assigned in SACWIS.
4. If the child is involved with 4C a copy of the report should be provided to the LCCS 4C Liaison on blue paper.
5. When the investigation involves a network foster home in which a child in LCCS custody is placed, the investigating caseworker will notify the FBC Manager, FBC Supervisor/foster care caseworker, FBC Placement Coordinator, the primary caseworker and their supervisor, and Direct Services Manager, and provide them with a copy of the Intake Report Form.
6. When the investigation involves a network foster home, the FBC Manager or designee, will provide written notification of the allegations to the network foster agency, foster care supervisor/director, and the ODJFS licensing supervisor of the network agency. All notifications must be filed in the correspondence section of the child’s or family record.

7. The investigating worker must immediately contact the Out-of-Home Care Setting Administrative Officer, Director, or other Chief Administrative Officer of the agency being investigated (or the Board of Directors, County Commissioners, or law enforcement if the Administrative Officer, Director or Other Chief Administrative Officer is alleged to be the perpetrator) in order to:
 - a) Share information regarding the report;
 - b) Determine responsibility for informing the parents, guardian, or custodian of the alleged child victim;
 1. For in-home, TC, and PS cases the caseworker shall advise the parent, guardian, or custodian of the allegations and gather any information that may be pertinent to the investigation.
 2. Contact with the parent, guardian or custodian may be by phone or in person
 3. On PPLA cases where the agency has some contact with the child's parent, guardian, or custodian the caseworker shall inform them of the allegations.
 - c) Discuss what actions have been taken to protect the alleged child victim; and
 - d) Provide information about the investigative activities that will follow.
8. Written notification of the allegation and the person named as the alleged perpetrator must be made to the administrator, Director, or other Chief Administrative Officer no later than the end of the day following the day on which the report is received. This can be done via e-mail or fax to ensure it is received by the following day. This written notification is in addition to the steps outlined in #2 above.
9. In addition, the investigating caseworker will contact the following licensing and supervising authorities of the out of home care setting as appropriate:
 - a) The Ohio Department of Developmental Disabilities (ODDD) division of developmental center's quality assurance at: (614) 752-0487, when the report involves a developmental center managed by ODDD; and a foster or group home licensed by ODDD. Reports of abuse or neglect can also be made to the DODD Support Center 1-800-617-6733.
 - b) The Lorain County Board of Developmental Disabilities (LCBDD), when the report involves any program managed by the County Board of Developmental Disabilities. Contact the Intake coordinator at (440) 324-2366.
 - c) The local Board of Mental Health, the director at: (440)233-2020, and the Ohio Department of Mental Health (OCMH), the director at: (614) 466-2596, when the report involves a residential care facility licensed by ODMH.
 - d) The Ohio Department of Youth Services (ODYS) chief inspector at: (614) 466-8783 when the report involves an institution or facility for delinquent children managed by ODYS; or the juvenile judge and ODYS division of parole, courts, and community services when the report involves a detention or rehabilitation facility managed by a juvenile court and approved by ODJYS. If the report involves the Lorain County Detention Home the Administrative Judge or Court Administrator (Jody Barilla) should be notified.
 - e) The superintendent of the local schools and the Ohio Department of Education (ODE) at: (877) 644-6338, when the report involves a primary or secondary school setting, or ODE's legal counsel (614) 466-4705 when reports involve the school for the deaf or blind managed by ODE and early education program such as head start.
 - f) The Ohio Department of Job and Family Services (ODJFS), Childcare Hotline Help Desk at: 1-(877) 302-2347 **use option 4**, when the report involves a foster home, group home, or the Child Care Licensing section when the report involves a day care center (more than 12 children), or a type A family day care home (licensed to care for 7 – 12 children) which is, or should be licensed by ODJFS or a Type B family day care (non-licensed home that cannot care for more than 6 children and no more than 3 of those children can be under the age of 2 years).
 - g) The local County Department of Job and Family Services (LCDJFS) at: (440) 284-4428, when the report involves an in-home aide who is certified by the CDJFS, or a type B family day care home which is certified by CDJFS. The contact person is Lucy Wanderi.
 - h) When there is uncertainty regarding the governing regulating body, this information can be verified through an internet search or a phone call to the out of home care setting.

10. The investigating worker must attempt to coordinate the interview of the alleged child victim when another agency is required by statute or administrative rule to conduct its own assessment to address issues other than child abuse or neglect (i.e., internal management or licensure issues), when at all possible. An assessment conducted independently by another agency including a third party investigation conducted by law enforcement does not relieve LCCS of its responsibility for conducting an investigation.
11. The investigation should be conducted per the Conducting Assessments and Investigations procedure. The assessment and investigation information gathered should be placed on the Specialized Assessment and Investigation Tool.
12. The worker must contact law enforcement if the report could involve a criminal offense within 24 hours of receipt of the report to share information in accordance with Rule 5101:2-34-38 (Confidentiality) of the Administrative Code and the Child Abuse and Neglect Memorandum of Understanding. Verbal notification should be followed up in writing by sending the **Notification of Child Abuse or Neglect Form** within three (3) working days.
13. The investigation shall include interviews with:
 - a) The alleged child victims(s);
 - b) All children or adults who are witnesses of the abuse and neglect;
 - c) The AP;
 - d) Children or adults who are collateral sources of significant information. Discretion shall be exercised in the selection of collateral sources to protect the out-of-home care setting's right to privacy.
 - e) Interviews of additional children or staff may be warranted in order to fully assess and investigate the report.
14. At the completion of the investigation, but no later than 45 days after receipt of the report (60 days when a component of the investigation cannot be completed within 45 days and the reasons are documented in the case record), the investigating worker shall complete a case disposition. The summary shall include at a minimum:
 - a) Statements that support the case disposition;
 - b) The nature, extent, and circumstances surrounding the alleged abuse or neglect;
 - c) The alleged child victim's ability and need to protect himself;
 - d) The caretaker's ability and willingness to protect the alleged child victim;
 - e) The access of the alleged perpetrator to the alleged child victim;
 - f) The nature of the interaction of the alleged child victim with the caretaker and, if appropriate, the alleged perpetrator;
 - g) The strengths and concerns of the family or out-of-home care setting pertaining to the care of the children; and
 - h) The condition of the alleged child victim and, when applicable, other children residing in, or participating in activities in the out-of-home care setting.
16. When the investigation involves a network foster home, the Direct Services caseworker assigned the out-of-home care setting investigation and their supervisor will organize a meeting with the staff of the network foster agency. They will invite any other Direct Services staff involved, the Direct Services Managers, CQI Manager, FBC Manager, FBC Placement Caseworker, and the FBC Supervisor of Foster Care to this meeting.
17. Within two (2) working days of the completion of the case disposition, the assigned caseworker will provide written notification of the case disposition to the network administrator, director, or the chief administrator, and to the owner or governing board of the out-of-home care setting, along with the appropriate ODJFS licensing and supervising authorities. ODJFS has requested that disposition letters be emailed to childcarepolicy@jfs.ohio.gov.
18. Within two (2) working days of the completion of the case disposition, the assigned Direct Services caseworker shall send a disposition letter to the Alleged Perpetrator and the custodian of the alleged child victim.
19. Within two (2) working days of the completion of the case disposition, the Direct Services worker will contact the FBC Manager and the supervisor of the case disposition. The FBC

Manager will contact the licensing specialist with the SACWIS case id number and the final disposition via e-mail.

CAN Reports Involving School Personnel

1. When an out of home care setting referral is made alleging child abuse or neglect by a person who holds a license issued by the state board of education the Referral Specialists or other staff person taking the referral will make the decision to either screen it in or screen it out. If the referral is screened out, the person taking the referral is responsible for notifying the local Superintendent and ODE.
2. For screened in reports of CAN involving school personnel, caseworker completes the template "Ohio Department of Education (ODE) Child Abuse and Neglect Report" and forwards this electronically to Executive Director, Kristen Fox-Berki or designee for their signature.
3. The Executive Director or his designee will forward this form to the address located at the top of the form.
4. Once the Ohio Department of Education receives this form, they may request more information regarding the investigation.
5. This request by the ODE should be made in writing and before providing ODE with this information the caseworker should contact the prosecutor to determine whether criminal charges are going to be filed.
6. If criminal charges are going to be filed, the prosecutor will determine what information can be released to ODE.
7. If no criminal charges are going to be pursued, the PCSA must release the requested information to ODE.

It is not appropriate to send any witness statements, police reports, or any other investigative reports to Out-of-Home Caresetting personnel or administrators.

III. RESPONSIBILITIES

Responsibilities will be outlined as in the steps above.

IV. ASSOCIATED FORMS/INFORMATION

Child Abuse or Neglect Intake Report Form (template if SACWIS is down)
Specialized Assessment and Investigation Tool (template if SACWIS is down)
Letter - Case Disposition - Caregiver Only (template)
Letters to Mandated Reporter (template)
Letter - Case Disposition - Perpetrator (template)
Ohio Department of Education Child Abuse and Neglect Report Form (template)
Notification of Child Abuse or Neglect Form (template)

PROCEDURES:

Referral Process
Conducting Assessments and Investigations
Third Party Investigations
Confidentiality
Memorandum of Understanding
Sexual Abuse Investigations
Case Assignment Process

Ohio Administrative Code

- 5101:2-33-21, Confidentiality and Dissemination of Information Relating to Child Abuse or Neglect.

- 5101:2-36-03 PCSA Requirements for Intra-Familial Child Abuse and/or Neglect Assessment/Investigations
- 5101:2-36-04 PCSA Requirements for Conducting a Specialized Assessment/Investigation
- 5101:2-36-05 PCSA Requirements for Conducting Stranger Danger Investigations
- 5101:2-36-06 PCSA Requirements for a Deserted Child Assessment/Investigation
- 5101:2-36-07 PCSA Requirement for Conducting an Assessment/Investigation of the Alleged Withholding of Medically Indicated Treatment from a Disabled Infant with Life-Threatening Conditions
- 5101:2-36-08 PCSA Requirements for Involving a Third Party in the Assessment/Investigation of a Child Abuse or Neglect Report
- 5101:2-36-12, PCSA Requirements for Cross-Referring Reports of Child Abuse and Neglect:

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Next Review Date:	2/2025	

2. Third-Party Investigations

In accordance with section 5101:2-36-08 of the OAC, **Lorain County Children Services** shall request a third-party investigation be conducted by a local law enforcement agency or a PCSA in a contiguous county when there is potential for a conflict of interest because one of the following parties is a principal of the report:

- Any employee of an organization or facility that is licensed or certified by the Ohio Department of Job and Family Services (ODJFS) or another state agency and supervised by the PCSA.
- A foster caregiver, pre-finalized adoptive parent, adoptive parent, relative, or kinship caregiver who is recommended, approved, or supervised by the PCSA.
- A type B family childcare home or type A family childcare home licensed by ODJFS when the CDJFS has assumed the powers and duties of the county children services function defined in Chapter 5153. of the Revised Code.
- Any employee, or agent of ODJFS or the PCSA as defined in Chapter 5153. of the Revised Code.
- Any authorized person representing ODJFS or the PCSA who provides services for payment or as a volunteer.
- A foster caregiver or an employee of an organization or facility licensed or certified by ODJFS and the alleged child victim is in the custody of, or receiving services from, the PCSA that accepted the report.
- Any time a PCSA determines that a conflict of interest exists. The PCSA shall document in the case record if a conflict of interest is identified.

Lorain County Children Services shall request that law enforcement serve as the third party when a report alleges a criminal offense. **Lorain County Children Services** must request the assistance of a third party within 24 hours of identifying that a conflict of interest exists.

[Insert county-specific information, including standards and procedures for handling and coordinating joint investigations, including sharing of investigative reports and procedures.]

PROCEDURE NAME:	SUPERVISOR RESPONSIBLE	UNIT:
Third Party Investigations	Julie Haight Andrea Hall Miller	Direct Services CQI

I PROCEDURE SUMMARY

The purpose of Third Party Investigations is to investigate complaints of abuse/neglect when the following parties are involved as principals; and there is potential conflict of interest because one or more of the following parties is a principal of the report:

1. Any employee of an institution or facility that is licensed or certified by ODJFS or another state agency and is supervised by LCCS.
2. A foster caregiver or pre-finalized adoptive parent, adoptive parent, relative, or kinship caregiver who is recommended, approved, or supervised by the PCSA. (We have been given guidance that the report does not constitute a conflict of interest if the principal is a relative or non-relative previously approved by LCCS who holds Legal Custody and the referral constitutes a re-opening of a previously closed case.)
3. A type B family day care home certified or licensed by a county department of job and family services (CDJFS) that has assumed the powers and duties of the county children services function defined in Chapter 5153 of the Revised Code.
4. Any employee, or agent of ODJFS or the PCSA as defined in Chapter 5153 of the Revised Code.
5. Any authorized person who is representing ODJFS or LCCS and who provides service for payment or as a volunteer.
6. A foster caregiver or an employee of an institution or facility licensed or certified by ODJFS and the alleged child victim is in the custody of, or receiving services from, the PCSA that accepted the report.
7. Any time the PCSA determines that a conflict of interest exists. The PCSA shall document in the case record if a conflict of interest is identified.

An assessment is considered a Third-Party Investigation whenever a fiduciary relationship exists between LCCS and the party who is the subject of the report. For example: LCCS receives an abuse report and the parents of the ACV are also licensed foster parents for a private agency. This will only be considered a Third Party if LCCS uses this private agency for placement of our children or if LCCS has a contract with the parents for a service. If LCCS does not have a fiduciary relationship with this family than this should be completed as an interfamilial investigation.

All Third-Party Investigations are handled by the Direct Services staff and the Lorain County Sheriff's Department or the local law enforcement agency following the Memorandum of Understanding (MOU). Another PCSA shall be utilized by LCCS for completing an investigation if an employee is identified as a principal of the Child Abuse/Neglect report. We have historically worked with Medina County.

****IF THE REPORT IS BOTH A THIRD-PARTY INVESTIGATION AND AN OUT-OF-HOME INVESTIGATION BOTH PROCEDURES MUST BE FOLLOWED**

II. PROCEDURE STEPS

1. The worker receiving the referral must determine that abuse and/or neglect has occurred or is at risk of occurring by obtaining specific information regarding the incidents of concern. It is important to obtain the date (or approximate date) of the alleged incident(s). The determination as to how to rate the referral and the appropriate actions to take should be

made in consultation with the worker's supervisor and FBC, if the complaint involves an LCCS foster home, immediately upon receipt of the report.

- a. If the DS supervisor determines that it is screened out, it will be run by one of the DS managers for confirmation.
 - b. If it is screened out, the FBC supervisor will review it as a rule violation. (Follow the Rule Violation procedure).
2. An Intake Report form shall be completed and copied on blue paper.
 3. All Third-Party Investigations are handled by a caseworker who is not the primary worker. The investigating caseworker must work independently of the ongoing caseworker. A law enforcement agency or another PCSA may serve as the third party to the assessment/investigation of child abuse/neglect. If the child abuse/neglect report alleges a criminal offense the PCSA shall request assistance from law enforcement. If it is unclear if it is a criminal offense, contact law enforcement. The investigating caseworker should not be involved in the ongoing service provision and decision making.
 4. If the report is not alleging a criminal offense, the PCSA may request the assistance of another PCSA as the third party and both agencies should agree to participate in the assessment/investigation including the delegation of investigatory responsibilities.
 5. For emergency reports, the investigating caseworker shall attempt face-to-face contact with the alleged child victim(s) within one (1) hour. For a non-emergency report that involves potential physical abuse or neglect of the child that is reportedly ongoing, the investigating caseworker shall attempt face-to-face contact with the alleged child victim(s) the same business day the report is received. If questions arise about making contact with the alleged child victim(s) the worker should consult immediately with their supervisor.
 6. When the report involves persons representing LCCS and providing services for payment by LCCS, the worker receiving the report will provide copies of the Intake Report Form to the Direct Services supervisor or designee, the Direct Services Managers, FBC Manager, the Continuous Quality Improvement Manager, the Director of Social Services and the Executive Director within one (1) hour of the report being completed in SACWIS. Determination of the need to share the concern with any others will be dependent upon the potential need to protect other children in the care setting.
 7. The investigating caseworker will coordinate with law enforcement regarding how the investigation will be handled. This will include defining law enforcement and LCCS roles. Requests for a Third-Party Investigation by law enforcement shall be made to the following law enforcement entities and followed up with a written request within three (3) days of the receipt of the report using the Notification of Abuse or Neglect form. The Notification form should be sent to:

Department	Phone/Fax/Email	Address
Amherst Police Department	Ph: 440-988-2625 Fax: 440-988-3009 mmurphy@amherstpolice.net	Amherst Police Department Attn: Detective Bureau 911 N. Lake Street Amherst, OH 44001
Avon Police Department	Ph: 440-934-1234 Fax: 440-934-4054 dfischbach@avonpd.com	Avon Police Department Attn: Chief Richard Bosley 36774 Detroit Road Avon, OH 44011
Avon Lake Police Department	Ph: 440-933-4567 Fax: 440-930-4106 Fax to Sgt. Reikowski If after 3 pm and needs immediate attention, call dispatch and ask for the fax to be given to the shift	Avon Lake Police Department Attn: Detective Bureau 32855 Walker Road Avon Lake, OH 44012

	supervisor	
Elyria Police Department	Ph: 440-323-3302 Fax: 440-326-1357 pelko@cityofelyria.org groomes@cityofelyria.org lantz@cityofelyria.org	Elyria Police Department Attn: Capt. Pelko 18 West Avenue Elyria, OH 44035
Grafton Police Department	Ph: 440-926-2662 Fax: 440-926-2043	Grafton Police Department ATTN: Chief Clark 1009 Chestnut Grafton, OH 44044
Lagrange Police Department	Ph: 440355-4469 Fax:440-355-5556 Lgpd2@windstream.net	Lagrange Police Department Attn; LT Ramsey 301 Liberty St Lagrange, OH 44050
Lorain County Sheriff's Department	Ph: 440-323-1212 Fax: 440-329-3771 rvansant@loraincountysheriff.com	Lorain County Sheriff's Department Attn: Capt. Don Barker
Lorain Police Department	Ph: 440-204-2100 Fax: 440-204-2535 Roger_watkins@cityoflorain.org Tabitha_angello@cityoflorain.org Linda_McCarty@cityoflorain.org	Lorain Police Department Attn: Chief McCann 100 W. Erie Avenue Lorain, OH 44052
North Ridgeville Police Department	Ph: 440-327-2191 Fax: 440-353-0834 kjones@nridgeville.org afreas@nridgeville.org	North Ridgeville Police Department Attn: Chief Mike Freeman 7307 Avon Beldon Road North Ridgeville, OH 44039
Oberlin Police Department	Ph: 440-774-1061 Fax: 440-774-1150 mellis@oberlinpd.com	Oberlin Police Department Attn: Chief Ryan Warfield 85 S. Main Street Oberlin, OH 44074
Sheffield Lake Police Department	Ph: 440-949-7131 Fax: 440-949-2898	Sheffield Lake Police Department 609 Harris Road Sheffield Lake, OH 44054
South Amherst Police Department	Ph: 440-986-8118 Chief@southamherstpd.com	South Amherst Police Department Attn: Chief Michael Frazier 103 W. Main Street South Amherst, OH 44001
Vermilion Police Department	Ph: 440-967-6116 Fax: 440-967-4094 dshupe@vermilionpolice.com	Vermilion Police Department Attn: Chief Chris Hartung 5791 Liberty Avenue Vermilion, OH 44089

Wellington Police Department	Ph: 440-647-2244 Fax: 440-647-3641 raviles@villageofwellington.com	Wellington Police Department Attn: Chief James McPike 117 Willard Square Wellington, OH 44090
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8. **When the incident requiring the Third-Party Investigation occurs in Grafton, Lagrange, Sheffield Lake or the Ohio State Highway Patrol jurisdiction per the MOU the Lorain County Sheriff's Department is to be contacted and will conduct the criminal investigation. If the incident occurs in Kipton and no one is on duty, please refer to the LCSO. These incidents should be sent to the attention of Sgt. Don Barker (see above for full contact information). In addition to sending the original to Sgt. Barker copy/fax the notification to the proper jurisdiction.**

If the referral involves a child in the custody LCCS, a foster/adoptive home, relative/kinship home, or any home licensed, recommended, or approved by LCCS follow these steps:

1. The investigating Caseworker of the Third Party report will immediately notify any assigned Direct Services caseworker and their supervisor, and the assigned FBC worker, FBC supervisor, FBC Manager, DS Managers, CQI Manager and all other caseworkers assigned to the family/child in SACWIS of the Third Party investigation. If the child is involved with 4C the LCCS 4C Representative (currently Julie Haight) should also receive a copy of the report. These reports should be distributed to all the above parties and copied on blue paper.
2. The investigating caseworker may choose to bring the child(ren) to LCCS or another neutral location to conduct the interviews to ensure the child(ren) is interviewed away from the alleged perpetrator.
3. It is best practice that all children in custody will be removed from the foster home that is involved in the Third Party investigation and placed in respite. The investigating caseworker or supervisor must contact the assigned (non-investigating) Direct Services worker or supervisor and FBC support/placement teams for input as to where the child(ren) may be safely placed during the investigation. The Direct Services Caseworker and the FBC Caseworker will assist the investigating caseworker with removal of the child(ren) whenever possible. This team of Direct Services Caseworkers and FBC Caseworkers will communicate and decide on how the removal, placement and notifications to parents, GAL and foster parents will occur. (This is of course dependent on the urgency of the need to move the child(ren)).
4. The investigating and assigned caseworker may contact a relative, conduct an initial assessment (environmental home inspection/police check) and arrange temporary placement in the relative's home (for children placed with a relative or third party).
5. For LCCS licensed homes, FBC will notify the ODJFS licensing specialist within 24 hours of receipt of the report.
 - a. For LCCS licensed foster homes the Out Of Home Administrator is Kris Ross or a designee.
 - b. A courtesy e-mail will be sent to Kelly Weaver the licensing authority of ODJFS the same day of the report by the Out of Home Administrator.
 - c. Kelly Weaver will also be notified via SACWIS by the Out of Home Administrator.
6. No later than 72 hours from completion of the screening decision, the following information must be entered into the Statewide Automated Child Welfare Information System (SACWIS):
 - a. Type of initial contact with law enforcement (either verbal or written); and
 - b. Type of third party.
7. The assessment and investigation information gathered should be placed on the Specialized Assessment and Investigation tool.

