

Ohio Department of Children and Youth
Lorain County
MEMORANDUM OF UNDERSTANDING
TO ADDRESS CHILD ABUSE AND NEGLECT

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 rule 5180:3-1-26 of the Ohio Administrative Code.

It is an agreement among **Lorain County Children Services** (hereinafter PCSA) and community partners that delineates roles and responsibilities for referring, reporting, investigating, and prosecuting child abuse and neglect cases within **Lorain County** (hereinafter county).

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 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 sixty (60) days; 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 PCSA is the lead agency for the investigation of child abuse, neglect, or dependency in the county. The PCSA will coordinate and facilitate meetings, establish standards and protocol for joint assessment/investigation with law enforcement, cross-referrals, 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 peace officer, each Chief of the local political subdivisions, and any other law enforcement officers handling child abuse and neglect cases in the county will have responsibility for: taking referrals/reports alleging child abuse and neglect from any source within their respective jurisdiction; Referring reports to the PCSA as soon as possible, whether allegations of abuse or neglect rise to the level of criminal conduct; Cooperating with the PCSA in a joint and thorough investigation when the information contained in the report lends itself to allege a present danger; Assisting the PCSA in hazardous situations where the provision of protective services or the investigation of child abuse or neglect is impeded; Coordinating with the PCSA on interviews with principals of the case when there are serious criminal implications; Notifying the PCSA of any legal action involving an alleged perpetrator of child abuse or neglect; Responding to the PCSA's requests for information regarding the status of the legal action; Providing police record checks for the PCSA as necessary or requested as permitted by law; Consulting with the PCSA prior to removal of a child from their home when possible; 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 will 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 will report suspected cases of child abuse and neglect to the PCSA or appropriate law enforcement agency. The County Prosecutor will represent the PCSA 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 will prosecute, on behalf of the state, all complaints, suits, and controversies in which the state is a party, except for those needing 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 the PCSA 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 the PCSA 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 the county's Department of Job and Family Services is a separate agency from the PCSA, employees within the county agency are expected to report suspected cases of child abuse and neglect to the PCSA or appropriate law

enforcement agency upon receipt; Collaborate with the PCSA 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 PCSA; Promote ongoing communication between the county's Department of Job and Family Services and the PCSA regarding mutual clients, including minors under the protective supervision or in the custody of the Agency and/or minor parents; Assist the PCSA upon request in obtaining case or assistance group information regarding a family when the PCSA is assessing Title IV-E eligibility or completing an assessment/investigation of a child at risk or alleged to be abused; Assist the PCSA in obtaining addresses and attempts to locate parents whose whereabouts are unknown, pursuant to OAC 5180:2-33-28; And where applicable and permitted assist the PCSA in locating suitable relatives or kin that may be available as familial support for the child(ren) or as a placement option.

E. 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 the PCSA or local law enforcement.

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 the PCSA, law enforcement, and other signatories of this agreement.

For full CAC MOU, please see Attachment D.

H. CLERK OF COUNTY COMMON PLEAS COURT (Optional per statute, but benefits to inclusion should be considered per county. If the Clerk signs this MOU, the Clerk will execute all relevant responsibilities as required of officials specified in this MOU.)

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

The Clerk of County Common Pleas Court will collaborate with the PCSA, 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 the PCSA 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, will immediately report knowledge or reasonable cause to suspect the abuse or neglect of a child in accordance with that section. Reports will be made to the PCSA or a law enforcement officer.

The penalty for the failure of a mandated reporter to report any suspected case of child abuse and/or neglect pursuant to ORC section 2151.421 is 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 A “**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 will be made to the PCSA or any law enforcement officer with jurisdiction in the county. If the PCSA contracts with an outside source to receive after-hour calls, a copy of the signed agreement will be attached to this MOU as **Attachment H** 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.

See Attachment J “**24-Hour On-Call Procedure**”

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 will 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 the PCSA screens in a report of child abuse, the PCSA will 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 the PCSA screens in a report of child neglect, and the PCSA implements a legally authorized out-of-home placement due to neglect within the first seven days of the assessment/investigation, the PCSA will 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 the PCSA receives a referral from a mandated reporter who provides their name and contact information, the PCSA will 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 will 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 the PCSA closes an investigation/assessment reported by a mandated reporter, the PCSA will forward a mandated reporter referral outcome notification to the referent. The notification will be provided in accordance with the mandated reporter's preference. Information shared with the mandated reporter will 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 the PCSA determines that a report is emergent, the PCSA will 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 the PCSA identifies an active safety threat at any point during the assessment/investigation, the caseworker or supervisor will implement a safety response. The **Safety Plan Procedure** is as follows:

PROCEDURE NAME:	SUPERVISOR RESPONSIBLE	UNIT:
Safety Plan	Heather Baer	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. 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.)

Safety plans should be utilized anytime a child is in danger and the custodian is willing to make a plan:

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/Separation 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.
- (c) At least 1 responsible party who knows and understands the concern.
- (d) The activities for the monitoring of the 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 and their understanding and support of the concerns placing the child/ren at risk. 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 all 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?
 - k. Who resides in their home?
 - l. What is their relationship with the parents and children?
 - m. Do they have a conflictual relationship or pattern of demeaning the parent(s) or child?
 - n. 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 and meet with LCCS to monitor the 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 from the caseworker 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 days 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, i.e. 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 and efforts to locate that party 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 responsible person. These visits should be unannounced.
 - 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 party involved every other week. These visits should be unannounced.
 - 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) and entered into SACWIS.
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 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:	11/25/97	Kristen Fox-Berki, MSSA, LISW-S
Revision Dates:	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, 5/25	
Next Review Date:	5/2028	Kristen Fox-Berki MSSA, LISW-S

PROCEDURE NAME:	SUPERVISOR RESPONSIBLE	UNIT:
Separation From Family	Anna Cacchione Ruffo	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 of time, 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 in order 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 Accurint, True People Search, Ohio Court Network (OCN) and those on the Diligent Search Tools located on SharePoint. Make a referral to LCCS Family Search and Engagement Worker.
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.

- If there is domestic violence in the home and the perpetrator has access to the adult survivor, ensure that safety planning for the adult survivor 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 survivor after the children are removed.

Emergency Placement Planning

- 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. At the environmental safety check the caseworker/supervisor is to view relatives/nonrelatives State ID (send photo of State ID to the Administrative Assistant) to compare information for accuracy for the LEADS and OCN checks. See #3 regarding OCN. The LCCS staff with LEADS access are: all Direct Services Supervisors, Direct Services Administrative Assistances, Cheryl Morris, and FBC Administrative Assistants. A LEADS request may be made via email (records_1@loraincountysheriff.com) to the Records Officer at the LCSO. The email will contain the legal name, date of birth, and social security number for all adults living in the home. After sending the email, follow up with a phone call to advise that a LEADS request was sent (440-329-3703) and request a phone call with the results. The LEADS information will be disseminated over the phone, but an agency representative must go to the Sheriff's Office during regular business hours in order to take possession of the document(s).
- Upon completion of the LEADS check, the worker/supervisor will send an email to LccsleadsCheckGroup@childrenservices.org advising that a LEADS check was completed. Include the case name, who the check was completed on and their phone numbers. Stephanie Gunnoe will then call and schedule fingerprinting. Once fingerprints are completed Stephanie will notify the appropriate parties.
- The following process pertains when a LEADS check is requested:
 - The DS Caseworker will complete the Placement and Leave Form and route this to CQI (Michelle Kundtz & Jennifer Scanlan).
 - 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 cannot 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).
- In addition to the LEADS check the following activities are also required when placing a child on an emergency basis:
 - Check the LCCS's records, SACWIS, and OCN with the State ID information obtained at the environmental safety check for the prospective caregiver and others residing within the home.
 - 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.
 - Make a referral for a Prospective Caregiver Home Evaluation.
 - 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**.
 - Provide the prospective caregiver with the following information:
 - How to apply for Ohio works first (OWF) child only financial assistance and Medicaid coverage if applicable. Check with Kinship unit.
- The worker or supervisor, will contact the APA representing LCCS who will then complete the paperwork necessary to request:
 - 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.
 - 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 5180:2-38-05 or 5180:2-38-07 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, childcare, 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 the worker will notify the appropriate local law enforcement department immediately and coordinate investigation and removal of the child with them.
 - 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,
2. If the removal was an emergency, the worker should provide the parents verbally and/or in writing at the time of removal or within 24 hours:
 - a. The Journal Entry from Domestic Relations Court granting ETC
 - b. The reason for the ETC;
 - c. The date, time and place of the court hearings;
 - d. Methods to contact the worker (phone numbers, agency address, etc.)
 - e. Name and phone number of court personnel who can provide the appointment of legal counsel; and,

- f. Planning for visitation (provide parents with the Visitation Pamphlet and Guideline 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 and Blessing House** is a placement. If a child's stay is going to be 14 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 workstation file cabinet by the big kitchen.
- 2. When removing a child several things should be considered when selecting an alternative care setting:
 - 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 in the same care setting 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 care setting is in close proximity to the child's family.
- e. That the care setting 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.
 - i. 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.
 - ii. Per ICWA, foster care preference is:
 - extended family
 - tribal members
 - tribal licensed foster home
 - institution approved or licensed by the tribe
 - iii. 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 5180:2-42.90 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. An All About Me Meeting should be scheduled between Parents and foster parents the first week 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 must 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 Administrative Assistant 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:
 - i. the parent, non-custodial parent, guardian, or custodian, or specified relative of the child is cooperating with the family case plan.
 - ii. 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 by making a 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" and "Working with Children Services", handbooks. 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" and Working with Children Services, Handbooks
- 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:
 - i. Assess the maternal and paternal grandparents.
 - ii. Individuals related by blood or adoption.

- iii. 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.
- iv. 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:
 - i. That the child has been or is being removed from the parents' custody.
 - ii. 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.
 - iii. 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.
 - iv. The potential of legal permanency of the child if the parent, guardian or custodian is unable to regain custody of the child removed.
 - v. 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 in 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:
 - i. Review the placement of the child to determine if the child is receiving care in the home of a kinship caregiver.
 - ii. 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.
 - iii. 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". Document efforts in activity log.

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)

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)
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:

5180:2-39-01 Removal of a Child from His Own Home
5180:2-38-05 PCSA Case Plan for Children in Custody or Under Protective Supervision
5180:2-42-05 Selection of a Placement Setting, 5180:2-42-48 Agency Administrative Responsibilities for Children Affected by the Indian Child Welfare Act,
5180:2-42-52 Verification of Tribal Membership,
5180:2-42-53 Involuntary Custody Requirements,
5180:2-42-54 Permanent Surrender or Parental Consent to Adoptive Placement of Indian Children,
5180:2-42-55 Acceptance of Agreement for Temporary Custody of Indian Children,
5180:2-42-56 Placement Preference Related to Indian Children,
5180:2-42-90 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	
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, 4/23, 7/25	Kristen Fox-Berki, MSSA, LISW-S
Next Review Date:	7/2028	Kristen Fox-Berki MSSA, LISW-S

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

PROCEDURE NAME:	SUPERVISOR RESPONSIBLE	UNIT:
Sex Abuse Investigations	Rufus Cooke 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:

If there is one mother, one intake will be created with an unknown AP. The underage AP will be made an ACV as well. If there are 2 different mothers, then a 2nd intake will be created.

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 Riveon. 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 colposcopy 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 Riveon 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. As a general rule, 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. The assigned case worker may request a forensic interview for other children in the home as appropriate.
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 referrals for 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 a 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. Worker will give collateral/witness information to law enforcement.

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 for the AP. Worker will request to be present during or to observe the interview with the AP and 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 waive able requirements. A case disposition will be recorded in SACWIS by caseworker within 60 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. If 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 can 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, or via an invite through Microsoft Teams. 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 with 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, 7/25	Kristen Fox-Berki, MSSA, LISW-S
		Kristen Fox-Berki MSSA, LISW-S
Next Review Date:	7/2028	

3. Children in Need of Medical Attention Special Response Procedures

Excerpt from "Conducting Assessments and Investigations

G. For cases with Medical Concerns:

1. Releases of information will be signed within the first 7 calendar days of the case initiation.
2. Caseworker will collaborate with medical treatment providers to gather complete current and historical medical needs.
3. Should parents/custodians not agree to sign any releases Caseworker should consult their supervisor and possibly the APA.
4. Barriers should be identified of the parent and why they cannot prioritize their child(ren) medical needs, and this includes family support.
5. 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.
6. Ensure that the parent(s) follow through immediately with all medical appointments.
7. Make the Help Me grow referral (if age appropriate) and ensure that it is received.
8. 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.

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 PCSA 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 the PCSA 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. The PCSA 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 the PCSA is not present, the interviews conducted by law enforcement or the prosecutor's office may be used by the PCSA 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 the PCSA upon request.

The PCSA agrees not to proceed without the advice and consent of the prosecutor's office when a criminal investigation is being conducted concurrently. The PCSA 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.

See "Conducting Assessments and Investigations" Attachment B

The PCSA will follow up with law enforcement to ensure timely assistance and to complete mandated assessment/investigation activities 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 the PCSA
- 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 PCSA requests for law enforcement assistance

See "Conducting Assessments and Investigations" Procedure" Attachment B

The PCSA may request the assistance of law enforcement during an assessment/investigation if one or more of the following situations exist:

- An exigent circumstance.

- The PCSA has reason to believe that the child is in immediate danger of serious harm.
- The PCSA has reason to believe that the worker is, or will be, in danger of harm.
- The PCSA has reason to believe that a crime is being committed, or has been committed, against a child.
- The PCSA worker needs to conduct a home visit after regular PCSA business hours, and a law enforcement escort is requested as a standard operating procedure.
- The PCSA is removing a child from his or her family via an order of the court, and the assistance of law enforcement is needed as the PCSA has reason to believe the family will challenge the removal.
- The PCSA 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.
- The PCSA 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 the PCSA and the law enforcement agency of jurisdiction.

1. Out-of-Home Care

The PCSA 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 5180:2-1-01 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 their 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.

The PCSA follows the procedures for conducting out-of-home care investigations as described in section 5180:2-36-04 of the OAC.

PROCEDURE NAME:	SUPERVISOR RESPONSIBLE	UNIT:
Out of Home Care Setting Investigations and Cross-Referring Reports	Anna Tyson	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

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.

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 of Social Services, Executive Director and CQI Manager.

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 all those in step #2 plus the FBC Manager, FBC Supervisor of Foster Care, assigned FBC workers and all other caseworkers assigned in SACWIS.

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 Support Supervisor/foster care caseworker, FBC Placement Supervisor, the primary caseworker and their supervisor, and Direct Services Manager, and provide them with a copy of the Intake Report Form.

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.

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.

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.

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), at: incidentreport@mha.ohio.gov, 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.
- e) If the report involves the Lorain County Detention Home or Turning Point staff call Nikki Dertouzos (use work or personal cell if after hours) or the APA on call so they can notify immediately (including weekends/holidays) the Court Administrator Emily Kirsh or the Deputy Court Administrator, Kristen Richardson. Be prepared to discuss the need or lack thereof for parental consent to interview the ACV(S). (Refer to the Lorain County Detention Home/Turning Point Interview Protocol).
- f) 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.

- g) 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).
- h) 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.
- i) 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.

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.

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.

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.

The investigation shall include interviews with:

- a) The alleged child victim(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 to fully assess and investigate the report.

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 with 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 CA/N 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 Care setting 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:

Procedure Section Code:	Direct Services	
Date Approved:	7/11/03	Kristen Fox-Berki MSSA, LISW-S
Revision Dates:	12/03, 7/07, 5/10, 10/14, 1/18, 2/23	Kristen Fox-Berki MSSA, LISW-S
Next Review Date:	4/2026	

2. Third-Party Investigations

In accordance with section 5180:2-36-08 of the OAC, the PCSA is to request a third-party in the assessment/investigation for reports of child abuse or neglect where 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 Children and Youth (DCY) 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 DCY 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 DCY or the PCSA as defined in Chapter 5153. of the Revised Code.
- Any authorized person representing DCY 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 DCY 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 is to document in the case record if a conflict of interest is identified.

The PCSA is to request that law enforcement serve as the third party when a report alleges a criminal offense. The PCSA is to request the assistance of a third party within 24 hours of identifying that a conflict of interest exists.

PROCEDURE NAME:	SUPERVISOR RESPONSIBLE	UNIT:
Third Party Investigations	Anna Tyson 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 Ohio Department of Children and Youth (DCY) or another state agency and is supervised by LCCS.
2. A foster/KGAP 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 DCY when the 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 DCY or the PCSA as defined in Chapter 5153 of the Revised Code.
5. Any authorized person who is representing DCY 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 DCY 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 is to 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.
 - 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 is to 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 Managers, 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 is to be made to the following law enforcement entities (See Addendum B) 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: See Addendum B at the bottom of this procedure.