8. Upon completion of the investigation, the investigating caseworker will notify the assigned worker, and will arrange for a team meeting: if the investigation involved an LCCS foster home or a child in the custody of LCCS and an open case.
 - a. If the investigation involved an LCCS foster home or a child in the custody of LCCS the team meeting shall include the following people: FBC supervisor, FBC support worker,, CQI Manager, FBC Manager, Direct Services Managers, Direct Services Supervisors (assigned), and Direct Services workers (assigned), any other caseworker or supervisor assigned to the child/family in SACWIS. This team meeting will be held within (5) working days (unless other circumstances prohibit it from occurring within this time frame) of the completion of the investigation to discuss the finding.
 - b. When the investigation involves a network foster home, the investigating caseworker will invite the FBC Manager, FBC supervisor and FBC support worker to attend the meeting with the staff of the network foster home.
 - c. FBC Manager will follow up with licensing authority Kelly Weaver via email regarding the disposition of the investigation. Kelly Weaver does receive notification of the disposition through SACWIS
9. Third Party Investigations will be completed within forty-five (45) days and a copy of the completed investigation including the Intake Report From, Family Assessment or the Specialized Investigation and Assessment form and any pertinent Activity Logs will be provided to:
 - a. Assigned Direct Services workers and supervisors involved
 - b. FBC Manager (when an LCCS foster home or a child in the custody of LCCS is involved)
 - c. FBC Supervisor (when LCCS foster home is involved)
 - d. FBC Secretary (when LCCS foster home or child in the custody of LCCS is involved)
 - e. Direct Services Managers
 - f. Continuous Quality Improvement Manager

If the referral involves LCCS staff or there is any other conflict of interest:

1. The worker receiving the information must immediately notify the LCCS CQI Manager or their designee.
2. The worker who received the information will make contact with a neutral PCSA (Medina County) and provide the information to them to enter into SACWIS.
3. The decision as to whether or not the referral should be screened in or out will be made by the neutral PCSA.
4. The Executive Director or their designee shall ensure all information regarding a referral on an LCCS staff member is properly secured via the CQI Manager.

If another PCSA requests LCCS to investigate a Third-Party Conflict of Interest referral:

1. The person taking the report will notify the Direct Services Managers of the report.
2. The requesting agency will enter the Intake Referral into SACWIS, screen it in, and link it to the appropriate case. (LCCS does not enter the referral in these situations)
3. The intake will be assigned to a DS caseworker per the Case Assignment procedure.
4. The requesting agency will assign the LCCS Supervisor who will in turn assign the DS caseworker and secretary to the case.
5. The DS caseworker will follow the procedure for Conducting Assessments& Investigations up to the point of the Family Assessment.
 - a. The DS caseworker will complete the family assessment but will not make a disposition on the Intake.
 - b. Once the Family Assessment is complete, the DS caseworker or supervisor will contact the requesting agency to let them know that the investigation is complete.
 - c. The requesting agency will review the investigation and enter the disposition

III RESPONSIBILITIES

Responsibilities will be outlined as in the steps above.

IV INFORMATION/FORMS ASSOCIATED WITH THIS PROCEDURE

Ohio Administrative Code 5101:2-36-08

Procedures:

- Referral Process
- Conducting Assessments and Investigations
- Confidentiality
- Memorandum of Understanding
- Sexual Abuse Investigations
- Case Assignment Process
- Rule Violation

Procedure Section Code:	Direct Services & FBC	<i>Kristen Fox-Berki, MSSA, LISW-S</i>
Date Approved:	11/12/14	
Revision Dates:	10/2017, 3/2018, 10/2021	Kristen Fox-Berki MSSA, LISW-S
Next Review Date:	10/2023	

3. Child Fatality- Suspected cause of death is abuse or neglect

Lorain County Children Services is governed by ORC section 307.622 and must have a child fatality review board.

See the procedure "Responding & Review to a Child Near Fatality/ Fatality Case" (next page)

PROCEDURE NAME:	SUPERVISOR RESPONSIBLE	UNIT:
Responding & Review to a Child Near Fatality/Fatality Case	Christina Turcola Andrea Hall-Miller	Direct Services CQI

I. PROCEDURE SUMMARY

This procedure is used to guide the Direct Services department in responding to child near fatality/fatality cases, or an impending death of a child. The procedure outlines steps to take when a case is currently open with LCCS as well as closed cases. This procedure should be followed in collaboration with Children with Serious Injuries – Assessment and Intervention procedure.

This procedure also outlines the process the Agency will use to conduct a Child Fatality Review for any case deemed to be appropriate for a review. The review will also serve as a way to identify any systemic problem which could improve practice.

Note: An Intake referral should reflect “Near Fatality” if the allegations meet the definition of a “Near Fatality”, which is an act of abuse or neglect that, as certified by a physician, places the child in serious or critical condition.

Child Fatalities are recorded differently. A “Child Fatality” includes any child death, regardless of cause or suspicion of abuse/neglect.

Note: In the absence of the CQI Manager, the designee for decision making shall be the Executive Director or other designee.

Note: If a child is in the custody of LCCS and on Life Support notify immediately the Direct Services Managers and Legal Counsel (APA). The Direct Services Managers will notify the Director of Social Service Programs and the Executive Director.

II. PROCEDURE STEPS

Open Case - Non-Accidental-

1. The screener or caseworker who receives the initial call regarding a death of a child or the imminent death of a child due to abuse or neglect and with whom we are currently active, will screen the case in as an active case referral and complete the following activity:
 - a. Immediately notify the following and provide copies of the Intake Report Form to the: assigned worker and supervisor, Direct Services Managers, CQI Manager, FBC Manager(if the fatality involves a foster child), Director of Social Service Programs and Executive Director, Public Relations Manager.
 - b. The worker assigned will not receive any future cases for five days, or as determined by the Direct Services Manager.
2. The Direct Services Managers will discuss the case assignment with the current supervisor and worker to determine the most appropriate course of action. The current DS worker, DS Supervisor or DS manager(s) may elect to keep the case with assistance from a co-worker, or due to the nature of the case, elect to have a new worker assigned to investigate.
 - a. All investigations will follow the Conducting Assessment and Investigation procedure with the exception of requirements in this procedure.
 - b. If the child resided in foster care or a residential facility, notify both FBC Supervisors.
3. If the child in question is in an LCCS foster home, network foster home, or residential facility, the Third Party procedure or/and Out of Home Care setting procedure will be used to investigate the death or imminent death. This process will only be used for non-accidental causes.

4. Within one hour of being notified, the assigned worker and/or supervisor will also complete the following notifications:
 - a. Local police department if the report was not from the law enforcement agency
 - b. If there is a GAL notify the GAL and Director of Voices For Children if the GAL is a volunteer
 - c. All former LCCS caseworkers and supervisors who have ever been assigned to the case.
 - d. The assigned supervisor will contact Children Services APA at the Lorain County Prosecutor's Office and notify them of the death. LCCS will ask The APA to contact one of the Criminal Division Prosecutors to ensure that they have been notified by law enforcement; the list with names and phone numbers are attached to this procedure.
 - e. If the child is in LCCS custody, the assigned supervisor will contact the biological parent/guardian informing them of its knowledge of the child's death.
 - f. If the child is in PC, the Director of Social Service Programs or Executive Director shall determine whether notification of biological parents/guardians is appropriate. If determined appropriate, the assigned supervisor, or designee will notify parents or document attempts to notify them.
5. All notifications will be documented in the case record.
6. Within 24 hours of learning of a child near fatality/fatality, the assigned Direct Services Supervisor and assigned Direct Services Caseworker assigned/responding to the fatality shall complete in SACWIS the ODJFS Child Fatality Report Face Sheet (JFS 01987) The Child Fatality Report Form can be found in SACWIS under the case navigation menu and will be displayed as the "Child Fatality/Near Fatality" hyperlink. Once the Child Fatality Face Sheet Report is completed the Direct Services Supervisor will email the Director of Social Service Programs, Direct Services Managers, and CQI Manager that the form is completed in SACWIS. Technical Assistance Specialist (TAS), Amanda Wagner, is notified through SACWIS once the Child Fatality Report Form is completed.
7. Within three working days of the referral, all dictation and other case paperwork up to the point of the fatality is to be completed in SACWIS and the case record.
8. Within five working days, the caseworker will request in writing a Certificate of Death and all pertinent autopsy, medical and/or police reports and provide a copy to the CQI Manager. The CQI Manager will provide a copy to the Executive Director upon receiving the information.

Open or Closed Case- UNSAFE SLEEP

1. The screener or caseworker who receives the initial call regarding a death of a child or the imminent death of a child due to unsafe sleep will screen the referral in as neglect and if LCCS is currently active, will screen the case in as an active case referral and complete the following activity:
 - a. Immediately notify the worker who will receive or is already open with the case with the current supervisor so they can discuss the appropriate plan of action. This could be to go to the site where law enforcement is investigating or if law enforcement has already investigated to make immediate contact with them.
 - c. Immediately notify the following and provide copies of the Intake Report Form to the: assigned worker and supervisor, Direct Services Managers, CQI Manager, FBC Manager (if the fatality involves a foster child), Director of Social Service Programs and Executive Director, Public Relations Manager.
 - d. The assigned supervisor will contact Children Services APA at the Lorain County Prosecutor's Office and notify them of the death. LCCS will ask The APA to contact one of the Criminal Division Prosecutors to ensure that they have been notified by law enforcement; the list with names and phone numbers are attached to this procedure.
 - e. The worker assigned will not receive any future cases for five days, or as determined by the Direct Services Manager.
2. The Direct Services Managers will discuss the case assignment with the current supervisor and worker to determine the most appropriate course of action. The current DS worker, DS supervisor or DS manager(s) may elect to keep the case with

assistance from a co-worker or supervisor, or due to the nature of the case, elect to have a new worker assigned to investigate.

- a. All investigations will follow the Conducting Assessment and Investigation procedure with the exception of requirements in this procedure.
 - b. If worker and supervisor are assisting Law enforcement at the scene of the fatality they shall ensure to be a part of all interviews with parent(s), caregivers, alleged perpetrators and witnesses.
 - c. Worker and supervisor need to be a part of any re-enactment led by Law Enforcement. Please be aware that the re-enactment may be video taped
 - d. If unsafe sleep is the fault of the parent(s), worker is to make a safety plan if other children are in the home.
 - e. Worker to obtain a drug screen of all adults in the home. (Law enforcement does not do this).
3. Within 24 hours of notification of the death, the assigned supervisor will complete the report identified in #5 of the "Open Cases – Non-Accidental" section of this procedure and follow steps #5-#8.

Closed Cases – Non-Accidental

1. When the call regarding the death of a child or the imminent death of a child with whom LCCS was involved with within the past twelve months (cases may be screened in if the past involvement is longer than 12 months or there is no history of involvement) is reported and it appears to be a suspicious death (not due to accident), the caseworker/supervisor receiving the initial report shall conduct the following activities:
 - a. Conduct a records check/SACWIS check to determine the Agency's involvement and whether the case was open within the last twelve months.
 - b. If there are other children in the family, the case will be Screened In and the worker will immediately notify and provide copies of the Intake Report Form to the following staff:
 - i. All supervisors and workers with past involvement
 - ii. Direct Services Managers
 - iii. CQI Manager
 - iv. Public Relations Manager
 - v. Deputy Executive Director
 - vi. Executive Director
 - c. Assigned supervisor will contact the Lorain County Prosecutor's Office to ensure that law enforcement has notified them of the death. The names and contact information is attached to procedure.

Within 24 hours of notification of the death, the assigned supervisor will complete the report identified in #5 of the "Open Cases – Non-Accidental" section of this procedure and follow steps #5-#8.

Accidental Reports of Death (Include Cases of Natural Causes)

1. When a report of an accidental death or the imminent death is pending, the caseworker/supervisor receiving the report shall immediately complete the following activities:
 - a. Complete a records/SACWIS check to determine agency involvement.
 - b. Notify the former worker(s) and supervisor(s), and if active, the current worker and supervisor, Direct Services Managers, Public Relations Manager, CQI Manager, Director of Social Service Programs, and Executive Director.
 - c. Depending upon the nature of the case, the Agency may open up a FINS case in order to assist the family in support or grief counseling.
 - d.
2. All requests by the media shall be forwarded to the Public Relations Manager and Executive Director.

Follow-Up Activities of Caseworker/Supervisor For A Child Near Fatality/Fatalities.

1. In all cases, as soon as possible, once permission from law enforcement is obtained, the assigned Direct Services Caseworker will request the caregiver (including foster care, adoption or kinship caregivers) to provide a full account verbally of the incident(s)/event(s)/timeline leading to the child's death, and actions taken, unless such statement would, according to police, hinder their investigation. Getting the detailed account may require coordinating with law enforcement, who may wish to conduct the first interview with the caregiver. All documents and descriptions of the fatality are to be kept in the appropriate client record.
2. If the near fatality/fatality is a result of natural causes and the child was placed in foster care, residential, or kinship care, the FBC worker may suggest supportive resources to the caregiver. If the fatality is a result of other than natural causes, contact with the caregiver will be as directed by the FBC Manager, or upon advice of the Prosecutor.

III. 24 Hour Meeting

1. An internal meeting will be held within 24 hours of the near fatality/fatality or the next business day with the management team and Deputy Executive Director and led by the CQI Manager to determine if a formal review is required. The need for a formal review is determined through a discussion regarding the specifics of the referral, case history and circumstance surrounding the fatality. The Executive Director shall be informed of the meeting and choose to attend or have the CQI manager update upon completion of the 24 hour meeting.
 - a. CQI Manager will confirm that all necessary notification and paperwork required has been completed to date.
 - b. Discuss the role of the Public Information Officer and media response if needed as well as current information.
 - c. If appropriate CQI will /share information with staff regarding the near fatality/fatality
 - d. Discuss the individuals who will be invited to the formal review, discuss their role and the expectation of them. .
 - e. Discuss funeral arrangements:
 - i. Role of birth/adoptive families and foster families
 - ii. Which staff is involved?
 - a. Children in PC
 - b. Children in TC
 - f. How to support staff, foster parents, birth/adoptive families, or others in grief.
 - g. A formal review will always be held when the agency is currently open and the near fatality/fatality happened while the agency was involved. All other near fatality/fatality reviews will be decided at the 24 hour internal meeting.
 - h. If no formal review is the decision, the CQI manager will notify all parties involved and notify the Executive Director of the outcome.

2. **IV Formal Review** When it has been determined that a formal review of the child near fatality/fatality case is needed, the CQI Manager will arrange for the review to occur no later than 30 days from the decision to conduct a formal review

3. The following individuals must be invited to the meeting:(Decided at 24 Hour Meeting)

- a. Assigned Direct Services worker
- b. Assigned Direct Services supervisor
- c. Previous worker(s)
- d. Previous supervisor(s)
- e. Direct Services Managers
- f. FBC Manager and Supervisors (if foster to adopt family involved)
- g. Director of Social Service Programs
- h. Others as deemed appropriate by the CQI Manager or designee

4. The Executive Director shall be informed of the date and time of the meeting by the CQI manager.

5. The CQI Manager will provide the primary worker and supervisor and the investigation worker and supervisor if different with the written outline of the review and the information they must be

prepared to discuss during the review and need to develop. (Refer to attached Review Outline for Child Near Fatality/fatality.)

6. CQI will complete the Fatality Administrative Review and provide to all parties invited to the fatality meeting at least 7 days before the meeting
7. All parties invited to the review shall read the following parts of the record:
 - a. All referrals
 - b. All Family Assessments
 - c. Case Plan (most recent or at the time of case closure)
 - d. Most recent Case Review or SAR
 - e. Activity Logs
8. The CQI Manager will facilitate the formal review and submit a verbal report within five days outlining the outcome of review and any recommendation for changes or improving the service delivery to the Executive Director and the Director of Social Service Programs. Within 5 working days of notification of a child fatality, the CQI Manager will send an e-mail to the Lorain County Child Review Board attention Stephanie Lesco. The e-mail should include the name of the deceased child, birth date, date of death, mother and father's name.
9. Within 10 days from the formal review the CQI Manager will submit a report to Council On Accreditation.

V. Trauma counseling offered to an LCCS employee

- a. Psych & Psych will provide short term crisis incident de-briefing services to assist LCCS employees.
- b. These services will be provided to LCCS Employees who have experienced a traumatic work-related event involving a fatality or near fatality of a child or parent.
- c. LCCS agrees to provide reimbursement to Psych & Psych Services for up to a maximum of three (3), 55-minute crisis incident de-briefing sessions, per employee.
- d. If further services are needed after the three (3) short term crisis de-briefing services have ended, the LCCS Employee will then be required to use their medical insurance.
- e. These sessions will be held at the Psych & Psych Services office in Elyria.

Steps to Access this Service:

1. Once an LCCS Employee indicates their need for crisis incident de-briefing services to Amanda Pittner, the LCCS Human Resources Manager or designee will fax and/or email a referral form requesting services for that Employee will be faxed to Psych & Psych.
2. The LCCS Employee will then be responsible for calling and scheduling their appointment. Psych & Psych Services will make all efforts to see the LCCS Employee within 24 hours of the contact call.

III. RESPONSIBILITIES

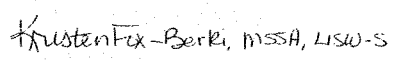
All Direct Services & FBC staff will be knowledgeable on how to handle a child fatality case. Supervisors and Direct Services & FBC Managers will ensure all staff is made aware of the procedure and the process.

All staff who are in Direct Services & FBC Departments will be responsible for understanding their role in a review. Direct Services supervisors will review the procedure during the orientation process to ensure workers are knowledgeable of the process.

IV. INFORMATION/FORMS ASSOCIATED WITH THIS PROCEDURE:

JFS 01987 Child Fatality Report Face Sheet (SACWIS)

Review Outline for Child Fatalities (form)

Procedure Section Code:	Direct Services, FBC, CQI	
Date Approved:	11/25/97	 Kristen Fox Berki, MSSA, LISW-S
Revision Dates:	11/98, 2/03, 3/05, 10/06, 1/08, 10/08, 5/10, 12/10, 6/13, 11/15, 4/16, 4/19, 4/21	Kristen Fox Berki MSSA, LISW-S
Next Review Date:	2/2025	

4. Child Fatality- Death of a child in the custody of Lorain County Children Services

Lorain County Children Services follows section 5101:2-42- 89 of the OAC following the death of a child in its custody.

See Procedure "Responding & Review to a Child Near Fatality/Fatality Case"

5. Allegations of withholding medically indicated treatment from disabled infants with life-threatening conditions.

Lorain County Children Services follows the procedures described in section 5101:2-36-07 of the OAC for responding to these reports.

The withholding of medically indicated treatment is the refusal to provide appropriate nutrition, hydration, medication, or other medically indicated treatment from a disabled infant with a life-threatening condition.

Medically indicated treatment includes the medical care most likely to relieve, or correct, the life-threatening condition. Nutrition, hydration, and medication, as appropriate for the infant's needs, are medically indicated for all disabled infants; in addition to, the completion of appropriate evaluations or consultations necessary to assure that sufficient information has been gathered to make informed medical decisions on behalf of the disabled infant.

In determining whether treatment is medically indicated, reasonable medical judgments made by a prudent physician, or treatment team, knowledgeable about the case and its treatment possibilities are considered. The opinions about the infant's future "quality of life" are not to bear on whether a treatment is judged to be medically indicated. Medically indicated treatment does not include the failure to provide treatment to a disabled infant if the treating physician's medical judgment identifies any of the situations listed in OAC section 5101:2-36-07(A)(3)(a-d).

Lorain County Children Services will gather and maintain current information regarding the name, address, and telephone number of each appropriate health care facility within its jurisdiction, as well as maintain current data regarding the name, title, and telephone number of each facility's contact person for allegations involving alleged withholding of medically indicated treatment from disabled infants with life-threatening conditions. The following are the current health care facilities and contact information:

University Hospital Medical Center
Hospital Ombudsman Office
440-329-7500

Cleveland Clinic Avon
Hospital Ombudsman Office
216-444-1135 (contact Stephanie Bayer)

Mercy Regional Medical Center
Regional Risk Officer
Call main operator 440-960-4000 and they will connect you or ask for Risk Officer to be paged.

Lorain County does not have a health care facility review committee; however, concerns are addressed with the appropriate health care facility's risk management office.

Please refer to the "Serious Injuries and/or Medical Neglect of Children Assessment and Intervention" for Lorain County Children Services' procedures for intervening in cases involving alleged withholding of medically indicated treatment.

PROCEDURE NAME:	SUPERVISOR RESPONSIBLE	UNIT:
Serious Injuries and/or Medical Neglect of Children Assessment and Intervention	Julie Haight & Christina Turcola	Direct Services

I. PROCEDURE SUMMARY

Serious injuries are those injuries that are currently debilitating or require medical treatment and follow-up and/or have potential long-term impact on physical or cognitive functioning. Serious injury examples include, but are not limited to, the following: broken bones, shaken baby syndrome, skull fractures, some burns, internal bleeding. Children who have incurred serious injury, whether alleged to be inflicted or accidentally incurred, are assumed to be at extreme risk of future harm, until an assessment and investigation of the circumstances under which the injury occurred is completed and the caretakers' ability to protect the child from future harm can be thoroughly assessed.

Medical neglect is a referral from a medical professional reporting that the parent or caregiver has not had a child treated for or addressed a current medical condition or illness. Referrals may come from, family members, school personnel or an interested third party with concerns over lack of follow through with appointments for recommended specialists, missed follow up appointments, missed or delayed needed medical procedures, missed medication for physical and/or mental health issues.

This procedure is meant to supplement the Conducting Assessments and Investigations procedure, providing additional considerations and guidance regarding necessary steps to ensure safety for these children.

II. PROCEDURE STEPS

Screening Considerations for Serious Injury reports:

1. The referent's knowledge of a situation re: Caretaker's appropriateness, for example, should not affect the screening decision/prioritization. (Even when the referent reports an explanation that is consistent with the injury and the caretaker is not the AP, until an investigation is initiated, there is no assurance that the Caretaker will not allow the AP access to the ACV.)
2. When the referent does not report an origin or explanation for the injury because the caretaker does not provide one, it is helpful to try to determine who has had access to the child before, during, and after the injury was incurred.
3. When the referent is from a medical facility, the Caseworker receiving the report should attempt to:
 - a. Gather names of all treating personnel as well as the names of those who accompanied the child.
 - b. Establish an actual or estimated date and time frame during which the injury likely occurred.
 - c. Get additional information about the child's medical history if possible.
 - d. Determine if law enforcement has been notified.
4. The Caseworker making the screening decision should consult the Supervisor of the Day/on Call if there are questions about prioritization and should assure that the case is initiated and assigned immediately.

Investigation Considerations:

1. Every attempt should be made to initiate and conduct interviews with law enforcement personnel.
2. Consult with treating professionals to determine the date and time frame in which the injury most likely occurred if this information is not part of the report.
3. Whether the injury is alleged to have occurred accidentally or to have been inflicted, the Caseworker will interview everyone who had access to the child immediately before, during, and since the time the injury is believed to have occurred.
 - a. It may be helpful to chart a timeline and have the parents assist with determining potential APs, witnesses, or collaterals by having the parents and/or child (if able) assist by retracing the events of the days surrounding the injury to gain an understanding of environments and persons of interest.
 - b. Caseworker will pursue topics such as knowledge as to origin and events surrounding injury as well as knowledge of other risk and protective factors.
 - c. Caseworker will acquire a very thorough understanding of usual parenting practices, supervision, and discipline practices, including names of people who typically care for the child when the parents are not available.
 - d. Caseworker will complete SACWIS and police background checks and will also check the court dockets online on any alleged perpetrator.
4. When origin or explanation for the injury is not part of the report, it is beneficial to take steps to identify potential explanations by checking with the treating physician, consulting the CAC or Child Abuse and Neglect Specialist (i.e.: a doctor from Rainbow Babies and Children's Hospital or Dr. Friedman at Cleveland Clinic, or Dr. McPherson from Akron Children's Hospital); checking Web MD or other internet sites (Search name of the injury and origin.).
5. The caseworker should consult with Law Enforcement, Child Advocacy Staff, treating medical staff, or an uninvolved, acknowledged expert once an explanation for the injury is offered, to assist in determination as to whether the explanation for the injury is or is not consistent with the injury.
6. The caseworker will collaborate with administrative assistant and medical treatment entities to gather a complete medical record for the child, including medical reports resulting from treatment of the serious injury. This step is to be expedited, as the child's records may play a crucial role in determining safety of a child. If the parents are not willing to sign a release enabling the Caseworker to gather medical records, the Caseworker should consult the Supervisor and potentially the APA.
7. During interviews with the ACV, parents, caregivers, the AP, witnesses, collaterals, the Caseworker will focus on gaining as much specific information regarding context of event(s) alleged to have caused the child's injury.
 - a. Context: Ask everyone reported to have been in the household at the time of the alleged injury where they were in the house and who was with them.
 - b. Ask all present at or around the time of the injury to provide some information about what was happening around the household (other area as applicable) and around the child specifically, before, at the time of, and after the injury.

8. Ask all interviewees to describe how parent(s) reacted to the injury (what they did, but what their affect was as well). A team meeting will occur as soon as LCCS is able to gather enough information regarding the incident and future needs of the child. LCCS should coordinate the meeting or at least telephonic exchange of information so that all parties can understand what has happened and what is needed medically and for future child safety. This teaming can be facilitated by LCCS' team facilitators at any location: to include LCCS, hospital, family/relative home. All parties should be given the opportunity to share needed information and ask questions. The meeting notes should be shared with all parties.

Safety Considerations:

1. If the child is unable to report the origin of his/her injury and the Caretaker does not report a credible explanation that is consistent with injury, all parties having had access to the child (at or near the time of the injury) are to be considered alleged perpetrators.
2. **** PLEASE CONSULT WITH SUPERVISOR REGARDING SAFETY PLANNING ACTIVITIES WHEN THE FOLLOWING FACTORS OCCUR: When the AP remains unidentified, the AP resides in the home, the explanation for the injury is inconsistent with the injury, or there is no explanation provided for the injury and the child is scheduled to be returned to the care of a parent, the Caseworker will address Safety Planning with the parents, seeking to obtain their agreement to place the child in the care of a person who did not have access to the child during the time frame in which the injury is presumed to have occurred.**
 - a. Preference will be given to a proposed caretaker with whom the child has a relationship.
 - b. Local background check should be completed on the adults in the proposed household prior to including this party in a safety plan for the child.
 - c. The Caseworker, or a designee for the Caseworker, should also do an environmental inspection of the home in which the child is scheduled to reside throughout the duration of the safety plan. The safety plan should explicitly state restrictions on contact for any potential AP.
 - d. If the Parents are not in agreement with a safety plan, the Caseworker should consult Supervisor and APA regarding a legally authorized safety plan.
3. Caseworker will consult Supervisor to plan next steps if the Caseworker is denied access to the ACV or is unable to establish or re-establish contact with the ACV during the investigation phase of the case. The Caseworker may need to pursue an Order of Access or other emergency court order.
4. Children who have been victims of serious inflicted injury are at risk of future maltreatment. The Caseworker will take the following precautions to monitor safety of the child:
 - a. Interview verbal children alone at least once monthly to determine whether anyone has attempted to or actually harmed them.
 - b. Take steps to examine non-verbal children in the presence of a parent, guardian, school nurse, or other trusted adult to monitor for signs of maltreatment, such as bruising, lacerations, or burns.
 - c. For verbal children who are presumed to be reluctant or even unwilling to self-report abuse, the caseworker may consult with his/her supervisor to make a decision as to whether it is in the child's best interests to periodically ask to see their bodies to monitor for injuries. This type of physical examination should always take place in the presence of another trusted adult (preferably of the same sex) and be conducted with the permission of the Custodian.

d. Any injuries revealed should be photographed with the child and the adult observer both appearing in the photograph. All photographs must be labeled with the name of the child, the trusted adult, the date, time, and the name of the Caseworker who photographed the injury.

Medical Neglect Cases:

All screening for these cases should follow the Referral Process Procedure

The caseworker will consult with supervisor the same day of contacting the parent(s) regarding the medical neglect case.

The caseworker will collaborate with administrative assistant and medical treatment providers (this includes hospital social workers) to gather complete current and historical medical records.

1. Releases of information will be signed within the first seven (7) calendar days of the case initiation.
2. Should parents/custodians not agree to sign any releases caseworker will consult their supervisor and possibly the APA.
3. Caseworker should schedule a team meeting with the FTM Facilitators.
4. The FTM meeting will take place within seven (7) working days of initiation or the first available date that can be scheduled. All parents, caregivers and medical providers will be invited. Please consult with your supervisor if a team meeting is not necessary.
5. Caseworker and supervisor should consider the number of referrals on a child for the same medical issue as a risk contributor.
6. Barriers should be identified of the parent and why they cannot prioritize their child(ren) special needs, and this includes family support.
7. Factors to consider as high risk; Concerns over inability to engage parent(s) regarding medical concerns for their child(ren), parent(s) possess no insight to the special needs of their child(ren) and parent(s) are unable to integrate parenting practices from the information medical providers presented in classes or services.
8. Ensure that the parent(s) follow through immediately with all medical appointments.
9. Making the Help Me Grow referral (if age appropriate) and follow up with Help Me Grow to ensure the referral is received.
10. Documentation that caseworker contacted pediatrician's office and all other medical professionals to ensure all appointments were made for all the children in the home and there are no concerns.

Well-Being Considerations:

1. Children who have been seriously injured may also have experienced trauma related to the event leading to the injury, the medical treatment following the injury, the investigation, and the safety planning process (if applicable).
2. Children ages 3 and up should be referred to a community mental health agency for trauma screening, assessment, and treatment if indicated.

III. RESPONSIBILITIES

Caseworkers and Supervisors are responsible for reviewing and following this procedure when conducting investigations or assessments involving children who have incurred serious injury.

Each incident of serious injury report shall be reviewed at the quarterly Clinical Risk Meetings. This review will include incident, outcome, current placement and status of the case.

To ensure that this happens the referral shall be shared with Director of Social Services, DS Managers and CQI Manager.

IV. INFORMATION/FORMS ASSOCIATED WITH THIS PROCEDURE:

Procedures:

Conducting Assessments and Investigations

Face to Face Contact: Custody

Face to Face Contact Non-Custody

Safety Plan

OAC:

5101:2-36-03 PCSA Requirements for Intra-Familial Child Abuse and/or Neglect Assessment/Investigations

5101:2-37-01 PCSA Requirements for Completing the Safety Assessment

5101:2-37-02 PCSA Requirements for Completing the Safety Plan

ODJFS Emanuals- Child Protective Services Worker Manual-Sections: Safety Assessment; Assessing Safety; Safety Planning

Procedure Section Code:	Direct Services	
Date Approved:	2/1/13	<i>Kristen Fox-Berki, MSSA, LISW-S</i>
Revision Dates:	2/21, 2/23	Kristen Fox-Berki MSSA, LISW-S
Next Review Date:	2/2025	

6. Allegations of child abuse and/or neglect constituting a crime against a child, including human trafficking, and require a joint assessment/investigation with law enforcement

See Procedure "Conducting Assessments & Investigations Traditional Response"

7. Reports of cases involving individuals who aid, abet, induce, cause, encourage, or contribute to a child or a ward of the juvenile court becoming dependent, neglected, unruly, and delinquent child

See Procedure "Conducting Assessments & Investigations Traditional Response"

8. Reports involving individuals who aid, abet, induce, cause, encourage, or contribute to a child or a ward of the juvenile court by leaving the custody of any person, department, or public or private institution without the legal consent of that person, department, or institution

See Procedure "Conducting Assessments & Investigations Traditional Response"

9. Receiving and responding to reports of missing children

Upon learning that a minor child has either run away from or is otherwise missing from the home or the care, custody, and control of the child's parents, custodial parent, legal guardian, or non-custodial parent **Lorain County Children Services** shall:

- Refer the reporter to the law enforcement agency in the appropriate jurisdiction.
- Contact the law enforcement agency for entry into the National Crime Information Center (NCIC) database if the child is in **Lorain County Children Services** custody.
- Contact the National Center for Missing and Exploited Children (NCMEC) if the child is in **Lorain County Children Services** custody.

Upon request of law enforcement, **Lorain County Children Services** shall provide assistance and cooperation in the investigation of a missing child, including the immediate provision of any information possessed by **Lorain County Children Services** which may be relevant in the investigation.

Law enforcement shall notify **Lorain County Children Services** upon learning that a minor child who is alleged to be in the child services system or who is known or suspected to be abused or neglected has either run away from or is otherwise missing from the home or the care, custody, and control of the child's parents, custodial parent, legal guardian, or non-custodial parent.

I. Standards and procedures for removing and placing children

1. Emergency

Emergency removal of a child from home is necessary when the child is at imminent risk of harm and in need of protection from abuse, neglect, or dependency.

An ex parte order may be issued with or without a complaint being filed. Prior to taking the child into custody the judicial fact-finder must make a determination that reasonable efforts were made to notify the child's parents, guardian, or custodian, or there were reasonable grounds to believe doing so would jeopardize the safety of the child, or lead to the removal of the child from the jurisdiction.

Juv. R 6 orders can be issued in-person, by phone, video conference, or otherwise. Reasonable grounds must exist to believe the child's removal is necessary to prevent immediate or threatened physical or emotional harm.

Findings must be made that the agency either did or did not make reasonable efforts to prevent the removal of the child from their home with a brief description of services provided and why those did not prevent the removal or allow the child to return home, and if temporary custody is granted to the PCSA an additional finding that it would be contrary to the welfare and best interest of the child to continue in the home. If granted, a shelter care hearing must be scheduled the next business day (but not later than seventy-two hours) after the emergency order has been issued. If the ex parte motion is denied the matter must be set for a shelter care hearing within ten days from the filing date.

See procedure "Removal from Home" for additional information (page X)

2. Non-emergency

Upon receiving a report alleging child abuse, neglect, and/or dependency, **Lorain County Children Services** commences an investigation in accordance with the requirements of section 2151.421 of the ORC. If the final case decision rises to the level of court involvement, **Lorain County Children Services** shall approach the juvenile court and file a complaint alleging the child(ren) to be abused, neglected, or dependent per ORC 2151.27. The matter will be set for a shelter care/preliminary protective hearing expeditiously by the juvenile court.

Reasonable oral or written notice of the time, place, and purpose of the hearing must be provided to the parents, guardian, or custodian unless they cannot be

found. The same parties are also entitled to notification that a case plan may be prepared, the general requirements, and possible consequences of non-compliance with the case plan.

The parties will be served with the complaint and summons to appear before the juvenile court. Unrepresented parties are advised by the juvenile court of their right to counsel. Counsel is appointed for children when abuse is alleged. A Guardian Ad Litem is appointed to all children subject of abuse, neglect, or dependency proceedings. A separate guardian ad litem may be appointed to minor parents or parents who appear mentally incompetent.

The judicial fact-finder must determine whether there is probable cause that the child is abused, neglected, or dependent; the child is in need of protection, whether or not there is an appropriate relative or kin willing to assume temporary custody of the child, reasonable efforts were made by **Lorain County Children Services** to prevent the removal or continued removal or to make it possible for the child to return home safely, and for temporary custody orders to **Lorain County Children Services** that it would be contrary to the welfare and best interest of the child to continue in the home. All other temporary orders should be requested and considered at this time.

J. Optional Section(s)

See Attachment C Disaster Planning
See Attachment D Safe Haven Baby

IV. TRAINING

Cross system training is to be provided to and a plan developed by all signatories of this MOU to ensure parties understand the mission and goals identified in this MOU and are clear about the roles and responsibilities of each agency. Periodic trainings events will be coordinated by **Lorain County Children Services** as the lead agency and notification of the trainings will be provided to the signatories of this agreement. By agreeing to participate in the county MOU process signatories express a commitment to attend training opportunities when presented.

V. CONFLICT RESOLUTION

Not Applicable (*if selected this section is not relevant.*)

When a conflict occurs among county partners, the effect is often broader than the individuals directly involved in the dispute. As disputes are often inevitable this MOU must set forth the local process by which disputes will be resolved so as not to disrupt program effectiveness.

As the mandated agency responsible for the provisions of child protective services, the ultimate decision on how to handle abuse, neglect investigations lie with **Lorain County Children Services**. Every effort will be made to take in to account other subscribers' requests and concerns relating to services.

Criminal investigations and prosecution remain the responsibility of the prosecuting attorney and appropriate law enforcement agencies. **Lorain County Children Services** will assist these agencies, but in no way, interfere or jeopardize a criminal investigation or prosecution.

For cases which come before the court as it relates to decisions and orders, the Juvenile Judge's rulings are final.

In the event internal conflict resolution efforts fail and a statutorily required participant refuses to sign or engage in the MOU process the PCSA is to consult with the County Prosecutor to explore available remedies.