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 Deputy Gregory Onderko (gregoryonderko@childrenservices.org). In addition to sending the original to Deputy Onderko 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 Caseworker receiving the report of the Third-Party report will immediately notify any assigned Direct Services caseworker and their supervisor, and the assigned FBC worker, FBC supervisor, FBC Managers, DS Managers, CQI Manager, Director of Social Services, Executive Director and all other caseworkers assigned to the family/child in SACWIS of the Third-Party investigation. 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 DCY 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 Lori Swickheimer the licensing authority of DCY the same day of the report by the Out of Home Administrator.
 - c. Lori Swickheimer 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/KGAP 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 Managers, 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 Managers, 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 Lori Swickheimer via email regarding the disposition of the investigation. Lori Swickheimer does receive notification of the disposition through SACWIS
9. Third Party Investigations will be completed within sixty (60) 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 Managers (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 Administrative Assistant (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 their supervisor and DS Managers and 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	Kristen Fox-Berki MSSA, LISW-S
Date Approved:	11/12/14	
Revision Dates:	10/2017, 3/2018, 10/2021, 11/23, 7/25	Kristen Fox-Berki MSSA, LISW-S
Next Review Date:	7/2028	

Addendum B

Notification of Abuse/Neglect

Jurisdiction	Phone Number	Fax Number	Email all parties listed	Address	Notes
Amherst PD	(440) 988-2625	440-988-3009	jperez@amherstpolice.net	Amherst Police Department Attn: Lt. Jacob Perez 911 N. Lake Street Amherst, OH 44011	Lt. Jacob Perez
Aurora PD	(234) 602-2745		byersw@auroraoh.com	Aurora Police Department Attn: Chief Byers 100 South Aurora Road Aurora, OH 44202	Chief Brian Byers
Avon PD	(440) 934-1234	440-934-4054	khaag@avonpd.com chortobagyi@avonpd.com	Avon Police Department Attn: Chief Daniel Fischbach 36774 Detroit Road Avon, OH 44011	Lt. Keith Haag Sgt. Csaba Hortobagyi
Avon Lake PD	(440) 933-4567	440-930-4106	crobinson@avonlakepolice.org dgodlewski@avonlakepolice.org	Avon Lake Police Department Attn: Detective Bureau 32855 Walker Road Avon Lake, OH 44012	If after 3 pm and needs immediate attention, fax, and call dispatch, ask for the fax to be given to the shift supervisor
Cleveland PD	(216) 623-5000	216-623-5435	N/A	Cleveland Police Department Attn: Detective Bureau 1300 Ontario Street Cleveland, OH 44113	Attn: Detective Bureau
Elyria PD	(440) 322-1926 Detective #	440-326-1357	hammonds@cityofelyria.org lantz@cityofelyria.org jwise@cityofelyria.org	Elyria Police Department Attn: Capt. Pelko 18 West Avenue Elyria, OH 44035	Cpt. Phillip Hammonds Lt. Bill Lantz Sgt. James Wise
Euclid PD	(216) 731-1234	216-289-8543	N/A	Euclid Police Attn: Records 545 E. 222 nd Street	Fax: Attn: Records

				Euclid, OH 44123	
Grafton PD	(440) 926-2261	440-926-2043	kjake@graftonpolice.net	Grafton Police Attn: Ken Jake 1009 Chestnut Grafton, OH 44044	Sgt. Ken Jake
LaGrange PD	(440) 355-4469	440-355-5556	policechief@villageoflagrangeohio.gov	LaGrange Police Attn: Chief Mark Laubenthal 301 Liberty Street LaGrange, OH 440	Chief M. Laubenthal
Lorain County Sheriff Office	(440) 329-2461	440-329-3766	gregoryonderko@childrenservices.org	Lorain County Sheriff Attn: Dep Gregory Onderko 9896 Murray Ridge Road Elyria, OH 44035	Dep Gregory Onderko
Lorain PD	(440) 204-2105	440-204-2536	mike_failing@cityoflorain.org Andrew_geszler@cityoflorain.org Linda_McCarty@cityoflorain.org	Lorain Police Attn: Mike Failing 100 W. Erie Avenue Lorain, OH 44052	Cpt. Michael Failing Sgt. Andrew Greszler AA Linda McCarty
N. Ridgeville PD	(440) 327-2191	440-353-0834	mgorski@nridgeville.org gpetek@nridgeville.org	North Ridgeville Police Attn: Lt. Greg Petek 7307 Avon Beldon Road North Ridgeville, OH 44039	Lt. Greg Petek Sgt. Matt Gorski
Oberlin PD	(440) 775-7239	440-774-1150	mkastanis@oberlinpd.com jbeyer@oberlinpd.com bneadham@oberlinpd.com	Oberlin Police Attn: Mike Kastanis 85 S. Main Street Oberlin, OH 44074	Det. Mike Kastanis Sgt. Jessica Beyer Ptl. Billie Neadham
Sheffield Lake PD	(440) 949-7131	440-949-2898	brooks@sheffieldlake.net	Sheffield Lake Police Attn: Brandon Brooks 609 Harris Road Sheffield Lake, OH 44054	Ptl. Brandon Brooks
Sheffield Village PD	(440) 949-6155	440-949-2534	bober@sheffieldvillage.com morgan@sheffieldvillage.com	Sheffield Village Police Attn: Lt. Aaron Bober 4340 Colorado Avenue Sheffield Village, OH 44054	Lt. Aaron Bober Sgt. Bret Morgan
S. Amherst PD	(440) 986-8118	440-986-8119	Chief@southamherstpd.com	South Amherst Police Attn: Chief Michael Frazier 103 West Main Street South Amherst, OH 44001	Chief Michael Frazier

Vermilion PD	(440) 967-6116	440-967-4094	dshupe@vermillionpolice.com	Vermilion Police Attn: Det. Dan Shupe 5791 Liberty Avenue Vermilion, OH 44089	Det. Dan Shupe
Wellington PD	(440) 647-2244	440-366-5039	jmcpike@villageofwellington.com	Wellington Police Attn: Chief James McPike 117 Willard Memorial Square Wellington, OH 44090	Chief James McPike

***Notification of Abuse and Neglect must be sent to Law Enforcement, Andrea Hall, and Nikki Dertouzos within 5 days of receipt of referral.**

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

The PCSA is governed by ORC section 307.622 and needs to have a child fatality review board.

PROCEDURE NAME:	SUPERVISOR RESPONSIBLE	UNIT:
Responding & Review to a Child Near Fatality/Fatality Case	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 except for 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 working 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 videotaped.
 - 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 are 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 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. All near fatality/fatality formal reviews will be decided at the 24- hour internal meeting. Time

Period of the formal review will be discussed too. CQI will not complete a formal review if Ohio Department of Children's and Youth (ODCY) Fatality Team is reviewing the case.

- 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 Day:

- 1. Bargaining unit employees refer to the Letter of Understanding Traumatic Events located in the union contract regarding a **Trauma Day**.
- 2. A **Trauma Day** will be provided to the supervisor/coordinator who physically responds with a caseworker on a report of a **Child Fatality**. The department manager will notify the supervisor/coordinator of their ability to utilize a trauma day. The trauma day is expected to be utilized within 7 days from the notification by the department manager.

VI. 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 or any other service identified by Human Resource Manager 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 or any other service identified by Human Resource Manager office.

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 or any other service identified.
2. The LCCS Employee will then be responsible for calling and scheduling their appointment. Psych & Psych Services or any other service identified by Human Resource Manager 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, 11/24	Kristen Fox Berki MSSA, LISW-S
Next Review Date:	3/2028	

4. Child Fatality- Death of a child in the custody of the PCSA

The PCSA follows rules 5180:2-33-14 and 5180:2-42-89 of the OAC following the death of a child in its custody.

Please see **Responding to a Fatality or Near Fatality Procedure** inserted above

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

The PCSA follows the procedures described in section 5180:2-36-07 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 5180:2-36-07(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.

See Attachment C "Serious Injuries and/or Medical Neglect of Children Assessment and Intervention" Attachment C.

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

See Attachment B "Conducting Assessments & Investigations"

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/or delinquent**

See Attachment B "Conducting Assessments & Investigations"

See Attachment K "Referral Process Procedure"

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

See Attachment B "Conducting Assessments & Investigations

Traditional Response"

See Attachment K "Referral Process Procedure"

9. **Receiving and responding to reports of missing children involved with the PCSA**

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, the following actions will take place:

- When an MOU signatory agency is made aware that a child is missing, they will coordinate with the custodian to report their concerns to the law enforcement agency in the appropriate jurisdiction.
- The law enforcement agency will enter known information into the National Crime Information Center (NCIC) database if the child is in PCSA custody.
- The law enforcement agency will take prompt action upon the report, including, but not limited to, concerted efforts to locate the missing child.
- The law enforcement agency will promptly enter any additional, relevant information into NCIC.
- The law enforcement agency will promptly notify the missing child's parents, parent who is the residential parent and legal custodian, guardian, or legal custodian, or any other person responsible for the care of the missing child, that the child's information was entered into NCIC.
- The PCSA will contact the National Center for Missing and Exploited Children (NCMEC) if the child is in PCSA custody.

Upon request of law enforcement, the PCSA is to provide assistance and cooperation in the investigation of a missing child, including the immediate provision of any information possessed by the PCSA that may be relevant in the investigation.

All MOU signatory agencies are to notify the PCSA upon learning that a minor child who is alleged to be in the children 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.

Please see Attachment E, "AWOL Youth" Procedure.

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 is to decide 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 need to exist to believe the child's removal is necessary to prevent immediate or threatened physical or emotional harm.

Findings need to 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 is to 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 is to be set for a shelter care hearing within ten days from the filing date.

Please see "**Separation From Family**" Procedure previously included on page 12 of this MOU.

2. Non-emergency

Upon receiving a report alleging child abuse, neglect, and/or dependency, the PCSA 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, the PCSA is to 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 are to 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 subjects 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 is to 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 the PCSA 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 the PCSA 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)]

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

See Attachment F “Disaster Planning”

See Attachment G “Safe Haven Baby (Deserted Child)

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 the PCSA 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 is to 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 the PCSA. Every effort will be made to take into account other signatories' requests and concerns relating to services.

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

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

Each agency will make a concerted effort to help the other with joint interviews, investigations, evidence collection, information sharing, and fact-finding. Each agency will not hinder or interfere with the express duties of another and will do their best to cooperate and collaborate with the other county partners.

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 will not be released to the public for use and will 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 the PCSA 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, including any appropriate military authority or any agency providing prevention services, 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 the PCSA for the purpose of carrying out its responsibility of protecting children from abuse and/or neglect.

Excerpt from from "Confidentiality and Dissemination of Information" Procedure. Attachment I 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 5180:2-33-21 and in accordance with the procedures outlined in OAC section 5180:2-33-21. 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 the PCSA 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 the PCSA will then refer this information to the prosecutor or city director of law at their discretion.

VII. TERMS AND CONDITIONS AND STATUTORY REQUIREMENTS

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

Consultation among the signatories may be done in person, whenever practicable. When an in-person meeting is not practicable 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 the PCSA is seeking consultation with a signer of this MOU regarding an active referral of child abuse and/or neglect and has met in person or spoken with another signer, the PCSA 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 are to 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. The PCSA 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 will 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 will not be construed as giving, any rights or any grounds for appeal or post-conviction relief to any person pursuant to section 2151.4223 of the Revised Code.

This MOU will be governed by and construed in accordance with applicable state and federal laws and regulations. Any identified or listed citations to Ohio Administrative Code revised during the implementation of this MOU are to defer to the current finalized codification. In the event any other portion of this MOU is inconsistent with state or federal law, that portion will be without effect as if stricken from the document and the remaining portion will remain in full force and effect.

VIII. SIGNATURES OF EACH PARTICIPATING AGENCY

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, the PCSA is to provide the new required member with the current MOU. The new member remains bound by the most recently approved version of the MOU. Their signature is to be obtained.

If the PCSA participated in the execution of a memorandum under section 2151.426 of the Revised Code establishing a CAC, each participating member of the CAC is a required signatory on this MOU.

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.

The MOU may be signed in person or electronically.

*Denotes the agency a participating member of the CAC referenced in Section II(G)?

Kristen Fox Berki

Kristen Fox Berki, Executive Director, Lorain County Children Services

12-5-2025

Date

see attached signature page

Sheriff Jack Hall

The Lorain County Sheriff's Office

Date

(letter attached in lieu of signature)

Colonel Charles Jones

Ohio State Highway Patrol

Date

see attached signature page

Chief Mark Cawthon

Amherst PD

Date

see attached signature page

Chief Daniel Fischbach

Avon PD

Date

see attached signature page

Chief Caleb Robinson

Avon Lake PD

Date

see attached signature page

Chief Deon McCaulley

Cleveland Clinic Police

Date

see attached signature page

Chief James Welsh

Elyria PD

Date

see attached signature page

Chief Dan Clark

Grafton PD

Date

see attached signature page

Chief Clifton Barnes

Kipton Village PD

Date

see attached signature page

Mark Laubenthal

LaGrange PD

Date

see attached signature page

Chief Michael Failing

Lorain PD

Date

see attached signature page

Interim Chief John Smiddy

Lorain County Metro Park Rangers

Date

(does not have a police force at this time- see attached email confirmation)

Chief Trenton Brown

Mercy Health Police

Date

see attached signature page

Chief Michael Freeman North Ridgeville PD Date

see attached signature page

Chief C. Ryan Warfield Oberlin PD Date

see attached signature page

Chief Andrew Kory Sheffield Lake PD Date

see attached signature page

Chief William Visalden, Jr. Sheffield Village PD Date

see attached signature page

Chief Michael Frazier South Amherst PD Date

see attached signature page

Chief Chris Hartung Vermilion PD Date

see attached signature page

Chief James McPike Wellington PD Date

see attached signature page

Chris Cabot, Director Lorain County Dept of Job and Family Services Date

see attached signature page

Judge Frank Janik Lorain County Domestic Relations Court Date

see attached signature page

Tony Cillo, Prosecutor Lorain County Prosecutors Office Date

see attached signature page

Gregory Willey, Executive Director Friendship Animal Protective League Date

see attached signature page

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

The PCSA attests they attempted to obtain the signature of all required participating agencies as set forth in Section II of this MOU 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: **[Enter date of refusal]**

Agency, Name, Title: **[Enter the name of the agency, required individual, and their title.]**

Reason the individual refused to sign:

[Enter the reason the individual refused to sign the text box and the attempts to solve the identified barrier.]

Date: **[Enter date of refusal]**

Agency, Name, Title: **[Enter the name of the agency, required individual, and their title.]**

Reason the individual refused to sign:

[Enter the reason the individual refused to sign the text box and the attempts to solve the identified barrier.]

Date: **[Enter date of refusal]**

Agency, Name, Title: **[Enter the name of the agency, required individual, and their title.]**

Reason the individual refused to sign:

[Enter the reason the individual refused to sign the text box and the attempts to solve the identified barrier.]

X. Board of County Commissioners

The PCSA is to submit the MOU signed by all participating agencies to the Board of County Commissioners. The participating agencies will ensure there is adequate time for both the County Board of Commissioners and DCY review and approval process along with any returns for correction prior to the end of the contractual period.

County Commissioners Signature and Date/Resolution/Vote

The Board of Lorain County Commissioners hereby review and approve the Lorain County Memorandum of Understanding.

ATTACHMENTS

- A Memorandum of Understanding**
- B Conducting Assessments and Investigations**
- C Serious Injuries and/or Medical Neglect**
- D Lorain County MOU for Sexual Assault Services**
- E AWOL Youth**
- F Disaster Plan**
- G Safe Haven Baby (Deserted Child)**
- H CallNet Contract**
- I Confidentiality and Dissemination of Information**
- J 24-Hour On Call**
- K Referral Process Procedure**

Attachment A

PROCEDURE NAME:	SUPERVISOR RESPONSIBLE	UNIT:
Lorain County Child Abuse & Neglect Memorandum of Understanding (MOU)	Kristen Fox-Berki	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:

Follow LCCS procedures and ODJFS rules for investigating allegations of abuse/neglect of children and documenting in SACWIS.

1. Refer to, and follow directives of the Lorain County Child Abuse and Neglect Memorandum of Understanding.
2. 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.
3. 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.
4. 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.
5. Coordinate the joint interviews with law enforcement. Often these will take place at the Child Advocacy Center, following the jointly approved protocols.
6. Take all steps necessary to assure safety of the child.
7. 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.
8. Confer with Supervisor regarding notification of the County Prosecutor, City Law Director, or Solicitor when a mandated reporter fails to report abuse/neglect.
9. Refer reporters of missing children to law enforcement.
10. 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.
11. 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; and
 - Whether the report has resulted in the filing of a complaint in juvenile court or of criminal charges.
12. Seek help from police in hazardous situations.
13. 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. 2027.

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: Revision Dates:	6/17/97 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:	12/2027	

Attachment B

PROCEDURE NAME:	SUPERVISOR RESPONSIBLE	UNIT:
Conducting Assessments & Investigations	Rhonda Conway/Nicole Papotta	Direct Services

I. PROCEDURE SUMMARY

Lorain County Children Services (LCCS), as well as other Ohio Public Children Services Agencies (PCSAs), uses a Differential Response System to child protection per Ohio Administrative Code (OAC 5180:2-36) and Ohio Revised Code (ORC 2151.011 & 2151.429), providing two options or “pathways” for responding to reports of child abuse/neglect:

Traditional Response (TR) Pathway encourages engagement of the family in a comprehensive evaluation of child current/future safety needs, a fact-finding process to determine whether child abuse/neglect occurred, and circumstances surrounding the alleged harm/risk of harm.