VI. CONFIDENTIALITY STATEMENT

Any report made in accordance with ORC section 2151.421 is confidential. Both the information and the name of the person who made the report under section 2151.421 shall not be released to the public for use and shall not be used as evidence in any civil action or proceeding brought against the person who made the report.

Children services records are not public records and are exempt from Ohio's Sunshine Laws under ORC 149.43. Children Services records are confidential in nature and should be treated accordingly.

ORC section 2151.423 requires **Lorain County Children Services** to disclose confidential information discovered during an investigation conducted pursuant to section 2151.421 or 2151.422 of the Ohio Revised Code to any federal, state, or local government entity that needs the information to carry out its responsibilities to protect children from abuse or neglect. Likewise, law enforcement, **Kidz First Child Advocacy Center** and other entities are expected to release information to **Lorain County Children Services** for the purpose of carrying out its responsibility of protecting children from abuse and/or neglect.

{Abstract from Confidentiality and Dissemination of Information Procedure. Please See Appendix E for full procedure} Confidentiality of records is dictated by Federal and State laws and by good practice. To protect the confidentiality of client records, the identity of reporters of abuse and neglect, and the investigatory process from any unauthorized disclosure while enabling the sharing of information needed for the care and protection of children.

Lorain County Children Services Staff protects the confidentiality of all client information from unsanctioned disclosure. Staff does not confirm or deny the existence of a case and will not release information about a client to the public or service provider except as permitted by law. Whenever there is a question about the sharing of information, best practice is to seek advice from a supervisor or manager. As needed, the Lorain County Prosecutor is also a resource for advice on confidentiality/dissemination of information.

Each referral, assessment/investigation and provision of services related to reports of child abuse, neglect, dependency, or family in need of services is confidential pursuant to section 5101.131 of the ORC. This information may be shared only when dissemination is authorized by this rule.

If any information is disseminated, LCCS staff shall notify the receiver of the information that all of the following apply:

- The information is confidential and is not subject to further disclosure
- Unauthorized dissemination of the contents of the information is in violation of section 2151.421 of the Revised Code. Anyone who permits or encourages unauthorized dissemination of information is in violation of 2181.99 of the ORC and such a violation is a misdemeanor in the 4th degree. Under Ohio Revised Code 2151.423 a public children services agency shall disclose confidential information discovered during an investigation to any federal, state, or local government entity that needs the information to carry out its responsibilities to protect the children from abuse or neglect.

LCCS will document in SACWIS that the dissemination of information occurred. Documentation will include:

- The specific information disseminated.
- The date the information was disseminated.
- The agency, organization or individual to whom the information was disseminated.
- The reason for the dissemination of the information.

- *If required, written authorization to disseminate information. The confidentiality provisions of this MOU will survive the expiration or termination of this agreement.*

Information regarding the report and/or investigation of alleged abuse or neglect may be shared only when dissemination is authorized by OAC section 5101:2-33- 21 and in accordance with the procedures outlined in OAC section 5101:2-33-21. The unauthorized dissemination of confidential information is a misdemeanor and is punishable by law.

In the event of unauthorized dissemination of information, the party who learns of the breach of confidentiality will notify the Director of **Lorain County Children Services** as soon as possible. The notification will be sent to the Director in writing describing the circumstances surrounding the breach. The notification will specify the confidential information released, who is responsible for disseminating the confidential information, how it was disseminated, and the parties who have access to the information without authorization. The Director of **Lorain County Children Services** shall then refer this information to the prosecutor at their discretion.

VII. TERMS AND CONDITIONS AND STATUTORY REQUIREMENTS

This MOU must be retained for a period of at least seven years per the state of Ohio records retention schedule. Please refer to **Lorain County Children Services** records retention policy for information on forms to be completed and processes to be followed for the destruction of records.

Consultation among the signatories will be done in person, whenever practicable. When an in-person meeting is not possible the signer may employ the use of alternative methods of communication including but not limited to MS Teams, Skype, Zoom, or telephone as agreed upon by all members. When **Lorain County Children Services** is seeking consultation with a signer of this memorandum regarding an active referral of child abuse and/or neglect and has

met in person or spoken with another signer, **Lorain County Children Services** will make written contact with the appropriate agency by the next working day to request the needed information and make the referral in writing.

The required members shall review and evaluate the terms and conditions of the MOU every biennium. All required members to the MOU will sign the new or updated agreement. **Lorain County Children Services** is to submit the MOU to the Board of County Commissioners for review and approval with enough time for any revisions to be made prior to December thirty-first of the year.

This MOU does not inhibit good faith compliance with a subpoena issued by a Grand Jury or in a criminal case. Dissemination of records pursuant to the State's discovery obligations is authorized. However, work product and other privileges are expected to be upheld.

Failure to follow the procedure set forth in the MOU by the concerned officials is not grounds for, and shall not result in, the dismissal of any charges or complaint arising from any reported case of abuse or neglect or the suppression of any evidence obtained as a result of reported child abuse or child neglect and does not give, and shall not be construed as giving, any rights or any grounds for appeal or post-conviction relief to any person.

This MOU shall be governed by and construed in accordance with applicable state and federal laws and regulation. In the event any portion of this MOU is inconsistent with state

or federal law, that portion shall be without effect as if stricken from the document and the remaining portion shall remain in full force and effect.

VIII. SIGNATURES OF EACH PARTICIPATING AGENCY: *The number of required signatures will vary widely by county. It will be helpful to have the signatures take up the entirety of 1 page so counties can copy it to use for as many signature pages as needed.* The signature section authorizes the participating parties of the agreement to begin enactment of MOU protocols and activities. The participating members agree to follow the terms of this MOU and to meet at minimum once every biennium to review terms and conditions, evaluate if updates are needed, and sign a new or amended MOU

If any individual serving as a signatory changes mid-term, **Lorain County Children Services** is to provide the new required member with the current memorandum. The new member remains bound by the most recently approved version of the memorandum. Their signature is to be obtained and submitted on or before the next biennial review. A required member to this agreement may terminate their involvement in the MOU for good cause upon giving reasonable written notice to the other required members in this MOU.

DocuSigned by:
Kristen Fox Berki 10/13/2023
Kristen Fox Berki, Executive Director, Lorain County Children Services Date

DocuSigned by:
Sheriff Phil R. Stamitti 10/15/2023
Sheriff Phil R. Stamitti, The Lorain County Sheriff's Office Date

see email
Lt. Clifton Dowell Ohio State Highway Patrol Date

see sig page
Chief Mark Cawthon Amherst PD Date

DocuSigned by:
Chief Daniel Fischbach 10/25/2023
Chief Daniel Fischbach Avon PD Date

see explandor
Chief Vincent Molnar Avon Lake PD Date

see email
Chief Deon McCaulley Cleveland Clinic Police Date

DocuSigned by:
Chief William Pelko 10/25/2023
Chief William Pelko Elyria PD Date

DocuSigned by:
Chief Dan Clark 10/17/2023
PCA1284287CAF42
Chief Dan Clark Grafton PD Date

DocuSigned by:
Chief Clifton M Barnes 11/4/2023
F2560442384116
Chief James McManus Kipton Village PD Date

See sig page
Chief Mark Laubenthal LaGrange PD Date

DocuSigned by:
Chief James McCann 10/20/2023
A8C01A65A80ES
Chief James McCann Lorain PD Date

DocuSigned by:
Chief Paul Hruby, Jr. 10/16/2023
250117A2184
Chief Paul Hruby, Jr. Lorain County Metro Park Rangers Date

See explanation
Chief Ron Bonacci Mercy Health Police Date

DocuSigned by:
Chief Michael Freeman 11/7/2023
A868CF424652450
Chief Michael Freeman North Ridgeville PD Date

See sig page
Chief C. Ryan Warfield Oberlin PD Date

See explanation
Chief Andrew Kory Sheffield Lake PD Date

DocuSigned by:
Chief William Visalden, Jr. 10/31/2023
96BF7A42FA194FF
Chief William Visalden, Jr. Sheffield Village PD Date

See sig page
Chief Michael Frazier South Amherst PD Date

DocuSigned by:
[Signature] 10/14/2023
E80117C4194
Chief Chris Hartung Vermilion PD Date

See sig page ↑
(Jim McAlky)
Chief Jim Barfield Wellington PD Date

DocuSigned by:
Barbara Tamas, Director WDJFS 10/16/2023
4960FF4A242B4E4
Barbara Tamas, Director Lorain County Dept of Job and Family Services Date

DocuSigned by:
Judge Sherry Glass 10/23/2023
09C009ADFC841F
Judge Sherry Glass Lorain County Domestic Relations Court Date

DocuSigned by:
J.D. Tomlinson, Lorain County Prosecutor 10/16/2023
J.D. Tomlinson, Prosecutor Lorain County Prosecutors Office Date

DocuSigned by:
Gregory Willey, Friendship APL 10/17/2023
Gregory Willey, Executive Friendship Animal Protective League Date
Director

Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

Response Requested by: November 9, 2023

Please send responses to: Patti-Jo Burtnett, Director of Operations and Special Projects
Lorain County Children Services
226 Middle Avenue
Elyria, OH 44035

Fax: (440) 329-5978
Email: PattiJoBurtnett@ChildrenServices.org

I hereby acknowledge receipt and approval of the Lorain County Child Abuse & Neglect Memorandum of Understanding revised October 2023.

Third Party Investigations: I prefer that third-party investigations involving allegations of abuse/neglect by staff of ODJFS, Children Services or foster parents of Children Services be referred to:

My Department

Sheriff's Office

Signature: *Mike Freeman*

Title: Chief of Police

Department: North Ridgeville PD

Date: 11/7/2023

**Please know that Children Services can provide training to your department about reporting child abuse and neglect. This training will use local data, examples, and situations that officers might see as part of their policing that should prompt a call to Children Services. If your Training Officer would like to add this to your department's training schedule, please call (440) 329-5172.

Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

Response Requested by: November 9, 2023

Please send responses to:

Patti-Jo Burnett, Director of Operations and Special Projects
Lorain County Children Services
226 Middle Avenue
Elyria, OH 44035

Fax: (440) 329-5978

Email: PattiJoBurnett@ChildrenServices.org

I hereby acknowledge receipt and approval of the Lorain County Child Abuse & Neglect Memorandum of Understanding revised October 2023.

Third Party Investigations: I prefer that third-party investigations involving allegations of abuse/neglect by staff of ODJFS, Children Services or foster parents of Children Services be referred to:

X My Department

_____ Sheriff's Office

Signature: _____

Title: _____

Department: _____

Date: _____

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X My Department

_____ Sheriff's Office

Signature: MJECA : Mark E. Cawthon

Title: Chief of Police

Department: Amherst Police Department

Date: 11-09-2023

**Please know that Children Services can provide training to your department about reporting child abuse and neglect. This training will use local data, examples, and situations that officers might see as part of their policing that should prompt a call to Children Services. If your Training Officer would like to add this to your department's training schedule, please call (440) 329-5172.

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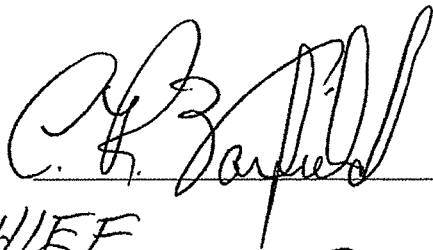
My Department
 Sheriff's Office

Signature: _____

Title: _____

Department: _____

Date: _____



CHIEF

OBERLIN POLICE

11/10/23

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My Department

Sheriff's Office

Signature: *Mike Freeman*

Title: Chief of Police

Department: North Ridgeville PD

Date: 11/7/2023

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Chief Dan Clark Grafton PD Date

Chief James McManus Kipton Village PD Date

Mark J. Laubenthal 11/6/23

Chief Mark Laubenthal LaGrange PD Date

Chief James McCann Lorain PD Date

Chief Paul Hruby, Jr. Lorain County Metro Park Rangers Date

Chief Ron Bonacci Mercy Health Police Date

Chief Michael Freeman North Ridgeville PD Date

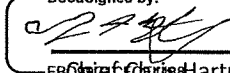
Chief C. Ryan Warfield Oberlin PD Date

Chief Andrew Kory Sheffield Lake PD Date

Chief William Visalden, Jr. Sheffield Village PD Date

Chief Michael Frazier South Amherst PD Date

DocuSigned by:



10/14/2023

Chief Charles Hartung Vermilion PD Date

Chief Tim Barfield Wellington PD Date

Barbara Tamas, Director Lorain County Dept of Job and Family Services Date

Judge Sherry Glass Lorain County Domestic Relations Court Date

Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

Response Requested by: November 9, 2023

Please send responses to:

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My Department

Sheriff's Office

Signature: _____

Title: _____

Department: _____

Date: _____

[Handwritten Signature]

Chief of Police

Wellington PD

11/06/23

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Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

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 X My Department

 Sheriff's Office

Signature:

MECA : Mark E. Cawthon

Title:

Chief of Police

Department:

Amherst Police Department

Date:

11-09-2023

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Ohio

Department of Public Safety

Mike DeWine, Governor
Jon Husted, Lt. Governor

Andy Wilson, Director
Colonel Charles A. Jones, Superintendent



November 13, 2023

Lorain County Children Services
226 Middle Avenue
Elyria, Ohio 44035

Ms. Patti-Jo Burtnett,

This letter is in response to the Ohio Department of Job and Family Services of Lorain County's request to have a signed Memorandum of Understanding between our two agencies. Although we will continue to work with Lorain County's Ohio Department of Job and Family Services on a case-by-case basis, we cannot enter into a broad-based agreement at this time. We value our relationship with your organization here in Lorain County and look forward to continuing our service.

Respectfully,

L.T.

Lieutenant Clifton Dowell
Elyria Post Commander
38000 Cletus Drive
North Ridgeville, Ohio 44039
(440) 365-5045
Cddowell@dps.ohio.gov

IX. Refusal to Sign Not Applicable (if selected this section is not relevant.)

The **Lorain County Children Services** attests they attempted to obtain the signature of all required participating agencies as set forth in Section II of this memorandum and as mandated through section 2151.4210 of the Revised Code. However, the following agency(ies) or individual(s) refused to sign this MOU.

Date: 12/08/2023

Agency, Name, Title:

Ohio State Highway Patrol, Lt. Clifton Dowell

Reason the individual refused to sign:

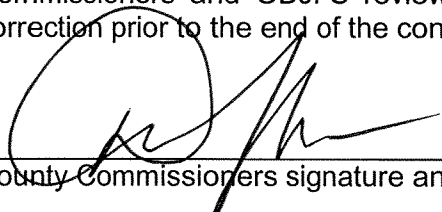
Cannot sign per Ohio Department of Public Safety (See attached email)

Awaiting on legal counsel for signatures:

Mercy Health Police Department, Avon Lake Police Department, Sheffield Lake Police Department. They have not refused; it is process related.


X. Board of County Commissioners

The **Lorain County Children Services** shall submit the MOU signed by all participating agencies, to the **[Enter the Name of the County]** Board of County Commissioners. The participating agencies will ensure there is adequate time for both the County Board of Commissioners and ODJFS review and approval process along with any returns for correction prior to the end of the contractual period.

 12/15/23

County Commissioners signature and date/Resolution/Vote

The Board of **[Enter County Name]** County Commissioners hereby review and approve the **[County name]** Memorandum of Understanding.

APPROVED AS TO FORM

DAN PETTICORD, ADVA

ATTACHMENTS

ATTACHMENT A: Document re: Collaboration between Lorain County Job and Family Services and Lorain County Children Services

Collaboration of Lorain County Job and Family Services (LCJFS) and Lorain County Children Services (LCCS)

Revised August 14, 2018

This Memorandum of Understanding is the collaboration between Lorain County Job and Family Services and Lorain County Children Services.

Missions/Goals:

"In partnership with the community, the staff, foster parents, and volunteers of Lorain County Children Services Board are committed to the safety and well-being of abused, neglected, and dependent children, and will provide the highest quality protection, permanency, and prevention services for children and families."

Lorain County Job and Family Services (including the Child Support Enforcement Agency) works to provide an integrated welfare system which consolidates economic support, child support and work activities in conjunction with other service providers. The Department operates with the understanding that public assistance is a temporary step to maintain a family while at the same time helping persons to reshape their future level of economic independence through a progressive series of activities of training, education, simulated work and work.

Both agencies work collaboratively with the community to maximize services which promote, strengthen, and increase self-sufficiency in families and safety for children.

Case Planning:

LCCS develops case plans for families receiving ongoing services from the agency. While many of these plans involve the suggestion that the family participate in activities designed to overcome parenting deficiencies, usually it is behaviors that need to change. Activities referenced may include attendance in mental health counseling, drug and alcohol treatment, or parenting classes. If the parents can change those behaviors so as to keep the children safe without participating in the activities, that is also acceptable. Therefore, the activities are usually a means to an end, rather than an end itself.

LCJFS develops case plans for those families on Ohio Works First (OWF) cash assistance to lead to self-sufficiency and employment. Single parent families are required to participate in work activities leading to self-sufficiency for 30 hours per week, and 2-parent families for 35 or 55 hours per week depending on whether subsidized day care is being received. LCJFS plans may include time allotted for alternative work activities such as counseling, parenting classes, drug and alcohol treatment.

Sharing Information Between Agencies:

Either agency will share information with the other by rule. The LCCS worker may not disclose the identity of a reporter or person providing information when discussing a case with

LCJFS. The LCJFS worker shall keep any information learned about an abuse or neglect assessment/investigation in a separate file from the agency's case record, per 5101:2-39-51 of the Ohio Administrative Code.

Per a March 19, 2001 memo from ODJFS, the PCSA (LCCS, in this instance) may also share information with the CDJFS (LCJFS) regarding possible child abuse and neglect during the (LCJFS) process of verifying certification and eligibility requirements for the child care program. This is intended to assist in assuring the health and safety of children.

Job and Family Services Intake:

When the Ohio Works First (OWF) worker identifies that LCCS is involved with a family, he/she will call LCCS to speak with the caseworker and exchange information regarding planning with the family or if they have any questions. Contact can be made with the LCCS caseworker by phone (329-5340, ask for the family's caseworker) or by e-mail, to email LCCS staff use first name, last name no spaces @childrenservices.org.

Along with verbal sharing of information, copies of case plans will be forwarded to each other upon request.

LCCS Assignment:

When a mutual case is discovered, the assigned LCCS worker will call or e-mail the LCJFS IM worker and ESC worker to advise that there is a mutual case, to determine the nature of involvement with LCJFS, and to share other information, as appropriate. The ESC worker would determine whether developmental or alternative work activities would be added to the Self-Sufficiency Plan and Contract and entered as assignments into CRISE or OBWP.

Notice of Planned Sanctions:

LCJFS is required to give the client a fifteen day notice of a plan to sanction or to terminate benefits and will notify LCCS if they believe that the client doesn't have a plan to keep the children safe.

LCCS will make an effort to reinforce the intent of the sanction by refusing to supply other emergency funds during the time a family is sanctioned, if LCCS is aware that the family has been sanctioned.

Family Reunification:

When a child is removed from the family's home, regardless of whether LCCS or a relative holds custody, LCJFS may leave that child on the family's cash grant for up to 180 days as long as there is a reunification plan and LCCS intends to return the child home within 180 days.

Upon a child's initial placement, LCCS Fiscal Department shall complete the Lorain County Family Reunification Information Exchange Form and send it to LCJFS, to notify LCJFS of the removal and of the request to continue the cash grant, if reunification is anticipated. LCCS must then report back to LCJFS at the end of each of the first five months in order to share progress and request an extension of the cash benefits for the following month. LCJFS will assume that the cash grant is not to be continued if notice is not received within five calendar days after the end

of the month. LCCS also needs to report at the end of the sixth month whether reunification has taken place, and the date of same, or whether it has not. If reunification has not occurred by the end of 180 days, there will be no further cash assistance extensions.

Unmarried Minor Parents:

Minor parents (less than 18 years of age), must be residing with a parent, specified relative, custodian, or legal guardian to receive OWF cash assistance.

If it is unsafe for the minor parent to live at home due to abuse or neglect, or if the parents refuse to allow the minor parent to reside in the home, and the minor parent has been unsuccessful in locating a suitable home with family or friends, the matter is to be referred to Children Services. LCCS will normally consider refusal to allow a minor to live at home as a form of neglect, unless the parent makes another suitable plan for the minor's care.

If parents refuse to allow the minor parent to reside in the home because of the minor's unruliness, the Juvenile Court should be contacted to help with the child's behavior. However, it is still the parent's responsibility to provide a home or find a suitable relative, custodian, or guardian for the minor parent. If the minor parent doesn't wish to live at home due to restrictions or disagreements with the parents, that is not cause to refer the matter to Children Services. Again, it is the responsibility of the parents to make a suitable living plan for the care of the minor parent.

Training:

Both agencies recognize a need for training staff, not only on the protocols, but also regarding aspects of practice and regulations of each. LCCS staff will receive training about the general concepts of OWF, Family Reunification eligibility, Unmarried Minor Parent regulations, Prevention Retention and Contingency, CSEA, and matters of eligibility, hardship extensions, and sanctions. LCJFS staff will receive training in identifying abuse and neglect and reporting same, and the nature, scope and philosophy of LCCS case planning. Staff development coordinators from each agency will plan the training as appropriate.

Modifications of Memorandum:

This Memorandum of Understanding may be modified or revised at any time with the mutual agreement of both parties.

Effective Date: These revised/updated protocols will become effective immediately upon signature by both agencies.

Date: _____

Scott H. Ferris, MPA, LSW, Executive Director, Lorain County Children Services

Barbara Tamas, Director, Lorain County Job and Family Services

ATTACHMENT B – CallNet Call Center Services

"CALLNET CALL CENTER SERVICES"

CUSTOMER SERVICE CENTER CONTRACT

THIS AGREEMENT (Hereinafter referred to as the "Agreement") is made and entered into by and between "CallNet Call Center Services, Inc." (hereinafter referred to as "CallNet") and Lorain County Children's Services (hereinafter referred to as "Client").

WITNESS ETH:

WHEREAS, client desires to obtain the services of CallNet described herein, and CallNet desires to provide such services to Client, all on the terms, conditions, and provisions hereinafter set forth.

NOW, THEREFORE, in consideration of mutual covenants and agreements contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, CallNet Client hereby agree as follows:

The term of this Agreement shall be 12 month(s)

for a period of 12-Months continuously and consecutively, provided that either CallNet or Client may cancel this Agreement on the first or any succeeding renewal by providing written notice of termination to the other thirty (30) days prior to such renewal period.

SERVICES, RATES, AND RETRIEVAL. The various order services CallNet may provide Client, together with the billing rates for such services, are set forth in the pricing proposal below and by this reference made a part hereof, in connection with these services. The rates for services are as follows:

Setup fee, one-time: \$ Renewal-No Fee •
Monthly reporting and administration: \$259.73/month.
Per-minute rate for operator services: \$0.68/call over 50 calls
\$0.80/Patched call
\$0.63/Page or Text-SMS

EXCUSES FOR NONPERFORMANCE. CallNet and Client shall not be responsible for any loss or damage resulting from any delay in performing or failure to perform any provisions of this Agreement (other than the obligation of Client to make payments for any services received hereunder), so long as any such delay or failure in performance results directly or indirectly from accidents, fires, explosions, strikes, labor disputes, shortages of labor, transportation interruption or failure of telephone service or computer equipment or software, or from any similar or dissimilar cause beyond the reasonable control of either party.

DISCLAIMER OR WARRANTIES AND LIMITATIONS OF LIABILITY. Both parties understand and acknowledge that this is a service Agreement. CallNet will exercise its best efforts to take messages using the information provided by Client, but CallNet does not guarantee the accuracy of such messages and is entitled to rely on the information supplied by Client.

INDEMNIFICATION. Client hereby agrees to indemnify, defend and hold harmless CallNet, it's agents, employees, officers and directors from and against any and all damages, losses, liability, suits, actions, demands, penalties, proceedings (whether legal or administrative) and expenses (including, but not limited to attorney's fees) arising, directly or indirectly, negligent acts of omission or commission. Such indemnification will include,

without limitation any claim for trade name, trademark, license or patent infringement or any claim for libel or slander, except to the extent that such liabilities arise for gross negligence or willful misconduct of CallNet or its employees.

CREDIT REQUIREMENTS AND PAYMENT. CallNet shall render monthly invoices for service. Invoices must be paid within ten/10 days from the date of invoice. payment shall be legal tender for the payment of public and private debts, and mailed or delivered to the address specified herein for notices to CallNet or in such other place as CallNet may from time to time designate by written notice to Client as herein provided. Payment shall be considered credited to the account of Client when received by CallNet.

SEVERABILITY. In the event any provision contained herein is held to be invalid, illegal, or unenforceable by any court of competent jurisdiction, such provision shall be deemed severable from the remainder of this Agreement and shall in no way affect any other provision contained herein. If such provision is deemed to be invalid, illegal, or unenforceable due to its scope or breadth, such provision shall be deemed valid to the extent of the scope of breadth permitted by law.

EMPLOYEE CONTRACT BUYOUT. CallNet understands that from time to time a client may want to hire an operator or employee currently working at CallNet. The Client understands that this can be done provided the Client compensates CallNet for a three-month average of the Client's last three invoices or the employees wage rate for three months (the time it takes to select and train a new employee) currently 480 hours times their wage rate, whichever is higher. This applies to current employees as well as employees that have been employed by CallNet 180 days prior to their hire by the Client.

. I -

NOWAIVER. Acceptance by CallNet or Client of any performance less than required hereunder shall not be deemed to a waiver of the rights of the parties to enforce all of the terms and conditions of this Agreement. No waiver of any such right hereunder shall be binding against the parties unless reduced to writing and signed by parties.

SUCCESSORS AND ASSIGNS. This Agreement shall be binding upon and inure to the benefit of CallNet and Client and their respective successors and assigns.

SCOPE OF AGREEMENT. This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and no agreement, covenant, promise, warranty, representation, understanding or stipulation not included in this Agreement has been or is relied upon by either party. Any prior agreements, negotiations, correspondence, or understanding with respect to the subject matter, this Agreement has been or is relied upon by either party. Any prior agreements, negotiations, correspondence, or understanding with respect to the subject matter, this Agreement shall be of no further force or effect. This Agreement may not be amended or modified except in writing executed by both CallNet and Client.

NOTICE. All notices, requests, demands or other communications hereunder shall be in writing and shall be sent certified mail, return receipt. This Agreement shall be deemed a contract made under Indiana law and the parties hereto agree to submit to the jurisdiction of Indiana courts to resolve any dispute.

GOVERNING LAW. This Agreement shall be deemed to be a Contract made under the laws

of the State of Indiana, United States of America, and for all purposes shall be interpreted in its entirety in accordance with the laws of the State. No litigation connected herewith shall be instituted or conducted in any court other than a competent court in the State of Indiana. The parties hereby consent to service of process and their agents appointed herein for such purposes and agree not to contest the jurisdiction and choice of law agreed upon in this clause for any reason.

EXECUTION IN COUNTERPARTS. This Agreement may be executed in counterparts, and a facsimile copy of this Agreement, signed by either party and transmitted to the other party, shall constitute binding signature to this Agreement.

IN WITNESS WHEREFORE, CallNet and Client have executed this Agreement as of the day and year first above written.

CALLNET CALL CENTER SERVICES

Charles Webb President, "CallNet"

Attachment C Disaster Preparedness Plan

Overview:

The primary objective of the Lorain County Children Services Disaster Preparedness Plan is to establish internal processes and external collaborative relationships to ensure the safety, permanence and wellbeing of the agency's child-clients in the event of a disaster.

This disaster plan is a working document to be reviewed and updated on an annual basis or more often, as needed. This plan is in conformity to Ohio Administrative Code 5101:2-5-13.1.

1. Essential Personnel/Chain of Command

Position Responsibility

Executive Director Overall responsibility for developing and maintaining a disaster plan and executing that plan in the event of a disaster

Agency Directors To maintain internal preparedness and to execute the disaster plan in the absence of the Executive Director

Agency Managers To maintain internal preparedness and to execute the disaster plan in the absence of the Executive Director and Agency Directors

Agency Supervisors To maintain internal preparedness and to execute the disaster plan in the absence of the Executive Director, Agency Directors and Agency Managers

2. Alternative Physical Work Location Including Provisions for Temporary Work Sites

The essential work activities identified in this plan can be conducted remotely if staff have access to the internet. Caseworkers can see children in their care setting and information about our clients can be entered into SACWIS from any internet connection.

If the LCCS offices in the county administration building became incapacitated or inaccessible for a significant period, contracts have been arranged with the Elyria School System Administration Building, Medina County Job and Family Services and Erie County DJFS to allow us space within their facilities that can be used as an alternate work location (see appendix A).

In the event of a major disaster, the Lorain County Emergency Management Agency will establish an alternate work location and establish a method of communicating that location to LCCS staff.

3. Communication– How Do We Communicate with Our Staff, Foster Parents, Clients and the Community?

Currently, communication between the agency and its staff is possible through email from any internet connection, agency and personal cell phone and via emergency contact phone numbers. Additionally, the management and social work staff can be communicated with via phone calls, text message and social media, agency home page and the LCCS Facebook page for foster parents, and Facebook page for Youth. Generally, communication with foster parents is maintained through home phones. Some foster families have email, cell phones, text message and social media accounts.

If the LCCS offices in the County Administration Building become incapacitated or inaccessible for a significant period, the LCCS staff will coordinate resources to establish and maintain communication utilizing phones, internet, and mass communication as available.

In the event of a major disaster, the Lorain County Emergency Management Agency (EMA)

will establish alternate communication methods with LCCS staff, clients and the community utilizing the EMA's communication capacities of radio, television, ham radio and satellite phone.

4. Essential Work Activities

- Ensuring the daily care of all children in LCCS custody
- Receiving and investigating referrals of abuse, neglect and/or dependency
- Identifying, locating and tracking all children-clients, caregivers and service providers

5. Procedures for Handling New Reports of Child Maltreatment

The usual method LCCS uses to receive new reports of child maltreatment is through telephone calls from the community as well as personal interviews with the community at our office.

If the LCCS offices in the county administration building became incapacitated or inaccessible for a significant period, the afterhours process for receiving reports of maltreatment will be activated by Direct Services. Any staff who are assigned afterhours responsibilities will maintain those responsibilities until notified by their supervisor that the usual process for receiving reports has been established (see "24-Hour On-Call" procedure").

Supervisors will maintain communication with their staff through telephone, text and email when available.

In the event of a major disaster and telephone and email services are not available; the Lorain County Emergency Management Agency will establish an appropriate and coordinated process for handling new reports of child maltreatment.

6. Procedures for Tracking Clients and Substitute Caregivers With or Without SACWIS or Other Technical System in Place.

Weekly a report from SACWIS will be run identifying current open cases (in-home, custody and kinship) which will include the caseworker, and client contact information. This report will be saved in SharePoint and all casework staff will be given access. If the LCCS offices in the county administration building became incapacitated or inaccessible for a significant period.

The FBC department will maintain a master list (paper and electronic) of all licensed foster families. The master list will include the address, phone number, worker's names and the child placed in the home. Also, attached to the list and on the electronic list will be the Disaster Family Plan which identifies additional information specific to their family. The paper copy of the master list will be provided to all FBC workers. The electronic file will be kept in the SharePoint file. This information will be updated to ensure accurate information can be accessed in the event of a disaster.

Plan for Continuance of Work Under SACWIS Down Time For New Intakes

- 1) Use the template called ODJFS referral worksheet to record, rate, and assign new intake cases,
- 2) Print copies of these for yourself, administrative assistants and supervisor and CQI. Email them to your Administrative Assistant (AA)/AA who will be in the office later that day or the next working day.
- 3) Continue recording the assignment of all intake investigations in the black book.
- 4) Direct Services Administrative Assistants will enter these reports into SACWIS when SACWIS is up again.
- 5) Direct Services Secretaries must send them to the supervisor or worker who created

them for rating and assignment. The person who receives them can refer to the printed copy to enter that information into the system.

6) CQI will search the system to ensure that all intakes received during the down time have been entered, linked, and assigned.

For Cases, Open at Investigation and Assessment

1) Use templates for Safety and Family Assessments, email to your administrative assistant.

1) Use template created for activity log, email it to your AA

2) When SACWIS is up again, the Administrative Assistant will enter these work items and notify worker by email that they are entered.

3) Since Safety Assessments and Family Assessments require supervisory approval and have a natural routing process, worker will route these items for supervisory approval when they receive email saying that they have been entered.

4) If it is the 7th working day and the worker and supervisor signature are required, please print paper copy for supervisor to review and sign. This way, it can be approved automatically when it appears on the Supervisor's workload.

5) If the system happens to be down on the 45th day of your investigation period, you may need a justification/waiver if you cannot record the disposition on that day and need to wait until the next.

For Cases Open in Direct Services

1) Use templates for Case Reviews, SAR, activity log, emailing them to AA for entry.

2) When system is again up, administrative assistants will email worker (and FTM/SAR facilitator if it is an SAR) so that case services progress and begin, end dates can be entered into the system.

3) Workers will validate for approval and process for approval when they receive the email that the documents have been entered.

4) It would be beneficial to wait until the system is up to work on case plans, as the linking of the services is so intertwined with the process.

5) FOR SARs, When an SAR is being held and the system is not up, we will conduct them on available templates and pass around a signature sheet as we have in the past during the actual meeting, asking administrative assistants to enter completed Case Review and SAR templates into SACWIS, sending an email to worker and the FTM/SAR facilitator when this is complete. The facilitator and the Worker will then agree upon how the services review will be added. **REMEMBER:** SARs are to be filed with the Court within 7 days of being held.

Recording Removal and Placement Information

1) Use Placement Leave Form aka "Green Form" to document placement, ensuring that CQI and Family Based Care are made aware of all child moves.

2) Denise Lindak, who keeps and distributes a Placement Log will email the following individuals: Andrea Hall-Miller; Jennifer Scanlan; Karen Strader; Kelley Gregory; Kimberly Kassam; Kristin Ross; Michelle Hunt, Christina Turcola, Jennie Cortes, Cathy Fairbanks, Lisa Hatcher, Nancy Griffiths, Dean Horn, Michelle Kundtz, Deanna Wise, Dory Zemanek.

3) When SACWIS is up again, this information will be entered into SACWIS ASAP by the CQI Data Analyst.

Adding ODJFS and Non-ODJFS Service Providers and Person Profiles

1) For addition of Service Providers: Staff will email Jennifer Scanlan, CQI Data Analyst, necessary information with the understanding that she cannot add service provider until SACWIS is up again.

2) For collection of person profile information for new clients, Direct Services Workers will utilize Intake Person Profile Forms to capture data that will be entered into SACWIS by Direct Services Administrative Assistants when SACWIS is available.

Assignment of Cases from Intake to Direct Services

- 1) SACWIS normally shows supervisors a list of items requiring assignment but cannot when it is down.
- 2) Supervisors must receive some type of physical case for assignment to a Direct Services Caseworker at time of assignment.
- 3) Supervisors will notify Direct Services worker of assignment, making note to self to assign the case in SACWIS when the system is up again.
- 4) Remember, supervisors delegate their electronic workload to another supervisor in their absence, meaning that the supervisor delegate always has access to the workload. Make sure that delegate supervisors are physically delivered time sensitive materials.

Independent Living

If there were a disaster, all the IL and EY youth know the cell phone numbers of their respective IL case worker. In addition, they also know that IL staff meet the IL youth at the IL apartment, located at 5712 Edgewood Drive, Lorain, OH. A large amount of the older youth is connected to the Facebook, Lorain County Youth Leadership page and messages can be posted on this page. The IL worker also have the cell numbers of all their youth they are working with.

In the event of a major disaster, the Lorain County Emergency Management Agency will establish an appropriate and coordinated process for tracking clients and substitute caregivers.

7. Continuity of Service to Families Receiving In-Home Supportive Services

If the LCCS offices in the County Administration Building became incapacitated or inaccessible for a significant period, Direct Services, Independent Living, and Kinship will coordinate with IT to obtain the most current list of client contact information. The same standard of care outlined in LCCS policy and procedure will be maintained by Direct Services, Independent Living, Kinship staff.

In the event of a major disaster, the Lorain County Emergency Management Agency will establish an appropriate and coordinated process for continuing services to families receiving in-home supportive services.

8. Continuity of Services to Children in Substitute Care and Kinship Care Placements

In the event of a major disaster, the Lorain County Emergency Management Agency will establish an appropriate and coordinated process for continuing services to children in substitute care and kinship care placements.

9. Maintenance and Security of Records Not Included In SACWIS, Including Soft Copies Stored in Other Software Applications

Currently, LCCS is in the State of Ohio computer network, backups are done in Columbus. LCCS only has one server running for our wireless network and it is connected to an Uninterruptible Power Supply.

10. Maintenance And Security of Court Records for Child Services Cases and PCPA Adoption Court Records

If the LCCS offices in the county administration building became incapacitated or inaccessible for a significant period, the Lorain County Sheriff's Department is responsible for securing all court records for Lorain County Children Services and PCPA adoption records stored within the agency offices located in the county building.

11. Coordination Of Services with Law Enforcement, Hospitals/Medical Providers or Other

Disaster Response Agencies

In the event of a major disaster, the Lorain County Emergency Management Agency will coordinate services with law enforcement, hospitals/medical providers and other disaster response agencies.

12. Working with Emergency Shelters for the Following:

a. (a) Staff training in disaster preparedness

The Human Resources Department will annually provide disaster preparedness review and/or training to LCCS staff.

b. Coordination of services for children and families in emergency shelters (physical location; shared responsibilities).

In the event of a major disaster, the Lorain County Emergency Management Agency will establish an appropriate and coordinated process for coordinating services for children and their families in emergency shelters.

13. Plans of Cooperation/Memoranda of Understanding with Neighboring Counties Which, at a Minimum, Would Address Duties and Requirements

In the event of a disaster, Children Services shall remain responsible to be aware of the whereabouts of children in its custody and assist in coordinating services to maintain their safety. Children Services must also be available to investigate new complaints of child abuse/neglect and to assist with planning for children who appear to be without caregivers.

Appendix A – Contract with Elyria City Schools

Attachment D

PROCEDURE NAME:	SUPERVISOR RESPONSIBLE	UNIT:
Safe Haven Baby (Deserted Child)	Julie Haight/Kris Ross	Direct Services/Family Based Care/Fiscal

I. PROCEDURE SUMMARY

In 2001, the Ohio Administrative Code was changed to include the enactment of House Bill 660. The enactment of this legislation created a "safe haven" from prosecution for the parents of a child who is not older than 30 days, and the child is delivered unharmed to a specified person by a parent. The act defines a deserted child as a "child whose parent has voluntarily delivered the child to an emergency medical service organization or worker, law enforcement agency or peace officer, hospital employee or a person granted privilege by the hospital, or a newborn safety incubator without expressing an intent to return for the child". Certain duties are imposed upon law enforcement, hospitals, emergency medical service organizations, and public children services agencies regarding the care, custody, and treatment of these children. This procedure defines the duties and responsibilities of Lorain County Children Services when providing services to a child who has been deserted under the "safe haven" law.