- Required for reports of physical abuse resulting in serious injury/immediate or serious risk/sexual abuse/ child fatality/specialized assessments (out-of-home/third party)/more serious cases of abuse/neglect where a determination/finding may be helpful to ensure child safety/may involve court intervention and/or criminal charges. *See “LCCS Pathway Assignment Tool”.

Alternative Response (AR) Pathway engages the family in a comprehensive evaluation of child safety/risk of subsequent harm/family strengths and needs and does not include a determination as to whether child abuse/ neglect occurred.

- Intends to assist families in accessing services/support to resolve concerns of *low to moderate risk* (which do not allege immediate/serious harm) and the belief that families can stay together if they receive the assistance they need/creates a partnership between LCCS and families to ensure child safety/well-being/ emphasis on "front-loading" needed services/as early as possible/without requiring a finding.
- Data reflects most child welfare intervention does not result in substantiated findings or court involvement, and an investigative approach may be less effective in engaging and serving families.

Both pathways allow LCCS to address safety concerns/risks/situations with families in a collaborative and respectful way, while maintaining the primary goal of child safety. Families will be afforded the opportunity of a culturally responsive/family-focused/individualized/strength-based assessment that informs the agency of information important for assessing risk/planning for permanency.

*Note a “*Pathway Switch*” may occur from AR to TR if needed to ensure child safety or requested by the family. *See “Ohio Practice Profiles”.

II. PROCEDURE STEPS

A. CASE ASSIGNMENT AND BACKGROUND CHECKS

1. New referrals will be screened in per the Referral Process Procedure and assigned to a Direct Services Caseworker (CW) per the Case Assignment Process Procedure.
2. Once assigned, the Administrative Assistant (AA) will conduct Ohio Court Network (OCN) and Sex Offender Registry background checks (within 48 hours) on ALL Adults/Caregivers/Parents:
 - a. Listed in the referral

- b. Living in the home (even temporarily)
- c. Living in the home of other parent (if joint custody/shared parenting)
- d. Newly move in/become involved with family and have access to child/ren
- e. Paramours of above (if applicable)

3. Once completed, the AA will email results of background checks to CW/Supervisor and document in SACWIS/saved in Traverse.
4. CW/Supervisor to ask the AA to request the following from local/in-state/out-of-state jurisdictions (if applicable):
 - a. Police reports on any results re: child abuse/domestic violence (DV)/sex offenses/substance use/etc. to identify ongoing concerns/patterns of behavior/potential safety threats.

*See Addendum A for local jurisdiction email addresses and/or fax numbers.

- b. Police call logs/jacket to family home/relevant address to assess activity/verify information not otherwise documented in an official police report.
- c. Child Protective Services (CPS) historical records as "**BEST PRACTICE**".

5. CW to document *receipt/review/summary* of results of background checks OCN/other background checks/CPS records/ police reports (in SACWIS activity log and/or Family Assessment).

B. PREPARATION

1. Develop an *Assessment Plan* prior to case initiation (whenever possible) including, but not limited to:
 - a. Review of historical information in SACWIS/Traverse to determine who resides in the home/any potential safety hazards.
 - b. If needed (within 4 days of screening decision), ask Referral Specialist to add/edit parties listed in the referral.
 - c. If less than 4 days, AA/CW may add/edit parties to the case only (not the referral), but they may not be available for selection on activity logs and some assessments until/unless transferred to ongoing services (must be addressed in narrative boxes only).
2. Determine who should be interviewed/in what order/who should be present.
3. Bring necessary tools into the field (drug screens/intake packets/pamphlets/releases of information (ROIs)/Safety Plans/etc.).

C. CONTACTING LAW ENFORCEMENT

1. Contact appropriate Law Enforcement agency (per referral address/jurisdiction of crime) for assistance as needed with one or more of the following reasons documented in SACWIS:
 - a. If CW believes child is in immediate danger of serious harm
 - b. If CW/LCCS believes CW is, or will be, in danger of harm
 - c. If CW has reason to believe a crime is being or has been committed against a child (any reports of abuse/neglect that appear criminal in nature)
2. ALL Serious Injury/Sexual Abuse/Severe Physical Abuse cases *prior to initiation* to coordinate interviews/avoid interference with the criminal investigation.
 - a. *See Serious Injuries and/or Medical Neglect of Children Assessment and Intervention and Medical Neglect and Physical Abuse Cases for Munchausen By Proxy Syndrome, Fictitious Disorder Imposed on Another/FDIA and/or Medical Child Abuse Procedure.
 - b. *See Sex Abuse Investigations Procedure.

3. If there are **Human Trafficking** concerns in the referral/identified during the assessment/investigation (A/I) process:
 - a. Consult Assistant Prosecuting Attorney (APA)/Supervisor immediately
 - b. Obtain as much information as possible to determine jurisdiction
 - c. Recognize victims of **Human Trafficking** may have complex/multiple needs to be addressed
4. Complete "**Notification of Child Abuse/Neglect**" form within 5 days of referral and forward to APA/Law Enforcement.
5. *This assistance needs to be invoked in accordance with the **Lorain County Memorandum of Understanding to Address Child Abuse and Neglect (2024-2026)** regarding coordination of child victim interviews.

D. INITIATION

1. PRIORITY ONE/EMERGENCY RESPONSE

Attempt Face-to-Face (FTF) contact with Alleged Child Victim (ACV)/Child Subject of Report (CSR) within 1 hour of screening decision (defined by time CW dispatched).

2. RAPID RESPONSE (RR)

Attempt FTF contact with ACV/CSR within 12 hours or prior to child's return home.

***Every effort should be made to conduct FTF contact in a safe setting (daycare/school/other relative home/etc.) or attempt to locate ACV/CSR by phone.**

3. STANDARD/NON-EMERGENCY RESPONSE

- a. **TR**-Attempt FTF contact with ACV within 24 hours and/or complete successful phone contact with principal/collateral/non-offending caregiver (not Alleged Perpetrator/AP) with current information about child's condition/safety.
- b. **AR**-Attempt FTF contact with CSR within 24 hours and/or initiate by successful phone contact with parent/guardian/custodian to schedule initial meeting at family's convenience (every effort should be made to schedule FTF within 24 hours).

***Leaving a voicemail (VM) may be considered an initiation (pursuant to **OAC rule 5180:2-36-20**) only if CW can verify valid phone number. If unable to schedule, attempt FTF contact within 24 hours of call.**

- c. If initiation was completed by successful phone contact, CW should attempt FTF contact with ACV/CSR within 72 hours (including holidays/weekends) and preferably within 24 hours (whenever possible as "**BEST PRACTICE**") of screening decision.
- d. If ACV/CSR an infant/non-verbal child, currently in a hospital setting, and not scheduled for discharge within 72 hours of screening decision, contact can be made virtually or by phone prior to discharge with direct medical staff providing care for the child and able to provide information regarding child's safety.

***CW to document date/time/with whom case was initiated in SACWIS activity log:**

- Contact Type-Announced Home Visit/Face-to-Face/Phone Call From/Phone Call To/ Unannounced Home Visit
- Case Category- Assessment/Investigation/Alternative Response Assessment
- Category-Assessment/Investigation Mandate
- Subcategory-ACV Face-to-Face/Adult Subject of Report/Assessment/Investigation Initiated/Caregiver Face-to-Face/Child Subject of Report
- Intake Info (select all Current Case Episodes that apply)
- Intake Participants-Contact Status- Attempted/Completed

E. UNSUCCESSFUL INITIATION

1. If initiation/attempted FTF contact unsuccessful, CW should consult Supervisor to discuss next steps (on Priority One/Rapid Response cases), and additional attempts should be made the following day.
 - If this falls on a holiday/weekend, CW should consult Supervisor/obtain approval to request assistance from Coverage CW (if needed).
2. If initial FTF contact attempt unsuccessful, CW should make a second attempt within first 4 working days.
3. If attempts during first 4 working days are unsuccessful, CW should continue attempts at least every 3 working days (not including day of last attempt) until successful/waiver/disposition.
 - Attempts at other possible locations/phone calls to collaterals/other known relatives should be co-occurring.
 - CW should consult Supervisor regarding efforts to contact the family/additional direction/order of access/pathway switch.

F. INTERVIEWS WITHOUT PARENTAL CONSENT

ACV/CSR may be interviewed “without parental consent” when there is reason to believe this cannot be done safely/effectively if parents are notified in advance. CW to document in SACWIS at least one of the following exigent circumstances making this necessary (unless already documented in narrative of intake):

1. Credible information indicating child in immediate danger of serious harm.
2. Credible information indicating child will be in immediate danger of serious harm upon returning home from school/other location.
3. Credible information indicating child may be intimidated from discussing alleged abuse/neglect in the home.
4. Child requests to be contacted at school/other location due to one of the above circumstances.

**Attempt to notify parent/guardian/custodian same day by FTF contact or phone and provide specific facts necessitating contact without parental consent.*

G. FTF CONTACT REQUIREMENTS

1. For Safety Assessment completion (due within 10 working days of screening decision), successful FTF contact (AND interviews whenever possible as “**BEST PRACTICE**”) are required with:
 - ALL ACVs/CSRs AND at least one caregiver.
2. For Family Assessment or Ongoing Assessment/Investigation (Active Case Referrals) completion (due within 60 calendar days of screening decision), successful FTF contact AND interviews are required with:
 - ALL intake participants/adults/children residing in the home/other involved children (OICs)/ present at time of allegation/parents not residing in the home:
 - ✓ If intake participants reside in/contiguous to (bordering) Lorain County, CW to conduct interviews FTF
 - ✓ If intake participants reside in a non-contiguous county/out of state, CW to request courtesy interviews
3. If intake participants, including any unknown AP/Adult Subject of Report/ASR, are unable to be identified/located, CW should consult Supervisor AND complete waiver of mandate.

4. Document in SACWIS ALL efforts to locate/make FTF contact. *See "Diligent Efforts".
5. Coordinate interviews with APA/Law Enforcement/Service Providers to eliminate/minimize multiple interviews with ACV. On cases of Sexual Abuse/Severe Physical Abuse, interviews should be conducted at the Kids First Child Advocacy Center (CAC). *See Sex Abuse Investigations Procedure.
6. Conduct at least one FTF interview with ACV/CSR during the A/I process. If initial interview of emotional maltreatment/physical/sexual abuse was conducted in presence of AP/ASR (or AP/ASR unknown), a second interview should be conducted without AP/ASR/caregiver (or any potential AP/ASR) present.
7. If ACV/CSR is an infant/otherwise non-verbal, CW to document in SACWIS child was unable to be interviewed due to young age/does not have sufficient verbal skills/etc. and provide detailed observations of child's appearance/condition/developmental skills/disposition/ interaction with adults in the home/level of activity/etc.
8. If additional interviewing has been determined to be detrimental to child, CW to consult Supervisor to discuss next steps.

**Complete and document in SACWIS consistent/regular FTF contact with ALL case participants as "BEST PRACTICE" on every A/I.*

**Absent Parents (along with historical/other information gathered) shall be included on Family Assessments.*

**If case remains open > 30 days, child/ren shall be seen at least once every 30 days.*

**Complete FTF contact with child/ren and caregiver within 7 (no longer than 14) days prior to case closure as "BEST PRACTICE".*

H. A/I PROCESS

1. During initial FTF or phone contact (whichever occurs first/if information was gathered as part of the A/I process) inform parent/guardian/custodian of the following:
 - Allegations/Information (contained in the referral)
 - A/I Process
 - Rights & Responsibilities
2. Conduct FTF interviews with ALL intake participants/adults/children residing in the home/parents not residing in the home.

**Each child should be interviewed separately (whenever possible) and apart from the AP/ASR to assess for safety/evaluate child's condition/obtain child's explanation of allegations.*

**CW to document in SACWIS activity log efforts to interview child separately/reasons why if unsuccessful/detailed observations of child, especially if non-verbal/too young/unable to interview.*

3. Assess safety and risk to the child, including, but not limited to the following actions:
 - a. Taking photos of physical injury on the child's body with witness
 - b. Taking photos of child's environment with parent/guardian/custodian consent
 - c. Attempting to secure medical exam and/or psychological evaluation with parent/guardian/custodian consent or court order
 - d. Attempting to secure relevant records (medical/mental health/school/etc.)
 - e. Ensuring a Plan of Safe Care on CARA cases

- f. If child determined to be in immediate danger of serious harm, CW to consult Supervisor to discuss next steps, including the **Safety Plan Procedure** as outlined in **OAC 5180:2-37-02** and/or consult with APA to discuss possible court action.
- g. If supportive services are determined necessary, those supportive services are to be made available to the child/parent/guardian/custodian per **OAC 5180:2-40-02**.
- 4. Provide/review the **"Introduction to LCCS Pamphlet"** outlining client rights/grievance process. If any family member has special needs, ensure that the information was reviewed with them in a way they can understand. Obtain signature of client receipt/note client refusal and document in SACWIS/upload into Traverse.
- 5. Ask whether case participant knows or has reason to know "*that the child is an Indian child*" (*citizen/member of an Indian tribe/eligible for tribal citizenship/membership in an Indian tribe and the biological child of a citizen/member of an Indian tribe/Alaskan native and member of a regional corporation per the Alaska Native Claims Settlement Act*) upon initial FTF contact with child/parent/ guardian/custodian. *See **Indian Child Welfare Act (ICWA) OAC 5180:2-53-02**.
 - If unavailable/unable to provide this information, ask relatives or collaterals and examine any documentation provided.
 - If yes or otherwise known, document this information in SACWIS under Demographics **AND** in the Family Assessment.
 - The definition of an "*Indian child*" is based upon the child's political ties to a federally recognized tribe (ICWA does not apply simply based upon a child/parent's Indian ancestry). Most Tribes require individuals to apply for citizenship and demonstrate how they meet the membership criteria. CW to contact tribe for confirmation (if applicable).
 - *See **Indian Child Welfare Act (ICWA) OAC 5180:2-53-03** for guidelines and minimum Federal standards for the removal and placement of Indian children.
- 6. PCSAs are required to provide Safe Sleep and Shaken Baby educational materials to families with infants (0-12 months) *at first point of contact* with the family (*pursuant to ORC 3701.63 & 3701.64*). CW to provide/review with families the pamphlets "**Babies Cry a lot**" and "**Follow the ABCs of Safe Sleep**" (developed by the Ohio Department of Health) and document the following in a SACWIS activity log:
 - Pamphlets provided to family (and/or caregiver), and they understand the material; discussion to include infants sleeping in carriers and risk of suffocation.

*See "**Safe Sleep Checklist**".

**Safe Sleep Tote Bags (located in cabinet across from DS/FBC Managers) may also be provided to family (and/or caregiver).*

- CW observed bassinet/crib/pack-n-play with no items; if items were present, CW addressed risk concerns and asked that the items be removed immediately.
- 7. Submit Help Me Grow referral as on TR cases of substantiated abuse/neglect of a child aged 3 years or younger (must be documented as "per CAPTA" requirement)/substance "affected" infants/AR cases transferring to Ongoing Services with a child aged 3 years or younger.
- 8. Provide interpreter for **ALL** interviews if determined that a case participant speaks a language/has an impairment that causes a communication barrier (autistic/deaf or hearing impaired/developmentally delayed/speaks a language other than English/etc.) and document use of this service in a SACWIS activity log.
- 9. Conduct HV as part of the A/I process and view entire physical environment, including areas child/ren may have access to (attic/basement/garage/etc.). Complete

the "Environmental Checklist" on ALL intakes. If concerns for environmental neglect are identified/reported, see the Environmental Neglect Procedure.

10. Interview collaterals/witnesses (FTF and/or telephone contact) with persons identified as possible information sources (family members/friends/neighbors/other involved professionals/ referent/school personnel/etc.) to obtain relevant details regarding risk to child/ren and assessment information. ***Discretion should be used when selecting/speaking with collateral sources to protect the family's confidentiality.**
11. Use Safety/Family Assessments/Family Contact Sheets to collect culturally relevant child/ family information obtained from all sources, including caregivers/collaterals/family members/ previous records/service providers/etc. to assess:
 - Child safety and risk
 - Family strengths and needs
 - History/Impact of prior abuse/neglect/DV/mental health/substance use/etc.
 - Family support system
12. If parent/guardian/custodian refuses to cooperate with the A/I process, this does not negate CW responsibility to investigate the alleged maltreatment. CW should consult Supervisor to discuss next steps (other ways of assessing safety/engaging parent/guardian/custodian/etc.). If still unsuccessful, CW/Supervisor to consult APA to discuss an order of access/other court filing).
13. If two or more PCSAs involved, PCSA where child's parent/guardian/custodian resides shall lead A/I efforts.
14. If shared parenting and residential parent has not been designated, PCSA of parent/guardian/custodian who has physical care of ACV/CSR at the time of the incident shall lead A/I efforts.
15. If report of abuse/neglect involves a child living in a shelter for victims of DV/homeless shelter, PCSA who received the report shall:
 - a. Determine if child was brought to shelter pursuant to agreement with another county shelter.
 - b. If there was an agreement, PCSA in the county from which the child was brought shall lead A/I efforts and provide required supportive services/petition court for custody (if necessary).
 - c. Lead A/I efforts if determined child was NOT brought to shelter pursuant to agreement with another county shelter.
 - d. If a determination cannot be immediately made as to whether an agreement exists, begin A/I efforts.
16. When requested by lead PCSA (verbally/in writing), non-lead PCSA (located in a non-contiguous county) shall conduct interviews of any case participants/collateral sources located within its jurisdiction to provide lead PCSA with necessary information to complete Safety and/or Family Assessment (unless lead PCSA has informed they will conduct interviews) within a time frame that allows lead PCSA to meet required mandates. ALL PCSAs involved shall document requests in SACWIS.
17. Cooperate with other county/state PCSAs and lead A/I efforts (if necessary) when the child is located in Lorain County and/or when the abuse/neglect is alleged to have occurred in Lorain County.
18. Contact other PCSA immediately/within one working day to share information per OAC Rule 5180:2-36-02 and coordinate A/I efforts.

19. Explain court process to families in cases involving Juvenile Court proceedings and/or criminal prosecution, and link/refer them to the Victim Witness Program for services (if applicable).
20. For referrals involving DV: *See Domestic Violence-Intake & Investigation Process and Domestic Violence-Plan for Safety Procedures.
21. For referrals involving Substance Use: *See Drug and Alcohol Screening Procedure.
22. For referrals involving Sexual Abuse: *See Sex Abuse Investigations Procedure.
23. For referrals involving Serious Injuries and/or Medical Neglect: *See Serious Injuries and/or Medical Neglect of Children Assessment and Intervention and Medical Neglect and Physical Abuse Cases for Munchausen By Proxy Syndrome, Fictitious Disorder Imposed on Another/FDIA and/or Medical Child Abuse Procedure.
24. **ALL** “Specialized Procedures should be followed in conjunction with the Conducting Assessments & Investigations Procedure.
25. **ALL** documentation/material obtained as a result of the A/I process shall be maintained in the case record (documented in SACWIS/saved in Traverse).
26. If a mandate cannot be completed, a justification waiver shall be submitted by CW/approved by Supervisor, as well as documented/explained in SACWIS activity log and/or Family Assessment.

I. INTERVIEWS

1. CHILDREN

- Determine safety and risk to child (whenever possible) prior to notifying parent/guardian/custodian of intent to interview child.
- If available, an individual not involved in the allegation (counselor/non-offending parent/school personnel/etc.) should be contacted for consultation prior to the interview to determine child's strengths/disabilities/best approach based upon child's likes/dislikes/sensitivities/etc.
- In most cases, child should be interviewed without parent/guardian/custodian present, especially when AP/ASR unknown. Any decision to include other individuals in the interview process should be driven by the needs of the child in balance with preserving the integrity of the interview and documented in SACWIS activity log.
- Inform child of CW identity/purpose/role and explain in age/developmentally appropriate terms what to expect during the interview.
- As part of rapport building/prior to conducting the formal interview, ask child questions to assess developmental stage and level of understanding. Adjust interview questions accordingly.
- Use "*Categories for Assessment & Interviewing Children*" (listed below) when conducting interviews.
- CW to keep child informed/provided with emotional support, as age/developmentally appropriate, throughout the A/I process. CW to document those discussions with child regarding A/I process in SACWIS activity log.
- In closing interview, CW should help child identify an available/healthy support system, appropriate to child's level of understanding, to provide support: describe available counseling/support groups/ educate child on safety planning/validate child's feelings/etc.

2. CHILDREN WITH SPECIAL NEEDS

- Obtain as much information regarding child's disability/functioning/limitations to prepare for interview/increase effectiveness of interview process. Contact appropriate service providers/non-offending caregiver/educators/etc. Who can provide supportive assistance.
- Conduct pre-interview consultation with Lorain County Board of Developmental Disabilities (LCBDD) when child/ren are identified as developmentally/or mentally disabled to determine need/level of LCBDD involvement in preparing/conducting interview.

3. CATEGORIES FOR ASSESSMENT & INTERVIEWING OF CHILDREN

CW to assess safety and risk of child through collateral sources/FTF contacts/interviews/observations/ROIs/review of records/witness reports/etc. by gathering information under the following categories:

- Ability to Self-Protect
- Adequacy of Education/Medical Care/Supervision
- Age/Physical/Cognitive/Social Development
- AP/ASR Access to Child
- Attachment/Bonding/Nurturance
- Basic Needs
- Child's Role in Family
- Coping with Problems in Family Functioning
- Emotional/Behavioral Functioning
- Extent of Emotional Harm/Physical Injury
- Exposure/Frequency of Dangerous Acts/Conditions
- History of Abuse/Neglect/DV in the home
- Physical Hazards in the home
- Sexual Abuse
- Victimization of Other Children

4. NON-OFFENDING CAREGIVER

Inform non-offending caregiver of CW identity/purpose/role and abuse/neglect allegations (while protecting referent's identity). CW to assess protective capacities and obtain Safety/Family Assessment information through collateral sources/FTF contacts/interviews/observations/ROIs/review of records/witness reports/etc. by gathering information under the following categories:

- a. Ability and willingness to protect child/ren
- b. Adequacy of supervision.
- c. Age
- d. Caretaker's Victimization of Other Children
- e. Caretaker's Abuse/Neglect as a Child
- f. Child/ren's role in family
- g. Cognitive abilities
- h. Dangerous acts/conditions and frequency to which child/ren has been exposed
- i. Description of child/ren's intellectual/physical/social development and/or psychological impairment
- j. Domestic Violence
- k. Emotional/Mental Health functioning
- l. Extended Family/Social/Community Connectedness

- m. Family perception of their ability/willingness to protect the child/ren (address AP's access)
- n. Family roles, interactions, and relationships (include fathers)
- o. Impact of Past Services
- p. Parenting Practices of ALL parents (daily routines/expectations/family traditions/types of discipline, household management of bedtime/entertainment/meals/school attendance and homework/supervision/etc.)
- q. Physical hazards in the home
- r. Physical health
- s. Response to Stressors
- t. Resource Management and Household Maintenance
- u. Self-protection ability
- v. Strengths/Problem Areas-Family's View
- w. Substance Use (current/historical)

In closing the interview:

- a. Obtain names/location of people included in their support network
- b. Describe available counseling/support groups and provide a resource list
- c. Describe behavioral indicators of abuse/neglect the child/ren experienced and prepare them for possible behavioral changes in the days to come
- d. Implement a Safety Plan (if applicable) to protect child/ren
- e. Gather information for Safety/Family Assessments/Family Contacts Sheet

5. AP/ASR

If AP/ASR also parent/guardian/custodian, refer to same categories as above.

If AP/ASR NOT parent/guardian/custodian, focus on the following:

- AP access to child
- AP response to allegation
- Culpability

When a criminal investigation is involved, coordinate interview schedule with or defer interview to Law Enforcement along with the following activities:

- AP should be made aware of LCCS involvement.
- Obtain written police report if CW was not part of AP interview.
- Any deferral of interviewing AP to Law Enforcement must be documented in SACWIS activity log.
- If no criminal charges will be filed, LCCS investigation remains open, and CW was not part of AP interview, CW will need to interview AP.
- Interviews regarding Family Assessment elements must be conducted by LCCS. Explain purpose/role of LCCS.
- Inform AP/ASR of the allegations in a non-accusatory/non-confrontive manner (protecting referent identity).

In closing the interview:

- a. Implement a Safety Plan (if applicable) to protect child/ren
- b. Describe next steps in A/I process/what AP can expect to happen following interview
- c. If Law Enforcement involved, share only information/next steps approved by Law Enforcement
- d. Describe available counseling/support groups and provide a resource list

- e. Gather information for Safety/Family Assessments/Family Contacts Sheet

6. **SEXUAL ABUSE**

In addition to previous sections, the following should be applied when there are allegations of sexual abuse:

- a. No physical assessment should be conducted by LCCS related to sexual abuse investigations (authorized medical professionals only).
- b. Genital exams should be conducted and physical evidence documented by authorized medical professionals only.
- c. *See Sex Abuse Investigations Procedure.

J. PHYSICAL ASSESSMENT OF CHILDREN

- 1. CW should make every effort to conduct a physical assessment of each child to identify any signs of physical injury, not only those contained in the referral (requires knowledge of procedure/physical abuse indicators/high level of sensitivity).
- 2. CW should be accompanied by another adult whenever possible (parent/guardian/custodian/ co-worker/nurse/school personnel/etc.) while conducting a physical assessment of child/ren.
- 3. If parent/guardian/custodian present, and disrobing (exposure of private parts) necessary, at least one adult should be same gender as the child/ren. A child > 3yo should not be disrobed in front of an adult of the opposite sex (whenever possible).
- 4. If child does not wish to participate or requests termination of the physical assessment, CW should immediately discontinue/arrange for a medical professional to conduct/continue physical assessment process.
- 5. CW to document in SACWIS efforts to conduct the physical assessment/steps taken to obtain assistance and consult Supervisor with any questions.
- 6. In cases with a child unable to disrobe without assistance, staff or accompanying adult should assist child in disrobing in the following manner:
 - a. Expose one area of the body at a time beginning with clothing above the waist
 - b. Observe area/take photos (when necessary)
 - c. Replace clothing prior to exposing next area of the body
- 7. When there is a concern that the child requires medical and/or psychological evaluation/ attention, arrange for immediate medical/psychological care.
 - a. If child appears suicidal/threat to others, contact ESS/Riveon immediately (1-800-888-6161).
 - b. If child's psychological status is not life threatening but of immediate concern, contact the non-offending parent or (if child is in school) have school personnel locate an emergency contact person in order for the child to get psychological/psychiatric services ASAP.
 - c. If child has injuries causing pain, appear to be untreated and a health threat, or other medical concerns that appear to require immediate attention, contact the non-offending caregiver ASAP for assistance in obtaining medical attention. If child is in an out-of-home care-setting facility (daycare/school/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 AP/ASR and there is no one else to contact who can assist in obtaining immediate medical assistance, CW should consult Supervisor or any Manager for direction. APA consultation may also be necessary.

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

K. CHAIN OF EVIDENCE

1. Any physical evidence collection resulting from the A/I process should be documented (including the type of evidence) in SACWIS activity log and submitted to the recognized authority per the "*Memorandum of Understanding*".
2. No physical evidence should be collected without consent of the owner/consultation with APA/Law Enforcement.

L. MEDICAL CONCERNs

1. ROIs should be signed within 7 calendar days of initiation.
2. CW will collaborate with medical providers to determine current/historical needs.
3. If parent/guardian/custodian refuses to sign ROIs, CW should consult Supervisor/APA.
4. Identify barriers as why parent/guardian/custodian cannot prioritize child/ren's medical needs (include family support).
5. High Risk Factors (of parent/guardian/custodian):
 - Inability to engage regarding medical concerns for child/ren
 - Lack of insight into child/ren's special needs
 - Inability to integrate parenting practices from information presented by medical providers
6. Ensure parent/guardian/custodian follows through immediately with ALL medical appts.
7. Submit Help Me Grow (HMG) referral (if < 3yo) and ensure it was received.
8. Document in SACWIS activity log contact with pediatrician's office and/or other medical professionals to ensure ALL appts. were made for ALL children in the home and there are no concerns.

M. PHOTOS

1. Photos should be taken of any bruises/lacerations/other injuries when conducting a physical assessment of ACV/CSR for signs of abuse/neglect. Per ORC 2151.421, "*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 referent indicates there are injuries, ask if photographs have been taken and if medical assistance needed/requested.
**If unable to observe and/or photograph a physical injury, CW should consult Supervisor/On-Call Supervisor to discuss next steps.*
2. *At least one photo of ACV/CSR should include the Adult Witness* (other than CW conducting the physical assessment) to establish a timeframe in which the photo was taken and verify witness present.
3. Each photo of ACV/CSR should have an identifier present (piece of child's clothing/etc.) and at least one photo should include child's face and clothing to ensure evidence collected demonstrates photo series of the same child. If a mandated reporter has provided photos, LCCS to ensure photos identify name/address/phone number of person who took them.
4. When an object has been identified as the cause of an injury, a photo of the object should be taken.
5. ALL photos should be identified with the following:
 - a. Name of person who took photo
 - b. Date taken

- c. Name/Age of child
- d. Address if taken regarding environmental concerns
- e. What photo depicts (home/injuries/weapon/etc.)
- f. Name/Address of adults/witnesses in photos
- 6. When CW finds no physical injury regarding an allegation of observable physical injury, a photo should be taken to document the absence.
- 7. CW to obtain permission to take photos from parent/guardian/custodian in cases environmental neglect. If denied permission, including of child/ren and living environment, CW to contact Law Enforcement for assistance (to meet CW at the home immediately/as soon as possible). CW to consult Supervisor/APA and document in SACWIS activity log descriptive/detailed observations.

N. COLLATERAL INFORMATION & WITNESS STATEMENTS

1. Gather information by telephone/in person/written documentation/etc. to obtain the following:

- Knowledge/observations concerning the allegation, including any current safety risk to child/prior incidents of concern.
- Any additional information regarding their knowledge of child/family functioning/ perceptions of family strengths/concerns/risk of harm to the child/ren.
- Knowledge/observations concerning the AP, including access to the child/ren.

****Best practice to obtain information from both personal and professional sources.***

2. Consider the following factors when evaluating witness credibility:

- Whether witness statements are logical/internally consistent/consistent with other credible statements/ known facts from other collaterals/sources/witnesses (does witness appear to leave out/not know information he/she should know? /provide a significant amount of irrelevant/ tangential information?)?
- Whether witness was in a position to hear/see/have first-hand knowledge of events described?
- Whether witness has a history of being honest/reliable in making statements/reporting incidents?
- Whether witness has a special interest/motive for making a false statement (possible bias/relative attempting to wrongfully obtain custody/teenage child trying to manipulate custody determination/ parents with conflicted relationship/motive to hurt the other/etc.)?
- Whether witness has relevant disciplinary history (involvement in similar past allegations/etc.)?
- Witness demeanor during interview (evasive/not forthcoming/include assessment of body language)?
- Whether witness gave detailed/factual description of events?
- Length of time between incident and report (was there a significant/unreasonable delay?)
- Source of information (age/cognitive/mental health deficits/Mandated Reporter/etc.)?

O. CASE DISPOSITION

1. AR Cases do not require a traditional case disposition and will be disposed in SACWIS as "Alternative response".

- a. At any time during the investigation (and continuing into the ongoing case) a pathway switch may occur to switch an AR case to a TR case (the reverse cannot occur) for the following factors:

- i. The family requests a pathway change from the alternative response pathway to the traditional response pathway.
- ii. The "Safety Assessment", "Family Assessment", or "Ongoing Case Assessment/Investigation" cannot be completed because the family refused to engage in the assessment process.
- iii. The PCSA files a complaint with the juvenile court pursuant to section [2151.27](#) of the Revised Code alleging the child is abused, neglected or dependent child.
- iv. The PCSA screens in a report requiring assignment in a traditional response pathway pursuant to rule [5101:2-36-01](#) of the Administrative Code.
- b. The pathway switch must occur no later than the next working day from the triggering event.
- c. The CW is to notify the principals of the report of the pathway change either verbally (and documented in an activity log) or via letter within 3 working days of the switch.

2. CW to consider the totality of the following information collected, as well as relevant definitions and guidelines, in making a determination as to whether child/ren are at risk of harm/in need of protective services AND whether alleged maltreatment of child/ren occurred:

- Definitions of Child Abuse/Neglect/Case Dispositions from the "OAC/ORC" (*see below*).
- LCCS Guidelines as to acceptable "forms of confirmation" for substantiation and "isolated indicators of maltreatment" for indication of maltreatment.
- **Note an allegation may be verified as accurate, and maltreatment be unsubstantiated if it does not constitute abuse or neglect as defined by the "OAC/ORC".*
- **Conversely, an allegation may be unverified, but other information discovered during the assessment/investigation does constitute maltreatment as defined by the "OAC/ORC".*
- On CARA cases, the substance field on the disposition page in SACWIS will be completed in the area of harm descriptions and substances.
- Case Disposition should be supported by ALL information collected as a result of the assessment/investigation process and include CW's judgment/objective tools/Safety and Family Assessment data/collateral and witness statements/record collection and review/etc.

**Case Disposition shall be determined within 60 days of screening decision and documented in the "Case Analysis" and "Case Disposition" sections of the Family Assessment.*

3. Definitions of Child Abuse/Neglect:

"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.
- 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.

- 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.
- 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 wellbeing.
- 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 is to 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.

4. Definitions of Case Dispositions:

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

- Family moved-unable to complete assessment/investigation

- Family moved out-of-county-refer to appropriate PCSA
- Indicated-*Sexual Abuse Only per LCCS policy*
- Substantiated
- Unable to locate
- 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 (*Sexual Abuse Only per LCCS policy*).

"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 considers the following for purposes of a "substantiated" disposition:

- adjudication/admission by AP/conviction
- medical evidence of non-accidental injury as determined by a medical professional
- child disclosed AND corroborative evidence
- *credible* witness AND corroborative evidence
- presence of significant evidence establishing a clear/factual foundation for "substantiated"

LCCS considers the following for purposes of an "indicated" disposition

(Sexual Abuse Only per LCCS policy):

- medical/other indicators of child sexual abuse, but confirmation lacking at time of case disposition
- injury inconsistent with history given
- suspicious injury with no explanation
- credible/consistent disclosure by the child, but corroborative evidence lacking
- determination by CW based on the use of objective tools for assessing safety/risk

P. CASE ANALYSIS

CW to articulate the rationale behind the Case Disposition in the Case Analysis section of the Family Assessment.