II. PROCEDURE STEPS

Role of Direct Services:

A. SCREENING:

1. When a referral is made by a peace officer (law enforcement), an emergency medical service worker, or a hospital employee stating that the parent has voluntarily delivered their child to them or to a newborn safety incubator without expressing intent to return, the caseworker should consider the case to be a Deserted Child.
2. The parent has an absolute right to anonymity; therefore, parents' names should **NOT** be recorded anywhere in the record (including the Intake Report Form) or entered into SACWIS. The caseworker needs to be clear to the referent not to provide any identifying information on the biological parents. See section C if child is considered abused or neglected.
3. Once a report regarding a Safe Haven baby/Deserted Child has been received, it shall be assigned to a Direct Services caseworker. Due to the infrequency of these types of cases a copy of this procedure will accompany the intake report form and be handed to a case worker based on the 1-hour response mandate. The case name shall be documented as "Baby Boy/Girl Doe and DOB".
4. The caseworker taking the report shall forward the referral worksheet to the FBC Manager and the placement team to alert them of the impending ETC to PC filing and need for an adoptive placement.

B. INVESTIGATION/ASSESSMENT:

1. The assigned Direct Services caseworker shall attempt to make face-to-face contact with the child within one hour of the time the report is screened in.
2. If the child was not left at a hospital, the assigned caseworker should transport the child or arrange for transportation of the child to the nearest hospital emergency department (if such arrangements have not already been made).
3. If the child was left at a hospital the assigned caseworker should make arrangements for the child to be examined by a physician.
4. Regardless, if the child was left at a hospital or not, the caseworker should assure that the child is examined by a physician who is able to assess the health and well-being of the child and to assess for any indicators of abuse or neglect. By rule, this assessment shall occur within one hour of the caseworker making face to face contact with the child.

5. Before removing the child from the hospital, the caseworker should obtain a copy of the medical exam completed by a physician which documents that medical treatment was provided to the child, the JFS 01672 Voluntary Medical History and any other information provided to the parent. The assigned caseworker will also verify if the hospital applied for a birth certificate or a Foundling Report and request a copy of their request. **If the opportunity presents itself, the agency will prefer to have a birth certificate registered under the name of Baby Boy/Girl Doe.**
6. Emergency Temporary Custody shall be taken of the child and the child placed in a foster to adopt home. The agency should immediately petition the court for Permanent Custody of the child. A CRT does not need to be held regarding the custody of a Safe Haven child.
7. .
8. The assigned worker will conduct an assessment/investigation concerning the child which consists of the following items:
 - a. Contact the individual who took possession of the child to determine:
 - i. the time the child was left with the hospital, emergency medical worker, or peace officer.
 - ii. whether the parent who left the child provided any information regarding the child.
 - iii. whether the parent who left the child completed the JFS 01672 "Voluntary Medical History for Safe Havens" form.
 - b. Secure all clothing and/or other articles that were left with the child.
 - c. Contact the following agencies to determine if a child matching the description of the child delivered has been reported missing:
 - i. The Lorain County Sheriff's Department and the police department from the city where the child was found.
 - ii. Ohio's Missing Children's Information Clearinghouse @ 1-800-325-5604 or www.mcc.ag.state.oh.us/.
 - iii. National Center for Missing and Exploited Children @ 1-800-843-5678.
 - d. This assessment shall be completed within 45 days and all activities conducted shall be documented in the activity log.
- C. The child shall be considered abused or neglected if any of the following have occurred:
 1. The child's condition indicates abuse or neglect.
 2. It is determined that someone other than the parent delivered the child to an emergency medical service worker, peace officer, or hospital employee.
 3. The child is determined to be more than 30 days old at the time the child was deserted.
- D. If in the event it is determined that the child has been abused or neglected, LCCS should screen in a report of child abuse and/or neglect and conduct an assessment as outlined in PSCA requirements for intra-familial child abuse and/or neglect. The child is no longer considered a Safe Haven Baby.

The Role of Family Based Care:

1. The Family Based Care Department shall identify a foster to adopt home for the child upon contact with the assigned Direct Services caseworker.
2. The FBC caseworker who contacts the potential foster parent should clearly inform the foster parent(s) that since this is a Safe Haven child, the social, medical, and family information that the agency has will be very limited. This FBC caseworker should also inform the potential foster parent(s) that this child will not be IV-E eligible.
3. A "shared worker" will be assigned immediately to assist in the placement and permanency planning.
4. When a Foundling Report or birth certificate has been requested, the child shall be named within 10 days of placement by the Foster to Adopt Family. That name shall be reported to the local registrar in the district in which child was found.

5. FBC worker shall provide the child's name to the Fiscal Department and then request Fiscal to request the certified copy of the birth certificate with child's name on it.

The Role of Fiscal:

1. The Fiscal department will apply for medical coverage, according to the Managed Care Guidelines Procedure, for this child.
2. The Fiscal Department will request a certified copy of the foundling report or birth certificate from the Vital Statistics Dept. in Lorain County.
3. If the hospital requested a Foundling Report this shall constitute the birth certificate and shall be used to apply for FCM/Medicaid program and Social Security card. The Foundling Report will also be used to facilitate the adoption and be submitted to Court for the purposes of the birth certificate. Please keep in mind, that a social security card for a Safe Haven infant will not be available until after the adoption is finalized

III. RESPONSIBILITIES

The Direct Services, Family Based Care and Fiscal Departments are all jointly responsible for following this procedure. The supervisor of the assigned caseworker should meet with the caseworker to assure all steps of the procedure are being adhered to.

IV. INFORMATION/FORMS ASSOCIATED WITH THIS PROCEDURE:

The following are the appropriate Ohio Administrative Code rule cites: 5101:2-36-06 PSCA requirements for a deserted child assessment/investigation and 5101:2-34-32 PSCA requirements for assessments & investigation.

- Referral Worksheet (SACWIS)
- Activity Log (SACWIS)
- CAPMIS Screening Guidelines
- Conducting Assessment & Investigation (procedure)
- ODJFS Voluntary Medical Form (Hyperlink)

Procedure Section Code:	Direct Services	Kristen Fox-Berki, MSSA, LISW-S
Date Approved:	7-19-07	
Revision Dates:	1/10, 8/11, 6/12, 10/15, 6/18, 6/21	Kristen Fox-Berki MSSA, LISW-S
Next Review Date:	6/2023	

Attachment E – (How to Use) Memorandum of Understanding

PROCEDURE NAME:	SUPERVISOR RESPONSIBLE	UNIT:
Lorain County Child Abuse & Neglect Memorandum of Understanding (MOU)	Patti Jo Burnett	Agency Operations

PROCEDURE SUMMARY:

Developing the MOU

LCCS is committed to maintaining effective collaboration and working relationships with law enforcement in investigating complaints of child abuse and neglect in a manner that is least traumatic to the victims.

The county child abuse and neglect memorandum of understanding, hereinafter referred to as the memorandum, is a document that sets forth the normal operating procedures to be employed by all concerned officials in the execution of their respective responsibilities when conducting a child abuse or neglect assessments/investigations.

The purpose of the memorandum is to clearly delineate the role and responsibilities of each official or agency in assessing or investigating child abuse or neglect in the county. The respective duties and requirements of all involved shall be addressed in the memorandum.

Lorain County Children Services agency will prepare a memorandum and submit it to Ohio department of job and family services (ODJFS) before December thirty-first of each biennial year beginning in December 2023. LCCS will complete the JFS 01425 "Model Memorandum of Understanding" using JFS 01425I "Instructions for the Model Memorandum of Understanding."

The following parties are required to sign the Lorain County Memorandum of Understanding:

- 1) The juvenile judge of the county or the juvenile judge's representative; or if there is more than one juvenile judge in the county, a juvenile judge or the juvenile judge's representative selected by the juvenile judges or, if they are unable to do so for any reason, the juvenile judge who is senior in point of service or the senior juvenile judge's representative.
- (2) The county peace officer.
- (3) All chief municipal peace officers within the county.
- (4) Other law enforcement officers who handle child abuse and neglect cases in the county.
- (5) The prosecuting attorney of the county.
- (6) If the PCSA is not the county department of job and family services (CDJFS), the CDJFS.
- (7) The county humane society.
- (8) If the PCSA participated in the execution of a memorandum under section 2151.426 of the Revised Code establishing a children's advocacy center, each participating member of the children's advocacy center.

If any required official refuses to sign the agreement, the PCSA is to document the reason(s) for the refusal to sign.

Upon obtaining the required signatures, LCCS is to submit the signed memorandum to the board of county commissioners for approval.

LCCS is to submit a copy of the memorandum to Ohio department of job and family services (ODJFS) within thirty days from the board of county commissioners' approval and before December thirty-first each biennium for compliance determination.

If there is a change to an individual who signed the memorandum LCCS is to provide the new individual with a copy of the current memorandum and obtain their signature acknowledging the memorandum. The new individual remains bound by the most recently approved version of the memorandum for the remainder of the biennium.

Using the MOU

The Lorain County Child Abuse and Neglect Memorandum of Understanding (MOU) is a document that defines, in general, the working relationships and respective roles of Children Services and Law Enforcement in the investigation and handling of Child Abuse and Neglect complaints. While each community's law enforcement branches may interpret the plan somewhat differently, or proceed with an investigation in a different manner, this document maps the preferred guidelines. LCCS is to follow the Memorandum of Understanding (MOU), or document why it could not be followed.

LCCS or Law enforcement may receive and respond to reports of child abuse/neglect 24 hours a day, 7 days a week. When LCCS receives a report involving alleged sexual abuse or significant physical injury or neglect, local law enforcement is to be contacted to determine/coordinate further handling of the investigation.

LCCS is to handle and coordinate investigations to determine the child's safety, circumstances surrounding the report, and record changes in SACWIS. Our primary concern is in determining risk/safety of the child, and offering services, as appropriate, to help assure the child's safety. We are to initiate the investigation/assessment process within 1 hour if the child is at imminent risk, and within 24 hours otherwise.

Law enforcement's primary focus in an investigation is to determine if laws are being violated, determine culpability, and follow up, as appropriate, through the criminal court system.

One element of the MOU is the intent to reduce trauma to the victim by jointly interviewing, whenever possible (so the child doesn't have to repeatedly tell about the abuse to strangers). In order for these two systems to work cooperatively toward our respective goals, while keeping trauma to the child minimal, many cases will be investigated jointly. The MOU defines how this is to be done, and under what circumstances. It is to be used as the LCCS practice for conducting investigations and sharing information with law enforcement when law enforcement is investigating a case of abuse/neglect, or seeking a missing child.

The MOU also defines who will be contacted to investigate complaints of abuse/neglect against LCCS staff or foster parents, or against ODJFS (Third Party Investigations).

The Child Advocacy Center (Kidz First), located at the Nord Center in Lorain, should be used as a collaborative resource to minimize the child's trauma while investigating abuse/neglect, especially in cases of sexual abuse or considerable physical abuse. A separate protocol has been signed for collaborating in use of the Child Advocacy Center. That protocol is an Appendix to and augments

the Memorandum of Understanding.

PROCEDURE STEPS:

1. Follow LCCS procedures and ODJFS rules for investigating allegations of abuse/neglect of children and documenting in SACWIS.
2. Refer to, and follow directives of the Lorain County Child Abuse and Neglect Memorandum of Understanding.
3. Call law enforcement before beginning to investigate any situation that appears to be serious or involving a felony, (such as severe injuries, torture, sex abuse, severe neglect) to define the plan for response. In cases of emergency, if law enforcement isn't available, do not wait to respond.
4. If a local department is unable to interview jointly, or asks that you digress from the MOU in the manner that you assess the situation, be sure to document that in the record, and proceed the best you can with the investigation. *Consult your Supervisor when you are concerned that your investigation is being compromised and that this could interfere with affording children appropriate protection. Consult Lorain County Assistance Prosecutors who represent LCCS for guidance as to how to proceed.
5. In cases of sex abuse, defer interview of the alleged perpetrator to Law Enforcement, unless specifically directed otherwise by law enforcement. The larger departments also wish to take part in interviewing the victim, whenever possible.
6. Coordinate the joint interviews with law enforcement. Often these will take place at the Child Advocacy Center, following the jointly approved protocols.
7. Take all steps necessary to assure safety of the child.
8. Share information with law enforcement, as defined in the MOU, when they are investigating the case of a missing child or any allegation of abuse/neglect of a child. This includes being able to share the name of the referent, the case findings, and face sheet information.
9. Confer with Supervisor regarding notification of the County Prosecutor, City Law Director, or Solicitor when a mandated reporter fails to report abuse/neglect.
10. Refer reporters of missing children to law enforcement.
11. Cooperate fully in any Third Party investigations. Refer to the Addendum to the MOU to determine which law enforcement agencies do Third Party Investigations of incidents which occurred in their own towns or prefer to have the County Sheriff investigate them.
12. Inform mandated reporters that we will provide follow-up information, which shall consist of:
 - Whether LCCS has initiated an investigation;
 - Whether LCCS is continuing to investigate;
 - Whether LCCS is otherwise involved with the child who is subject of the report;
 - The general status of the health and safety of the child who is the subject of the report
 - Whether the report has resulted in the filing of a complaint in juvenile court or of criminal charges.
13. Seek help from police in hazardous situations.
14. Complete Notification of Abuse/Neglect forms as defined in the MOU.

RESPONSIBILITIES:

Social Service Staff are to base investigative activities on whatever it will take to keep a child safe, following the MOU whenever possible, and documenting if and why impossible to follow the MOU. Supervisors are to monitor that the MOU is being followed during investigations.

To refer to a copy of the MOU, staff may find it on the LCCS Connections page, filed as

Memorandum of Understanding.

The current MOU expires Dec. 2016.

EFFECTIVE DATE:

5/1/97

VI. ASSOCIATED FORMS/INFORMATION:

Templates cannot be hyperlinked. Please use "File" and "New" to access templates.

- Notification of Abuse/Neglect (form)
- Notification of Abuse/Neglect (template)
- Memorandum of Understanding
- Child Advocacy Center

OAC 5101:2-33-26 The County Child Abuse and Neglect Memorandum of Understanding

ORC 2151.428 Children's advocacy center - interagency agreement

Procedure Section Code:	Direct Services	
Date Approved:	6/17/97	
Revision Dates:	12/00, 7/01, 6/02, 4/06, 3/08, 2/09, 3/10, 3/11, 3/14, 2/23	Kristen Fox-Berki, MSSA, LISW-S
		Kristen Fox-Berki MSSA, LISW-S
Next Review Date:	2/2025	



LORAIN COUNTY COMMISSIONERS

Michelle Hung

David J Moore

Jeff Riddell



December 18, 2023

Kristin Fox-Berki, Director
LCCS
226 Middle Avenue
Elyria, Ohio 44035

Attn: Patti Jo Burnett

Lorain County Board of Commissioners adopted Resolution #23-880 on December 15, 2023 approving the Memorandum of Understanding with Lorain County Children Services and Ohio Department of Job and Family Services on responding to Child Abuse and Neglect.

This is being forwarded for your information along with the document for your distribution.

Theresa L. Upton
Clerk

tlu/Enclosure

Cc: Jessica Burns, Purchasing
File

d.24

RESOLUTION NO. 23-880

In the matter of approving the Memorandum of Understanding with Lorain County Children Services and Ohio Department of Job and Family Services on responding to Child Abuse and Neglect)

December 15, 2023

WHEREAS, the county child abuse and neglect memorandum of understanding, hereinafter referred to as the memorandum, is a document that sets forth the normal operating procedures to be employed by all concerned officials in the execution of their respective responsibilities when conducting a child abuse or neglect assessment/investigation; and

WHEREAS, the purpose of the memorandum is to clearly delineate the role and responsibilities of each official or agency in assessing or investigating child abuse or neglect in the county by addressing the respective duties and requirements of all involved; and

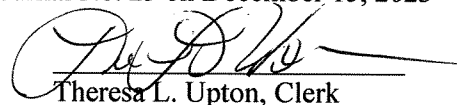
WHEREAS, Lorain County Children Services is tasked with updating the memorandum, signed by all mandated subscribers, and submitting it to the Ohio Department of Job and Family Services (ODJFS) by December 31 of each biennial year; and

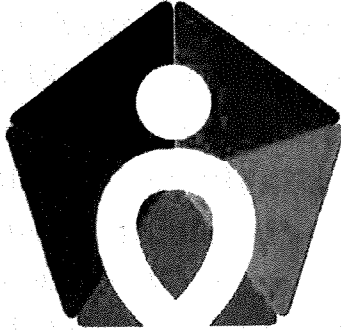
WHEREAS, Ohio Administrative Code 5101:2-33-26 requires the completed memorandum to be presented to the Board of County Commissions for Approval prior to transmitting to ODJFS.

NOW, THEREFORE BE IT RESOLVED, by the Board of Commissioners of Lorain County that we hereby approve the 2023 Lorain County Memorandum of Understanding on Responding to Child Abuse and Neglect

Motion by Moore, seconded by Riddell to adopt Resolution. Upon roll call the vote taken thereon, resulted as: Ayes; Moore, Riddell & Hung / Nays: None
Motion carried.

I, Theresa L. Upton, Clerk to the Lorain County Board of Commissioners do hereby certify that the above Resolution No. 23-880 is a true copy as it appears in Journal No. 23 on December 15, 2023


Theresa L. Upton, Clerk



The Nord Center

Sexual Assault Services

Lorain County Memorandum of Understanding



NATIONAL
CHILDREN'S
ALLIANCE
ACCREDITED
CHAPTER



This template should not be copied and pasted, but is meant to be guideline that should be thoroughly reviewed and modified as appropriate for your center. ONCAC staff are available to provide guidance and support as you revise/implement your MOU. ONCAC advises centers to have an MOU with any Lorain County that they work with to ensure children are being appropriately referred and that their cases are being routinely reviewed.

This template was developed with accreditation standards (2023) in mind as well as through the use/comparison of active center MOUs. There may be components of this MOU that are not applicable to your center or there may be a need for components that are not addressed in this template. The comments noted throughout the document are designed to call particular attention to areas that are likely to vary from center to center but are not all inclusive of the areas that need reviewed for your center. Please use your best judgement and the input of your MDT when deciding on which components to incorporate.

In maintaining compliance for accreditation standards you will need to ensure the following in regards to your MOU:

- It must be signed by all members of your MDT which *must* include
 - Law Enforcement
 - Child Protective Services
 - Prosecution
 - Mental Health
 - Medical
 - Victim Advocacy
 - Children's Advocacy Center
- The MDT must have input in the MOU
- The MOU must be revised *and* re-signed at a minimum of every 3 years, but also should be reviewed and updated annually.

Table of Contents

Statement of Purpose	4
Mission Statement	4
Local Multidisciplinary Team Partners	4
Compliance and Confidentiality	5
Role of MDT Partners	6
Law Enforcement	6
Children Services	6
Prosecutor	6
Mental Health Services	6
Medical Health Services	6
Victim Advocate	7
Child Advocacy Center	7
Rape Crisis Center	7
Clients Served	7
Case Acceptance Criteria	8
CAC Protocol	8
Intake and Notification	8
Rapid-Response Referrals	8
Information Sharing	9
Facility	9
Case Tracking	9
Evidence	10
Multi-Disciplinary Team Case Reviews	11
Forensic Interviews	12
Victim Advocacy	13
Medical Services	14
Mental Health Services	15
Cultural Competency	15
Orientation	15
Agreement Terms	16
Affirmation and Signatures	16

Statement of Purpose

The Lorain County Multidisciplinary Team was formed in 2004 as a way to coordinate all local agencies who respond to child abuse into a cohesive and cooperative process. All professionals included in this coordinated response agree to conduct joint investigations in accordance with ORC 2151.428 and meet regularly as a multidisciplinary team.

The purpose of The Nord Center's memorandum of understanding is to coordinate intervention to reduce potential trauma to children and families and improve services, while preserving and respecting the rights and obligations of each agency to pursue their respective mandates.