Case Closure should occur within 7 calendar days of Family Assessment approval if Case Decision to "Close" or "Close and Refer to Community Resources".

**Note CW shall connect the family with necessary services/supports prior to assigning or closing the case.*

Included in the case assessment must be:

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

Q. PREPARING FOR CASE CLOSURE

1. If referent was a "**Mandated Reporter**", the A/I process should not be considered complete until a "**Mandated Reporter**" notification has been sent of A/I completion and disposition made (using SACWIS form letter) and documented in a SACWIS activity log.
2. If a "**Mandated Reporter**" has been actively involved in service provision for child/family, CW to make verbal contact ASAP to notify "**Mandated Reporter**" (counselor/probation officer/school personnel/etc.) of outcome of home visits/interviews and document in a SACWIS activity log, as they will need to know the extent of LCCS involvement and risk to the child to provide effective intervention
3. Within two (2) business days of completion of A/I process, advise family (including child who has the developmental capacity and understanding) verbally or in writing of case disposition/case decision (documenting in SACWIS activity log/using SACWIS form letter).
4. Within two (2) business days of completion of A/I process, notify AP in writing of case disposition/case decision and the right to/method for filing an appeal (documenting in SACWIS activity log/using SACWIS form letter).

III. RESPONSIBILITIES

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

IV. ASSOCIATED FORMS/INFORMATION:

Administrative Code Rules:

5180:2-36-01 Intake and Screening Procedures for Child Abuse, Neglect, Dependency and Family in Need of Services Reports; and Information and/or Referral Intakes

5180:2-36-03 PCSA Requirements for Intra-Familial Child Abuse and/or Neglect

Assessment/Investigations

5180:2-36-04 PCSA Requirements for Conducting a Specialized Assessment/Investigation

5180:2-36-05 PCSA Requirements for Conducting Stranger Danger Investigations

5180:2-36-06 PCSA Requirements for a Deserted Child Assessment/Investigation

5180:2-36-07 PCSA Requirement for Conducting an Assessment/Investigation of the Alleged Withholding of Medically Indicated Treatment from a Disabled Infant with Life-Threatening Conditions

5180:2-36-08 PCSA Requirements for Involving a Third Party in the Assessment/Investigation of a Child Abuse or Neglect Report

5180:2-36-09 Requirements for Dependent Child Assessments/Investigations

5180:2-36-10 PCSA Requirements for Responding to Family in Need of Services Reports

5180:2-36-11 Justification to Extend Time Frames for Completion or Waive Completion of Assessment/Investigation Activities

5180:2-36-12 PCSA Requirement for Cross-Referring Reports of Child Abuse and/or Neglect

5180:2-36-13 Intrastate and Interstate Referral Procedures for Children's Protective Services

5180:2-33-21 Confidentiality and Dissemination of Information Relating to Child Abuse or Neglect

*See [ORC Chapter 2707/ORC 1919.22/ORC 1919.22](#) appendix for reference.

Forms and Templates

Safety Assessment (SACWIS)

Family Assessment (SACWIS)

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

Notification of Child Abuse/Neglect (form)

Diligent Efforts

Procedures:

Environmental Neglect

Case Coordination and Collaboration

CAPM Tools

Concurrent Planning

Face to Face Contact

American Indian Children Entering the Child Welfare System

Dissemination of Information to Mandated Reporter

Domestic Violence-Intake & Investigation Process

Domestic Violence-Plan for Safety

Drug and Alcohol Screening

Serious Injuries and/or Medical Neglect of Children Assessment and Intervention and Medical

Neglect and Physical Abuse Cases for Munchausen By Proxy Syndrome, Fictitious Disorder

Imposed on Another/FDIA and/or Medical Child Abuse

Sex Abuse Investigations

Memorandum of Understanding

Ohio Practice Profiles

Procedure Section Code:	Direct Services	
Date Approved:	1/8/99	Kristen Fox-Berki, MSSA, LISW-S
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, 8/25	Kristen Fox Berki MSSA, LISW-S
Next Review Date:	8/2028	

Addendum A

Records Request/Background Checks

Jurisdiction	Phone Number for Records	Records Fax Number	Email	Online Access
Amherst PD	(440) 988-2625	440-988-3009	vcruz@amherstpolice.net	N/A
Avon PD	(440) 934-1234	440-934-4054	jdrozdowski@avonpd.com	N/A
Avon Lake PD	(440) 933-4567	440-930-4106	meikowski@avonlakepolice.org	N/A
Cleveland PD	(216) 623-5352	216-623-5356	Fax Only	N/A
Cuyahoga County SD	(216) 443-6105	216-443-6232	Fax Only	N/A
Elyria PD	(440) 323-3302	N/A	epdrecords@cityofelyria.org	N/A
Erie County SD	(419) 627-7668	N/A	DanielleM@eriecounty.oh.gov	N/A
Grafton PD	(440) 926-2261	440-926-2043	kjake@graftonpolice.net	N/A
LaGrange PD	(440) 355-4469	440-355-5556	lgpd2@windstream.net	N/A
Lorain County SD	(440) 329-3709	440-329-3766	records@loraincountysheriff.com	N/A
Lorain PD	(440) 204-2100	N/A	lpdrecordsrequest@cityoflorain.org	N/A
Medina County SD	(330) 725-0028	330-353-0834	lkluclar@medinaco.org	N/A
N. Ridgeville PD	(440) 327-2191	N/A	bstempowski@nridgeville.org	N/A
Oberlin PD	(440) 774-1061	440-774-1150	spodrosky@oberlinpd.com	N/A
Sheffield Lake PD	(440) 949-7131	440-949-2898	sdavis@sheffieldlake.net	N/A
Sheffield Village PD	(440) 949-6155	440-949-2534	Fax Only	N/A
S. Amherst PD	(440) 986-8118	440-986-8119	Fax Only	N/A
Vermilion PD	(440) 967-6116	440-967-4094	records@vermilionpolice.com	N/A
Wellington PD	(440) 647-2244	440-647-3641	swalker@villageofwellington.com	N/A

LCCS Pathway Assignment Tool

***Mark boxes below if yes. If any boxes are marked "YES", a Traditional Pathway Assignment is required. If no boxes are marked, continue to Alternative Response requirement:

Traditional Response Required:	Check if yes
1. Report Alleges Serious Harm to a Child:	
• Felony Child Endangering or Law Enforcement Involvement	<input type="checkbox"/>
• Serious Injury	<input type="checkbox"/>
2. Report Alleges Sexual Abuse of a Child:	
• Potential Criminal Sexual Conduct	<input type="checkbox"/>
• Allegations of Sexual Abuse	<input type="checkbox"/>
• Contact with a Convicted Sex Offender when the Child having Contact was the Victim	<input type="checkbox"/>
3. Suspicious Child Near/Fatality or Homicide	<input type="checkbox"/>
4. Report Requires a Specialized Assessment as Identified in Rule 5101:2-36-04 of the Administrative Code:	
• AP has Responsibility for Care of the Child in Out of Home Care Setting	<input type="checkbox"/>
• AP has Contact with the Child by Virtue of their Employment	<input type="checkbox"/>
5. Report Requires a 3rd Party Investigation Procedure as Identified in Rule 5101:2-38-08 of the Administrative Code:	<input type="checkbox"/>
6. Discretionary Consideration:	
• Agency has taken Permanent Custody of Another Child	<input type="checkbox"/>
• Child(ren) Previously Removed from Parents' Custody	<input type="checkbox"/>
• Previous Court Involvement with Family	<input type="checkbox"/>
• History of Refusing Services under Alternative Response	<input type="checkbox"/>
• Similar or Recent Reports	<input type="checkbox"/>
7. Positive Toxicology of a Child/Exposure to Drugs Except THC	<input type="checkbox"/>
8. Other Law Enforcement Involvement	<input type="checkbox"/>
All other CA/N Allegations are Assigned Alternative Response Pathway.	

Attachment C

PROCEDURE NAME:	SUPERVISOR RESPONSIBLE	UNIT:
Serious Injuries and/or Medical Neglect of Children Assessment and Intervention and Medical Neglect and Physical Abuse Cases for Munchausen By Proxy Syndrome, Fictitious Disorder Imposed on Another/FDIA and/or Medical Child Abuse)	Julie Haight & Andrea Hall	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.

Medical child abuse (MCA) is a rare but potentially deadly variant of child maltreatment. MCA results in unnecessary health care for a child because of a caregiver's exaggeration, fabrication, or induction of physical and/or psychological symptoms of illness.

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.
- e. The Caseworker making the screening decision should consult the Supervisor of the Day/on Call if there are questions about the response time being a Rapid Response or a Priority Response.

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 effect 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. **** 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 making the screening decision should consult the Supervisor of the Day/on Call if there are questions about the response time being a Rapid Response or a Priority Response.

Referral specialist to notify CQI (Andrea Hall) of referral. CQI will make the decision if the case needs to be assigned to an ASAP coordinator.

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

Supervisor shall consult with DS Managers and APA regarding the referral, concerns, actions steps to be taken, if a safety plan is needed or a court filing.

For cases involving infant/children who are medically fragile, have multiple medical diagnoses (chronic condition or life-threatening health concerns) the LCCS caseworker will request that the infant/child will be evaluated by a qualified medical provider within 24 hours from the time the referral was screened in.

The caseworker will collaborate with medical treatment providers (this includes hospital social workers) to gather complete current and historical medical records and to discuss the concerns of the case.

1. Releases of information will be signed within the first seven (7) calendar days of the case initiation. Best practice indicates releases of information signed at the first face to face contact with parent or caregiver. Caseworker to collaborate with Administrative Assistant to request complete current and historical medical records
2. Should parents/custodians not agree to sign any releases caseworker will consult their supervisor and possibly the APA.
3. Caseworker should schedule a family team or critical incident meeting with the FTM Facilitators within seven (7) working days of initiation or the first available date that can be scheduled. All parents, caregivers and medical providers and LCCS APA will be invited. Please consult with your supervisor if a team meeting is not necessary.
4. Caseworker and supervisor should consider the number of referrals on a child for the same medical issue as a risk contributor.
5. Barriers should be identified of the parent and why they cannot prioritize their child(ren) special needs, and this includes family support.
6. 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.
7. Ensure that the parent(s) follow through immediately with all medical appointments.
8. Make a referral to the Lorain County Public Health Department Complex Medical Help (CMH) Program. Referral for this program can be found in the Form/Template folder in SharePoint. Caseworker to follow up to the CHM program to ensure the referral is received and the family is connected.
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.

Medical Neglect and Physical Abuse Cases for Munchausen By Proxy Syndrome, Fictitious Disorder Imposed on Another/FDIA and/or Medical Child Abuse

All screening for these cases should follow the Referral Process Procedure. The Caseworker making the screening decision should consult the Supervisor of the Day/on Call if there are questions about the response time being a Rapid Response or a Priority Response

1. Referral specialist to notify ASAP worker. The ASAP coordinator will be assigned to summarize medical records and act in the ASAP role.
2. The caseworker will consult with supervisor immediately when receiving a MBPS and or FDIA case.
3. For MBPS and/or FDIA cases the supervisor will immediately consult with DS Manager and APA regarding the referral, out of home safety plan and/or filing.
4. Every attempt should be made to initiate and conduct interviews with law enforcement personnel.
5. When meeting with the parents(s) caseworker is to be very clear regarding the referral and inform them that the case was screened in as Munchausen. There may be times that hospital staff will ask LCCS not to inform the parent it is a Munchausen case, but LCCS needs to inform them that parents have every right to know exactly what LCCS is investigating in the referral.
6. The caseworker will collaborate with medical treatment providers (this includes hospital social workers) to gather complete current and historical medical records and to discuss concerns of the case.
7. Releases of information will be signed within the at the first face to face of the case initiation with parent/caregiver. Should parents/custodians not agree to sign any releases caseworker will consult their supervisor and APA together. Caseworker to collaborate with Administrative Assistant to request complete current and historical medical records
8. Interview verbal children alone and consider holding the interview at the CAC.
9. Make a referral to the Lorain County Public Health Department Complex Medical Help (CMH) Program. Referral for this program can be found in the Form/Template folder in SharePoint. Caseworker to follow up to the CMH program to ensure the referral is received and the family is connected.
10. Caseworker should schedule a family team or critical incident meeting with the FTM Facilitators within seven (7) working days of initiation or the first available date that can be scheduled. All parents, caregivers and medical providers and LCCS APA will be invited. If the ACV is hospitalized, Discharge plans will be discussed at this meeting.

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 ([Medical Child Abuse: Essentials for Pediatric Health Care Providers - Journal of Pediatric Health Care. Investigations Involving Medical Child Abuse. DHS_PUB_0017_200457_7.pdf](#)).

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

Referral Process

OAC:

5180:2-36-03 PCSA Requirements for Intra-Familial Child Abuse and/or Neglect

Assessment/Investigations

5180:2-37-01 PCSA Requirements for Completing the Safety Assessment

5180:2-37-02 PCSA Requirements for Completing the Safety Plan

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

5180:2-36-07 PCSA Requirement for Conducting an Assessment/Investigation of the Alleged Withholding of Medically Indicated Treatment from a Disabled Infant with Life Threatening Conditions

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



Formerly ***The LCADA Way*** and ***The Nord Center***

Sexual Assault Services

***Lorain County Memorandum
of Understanding***



NATIONAL
CHILDREN'S
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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 with accreditation standards you will need to ensure the following in regard 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 two years but also should be reviewed and updated annually.

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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 Riveon Mental Health and Recovery'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 ensure 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:

Riveon Mental Health and Recovery
Lorain County Prosecutors Office
Lorain County Children Services
Lorain County Sheriff'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/Bellfaire

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 Riveon Mental Health and Recovery. 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 the 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, Riveon Mental Health and Recovery staff inform caregivers about team communication and have the caregivers sign the acknowledgement of Riveon Mental Health and Recovery procedures, which include consent for information sharing. Unless revoked by client and/or guardian, releases of information will expire one year from the date of signature. Per OAC 5122-27-06, services will not be limited or withheld if the Release of Information is not signed, however, some coordination activities may be limited. 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 Riveon Mental Health and Recovery staff. Revocation does not prohibit any mandated reporting requirements of Riveon Mental Health and Recovery 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.
- Riveon Mental Health and Recovery 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, Riveon Mental Health and Recovery 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 Riveon Mental Health and Recovery.
- Riveon Mental Health and Recovery database is password protected, and only authorized personnel are granted access to client sensitive information. Riveon Mental Health and Recovery 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 Riveon Mental Health and Recovery 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 Riveon Mental Health and Recovery 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 Riveon Mental Health and Recovery 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 Riveon Mental Health and Recovery 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 Riveon Mental Health and Recovery 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 Riveon Mental Health and Recovery 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

Riveon Mental Health and Recovery 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. Riveon Mental Health and Recovery will coordinate the multidisciplinary team and service response for children that are referred to the center. Riveon Mental Health and Recovery will provide forensic interviews, forensic medical exams, and victim advocacy for clients and their families. Riveon Mental Health and Recovery will facilitate regular case reviews every month, including all members of the multidisciplinary team.

Rape Crisis Center

Riveon Mental Health and Recovery 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. Riveon Mental Health and Recovery will coordinate the multidisciplinary team and service response for adults who are referred to the center, following the wishes and decisions of the client in regard to reporting. Riveon Mental Health and Recovery will facilitate regular case reviews every month, including all members of the multidisciplinary team.

Clients Served

Riveon Mental Health and Recovery's Child Advocacy Center will serve children aged 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).

Riveon Mental Health and Recovery'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 Riveon Mental Health and Recovery receives a referral they will make a report to Children Services and Law Enforcement. Riveon Mental Health and Recovery 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. Riveon Mental Health and Recovery will also accept cases if the child resides in Huron County or is 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. Riveon Mental Health and

Recovery 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 Riveon Mental Health and Recovery. It is required that this occurs 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 are 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 Riveon Mental Health and Recovery, 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 Riveon Mental Health and Recovery'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 Riveon Mental Health and Recovery.

Riveon Mental Health and Recovery 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 Riveon Mental Health and Recovery appointment, in these cases partners that will be absent will contact Riveon Mental Health and Recovery to share information prior to the appointment and Riveon Mental Health and Recovery 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, Riveon Mental Health and Recovery, law enforcement, or children services will arrange for the child to be seen at Riveon Mental Health and Recovery 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 Riveon Mental Health and Recovery staff and volunteers are mandated reporters and as such any new disclosures made to Riveon Mental Health and Recovery staff/volunteers will be reported to the appropriate authority.

All signatories on this document agree to provide necessary information with Riveon Mental Health and Recovery and Riveon Mental Health and Recovery agrees to provide necessary information to partners as outlined in ORC 2151.426, 2151.428, 2151.421.

Facility

Riveon Mental Health and Recovery 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 Riveon Mental Health and Recovery service is the provision of a safe, accessible, neutral, family-friendly environment in which to conduct interviews. Riveon Mental Health and Recovery 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, Riveon Mental Health and Recovery 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 Riveon Mental Health and Recovery. 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 secure setting until children services can make a determination of child safety.

Riveon Mental Health and Recovery 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

Riveon Mental Health and Recovery 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 the final criminal disposition is completed.

Riveon Mental Health and Recovery'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. Riveon Mental Health and Recovery collects information from all multidisciplinary team partners regarding cases and uploads this information to Collaborate. Riveon Mental Health and Recovery 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

Riveon Mental Health and Recovery will not accept evidence from clients/families. If clients/families present evidence with evidence, they will be asked to provide that evidence to law enforcement or Riveon Mental Health and Recovery will seek to coordinate law enforcement obtaining evidence from the family.

Riveon Mental Health and Recovery will only maintain evidence in the form of the forensic interview and SANE examination collections. Riveon Mental Health and Recovery will utilize the evidence collection procedure of Riveon Mental Health and Recovery that was developed with input from multidisciplinary team partners and will maintain records of such evidence. Riveon Mental Health and Recovery 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 Riveon Mental Health and Recovery 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. Riveon Mental Health and Recovery 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 Riveon Mental Health and Recovery Lorain Sexual Assault Services Manager is not available, Riveon Mental Health and Recovery'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 Riveon Mental Health and Recovery 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 Riveon Mental Health and Recovery 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 Riveon Mental Health and Recovery, 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 conducted by Law Enforcement if all training criteria have been met, otherwise Riveon Mental Health and Recovery'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 in which they have received training.

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, Riveon Mental Health and Recovery will secure appropriately trained interpreters as required for clients and their families during the Riveon Mental Health and Recovery 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 Riveon Mental Health and Recovery. 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 Riveon Mental Health and Recovery 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 Riveon Mental Health and Recovery, 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 Riveon Mental Health and Recovery 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. Riveon Mental Health and Recovery 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 in 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 reviews and actively contribute. Advocacy services at Riveon Mental Health and Recovery are primarily provided by the victim advocates; however, other Riveon 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 Riveon Mental Health and Recovery, unless a client cannot be medically cleared from their local emergency room, in which case Riveon Mental Health and Recovery SANE and Advocate will travel to the local emergency room to provide the exam. Riveon Mental Health and Recovery 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. Riveon Mental Health and Recovery Medical Director provides clinical oversight.

Riveon Mental Health and Recovery 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 on 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 Riveon Mental Health and Recovery. 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 Riveon Mental Health and Recovery 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 Riveon Mental Health and Recovery 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. Riveon Mental Health and Recovery offers an initial trauma assessment free to all children who use Riveon Mental Health and Recovery's services. When it is determined that mental health services would be beneficial to the child, the child may receive counseling at Riveon Mental Health and Recovery 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 Riveon Mental Health and Recovery. The mental health provider will abide by all state and federal laws as it applies to information sharing within the multidisciplinary team.

Riveon Mental Health and Recovery Child Advocacy Center also partners with Riveon Mental Health and Recovery 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 Riveon Mental Health and Recovery so that mental health evaluation and treatment is available to all of Riveon Mental Health and Recovery 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 Riveon Mental Health and Recovery referrals at the top of waiting lists when they exist.

Mental health services are provided at both Riveon Mental Health and Recovery and at partner agencies and are coordinated through referrals by the victim advocate at Riveon Mental Health and Recovery. 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 Riveon Mental Health and Recovery'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 members' 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 Riveon Mental Health and Recovery 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 protection 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 Riveon Mental Health and Recovery 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.

Kosten Fox Park 10.7.2025
Name Date
Lorain County Children Services
Agency

Attachment E

PROCEDURE NAME:	SUPERVISOR RESPONSIBLE	UNIT:
AWOL youth (Runaway, Missing, Abducted, Sex Trafficked)	Anna Cacchione	Direct Services

I. PROCEDURE SUMMARY

The assigned worker, supervisor or on call worker is responsible for initiating a report for any missing, runaway, abducted or sex trafficked child in LCCS custody, or in the company of an LCCS worker at the time of the incident.

If a child, who is in the custody of LCCS or under the physical supervision of an LCCS worker, goes missing because of any of the above stated reasons, the assigned caseworker should immediately notify the local law enforcement agency of jurisdiction, and follow-up this phone report with whatever written report is requested by law enforcement. If applicable, the parent and/or legal guardian of the child should be notified as soon as possible.

II. PROCEDURE STEPS

Child in LCCS Custody

The following steps shall be taken as soon as any worker becomes aware that a child in LCCS custody is missing, has run away, or is believed to have been abducted or is being sex trafficked:

1. Immediately notify law enforcement. This should be completed by the on-call worker if the report comes in after hours. If this does occur after hours, the on-call worker should attempt to contact the assigned worker and supervisor to make them aware of the situation.
2. Send to law enforcement a current photo of the child and a description of the child's physical features that includes age, height, weight, sex, race, ethnicity, hair and eye color. Also, include in the description endangerment information such as pregnancy status, prescribed medication, medical conditions, suicidal tendencies, vulnerability to being sex or labor trafficked or any other health or risk factors. This can be done the next working day if AWOL situation occurs after hours. Photos of children in LCCS custody can be located in Shared Point under the All-Staff Info Tab.
3. Notify the National Center for Missing and Exploited Children (NCMEC) @ 1-800-843-5678 and provide a **copy** of the most current photograph of the child and a description of the child's physical features that includes age, height, weight, sex, race, ethnicity, hair and eye color. Also, include in the description endangerment information such as pregnancy status, prescribed medication, medical

conditions, suicidal tendencies, vulnerability to being sex or labor trafficked or any other health or risk factors.

- a) The caseworker or Supervisor will immediately call NCMEC if the child is 12 years old and younger or a belief that any child has been abducted or a concern of sex trafficking is suspected. (This may be completed by the on-call worker, the assigned worker or by the assigned supervisor.)
- b) If a child has a pattern of running away the caseworker may wait to make the report within 12 hours to allow time for the child to return.
 - i) Example of when it may be appropriate to wait to make the call to NCMEC: when a child over the age of 12 has a pattern of not coming home after school but arrives back to the foster home that same evening.
 - ii) Example of when we would call NCMEC immediately regarding a child over the age of 12: when the child has a pattern of leaving foster homes/facilities and traveling long distances sometimes out of state or leaves notes implying that he or she plans to do harm to themselves.

Instructions on how to make a report to NCMEC either by phone or online please refer to the section "How to Report a Child Missing to NCMEC"

4. Obtain the names, addresses, and telephone numbers of all witnesses or anyone who may have information regarding the incident, including friends, relatives, service providers, possible location of child, who the child might be with, additional risk of harm, etc. and share this information with law enforcement and NCMEC.
5. For children in Temporary Custody, after reporting to law enforcement, notify the parents/caretakers of the child by telephone of the incident, unless it is deemed not in the best interest of the child to do so. Consult the supervisor or manager if there are concerns regarding notifying a parent of the child. If the parents/caretakers do not have a phone, or live out-of-the-county, make every attempt to notify them by contacting relatives or others who could get a message to them via a personal contact. If efforts to make phone contact with the parents/caretakers are unsuccessful, attempt a home visit within one (1) working day of receipt of the incident, if the parents are not home leave written notification of the concerns and request that they make contact with the caseworker. If the parents/caretakers reside out-of-county and there is no other way of contacting them, notify the parents/caretakers by mail within one (1) working day of the incident.
6. Notify the Direct Service Managers and FBC Manager the same day that the child is reported missing or runaway. Notify the GAL by the next business day. Notification to the GAL may be by telephone, text, email or letter. Once contact has been made with the GAL, the caseworker should obtain from the GAL any information that may assist in locating the child and forward this information to local law enforcement.
7. Follow-up contact with law enforcement and NCMEC should occur frequently and no less than weekly to aid in the safe recovery of the missing or abducted child. Work collaboratively with the investigating officers and other service providers to continue to gather information and assist in locating the child. If, after 90 days, the child remains missing or in runaway status, contact with law enforcement may be reduced to monthly.
8. Efforts to locate children should continue by contacting friends, relatives, or others who may be of assistance, on a regular (preferable weekly) basis.

9. Notify the LCCS Assistant Prosecuting Attorney representing the case for any legal direction that may be necessary.
10. The Direct Services Supervisor shall update the Direct Services and FBC Managers on a weekly basis regarding the child's AWOL or missing status. Manager(s) is to notify the Director of Social Services.
11. Document in the child's case record:
 - a) The date, time, and name of the law enforcement agency contacted.
 - b) The date and time the National Center for Exploited Children was contacted.
 - c) The last known location of the child and events that lead to the child going missing.
 - d) The length of time the child has been AWOL.
 - e) Anyone the child may have been with prior to or during AWOL.
 - f) Efforts and resources used to locate the child.
12. If the child is recovered out of state, contact the Ohio ICJ (Interstate Commission for Juveniles) and they will arrange the return plans which include ensuring proper supervision of the child during the transit home. For up-to-date contact information for the Ohio ICF please go to <http://www.juvenilecompact.org/midwest/ohio>.

Child Not in LCCS Custody

The following steps shall be taken if a child is missing or runs away while under the physical supervision of an LCCS worker:

1. Immediately notify law enforcement and provide them with all available information regarding the incident, including a photograph of the child if available.
2. If the parents/caretakers are not accessible by phone and live in the county, attempt a home visit to the home that same day. If the parents/caregiver live out-of-the-county, make every attempt to notify them by phone or if they do not have a phone by contacting relatives or others who could get a message to the parent/caregiver.
3. The caseworkers and supervisors assigned to the child shall work collaboratively with the investigating officers and other service providers to assist in locating the child.
4. Efforts to locate children may continue by contacting friends, relatives, or others who may be of assistance if requested by law enforcement.
5. Consult with the supervisor or manager regarding case closure when a child has not been located in a reasonable period of time.

How To Report a Child Missing to NCMEC

1. Register at www.missingkids.org
2. Click on the tab "Search Missing".

3. Click on the left-hand side tool bar named “Children Missing from Care”.
4. Click on the tab at the bottom of the page titled “Children Missing From Care Micro Site”.
5. Click on the top tab titled “Report a Missing Child Here”.
6. Click on the tab titled “Report a Missing Child to register”.
7. This will start you at the web-based platform to report the missing child.
8. Click on the top of the page tab labeled “Report New Case” which will require you to login or create a new account
9. Complete the required sections and click submit
 - a. Case Information
 - b. Child Information
 - c. Child Physical Features
 - d. Child Clothing
 - e. Child Endangerments
 - f. Child Sex Trafficking

Child Returns from AWOL

1. Case worker will immediately notify police and NCMEC when child returns.
2. Case Worker shall go out the next working day if the child is missing 24 hours or longer if placed in the county. If child is placed out of county in a Network home, ask the Network Worker to make the visit and check on the child.
3. Document in the activity log circumstances that contributed to the child running away or being absent from care. These factors shall be considered when determining subsequent placements. This could be completed by the Direct Services, Shared or Support worker. Please discuss amongst one another to decide who will document. The activity log should be in the Direct Services case record and the Provider record.
4. Document the event or experiences that took place while the child was AWOL.
5. If the child ran away from a foster home that is NOT licensed by LCCS, send a copy of the documentation identified in steps 1 & 2 above to the recommending agency of the caregiver. This is to be completed within 14 days of the child’s return from AWOL.
6. If there is an issue with placement arrange a Team Meeting.
7. A medical exam shall be completed on any child missing 48 hours or longer or when the caseworker and supervisor believe an exam is warranted for children missing less than 48 hours. If applicable, testing for STIs and pregnancy shall be performed.

III. RESPONSIBILITIES

Responsibilities will be as outlined in the steps above.

IV. ASSOCIATED FORMS/INFORMATION

Templates cannot be hyperlinked. Use "File" and "New" and "on my computer" and "LCCS" to access them.

Resource:

Missing Children Clearinghouse

Attorney General's Office

Crime Victims Services Section

150 E. Gay St., 25th Floor

Columbus, OH 43215-4231

(614) 466-5610

(800) 325-5604 (nationwide)

Fax: (614) 728-9536

www.mcc.ag.state.oh.us/

Administrative Code Rule:

5101:2-42-88 Requirements when a Child in Substitute Care Disrupts from Placement or is Absent Without Leave (AWOL).

Procedure Section Code:	Direct Services	
Date Approved:	11/23/02	
Revision Dates:	10/03, 2/05, 11/08, 6/13, 7/15, 11/15, 12/18, 6/21, 4/23, 7/24	Kristen Fox-Berki, MSSA, LISW-S
Next Review Date:	7/2026	Kristen Fox Berki MSSA, LISW-S

Lorain County Children Services (LCCS) Disaster Preparedness Plan

Objective

The primary goal of this plan is to ensure the safety, permanence, and wellbeing of the children under the care of Lorain County Children Services (LCCS) in the event of a disaster. This comprehensive plan is a living document, reviewed and updated annually to remain effective and compliant with Ohio Administrative Code 5101:2-5-13.1.

1. Essential Personnel/Chain of Command

In times of crisis, clear leadership is crucial. The Executive Director holds the ultimate responsibility for developing, maintaining, and executing the disaster plan. Should the Executive Director be unavailable, Agency Directors step in to ensure continuity. If both the Executive Director and Agency Directors are unavailable, Agency Managers take charge. Finally, Agency Supervisors are prepared to lead if all higher positions are incapacitated. This structured chain of command ensures that there is always someone ready to guide the agency through any emergency.

2. Alternative Work Locations

Flexibility is key when disaster strikes. Essential activities will now be conducted remotely, provided staff have internet access. This allows caseworkers to continue their vital work of seeing children in their care settings and entering information into SACWIS from any location.

If the LCCS offices in the County Administration Building become unusable, staff will work from home or other remote locations. In the event of a major disaster that prevents remote work, the Lorain County Emergency Management Agency will establish and communicate an alternate work location for LCCS staff.

3. Communication

Effective communication is the backbone of disaster response. LCCS maintains multiple channels to stay in touch with staff, foster parents, kinship families, clients, and the community. These include email, agency and personal cell phones, emergency contact numbers, and social media platforms.

If the County Administration Building is incapacitated, LCCS will coordinate resources to maintain communication through available means. In a major disaster, the Lorain County Emergency Management Agency will step in to establish alternate communication methods, utilizing radio, television, ham radio, and satellite phones to ensure everyone stays informed.

4. Essential Work Activities

The core responsibilities of LCCS do not pause for disasters. These include:

- Ensuring the daily care of children in custody
- Receiving and investigating reports of abuse, neglect, and dependency

- Tracking all children, caregivers, and service providers

These activities are critical to the agency's mission and must continue uninterrupted.

5. Procedures for Handling New Reports of Child Maltreatment

Under normal circumstances, LCCS receives reports of child maltreatment through telephone calls and personal interviews at the office. If the County Administration Building becomes inaccessible, the after-hours process for receiving reports will be activated. Staff assigned to after-hours duties will maintain their responsibilities until the usual process is restored. Supervisors will keep in touch with their teams via telephone, text, and email.

In the event of a major disaster where these services are unavailable, the Lorain County Emergency Management Agency will establish a coordinated process for handling new reports.

6. Procedures for Tracking Clients and Substitute Caregivers

To ensure no child is lost in the chaos of a disaster, LCCS runs a weekly report from SACWIS identifying current open cases, which is saved in SharePoint and accessible to all casework staff. The Foster and Kinship Care department maintains a master list of all licensed foster and kinship families, including contact information and Disaster Family Plans. This list is regularly updated and stored both in paper form and electronically in SharePoint.

7. Plan for Continuance of Work Under SACWIS Downtime

New Intakes

1. Use the ODJFS referral worksheet to record, rate, and assign new intake cases.
2. Email copies to administrative assistants and supervisors.
3. Administrative Assistants will enter reports into SACWIS once it is operational.
4. Secretaries will send reports to supervisors or workers for rating and assignment.
5. Screeners will ensure all intakes received during downtime are entered and assigned.

Open Cases at Investigation and Assessment

1. Use templates for Safety and Family Assessments and email them to administrative assistants.
2. Use a template for activity logs and email them to administrative assistants.
3. Administrative Assistants will enter these items into SACWIS and notify caseworkers by email.
4. Caseworkers will route items for supervisory approval once entered.
5. If the system is down on the 10th working day, print paper copies of the safety assessment for supervisor review and signature, to be entered into SACWIS once it is operational.
6. If the system is down on the 60th day of the investigation period, print and complete paper copies of the family assessment, to be entered into SACWIS once it is operational.

Cases Open in Direct Services

1. Complete Case Reviews, Semi-Annual Reviews (SAR), and activity logs using templates.
2. Email completed Case Reviews, SAR, and activity logs to Administrative Assistants (AAs) for entry into SACWIS.
3. Once SACWIS is operational, AAs will notify caseworkers (and FTM/SAR facilitators if applicable) to enter case services progress and dates.
4. Caseworkers will validate and process entries for approval after receiving notice from AAs.
5. For SARs, if SACWIS is down, conduct them using templates and circulate a signature sheet. AAs will enter completed templates into SACWIS and notify caseworkers and facilitators.
6. It is advisable to wait until SACWIS is restored before working on case plans due to the complex linking of services.
7. Document placement changes using the Placement Leave Form (Green Form) and notify Family Based Care and CQI of all child moves.
8. Denise Lindak will email the Placement Log to relevant staff. Once SACWIS is operational, the CQI Data Analyst will enter this information into SACWIS as soon as possible.
9. For new service providers, staff will email necessary information to Jennifer Scanlan, CQI Data Analyst. Service providers cannot be added until SACWIS is restored.
10. For new client profiles, Direct Services Caseworkers will use Intake Person Profile Forms to capture data. These forms will be entered into SACWIS by Direct Services Administrative Assistants once available.