We share an understanding that child abuse is a multifaceted community problem and no single agency, individual, or discipline has the necessary knowledge, skills, or resources to completely serve the needs of these children and their families. It is recognized that when child maltreatment is suspected, children and families are often re-victimized by the system that is in place to respond to their needs. Previously, these intervention efforts resulted in multiple interviews of the alleged victim. Multiple interviews, lack of communication between agencies, and lack of specialized interviewing techniques put the children at risk for re-victimization.

Recognizing the benefits of a Children's Advocacy Center and its child-appropriate and legally-sound services, we pledge to ensure that children are not unnecessarily victimized by the intervention systems designed to protect them and will work to prevent trauma to children caused by multiple, duplicative contact with different professionals. This approach includes medical and therapeutic treatment, victim assistance, and other services needed for the child's well-being and safety. The multidisciplinary approach helps to ensure that the various disciplines work collaboratively to strengthen community response to assure the most effective coordinated response is available for every child in need through the use of respect, culturally competent services, information exchanges, and adherence to ethical and professional standards.

Mission Statement

To promote and foster safety, healing, and justice for the children and families of Lorain County.

Our vision is a community where families can feel safe from individuals who would cause harm.

Local Multidisciplinary Team Partners

The following multidisciplinary team is assembled under the Ohio Revised Code 2151.427:

This must include at a minimum:

- *Law Enforcement*
- *Child Protective Services*
- *Prosecution*
- *Medical*
- *Mental Health*
- *Victim Advocacy*
- *Children's Advocacy Center*

Agencies include:

*The Nord Center
Lorain County Prosecutors Office
Lorain County Children Services
Lorain County Sherriff's Department
Lorain Police Department
Elyria Police Department*

*Vermilion Police Department
North Ridgeville Police Department
Amherst Police Department
South Amherst Police Department
Oberlin Police Department
Avon Police Department
Avon Lake Police Department
Sheffield Village Police Department
Sheffield Lake Police Department
Grafton Police Department
Wellington Police Department
Lagrange Police Department
Kipton Police Department
Lorain County Board of Mental Health and Addiction Services
Ohio Guidestone
Applewood/Bellfare*

Compliance and Confidentiality

Members participating in this agreement will establish and maintain the standards of best practice as set forth and recommended by the National Standards of Accreditation for Child Advocacy Centers, to the best of their ability.

Each agency represented in this agreement will abide by all state and federal laws, all compliance, procedure, or law required for their profession, and all ethical standards applicable to their profession.

The child and family/caregiver's right to privacy and confidentiality is extremely important and must be maintained within the context of information sharing among team members to provide a coordinated response for all cases referred to The Nord Center. Ethical behavior and communication are expected of all multidisciplinary team members. The very fact that an individual is served by the multidisciplinary team must be kept private and confidential. Disclosure can be made only under special conditions for reasons relating to law enforcement and fulfillment of our responsibilities as per Ohio Revised Code. This means that the multidisciplinary team shall not disclose any information about a minor except as outlined herein, without consent from an authorized parent or guardian.

Additionally, The Nord Center staff inform caregivers about team communication and have the caregivers sign the acknowledgement of The Nord Center procedures, which include consent for information sharing. The release form is valid only for a period of 1 year, or until the end of involvement with the legal system, whichever is later. If a release is needed after that time frame, a new form must be signed. A separate release is required for each family member on whom information is to be released and/or obtained. The client is informed that they may revoke their consent to release information at any time by informing any of The Nord Center staff. Revocation does not prohibit any mandated reporting requirements of The Nord Center or respective agencies of which members of the multidisciplinary team are employed.

Other ways in which confidentiality are maintained include:

- Documents that are not part of the case clients' case file and contain client information are shredded. This included scrap paper, phone messages, etc.
- The Nord Center staff and multidisciplinary team members only discuss cases in a manner that would not be overheard by others. Offices have doors to ensure clients will not be interrupted during their appointments and that private conversations will not be overheard.

- Outside of mandated reporting requirements, The Nord Center staff do not confirm nor deny involvement with a client to any entity unless the client has signed Consent to Release/Obtain information form.
- Students, staff, and volunteers are asked to sign a Confidentiality/Agreement at the beginning of their tenure with The Nord Center.
- The Nord Center database is password protected and only authorized personnel are granted access to client sensitive information. The Nord Center Director of Sexual Assault Services is responsible for assigning levels of access to information by user, within the database system.

Role of MDT Partners

Law Enforcement

Law Enforcement is to investigate all reports of sexual abuse as mandated by law and will take the lead in interviewing the alleged perpetrator. They are to coordinate with The Nord Center staff of cases warranting CAC interviews or services. They are to coordinate efforts to interview the alleged perpetrator with Children Services and will make referrals as appropriate to Children Services. They are to be present for the forensic interviews of their cases. Law Enforcement will participate actively in case review.

Children Services

Children Services is to investigate all reports of child abuse as mandated by the Ohio Revised Code and complete safety assessments. They are to coordinate with The Nord Center staff of cases warranting CAC interviews or services. They are to be present for the forensic interviews of their cases and work with the multidisciplinary team to provide appropriate referral services. Children Services will participate actively in case review.

Prosecutor

The prosecutor is able to participate in pre-interview discussions and observe the forensic interview. They will determine appropriate criminal charges. They will respond to legal issues regarding criminal prosecutions in The Nord Center cases. They will provide prosecution of criminal cases involving alleged perpetrators. Prosecution will participate actively in case review.

Mental Health Services

Mental health multidisciplinary team members will provide consultations for The Nord Center when needed and will provide evidence-based and trauma-informed behavioral health services as appropriate for victims and families regardless of their ability to pay. They will provide risk assessments and work with victim advocates to make referrals to behavioral health services for The Nord Center clients and their families. If needed, they will conduct safety assessments. They will share relevant information with the multidisciplinary team while protecting client's rights and will inform the multidisciplinary team of the child's and caregiver's engagement in, and completion of, treatment. They will provide follow-up with families. Mental health providers will actively participate in case review.

Medical Health Services

Medical health multidisciplinary team members will ensure medical health and safety of the child by determining what medical evaluations need to be conducted and conducting medical evaluations and forensic medical exams. They will provide appropriate diagnostic analysis and treatment or referrals. They will provide medical consultation to members of the multidisciplinary team and expert medical testimony when necessary. Medical health providers will actively participate in case review.

Victim Advocate

Victim Advocates will meet with and provide information to the family of The Nord Center client and their non-offending caregivers to provide: information on the justice process and advocacy services, referrals for services with partnering agencies within the community, information on victim compensation, information on civil protection orders, court advocacy, and victim rights, explanation of the crisis hotline, crisis intervention and follow-up, appropriate trauma, sensory, and adaptive interventions and referrals for clients/families. Victim Advocates will provide trauma screening and collaborate with multidisciplinary partners on recommended referrals. Victim Advocates will participate actively in case review.

Child Advocacy Center

The Nord Center provides a child-friendly environment in which a child who reports abuse may receive victim advocacy services, medical exams, mental health services, and forensic interviews. The Nord Center will coordinate the multidisciplinary team and service response for children that are referred to the center. The Nord Center will provide forensic interviews, forensic medical exams, and victim advocacy of clients and their families. The Nord Center will facilitate regular case reviews every month, including all members of the multidisciplinary team.

Rape Crisis Center

The Nord Center provides a rape crisis center where adult survivors of sexual violence and their loved ones may receive victim advocacy services, medical exams, and mental health services. The Nord Center will coordinate the multidisciplinary team and service response for adult who are referred to the center, following the wishes and decisions of the client in regards to reporting. The Nord Center will facilitate regular case reviews every month, including all members of the multidisciplinary team.

Clients Served

The Nord Center's Child Advocacy Center will serve children ages 0-18 who have been victims of abuse, sexual violence, or exploitation, as defined by the Ohio Revised Code (sections 2907.01, 2901.01, 2151.031, 2305.111, 2919.22, 2151.03).

The Nord Center's Sexual Assault Services will serve anyone of any age who have been victims of sexual violence.

Case Acceptance Criteria

All reports of alleged child abuse or neglect are to be reported to Children Services or Law Enforcement. If The Nord Center receives a referral they will make a report to Children Services and Law Enforcement. The Nord Center will accept referrals from parents, caregivers, Children Services, Law Enforcement, medical providers, anyone calling the hotline, and the court.

Cases will be accepted if the child resides in Lorain County or was in Lorain County when reported abuse occurred. The Nord Center will also accept cases if the child resides in Huron County or was in Huron County when reported abuse occurred at the satellite office in Huron County. Cases that split county lines will be seen at the center most convenient for the family. The Nord Center will accept referrals on children who witness abuse or violence, experience abuse, extreme neglect, are drug endangered, or cases outside Lorain County on a case-by-case basis. The director will make exception decisions. If a case is not within Lorain County and there is a center local to the family or incident, a referral will be made to that center.

Cases that are accepted by the multidisciplinary team should have every effort to be seen through The Nord Center. It is required that this occur at least 75% of the time.

Adults who are seen for Rape Crisis Services can be self-referred or referred by Law Enforcement, medical providers, the court, or community agencies. Case acceptance criteria is for anyone who wishes to participate in Rape Crisis Services. If the adult resides in a county with another Rape Crisis Center, appropriate referrals will be made.

CAC Protocol

Intake and Notification

Upon receipt of a child abuse or neglect referral, law enforcement or children services, in consultation with The Nord Center, will assess the need for a forensic interview and, when possible, review with the non-offending parent/caregiver the options available. Once it is decided that a case should be referred to the CAC for a forensic interview, children services or law enforcement will contact the CAC. At this time, information regarding the client, family, and accommodations that the family needs such as interpretation, disability accommodations, and transportation assistance will be sent to the CAC. The family will be informed of the Nord Center's process and what to expect. If the offender is a parent, they will be informed by law enforcement or children services that the non-offending caregiver must accompany the client and that offenders are not permitted to enter the Nord Center.

The Nord Center will coordinate between, law enforcement, and children services to schedule the interview to select a time that works for everyone. The referring MDT member will coordinate with the family's schedule. There may be instances where a multidisciplinary partner is unable to make it to The Nord Center appointment, in these cases partners that will be absent will contact The Nord Center to share information prior to the appointment and The Nord Center will contact them during or post-appointment to ensure that they receive necessary information from the appointment.

Cases will be assigned to multidisciplinary partners who are specially trained in child abuse assessment, investigation, and treatment.

Rapid-Response Referrals

Cases where sexual abuse has occurred within the last 72 hours (for ages 12 and younger) or 96 hours (for ages 13 and up), where a child is experiencing physical symptoms, where a child has physical signs of abuse, or where there is an imminent safety threat are considered rapid response. In these cases, The Nord Center, law enforcement, or children services will arrange for the child to be seen at The Nord Center for medical examination.

All rapid response referrals will receive ongoing services as non-emergent referrals would receive.

See Ohio SANE Protocols regarding evidence collection time frames.

Information Sharing

All of The Nord Center staff and volunteers are mandated reporters and as such any new disclosures made to The Nord Center staff/volunteers will be reported to the appropriate authority.

All signatories on this document agree to provide necessary information with The Nord Center and The Nord Center agrees to provide necessary information to partners as outlined in ORC 2151.426, 2151.428, 2151.421.

Facility

The Nord Center understands that a client's disclosure is a process. The opportunity for disclosure is enhanced when the client is interviewed in a safe, neutral setting by an interviewer who has been specially trained in developmentally appropriate forensic interviewing techniques.

A key The Nord Center service is the provision of a safe, accessible, neutral, family-friendly environment in which to conduct interviews. The Nord Center has an interview room dedicated to this purpose, which is equipped with recording equipment. One room is also dedicated to observing interviews in progress.

In order to be physically and psychologically safe for child clients, The Nord Center follows childcare facility standards to childproof the facility and does not permit known offenders within the CAC.

If the suspected perpetrator accompanies a child, that individual is requested to leave the premises for the duration of services at The Nord Center. If, during the course of an interview, a child discloses that the parent/caregiver who accompanied them to the interview is their offender, the child will be placed in a safe and secured setting until children services can make a determination of child safety.

The Nord Center conducts interviews of children who may be exhibiting problematic sexual behaviors. When this occurs, the client is not to have contact with any other children on site and is to be accompanied by a staff member or caregiver at all times.

Case Tracking

The Nord Center tracks cases referred for interview, medical exams, counseling, and victim advocacy services. The majority of case tracking is captured at the point of referral, at the point of the child and family interview, during follow up services, and at Case Review meetings. Case tracking information is collected until final criminal disposition is completed.

The Nord Center's multidisciplinary team utilizes Collaborate, to provide case tracking information that includes demographic information about the child and family, demographic information about the alleged offender, types of alleged abuse, relationship of the alleged offender to the child, multidisciplinary team member involvement with children and families, outcomes of multidisciplinary team involvement, criminal charges filed and case dispositions, child protection outcomes, and follow-through of medical and mental health referrals. The Nord Center collects information from all multidisciplinary team partners regarding cases and uploads this information to Collaborate. The Nord Center makes regular contact with multidisciplinary team members and provides case review summaries to members in order to facilitate the case tracking for clients. The level of access to the system is determined by the person's role and is controlled by the Director of Sexual Assault Services as the system administrator.

Case tracking information is used to generate statistical reports for annual reporting, program evaluation, quality assurance, and funder requirements. It aids in cooperation among participating agencies, in monitoring individual case outcomes and in identifying and documenting demographic changes and trends as they relate to child sexual abuse. A request can be made to the Director of Sexual Assault Services for non-identifying data.

Evidence

The Nord Center will not accept evidence from clients/families. If clients/families present with evidence, they will be asked to provide that evidence to law enforcement or The Nord Center will seek to coordinate law enforcement obtaining evidence from the family.

The Nord Center will only maintain evidence in the form of the forensic interview and SANE examination collections. The Nord Center will utilize the evidence collection procedure of The Nord Center that was developed with input from multidisciplinary team partners and will maintain records of such evidence.

The Nord Center will provide such evidence to law enforcement as soon as possible and on a regular basis.

Evidence that is presented in forensic interviews is not the responsibility of The Nord Center and must be provided by law enforcement, supervised by law enforcement, and returned to law enforcement. See Forensic Interviews for further information.

Multi-Disciplinary Team Case Reviews

The purpose of the case review is to formally monitor cases which involve child sexual abuse, sexual assault, child abuse or neglect which is serious in nature and could present imminent risk to a child, or other cases that team members feel need to come to the attention of the multidisciplinary team.

Case review takes place once a month, but more may be scheduled as needed. It is a formal review in which team members update the status of the case, ensure services needed by the family are provided, and track the resolution of cases both from child protection and criminal proceedings. During this time the experience and expertise of the multidisciplinary team members is shared and discussed, collaborative efforts are fostered, formal and informal communications are promoted, mutual support is provided, protocols and procedures are reviewed, informed and collective decisions are made, and services are coordinated.

Benefits of this type of case review provide for a more effective approach and coordination of investigations, prevent children from "falling through the cracks," and assist team members in identifying service gaps.

Cases where a forensic interview was conducted at the Child Advocacy Center in the last 45 days in which a disclosure was made and/or present with multifaceted dynamics are reviewed. Cases that are expected to go to trial can also be reviewed at the discretion of the assigned Prosecutor. Law enforcement representatives, LCCS caseworkers, CAC Advocates, Medical Representatives or Prosecutors can refer a case for review when it falls outside of the time parameters previously mentioned (outside the 45 day review period the exception of the two weeks prior to the actual case review). In those instances, the person referring the case for review is expected to contact the Child Advocacy Center Manager one week prior to the review so that the case can be added to the final docket and participating team members can be invited to attend.

A case review list will be securely provided through secure email to all multidisciplinary team members one week prior to case review. Case reviews take place at the Lorain County Prosecutor's office in the grand jury room. The Nord Center Lorain Sexual Assault Services Manager will facilitate case review. Case reviews may occur in-person, online via a HIPPA compliant platform, or through a combination of both. Attendance will be recorded utilizing the online platform's records and through in-person attendance taking. Confidentiality is recorded through in person signatures and by opening the encrypted email for the list.

The Case Review facilitator will complete the case review updates. If The Nord Center Lorain Sexual Assault Services Manager is not available, The Nord Center's Director of Sexual Assault Services will facilitate and complete updates. The assigned case worker and law enforcement officer for each case will be present for case review, and if not available their supervisor will fill in. Agencies of the multidisciplinary team which have a primary purpose of investigating, protecting, or providing medical and mental health assistance (including law enforcement, children services, prosecutor, medical health professionals, mental health professionals, victim advocates, and The Nord Center staff) will be represented at case reviews. Other multidisciplinary agencies are invited to attend case review when a particular case involves that agency or their services. If the case involves a party not normally

represented on the multidisciplinary team, that party will be invited to the case review for the case they are assigned.

Follow-up recommendations shall be completed by the provider indicated during case review. These recommendations will be noted, and the victim advocate will follow up as appropriate.

Forensic Interviews

Individuals can be forensically interviewed by The Nord Center when the child is at least three years old. Forensic interviews will be conducted by a specially trained forensic interviewer that has completed a National Children's Alliance approved/compliant forensic interview training and will complete eight hours of continuing education training on a bi-annual basis as well as participate in peer review opportunities at The Nord Center, through the Ohio Network of Children's Advocacy Centers, or the Midwest Regional Children's Advocacy Center. The interview of the child is conducted using developmentally appropriate, forensically sound interviewing techniques. Interviews may be done by Law Enforcement if all training criteria has been met, otherwise The Nord Center's forensic interviewer will provide the interview.

The interview will be conducted in a child-friendly, non-distracting, developmentally, culturally, and cognitively appropriate manner. The interview will consist of three phases: pre-interview preparation, interview, post-interview team meeting. The pre-interview preparation meeting varies depending on the nature of the allegation and available information. The interviewers tailor their interview preparations to the needs of each case. This meeting is held between all multidisciplinary team members. Non-offending caregivers can provide developmental, cognitive, and familial considerations for the interview. Post-interview, the team meets to make recommendations about what will happen because of the child's interview and to assess the caretaker's ability to support the child. Other information obtained up to this point is reviewed and the team can discuss what the caretaker(s) will be told, including a description of the child's allegations. This is also an opportunity for the team to coordinate the remainder of the investigation with regard to each agency's mandates.

Every effort is made to minimize the number of interviews conducted and duplication of interviews is avoided. Interviews are arranged at a time that allows representatives from both Child Protective Services and Law Enforcement to be present. It is expected that both will be present during the forensic interview.

The multidisciplinary team will work together to determine if multiple interviews may be required. Children who may benefit from multiple interviews may include those who are very young, have developmental or cognitive delays, have a different cultural background than the interviewer, or those who have experienced human trafficking or extreme trauma. Before conducting the interview, the interviewer and the multidisciplinary team will work together to determine the most appropriate method of interviewing based on the age of the child, the allegations of the report, and the possible trauma to the child.

Specially trained and designated multidisciplinary team members have a variety of tools that they may use while interviewing children. Some of these various techniques include, but are not limited to: anatomically detailed drawings, drawings of the location where the abuse occurred, drawings of family members, and timelines. They may also introduce pictures of the parties involved and social media records. The Forensic Interviewer will only use those tools necessary to maximize the information the child is able to provide while minimizing the trauma to the child. Additionally, interviewers will only use those techniques which they have received training in.

Forensic Interviewers that have received specialized training may also be able to present evidence during the forensic interview, such as pictures of the client or offender, social media, conversation exchanges, etc. Forensic Interviewers have the discretion on whether it is appropriate to present evidence in an interview. If an interviewer decides to present evidence, they will work collaboratively with Law Enforcement ahead of the

interview to select the evidence to be presented. Law Enforcement will maintain the chain of custody and will be responsible for bringing copies of the evidence (not originals) to the interview. Law Enforcement will collect the copies of evidence and any manipulations to these copies (ex: temporary covers, notes, etc.) at the end of the interview.