8. Rescinded Alternative Site Agreements

Previous versions of this plan included agreements for alternate physical work locations at the Elyria School System Administration Building, Medina County Job and Family Services, and Erie County DJFS. As of 2025, these agreements have been formally rescinded. All LCCS staff will work remotely if the County Administration Building is unusable, unless otherwise directed by the Lorain County Emergency Management Agency. This adjustment reflects the agency's commitment to flexibility and efficiency in disaster response while simplifying operations.

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, peace officer, peace officer support employee 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 is to 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 is to 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. The case name is to 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 will attempt to make face-to-face contact with the child within 24 hours of the time the report is screened in. The Caseworker is to obtain information regarding the child subject of the report's

current condition and safety via face to face, virtual, or telephone contact with the hospital staff member providing care for the infant.

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 is to 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.
5. Before removing the child from the hospital, the caseworker is to 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. The assigned worker is to 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. Secure all clothing and/or other articles that were left with the child.
 - b. 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.
 - c. This assessment is to be completed within 60 days and all activities conducted are to 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, peace officer support employee, 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 PCSA 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	Approved - Kristen Fox-Berki, MSSA-S
Date Approved:	7-19-07	
Revision Dates:	1/10, 8/11, 6/12, 10/15, 6/18, 6/21, 7/24	Kristen Fox-Berki MSSA, LISW-S
Next Review Date:	7/2026	

**"CALLNET CALL CENTER SERVICES"
CUSTOMER SERVICE CENTER CONTRACT**

THIS AGREEMENT (hereinafter referred to as the "Agreement") is made and entered into as of Sept 27, 2017, by and between "CallNet Call Center Services, Inc." (hereinafter referred to as "CallNet") and Lorain County Children's Services (hereinafter referred to as "Client").

WITNESSETH:

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 and Client hereby agree as follows:

→ **TERM.** The term of this Agreement shall be 12 month(s) commencing on 01/01/2017 and shall be automatically renewed 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: \$ 0 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, its 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. Any charges remaining unpaid for more than thirty (30) days after the date of invoice are subject to an account service charge of one and one-half percent (1-1/2%) per month. The equivalent annual interest rate of this charge is eighteen percent (18%). All payments shall be made in lawful money of the United States which at the time of 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 or 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, which ever 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.

NO WAIVER. Acceptance by CallNet or Client of any performance less than required hereunder shall not be deemed to be 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

By:



Charles Webb
President, "CallNet"

By 
Lorain County Children's Services

Director of Fiscal Affairs/
Title

Attachment I

PROCEDURE NAME:	SUPERVISOR RESPONSIBLE	UNIT:
Confidentiality and Dissemination of Information	Andrea Hall Miller	CQI

I. PROCEDURE SUMMARY

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.

II. PROCEDURE STEPS

Referent information: LCCS staff will not disclose, affirm or deny the identity of any reporter of child abuse or neglect to anyone without the written consent of the parties involved except:

1. Law enforcement or the county prosecutor who are currently investigating a report of child abuse or neglect; or a report that a person who violated section 2921.14 of the ORC, by making or causing another person to make a false report.
2. The court for purposes of the issuance of a subpoena to the referent.
3. Any other PCSA currently investigating a report of child abuse or neglect involving a principal of the case.
4. ODJFS staff with the supervisor responsibility for child protective services

Assessment and investigation: LCCS will not release investigation and assessment reports of child abuse or neglect or information for the reports or other information in the case records except as allowable by case law.

Disseminating information per the OAC rule 5101:2-33-21 LCCS shall promptly disseminate all information determined to be relevant (with the exception of the identity of any referent unless permitted) under the following circumstances

1. Law enforcement officials to investigate a PCSA report of child abuse or neglect, a report of a missing child, or a report that a person has violated 2921.14 of the ORC (Making or causing to make a false report).
2. A county prosecutor, to provide legal advice on behalf of an alleged child and for the purposes of prosecution.
3. A guardian ad litem.
4. A city prosecutor or victim advocate for purposes of case planning, monitoring of criminal case proceedings, etc.
 - a. If caseworker wished to defer to LCCS prosecutors, this shall be documented in the record.
 - b. If correspondence is through email, please include the lead APA – currently Emily Kirsch or the assigned APA through LCCS court involvement.
5. A coroner, to assist in the evaluation of a child's death due to alleged child abuse and/or neglect.
6. Child abuse and neglect multidisciplinary team members, for consultation regarding investigative findings or the development and monitoring of a case plan.
7. Public service providers working with a parent, guardian, custodian or caretaker or children of the family about whom the information is being provided, including but not limited to:
 - a. Probation officers and caseworkers employed by the court, adult parole authority, rehabilitation and corrections, or the department of youth services.
 - b. Employees of the local county boards of developmental disabilities and the employees of the local county boards of alcohol drug addiction and mental health.
8. A school administrator or designee when a PCSA intends to place a child in a foster home in a county other than the county in which the child resided at the time the child was removed from his home.

9. The licensing and supervising authorities of a public or non-public out of the home care setting in which child abuse or neglect is alleged to have occurred.
10. The approving authority of a kinship care setting in which child abuse or neglect is alleged to have occurred.
11. Administrators or public out of the home care settings in which child abuse or neglect is alleged to have occurred including but not limited to:
 - a. Psychiatric hospitals, managed by the Ohio department of mental health.
 - b. Institutions managed by county courts for unruly or delinquent children.
 - c. Institutions managed by the Ohio department of youth services.
 - d. Institutions managed by the Ohio department of developmental disabilities
12. Child abuse citizen review boards.
13. Child fatality review board.
14. A grand jury or court as ordered.
15. A children's advocacy center according to the county MOU.
16. A childcare licensure and for joint planning and sharing of information.

Dissemination with LCCS director consent: LCCS staff shall promptly disseminate all information it determines to be relevant to an individual or agency, with written authorization from the Executive Director, when it is believed to be in the best interest of any of the following:

1. An alleged child victim, a child subject of the report, the family or the caretaker.
2. Any child residing within or participating in an activity conducted by an out-of-home care setting when necessary to protect children in that setting.
3. A child who is an alleged perpetrator.

When having received a request for disclosure to the public regarding findings or information about a case of child abuse or neglect which has resulted in a fatality/near fatality or placed a child in serious or critical condition, LCCS will not disclose information if the following would occur:

1. Harm to the child or the child's family
2. Jeopardize a criminal investigation/proceeding
3. Interfere with the protection of those who report child abuse or neglect.

If information is disclosed for the above reason, LCCS shall provide:

1. The cause of and circumstance regarding the fatality/near fatality
2. The age and gender of the child
3. Information describing and the findings of any previous report of child abuse or neglect assessment. Investigations that are relevant to the child abuse or neglect that led to the fatality or near fatality.
4. Services provided by the agency.
5. Actions taken by the agency

Dissemination of information to mandated reporters: Upon request, LCCS shall give the following information to mandated reporters

1. Whether LCCS has initiated an investigation
2. Whether LCCS is continuing to investigate
3. Whether LCCS is otherwise involved with the child who is the subject of the report
4. The general status of the health and safety of the child who is the subject of the report
5. Whether the report has results in a complaint to Juvenile Court.

Dissemination of information to principals of the case: Upon request, LCCS shall give the following information to principals of the case

1. Each allegation contained in the report
2. All report dispositions resulting from the assessment/investigation
3. All case decisions resulting from the alternative response assessment.

Dissemination of information shall be given to the following:

1. The non-custodial parent of the alleged child victim or child subject of the report, the children being provided services by LCCS when the agency believes such sharing would be in the best interest of the child.
2. A physician for the diagnostic assessment of and service provision to the ACV/CSR
3. A private service provider for diagnostic evaluations of and service provision to the ACV/CSR
4. The administrator of a non-public out-of-home care setting in which child abuse or neglect is alleged to have occurred.
5. A foster, relative and non-relative caregiver.
6. The superintendent of a public instruction when the report involves a person who holds a license issued by the state board of education where the agency has determined that the child abuse or neglect occurred and that the abuse or neglect is related to the duties and responsibilities under the license.

Additional Considerations:

1. Social Security Numbers are confidential and shall not be released.
2. Information may be shared with service providers, schools, family, etc. when the client has agreed by signing a release of information. When a client signs, it is important that they understand the purpose of the information to be shared. If the client is vulnerable due to inability to read, mental illness or developmental disability special care must be given to see that there is informed consent.
3. Adoption Records- Once an adoption has been finalized, the identifying information can only be released upon an Order of the Probate Court. Certain non-identifying information may be made through the FBC department. Other information needed for adoptees, siblings, and birth parents to locate each other at the age of the child's majority may be obtained through ODH if releases have been signed.
4. Alcohol and Drug Information: Results of alcohol and drug caseworker services for testing or treatment progress reports may be shared provided:
 - a. For a child in our custody, the child has signed a specific release for the information or the court has issued a separate order to release the information
 - b. For a child not in our custody, either a separate court order has been issued, or a specific release signed by the custodian.
 - c. Agency generated alcohol/drug information regarding an adult or other professional resource information about alcohol/drug involvement or rehabilitation may only be released with the individual adults specific signed consent or a court order.
5. HIV/AIDS: Information shall be guarded very carefully and may not be shared without a release that specifically addresses that it may. Caregivers and medical providers will be informed if a child in LCCS custody has HIV/AIDS.
6. If a child is in the custody of LCCS, information may be shared with medical providers, service providers, schools and other agencies without a release if it is deemed to be in the child's best interests.

General Guidelines:

1. Discuss confidentiality with clients, what it means, and the things which cannot be kept confidential- court hearings, work with law enforcement, etc.
2. Records are not to be copied for others. Exceptions are- a request from another child welfare agency, a confidential secretary will make copies necessary for record sharing which is done by the prosecutor's office.
3. Request assistance/guidance from the prosecutor when a subpoena is received.
4. Case records may occasionally be removed from the agency with supervisory approval. The record must be covered so the client's identity is not shown. Records will not be taken to public places. The supervisor is then responsible to ensure that the record is returned.
5. Records are not to be left with others with the exception of the records going to the Prosecutors office.
6. Cases are to be placed in locked cabinets at the end of the day. Adoption records all locked at all times.
7. Agency Foster Parents are bound by confidentiality.
8. Law and Rule allow the Executive Director to release other information, as deemed necessary or in the child's best interest.

III. RESPONSIBILITIES

New staff will receive a copy of this procedure in the orientation package from the Human Resources Manager. It is essential that all staff familiarize themselves with its contents. Supervisors will discuss this procedure with new staff.

IV. INFORMATION/FORMS ASSOCIATED WITH THIS PROCEDURE:

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

Refer to the referenced ODJFS rules or laws:

Ohio Public Records Act – on Public Server in ODJFS Manuals – Legal Services

OAC 5101:2-34-38 – Confidentiality and Dissemination of Information Relating to Child Abuse & Neglect

42CFR Part 2 - Federal Law regarding confidentiality of alcohol/drug abuse/treatment info
OAC 5101:2-48-15--Provision of Information to Adoptive Family.

OAC 5101:2-34-381 – Access/Confidentiality of Central Registry Reports on Child Abuse or Neglect

OAC 5101:2-39-51 – Joint Planning & Sharing of Information among the Public Children Services Agency & County Department of Job & Family Services

OAC 5101:2-42-90 – Information to be Provided to Caregivers, School Districts and Juvenile Courts; Information to be Included in Individual Child Care Agreement

OAC 5101:2-48-16 – Adoptive Placement Procedures

OAC 5101:2-48-18 – Postfinalization Services

OAC 5101:2-48-19 – Release of Adoptive Homestudy and Related Information

OAC 5101:2-48-20 – Release of Identifying and Nonidentifying Information

OAC 5101:2-48-23 – Preservation of Adoptive Child Case Record

Procedure Section Code:	CQI	
Date Approved:	1/8/99	Administrator, DCYF, 1/20/05

Revision Dates:	1/02; 8/02; 10/02; 1/03; 5/03; 5/05; 6/07; 9/09; 7/10; 4/12; 2/19	Kristen Fox-Berki MSSA, LISW-S
Next Review Date:	9/2024	

Attachment J

NAME:	SUPERVISOR RESPONSIBLE	UNIT:
24 Hour On-Call	Anna Tyson	Direct Services

I. PROCEDURE SUMMARY

PHILOSOPHY:

LCCS is responsible for receiving and responding to referrals of child abuse/neglect and dependency from the community 24 hours a day, seven days per week. LCCS after hour is available to the public on the LCCS website, county billboards in the community, social websites, google and the agency answering machine.

LCCS must have trained professional staff designated to be available to receive and respond to all after-hours calls about child abuse/neglect and dependency.

II. PROCEDURE STEPS:

1. After-hours, weekends, and holiday calls will be received by an answering service (Call Net), which will immediately call (within an hour of receipt) the assigned "On Call" worker to include all reports with identifying and demographic information of the reporter and principals of the report. The On-Call worker is to respond to the answering service within 10 minutes.
2. An attempt to contact the referent by phone should occur within 15 minutes of receiving notification of a referral by Call Net.
3. Response time guidelines set by OAC Rule 5180:2-36-03, PCSA Requirements for Assessment/Investigation will be followed for cases taken as abuse or neglect complaints in conjunction with LCCS' Referral Process procedure. When necessary, assistance from Law Enforcement may be requested, per the Lorain County Memorandum of Understanding.
4. The daily On-Call Staff will consist of:
 - 1 primary On Call staff from Direct Services (herein known as primary)
 - 1 back-up On Call staff from Direct Services (herein known as back-up)
 - 1 Direct Services supervisor
 - 1 FBC staff
5. Primary will handle all after-hours calls that come through the answering service.
6. Primary may request assistance from back-up if:
 - They are handling an emergency
 - They have received a volume of calls that they cannot manage without relief. Primary must inform the back-up as to the approximate length of time they will be needed to cover calls and must notify the answering service of the temporary change.
 - When the primary completes their tasks to the extent that they can resume receiving after-hours calls, they should contact the back-up and the answering service.
 - If there are any problems during this process, or if the primary or back-up are unable to accept calls (illness, personal/family emergency), the supervisor-on-call should be consulted immediately.
 - Back-up will continue to receive back-up rate of pay per Article 27 in the LCCS UAW Contract even while performing Primary on Call duties.

7. Back-Up will be responsible to be on-call for all after-hours referrals and will begin responding to calls after they have been contacted by the primary or by the answering service. If the answering service is unable to reach the primary after 2 attempts, they will automatically contact the back-up.
8. Primary and back-up must initiate, investigate, and assess all emergency and rapid response referrals, they will keep the case until the conclusion of the investigation. Emergency/rapid response referrals initiated by a non-direct services worker will be assigned the next business day to a direct services worker up for assignments. Any exceptions must be approved by a supervisor.
9. All referrals received by On Call Staff (that are NOT a RAPID or EMERGENCY) should be typed up and left in decision status within SACWIS to be screened in AFTER midnight and before 8:30 AM the following morning. Decision status means you have fully completed all screens with regards to the intake and the only item left remaining to enter is the decision. The on-call worker should follow the current practice of consulting with the on-call Supervisor about all referrals; the only difference is that you will complete the referral up to the point of entering the decision. You will need to enter the decision AFTER midnight and before 8:30 AM the following morning.
 - Example: Referral received on hotline Monday at 7:23 PM and it is determined it needs to be screened in. The referral will be typed up in SACWIS and the hotline worker will complete it to the point that the 'decision' is the only screen left to complete with the screening decision being entered in SACWIS at 12:00 AM Tuesday or sometime after that and before 8:30 AM Tuesday.
10. The supervisor on call will be responsible for checking their email by 8:00 AM on Saturday and 8:00 AM on Sunday for referrals in the TEAM Ohio Portal (Salesforce). If a referral was made through the portal the supervisor on call will complete the screening decision in Salesforce and work with the on call staff to complete the referral in SACWIS.
11. The worker who took the referral is responsible for completing any follow up work that is required however, if they are waiting to hear back from a referent regarding an address or other information needed to make the screening decision, they should direct the referent to contact Intake and provide the updated information. They should alert the following individuals when they know a referent will be calling in with additional information.
 - The Referral Specialists via the "all screeners" email.
(allscreeners@childrenservices.org)
 - The on call supervisor.
12. Calls received after 10AM on Saturday, that are not rapid/emergency rated, will be typed up in SACWIS and left in decision status to be screened in after 12:00 AM Sunday and before 8:00 AM Sunday. Calls received after 8AM on Sunday, that are not rapid/emergency rated will be typed up and kept in decision status to be completed in SACWIS after 12:00 AM and before 8:30 AM Monday.
 - Example: Call is received at 11:45 AM Saturday. It will be typed up in SACWIS and left in decision status to be screened in after 12:00 AM and before 8:00AM Sunday.
15. On Saturday, Sunday, and Holidays the Direct Services coverage worker must contact primary by 8:30AM to verify case assignments for initiation. On Saturday, follow up contact should be made by 10:00 AM. At any point during the working day primary/back-up may contact the coverage worker regarding a new referral that needs more immediate response. Primary/back-up and the coverage worker will decide the best response based on the

immediate needs of the child and the availability of staff. If there are any problems, the Supervisor on call will be contacted. *On Holidays, please refer to the Case Assignment Procedure or the coverage email outlining contact expectations*

16. Primary/back-up will type up all referrals in SACWIS and notify the on-call Supervisor so they can be reviewed. Primary/back-up should consult with on call Supervisor as necessary for assistance. The on-call Supervisor will monitor the assignment of cases to ensure all cases are assigned.
17. In the event that the coverage worker is ill and unable to work on their scheduled day, they are expected to notify the supervisor on call and primary via phone call. It is permissible to leave a voice message for the supervisor, but it is expected that direct contact be made with primary.
18. When receiving a call for suspected child abuse/neglect on an active/open case that may need to be screened in for investigation, consultation should be attempted with the assigned worker and/or their supervisor prior to making a screening decision. If they are unable to be reached, consultation should be held with the on-call supervisor prior to making the screening decision. If the call does not allege new abuse/neglect, the information should be documented in an activity log and emailed to the assigned worker and their supervisor. If applicable, see Active Case Referral Procedure.
 - Upon notification of a child being moved from their residence, whether it is by a parent, law enforcement, or another worker, this information should be shared with the assigned worker and their supervisor immediately. Consider the custodial status of the child and that the assigned worker may need to adjust appointments the following day.
 - Direct Services Caseworkers will notify hotline staff via the group email JFS Lorain LCCS Hotline People; (pagerschedule@childrenservices.org) of any potential problematic cases in advance whenever possible, providing needed information and/or instruction.
19. After Hours Calls to FBC are appropriate when:
 - A foster home is needed.
 - An LCCS foster family is in crisis.
 - There is a need to assist with emergency placement.
 - Emergency respite is being requested (direct call to FBC).
 - A child in LCCS custody requires care and/or supervision due to medical or mental health issues.
20. If an LCCS foster/adoptive parent contacts the after-hours hotline because of a non-medical emergency, obtain as much information as possible regarding the situation to help resolve the issue. If you are not able to resolve the issue, contact FBC to assist the family.
21. If a child or parent is presenting with suicidal behavior, have the referent or responsible party contact Mobile Response Stabilization Services (MRSS)/Emergency Stabilization Services (ESS) at 988 or 1-888-418-MRSS. Follow up with ESS to make sure that the call has been made.
22. When a non-English speaking referent calls the hotline or primary/back-up needs to work with non-English speaking clients to respond to an after-hours call, primary/back-up will attempt to contact LCCS bi-lingual staff for assistance. If primary/back-up is unable to obtain assistance from LCCS bi-lingual staff, they will utilize interpretation services through Language Line (888-808-9008).

III. RESPONSIBILITIES:

1. Direct Services caseworkers are eligible to be On Call after they have successfully completed probation AND attended a hotline information/training session. It is at the discretion of the caseworker's immediate supervisor to permit the caseworker to accept on call responsibilities.
2. The Direct Services Managers or designee are responsible for approving assignment of On-Call duties and ensuring that an On-Call work schedule is posted monthly. The Direct Services Managers or designee shall also assign an On-Call supervisor. The On-Call Supervisor will be available by cell phone to the On-Call caseworkers for support and direction on an as-needed basis during the "on call" hours. The On Call schedule is located on SharePoint under Direct Services – Calendars – Hotline Calendar.
3. LCCS staff must be prepared to take and respond to reports of abuse or neglect at all times and so must provide on call staff coverage even when the agency is closed. On Call coverage staffing is voluntary, however those who are qualified and eligible to provide on call coverage may be assigned to on call coverage to support the operational needs of the agency. When necessary, staff will be assigned to On Call coverage based on agency seniority with those with the least seniority being assigned first on a rotational basis.
4. It is the responsibility of on-call staff to ensure they obtain/maintain current employee phone numbers and are familiar with the procedures, policies, and MOU's located in SharePoint.
5. FBC is responsible to have staff members available to carry and fulfill the responsibility of the after-hours coverage calls for placements, and LCCS foster family crisis. FBC supervisors and Managers will ensure that FBC staff are trained and knowledgeable regarding the procedure and expectations.

IV. IMPLEMENTATION:

Direct Services and Family Based Care supervisors will train, coach, and direct On-Call staff regarding this procedure. Direct Services and Family Based Care supervisors and the Direct Services and Family Based Care Managers will meet with their on-call staff periodically to address concerns.

ASSOCIATED FORMS/INFORMATION:

Hotline Calendar (Sharepoint-Direct Services-Calendars-Hotline Calendar)
Child Abuse or Neglect Intake Report Worksheet (template if SACWIS is down)
Activity Log (Template if SACWIS is down)

Related Procedures:

Referral Process
Referrals on Active Cases
Sex Abuse Investigations
Third-Party Investigations

OAC Rule

The Ohio Administrative Code Rule 5180:2-36-04 PCSA requirements for Specialized Assessment/Investigation.

Procedure Section Code:	Direct Services	
Date Approved: Revision Dates:	11/25/97 11/25/98; 3/13/03, 2/04, 5/05, 4/07, 1/08, 9/09, 2/10, 3/11, 4/13, 10/15, 2/19, 11/23, 6/25	Kristen Fox-Berki, MSSA, LISW-S
		Kristen Fox-Berki MSSA, LISW-S
Next Review Date:	06/2028	

Attachment K

PROCEDURE NAME:	SUPERVISOR RESPONSIBLE	UNIT:
Referral Process	Anna Tyson &	Direct Services

I. PROCEDURE SUMMARY

All child welfare activities and services flow from the referral process. The agency receives referrals from numerous sources. The family may make a self-referral or the referral may come from mandated reporters, concerned citizens, anonymous sources, or extended family members. It is the responsibility of the worker to listen actively and ask questions to draw out and collect all available information from the referent regarding the circumstances leading to the referral. LCCS will not discriminate against individuals on the basis of race, color, creed, religion, sexual orientation, national origin, gender, age, disability, or Vietnam-era status.

Incomplete information can lead to the further endangerment of the alleged child victim or to an ineffective use of limited agency resources. The assigned caseworker responsible for prioritizing the level of risk on the referral(s) must have adequate information to ascertain the alleged victim's level of risk. A referral must be screened in prior to any collaterals being contacted.

NOTE:

For the purposes of this procedure, Referral Specialist refers to the referral specialist, caseworker and/or On Call worker when they are receiving and screening referrals. As you read through this procedure this role will be referred to as the Referral Specialist.

The following areas are covered in this procedure:

1. LCCS Employee Mandated Reporter Responsibility
2. LCCS Responsibility to the Referent
3. Screening
4. Completeness of Intake Report Forms and Accompanying Activity Logs
5. Rating Referrals
6. Categorizing Referrals
7. Pathway Assignment

II. PROCEDURE STEPS

A. LCCS Employee Mandated Reporter Responsibility:

It should be understood that all LCCS Employees are mandated reporters of any suspected abuse or neglect of children. Employees are required to personally report any suspicion of abuse or neglect to a Referral Specialist and the Referral Specialist is required to take the report, following the same procedure used for any other report. Employees are required to personally make the report even if it is known or believed that someone else has already made a report on the same issue. Additionally, Employees are ethically obligated to report suspected abuse or neglect of elders and adult persons with developmental disabilities who lack the capacity to self-protect.

LCCS Employees are mandated under the ORC 2151.421 to report suspected abuse or neglect (screened in by LCCS) of children identified as having developmental disabilities to Lorain County Board of Developmental Disabilities (Investigative Agents). Investigative Agents at LCBDD can be reached during regular business hours at 440-329-3734 or after hours at 440-282-1131 or fax referral to MUI Fax at 440-326-0247. The Notification of Abuse form can also be emailed to mui@murrayridgecenter.org. MUI means Major Unusual Incident The report should be made no later than 24 hours after discovery of the incident to a child with developmental disabilities. The referral needs to be made whether LCBDD is servicing the child or not servicing the child. A child does not need to be diagnosed with a developmental disability in order to make the referral to LCBDD Investigative Agents. If the referral specialist or on call worker receives information of a child who has developmental disabilities at the time of the referral will send/call a referral over to LCBDD investigators and document that in the referral. Caseworkers who learn that a child has a developmental disability during the course of their investigation will send/call the referral over to LCBDD investigators and document that in the activity log.

Developmental disability is defined as a diverse group of chronic conditions that are due to mental or physical impairments that arise before adulthood. Developmental disabilities cause individuals difficulties in certain areas of life, especially in "language, mobility, learning, self-help, and independent living".^[1] Developmental disabilities can be detected early on, and do persist throughout an individual's lifespan.

Most common developmental disabilities:

1. Down syndrome is a condition in which people are born with an extra copy of chromosome 21. Normally, a person is born with two copies of chromosome 21. However, if they are born with Down syndrome, they have an extra copy of this chromosome. This extra copy affects the development of the body and brain, causing physical and mental challenges for the individual.
2. Fragile X syndrome (FXS) is thought to cause autism and intellectual disability, usually among boys.
3. Pervasive developmental disorders (PDD) are a group of developmental disabilities that can cause significant social, communication and behavioral challenges.
4. Fetal alcohol spectrum disorders (FASD) are a group of conditions that can occur in a person whose mother drank alcohol during pregnancy.
5. Cerebral palsy (CP) is a group of disorders that affect a person's ability to move and maintain balance and posture. CP is the most common motor disability in childhood.^[1]
6. Intellectual disability, also (sometimes proscriptively) known as mental retardation, is defined as an IQ below 70 along with limitations in adaptive functioning and onset before the age of 18 years.^[2]

See Mandatory Reporting Responsibility and Cross Referral related to Child Abuse/Neglect Reports for children who reside outside of the county or state, Elder Abuse and children with developmental disabilities.

B. LCCS Responsibility to the Referent

Identities of people making reports of child abuse and neglect or providing information regarding the possible abuse or neglect of a child are to be kept confidential and are not to be disclosed or affirmed by LCCS workers. However, the entities listed below are exceptions, in that they are entitled to information regarding the identity of the referent without the written consent of the individual involved:

1. ODJFS staff with supervisory responsibility for child protective services.
2. Law enforcement officials investigating a complaint of possible child abuse or neglect or a complaint alleging that a person has violated Section 2921.14 of ORC (knowingly making or causing another to make a false report.)
3. The County Prosecutor investigating a complaint of possible child abuse or neglect or a complaint alleging that a person has violated Section 2921.14 of ORC (knowingly making or causing another to make a false report).
4. Any PCSA or children services agency assessing/investigating a child abuse or neglect report involving a principal of the case.
5. Court, upon order of the judge.

When the above-mentioned entities request information regarding the identity of a referent, this information will be supplied by the active Primary Caseworker or their Supervisor, the Supervisor of the most recent Caseworker if the case is now closed or other management staff if necessary. Both requests for information regarding the identity of a referent and the provision of this information will be documented in the family case record of the child for whom the report was made.

When a referral is made, LCCS staff must safeguard the referent's identity and any confidential information, and explain to the referent the following:

1. LCCS responsibility to investigate and assess all reports of Child Abuse/Neglect (CA/N);
2. Decision making regarding the provision of services, unless prohibited by law or court order from disclosing any information to the referent;
3. Types of services and interventions that LCCS can provide;
4. LCCS may need referent's assistance to clarify information or in locating the family prior to initiating an investigation;
5. That the referent **NOT** investigate the report further on their own;
6. Families may attempt to guess, may discern, or pretend to know, the identity of the referent based on the information contained in the referral. The referent needs to be prepared for possible accusations, or attempts by the family to obtain the referent's admission of their identity.

C. Screening

It is the responsibility of the Referral Specialist/Caseworker to gather all pertinent information from a referent including information on the referent, alleged child victim(s) (ACV), alleged perpetrators (AP) all involved adults, , any other children in the home, safety issues for worker, and hazards. It is imperative that the Referral Specialist/Caseworker takes an active role in obtaining factual, accurate, and complete information. Referral Specialists/Caseworker can utilize the supervisor of the day or supervisor on hotline. (I cannot find this attached)

Should a referent provide information regarding the HIV/AIDS Status with relation to any person listed on a referral, this information may not be documented in SACWIS or any other LCCS document. Please refer to the condition as a "chronic, contagious medical condition". Refer to the HIV/AIDS Awareness and Responsibilities Procedure for additional guidance.

Third Party and Out of Home Care Setting Investigations: See screening guidelines and procedures

CARA- See Screening guidelines

Munchausen Syndrome by Proxy and/or Fictitious Disorder Imposed on Another (FDIA) referrals shall be rated traditional response as Medical Neglect and Physical Abuse and will follow the Serious Injury and or Medical Neglect of children Assessment and Intervention and Medical Neglect and Physical Abuse Cases for Munchausen Syndrome By Proxy and or Fictitious Disorder Imposed on Another/FDIA and or Medical Child Abuse Procedure.

LCCS may refer families with screened out referrals to prevention service providers pursuant to section 2151.421 and 2151:423 of the ORC

D. Completeness of Intake Report Forms, Person Profile and Accompanying Activity

Logs

The agency may receive referrals by mail, fax, phone, e-mail, or in person. All referrals shall be entered into SACWIS via an Intake Report Form. This will help facilitate the consistent intake of referral or complaint information which will aid in the effective screening of intake calls. The Intake Report Form will be used as a screening tool to determine which referrals will be taken as active reports. An Activity Log should be used to document all follow up activities:

1. The Referral Specialist/Caseworker will obtain as much information as possible at the time of the referral. Additional information may be obtained through review of SACWIS history and/or other LCCS records. Every attempt should be made to fill in all blanks of the Intake Report Form. If information cannot be obtained the reason should be documented on the Intake Report Form. Note: For Deserted Babies (Safe Haven), the parents are entitled to

anonymity. Therefore, parents' names should not be listed on the intake report form. Parents can be referred to as "unknown parent of Baby Doe".

2. In most instances, the Referral Specialist/Caseworker taking the referral information and completing the Intake Report Form will also make the screening decision in SACWIS. A Caseworker, while working the hotline or assisting with phone coverage completes the Intake Report Form, but does not make a screening decision, they should be in direct communication with a Referral Specialist, another Caseworker or a Supervisor to ensure that a screening decision is made within 24 hours of receipt of the referral information.
3. Updated information can always be added to the person profile of all case members. Intake Report Forms can only be edited by a person with assignment to the case.
4. Accompanying Activity Logs will be entered into SACWIS. If an intake has not been linked with a case and a case has not been created for the intake, no activity log can be added until this occurs. Intakes for which a case has previously been opened, the activity logs can be added prior to the screening decision and linking with the case.

Rating Referrals (Screening Decisions)

1. All referrals to the agency are required to be rated within 24 hours of the time they were received. Referral Specialist/Caseworker will make every effort to document referrals timely. However, the need for research and consultation may require additional time.
2. When an individual calls the agency to report child abuse or neglect, the following steps shall be followed by the receptionist receiving the call:
 - a. Put the call through the Intake Path. ;
 - b. If you can't reach any of the four Referral Specialist' via the Path, the call should be given to the Referral Specialist Supervisor.
 - c. If the Referral Specialist Supervisor and Intake Path is not available the receptionist shall take a message that includes the following information: caller's name, a return number they can be reached at, name of the parent and/or child they are calling about. This information should be sent in an email to ALL Screeners, Cc'ing their Supervisor with subject line indicating a return call is needed.
3. The Referral Specialist/Caseworker will review the new information and any existing, relevant information from agency historical files to make a screening decision.
4. When the Referral Specialist/Caseworker has reviewed relevant family history as well as the current circumstances and are still having difficulty making a screening decision or pathway assignment for a screened in report, the Referral Specialist/Caseworker will consult co-workers and/or supervisor for assistance with the decision.
5. Referral Specialist/Caseworker must make a screening decision prior to contacting any collateral contacts. The Referral Specialist/Caseworker shall make any needed follow up calls to clarify or verify the referral information only after the decision has been made to screen in the referral for investigation. Once screened in, collateral contacts may be made, keeping in mind the family's right to privacy and should only be done to assess risk to or safety of a child.
6. The Referral Specialist/Caseworker rating the referral will rate the case as an emergency, non-emergency, or rapid response (RR). These ratings are specific to cases of abuse, neglect, and dependency. Emergency ratings should be made immediately. Non-emergency ratings shall be made as soon as feasible, but are required to be made within 24 hours of receipt of referral information.
7. Emergency rating is indicated when it is determined that a child is threatened or alleged to be abused or neglected, to an extent that there is imminent risk to the child's life, physical or mental health, or safety. An emergency rating requires initiation within (1) one hour of

the screening decision time. Initiation of the investigation is defined by LCCS as the time the worker was dispatched for the face-to-face contact.

8. Non-emergency ratings are indicated when it is determined that a child is threatened, but there is not sufficient information to determine the imminence or threat of harm to the child. A non-emergency rating requires initiation within (24) twenty-four hours of the screening decision time.
9. Rapid Response (RR) rating is indicated when it is determined that a child is threatened or alleged to be abused or neglected, but the child is currently in a safe setting (such as school or day care) yet will be returning to the alleged unsafe setting where potential harm could occur the same day. A RR requires initiation within twelve (12) hours OR prior to the child's return to the alleged unsafe setting. This designation (RR) cannot be entered into SACWIS and is to be written on the hard copy of the Intake