Forensic Interviewers will adapt to meet the needs of every client. Forensic Interviewers with specialized training may be assigned specific cases based on the allegations or child's needs. Additionally, with advanced notice, The Nord Center will secure appropriately trained interpreters as required for clients and their families during the The Nord Center visit. When utilizing interpreters in the forensic interview, instructions are given to the interpreter to provide as accurate a translation as possible without subjectivity.

The multidisciplinary team agrees that to the extent possible all client interviews will be conducted at The Nord Center. The team recognizes that there are times when interviews must be conducted elsewhere due to client safety issues and/or due to the nature of an emergency. For those situations *The Nord Center will be contacted either before the interview to provide crisis intervention and support services at the interview location, or within 24 hours after the interview to provide victim advocacy, mental health services as needed, medical examination as needed, and case coordination services.*

Clients will be interviewed alone without the presence of caregivers except in extreme situations where clients are not willing to separate and agree to be interviewed with their caregiver at the discretion of law enforcement. In these situations, a victim advocate will first be offered to accompany the child but may not speak or in any way interfere with the interview. If this option is not agreeable, and law enforcement wishes, a caregiver may be allowed in the interview room with the understanding that they may not speak or in any way interfere with the interview. Caregivers are not permitted to observe the interview unless they are in the room. The identified trained forensic interviewer is the only person (other than caregiver as explained above or interpreters when needed) allowed in the interview room with the child.

All interviews are recorded in the hope of reducing the number of times the client must speak about the traumatic event. The parent/caregiver are advised of this prior to or during the interview. Multidisciplinary team members are able to observe interviews as they are conducted and can receive password protected copies of interviews upon request. Non multidisciplinary team members are not allowed to observe interviews.

Victim Advocacy

Victim advocacy is defined as acting on behalf and in support of clients, their families, and/or their caregivers navigating the child abuse, legal, and other systems (social services, medical, etc.) by ensuring that the child and family's questions are answered, interests are represented, and rights are upheld. These services are provided to all children and families referred to The Nord Center, including caregivers and siblings who were not directly victimized. Victim advocates serve as vital "connectors" and bridge between all disciplines of the multidisciplinary team to provide the necessary continuity of care for children and families throughout the life of the case and increase family engagement. Advocates assure that the victim and caregiver have the information and support they need to effectively participate in all systems that they encounter, understand how they operate and interface with one another; and make decisions about participation, when applicable. By taking individual needs and cultures into consideration, advocates provide support and education to caregivers in a private setting during the child's forensic interview and thereafter. Advocates follow up the caregivers for a period of time to assist with any additional services and referrals the family may need. It is the responsibility of The Nord Center staff, including advocates, to explain clients' rights and responsibilities before providing any services, including but not limited to, confidentiality, consent for treatment, information sharing procedures, and release of information. The Nord Center Advocates provide victim advocacy services throughout the length of the case.

Victim advocates may provide some or all of the following services to a family:

- Crisis assessment and intervention, risk assessment and personal safety planning, support for children and family members
- Assessment of needs and help to ensure needs are being addressed in concert with the MDT and other service providers
- Presence at forensic interview
- Education and assistance on crime victim rights and compensation
- Procure concrete services (housing, protective orders, DV int, food, transport, etc.)
- Mental health and medical health referrals
- Facilitating transportation to case-related appointments/meetings
- Educating about investigation/prosecution process
- Provide case status updates
- Provide court education and support

Victim advocates are required to participate in case review and actively contribute. Advocacy services at The Nord Center are primarily provided by the victim advocates, however, other Nord Center staff may provide these services to clients as needed. Services are generally provided *onsite*. Advocates may engage in home visits and meet with children and families at court or other safe locations as indicated by the family's needs. All victim advocates are trained as advocates and obtain advocate credentials as soon as practicable upon hire through a National Children's Alliance approved curriculum.

Medical Services

Medical examinations will occur at The Nord Center, unless a client cannot be medically cleared from their local emergency room, in which case The Nord Center SANE and Advocate will travel to the local emergency room to provide the exam. *The Nord Center provides examinations when deemed medically necessary or when a parent or child requests the service.*

Medical examinations are recommended in all cases involving alleged penetration, skin to skin contact or the child complains of pain, itching, or bleeding. Other criteria to be considered in recommending medical evaluation are:

- Child's age and their inappropriate sexual knowledge
- Child's siblings have been victimized
- Child has been exposed to a known sex offender
- Child has suspicious findings indicative of abuse as identified by a medical practitioner
- Whenever a child or parent has concerns about something being wrong with their (or their child's) body as a result of the abuse

In those cases where the criteria for an examination are not clear-cut, the PSANE will make the decision as to whether a medical examination is indicated and appropriate.

Medical examinations will be conducted by a PSANE. A victim advocate will provide support to the clients throughout the exam process. The purpose of the medical examination is to identify clinical manifestation of child abuse and neglect and collect evidence. Documentation of findings will be recorded in the medical chart. Ancillary studies, including testing for sexually transmitted infections and imaging studies (x-rays, CT scans) will be referred out. Appropriate treatment for identified medical conditions will be provided referred out. Referrals for specialized care, including mental health therapies, will be provided as needed. Referrals may be made to local emergency departments or primary care providers. The Nord Center Medical Director provides clinical oversight.

The Nord Center utilizes Cortexflo onsite and maintains a supply of sexual assault evidence collection kits for use in emergency medical examinations. Criteria for an emergency examination, consistent with the Ohio

state protocol by the Department of Health is an alleged incident of sexual abuse that occurred within 72 hours (ages 0-12) to 96 hours (ages 13+) of the initial report.

Once the examination is completed the PSANE nurse provides verbal feedback to the child, parent/guardian, and the multidisciplinary team about the medical findings and any need for follow up treatment. A written report of the medical history and examination findings is completed by the PSANE and shared with the multidisciplinary team at case review. As mandated by ORC 2151.421, copies of the report are made available to the members of the child abuse investigation team upon request. A request for Release of Information for investigative purposes must be signed before a copy of the medical record is released. It is the responsibility of the individual team members to make certain the confidentiality of the medical record is preserved and protected. A copy of the signed form will be entered into the medical record indicating which agency received a copy of the medical report.

Prosecutors may request copies of the medical record or DVD from Law Enforcement or by providing a subpoena and court order to The Nord Center. Defense attorneys must provide a court order and subpoena to receive a copy of the medical record along with a signed release from the non-offending parent or guardian and written documentation that the medical record will be kept confidential and used only for the purpose of court proceedings.

The child's primary care physician is an integral part of the child's overall health and safety system and as such it is important that the multidisciplinary team maintain communication with the primary care physician. Primary care physicians are encouraged to refer their patients to The Nord Center for all sexual abuse medical examinations. The guiding principle is that multiple medical examinations are avoided by ongoing collaboration and communication between the multidisciplinary members and the community's medical practitioners.

Medical services are available to all The Nord Center Child Advocacy Center clients regardless of ability to pay.

Mental Health Services

Mental health services are a key service for the healing of the child and the family. The Nord Center offers an initial trauma assessment free to all children who use The Nord Center's services. When it is determined that mental health services would be beneficial to the child, the child may receive counseling at The Nord Center or an appropriate mental health facility. Referrals are made to mental health providers who are trained in evidence-based, trauma-focused treatment modalities that are approved by the National Children's Alliance. Likewise, referrals are based on location of the family, family needs, financial considerations, cultural needs, and other factors. It should be noted that mental health services are not provided by the same individual performing the interview. For family members needing mental health services, a referral is made to an appropriate mental health facility.

The Child Advocacy Center mental health provider provides risk assessments, participates in Case Review meetings as invited, participates in pre-interview staffing as needed/appropriate, observes the forensic interview as needed/appropriate, and assists in conducting safety assessments when appropriate.

Parents of children have the option to sign a release with their mental health provider to protect their right to confidentiality. The release is signed to allow the mental health provider to share information with the multidisciplinary team at case review. If the parent signs the release, it is maintained in the child's case tracking at The Nord Center. The mental health provider will abide by all state and federal laws as it applies to information sharing within the multidisciplinary team.

The Nord Center Child Advocacy Center also partners with The Nord Center Behavioral Health Services, Ohio Guidestone, and Wingspan Group to ensure all children and families in need of mental health treatment

resulting from child sexual or severe physical abuse will receive trauma focused treatment. Each mental health provider agrees to provide and maintain current information regarding sliding fee scales and insurances accepted, including Medicaid, to The Nord Center so that mental health evaluation and treatment is available to all of The Nord Center Child Advocacy Center clients regardless of ability to pay. Each provider also agrees to provide quick access to services by making every effort possible to place The Nord Center referrals at the top of waiting lists when they exist.

Mental health services are provided at both The Nord Center and at partner agencies and are coordinated through referrals by the victim advocate at The Nord Center. Referrals are made with the parent/guardian's written consent via a signed release of information and preferably with the parent/guardian present.

Mental health service providers are key members of The Nord Center's multi-disciplinary team, therefore representation by at least one mental health provider at case review meetings is required. The Director of Child and Adolescent Services for the Mental Health, Addiction, and Recovery Services Board of Lorain County, is a member of the multi-disciplinary team and attends case review meetings and helps with mental health referrals as needed. All mental health providers agree to attend meetings when invited to discuss specific cases.

Cultural Competency

Cultural competency is defined as the capacity to function in more than one culture, requiring the ability to appreciate, understand, and interact with members of diverse populations within the local community. The multidisciplinary team promotes policies, practices, and procedures that are culturally competent. Concerns regarding service delivery to children and families from diverse populations are regularly discussed at Multidisciplinary Case Review team meetings, during pre and post interview team meetings, and at peer review. In addition, multidisciplinary team member's respective organizations and agencies all have policies related to the provision of culturally competent service delivery and encourage employee participation in cultural diversity training and workshops. In addition, the multidisciplinary team provides opportunities for team members to receive ongoing training and provides resources on cross-cultural issues.

Orientation

New MDT members should be given a copy of this protocol and the CAC's code of conduct for their review by their supervisor. Each new MDT member is encouraged to shadow someone in their role during their first encounter with the CAC. During new MDT members' first visit to the CAC, the CAC manager will give a tour of the CAC and will discuss the process for scheduling or referrals, case review, and case coordination. The CAC manager will answer any questions about the protocol or code of conduct.

Agreement Terms

This memorandum shall not become effective until it has been reviewed, approved, and signed by all involved parties. This agreement shall be reviewed every year for necessary updates and shall be revised every three years in compliance with the National Children's Association standards for accreditation. To create updates, approval of two-thirds of the signatories must agree.

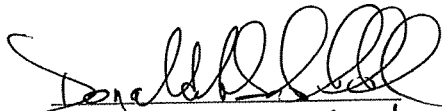
Signatories may withdraw from this memorandum upon thirty days advance written notice to The Nord Center Director of Sexual Assault Services. This memorandum will remain in full force and effect as to all non-terminated parties. Notwithstanding the termination of this memorandum as to any party, each party acknowledges and agrees to extend the protections of this memorandum and will maintain confidentiality of any information provided pursuant to this memorandum.

This memorandum constitutes the entire agreement of the parties with respect to the subject matter hereof, and all prior and contemporaneous understandings, agreements and representations, whether oral or written, with respect to such matters are suspended.


The CAC may add new members to the multidisciplinary team upon application by a perspective member and majority vote of the multidisciplinary team. A new member may sign this agreement by addendum; re-execution of this memorandum by the entire membership is not necessary.

Affirmation

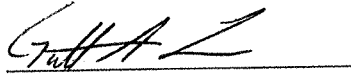
We, the undersigned, adopt the preceding operational procedure and agree to the Mission Statement of The Nord Center Child Advocacy Center. We will continue to work together to develop the best intake, investigation, and treatment practices. We recognize the need for flexibility and innovation as our respective agencies unite to develop a CAC. We will jointly meet the needs of the children of Lorain County to protect them from child abuse and to support them with their recovery when abuse occurs.


 Name The Nord Center
 Agency

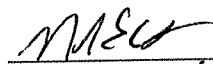
9/8/23
 Date


 Name N. R. Rice
 Agency N. R. Riceville P.D.

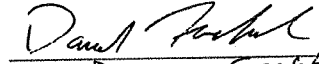
9/20/23
 Date


 Name LORAIN COUNTY
 Agency PROSECUTOR'S OFFICE

9/12/23
 Date


 Name Mark E. Cannon
 Agency Amherst Police

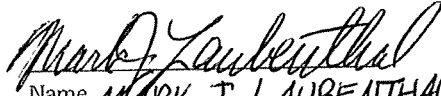
09/21/23
 Date


 Name Daniel Fischbach
 Agency Avon Police

9/14/23
 Date

 Name
 Agency

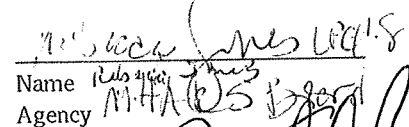
 Date


 Name MARK J. LAUBENTHAL
 Agency LAGRANGE P.D.

9/18/23
 Date

 Name
 Agency


 Date


 Name MHA
 Agency OS

9/19/23
 Date

 Name
 Agency

 Date


 Name OBERLIN POLICE
 Agency

 Date

 Name
 Agency

 Date

Name Kristen Fox Bertli
 Agency Lorain County Children Services

9.19.2023
 Date

 Name
 Agency

 Date

Affirmation

We, the undersigned, adopt the preceding operational procedure and agree to the Mission Statement of The Nord Center Child Advocacy Center. We will continue to work together to develop the best intake, investigation, and treatment practices. We recognize the need for flexibility and innovation as our respective agencies unite to develop a CAC. We will jointly meet the needs of the children of Lorain County to protect them from child abuse and to support them with their recovery when abuse occurs.

Phil R. Stammitti

Signature

Sheriff Phil R. Stammitti 10-18-2023

Name

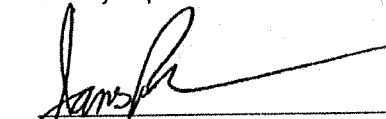
Date

Lorain County Sheriff's Office

Agency

Affirmation

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Signature

JAMES P. McQueen 10/10/23
Name Date

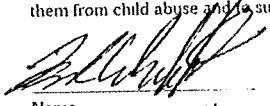
LORAIN POLICE DEPT.
Agency

This memorandum constitutes the entire agreement of the parties with respect to the subject matter hereof, and all prior and contemporaneous understandings, agreements and representations, whether oral or written, with respect to such matters are suspended

The CAC may add new members to the multidisciplinary team upon application by a perspective member and majority vote of the multidisciplinary team. A new member may sign this agreement by addendum; re-execution of this memorandum by the entire membership is not necessary

Affirmation

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	4/25/23	_____	_____
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Agency City of Elyria		Agency	
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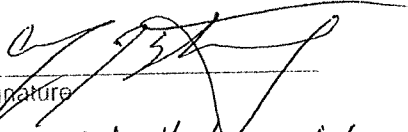
Date

APPROVED AS TO FORM:

 Asst Law Director 9-22-23
Amanda R. Deery, Law Director

Affirmation

We, the undersigned, adopt the preceding operational procedure and agree to the Mission Statement of The Nord Center Child Advocacy Center. We will continue to work together to develop the best intake, investigation, and treatment practices. We recognize the need for flexibility and innovation as our respective agencies unite to develop a CAC. We will jointly meet the needs of the children of Lorain County to protect them from child abuse and to support them with their recovery when abuse occurs.

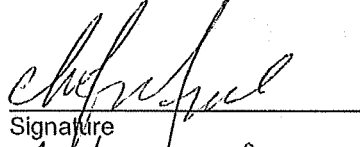


Signature
Christopher Hartung 10/17/23
Name Date
Vermillion Police
Agency

**Chief Christopher Hartung
City of Vermillion Police Department
5791 Liberty Avenue
Vermillion, Ohio 44089
(440) 967-6116
chartung@vermilionpolice.com**

Affirmation

We, the undersigned, adopt the preceding operational procedure and agree to the Mission Statement of The Nord Center Child Advocacy Center. We will continue to work together to develop the best intake, investigation, and treatment practices. We recognize the need for flexibility and innovation as our respective agencies unite to develop a CAC. We will jointly meet the needs of the children of Lorain County to protect them from child abuse and to support them with their recovery when abuse occurs.



Signature

Michael M Frazier

Name

Date

10/19/23

SOUTH AMHERST

Agency

Affirmation

We, the undersigned, adopt the preceding operational procedure and agree to the Mission Statement of The Nord Center Child Advocacy Center. We will continue to work together to develop the best intake, investigation, and treatment practices. We recognize the need for flexibility and innovation as our respective agencies unite to develop a CAC. We will jointly meet the needs of the children of Lorain County to protect them from child abuse and to support them with their recovery when abuse occurs.



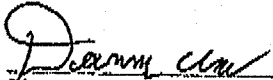
Signature

Vincent E. Molnar 10/18/2023
Name Date

Avon Lake Police Department
Agency

Affirmation

We, the undersigned, adopt the preceding operational procedure and agree to the Mission Statement of The Nord Center Child Advocacy Center. We will continue to work together to develop the best intake, investigation, and treatment practices. We recognize the need for flexibility and innovation as our respective agencies unite to develop a CAC. We will jointly meet the needs of the children of Lorain County to protect them from child abuse and to support them with their recovery when abuse occurs.


Signature

Danny Clark (Chief) 10/19/2023
Name Date

Grafton Police Department
Agency

Affirmation

We, the undersigned, adopt the preceding operational procedure and agree to the Mission Statement of The Nord Center Child Advocacy Center. We will continue to work together to develop the best intake, investigation, and treatment practices. We recognize the need for flexibility and innovation as our respective agencies unite to develop a CAC. We will jointly meet the needs of the children of Lorain County to protect them from child abuse and to support them with their recovery when abuse occurs.

Signature



Name Chief A. Harp Date 10-20-23

Agency Sheffield Lake PD

Affirmation

We, the undersigned, adopt the preceding operational procedure and agree to the Mission Statement of The Nord Center Child Advocacy Center. We will continue to work together to develop the best intake, investigation, and treatment practices. We recognize the need for flexibility and innovation as our respective agencies unite to develop a CAC. We will jointly meet the needs of the children of Lorain County to protect them from child abuse and to support them with their recovery when abuse occurs.

Joshua D. Poling
Signature

Joshua D. Poling
Name Date

Wellington Police Dept.
Agency

Affirmation

We, the undersigned, adopt the preceding operational procedure and agree to the Mission Statement of The Nord Center Child Advocacy Center. We will continue to work together to develop the best intake, investigation, and treatment practices. We recognize the need for flexibility and innovation as our respective agencies unite to develop a CAC. We will jointly meet the needs of the children of Lorain County to protect them from child abuse and to support them with their recovery when abuse occurs.


Signature

Chief Clifton M. Barnes, CLEE 10/20/2023
Name Date

Kipton Police Department
Agency

Affirmation

We, the undersigned, adopt the preceding operational procedure and agree to the Mission Statement of The Nord Center Child Advocacy Center. We will continue to work together to develop the best intake, investigation, and treatment practices. We recognize the need for flexibility and innovation as our respective agencies unite to develop a CAC. We will jointly meet the needs of the children of Lorain County to protect them from child abuse and to support them with their recovery when abuse occurs.

Nicole Klimas-Morrison

Signature

Nicole Klimas-Morrison 10-20-23

Name

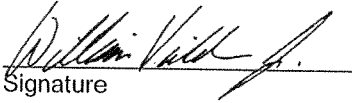
Date

OhioGuidestone

Agency

Affirmation

We, the undersigned, adopt the preceding operational procedure and agree to the Mission Statement of The Nord Center Child Advocacy Center. We will continue to work together to develop the best intake, investigation, and treatment practices. We recognize the need for flexibility and innovation as our respective agencies unite to develop a CAC. We will jointly meet the needs of the children of Lorain County to protect them from child abuse and to support them with their recovery when abuse occurs.



Signature

William Visalden, Jr. 10/20/23

Name

Date

Sheffield Village PD

Agency

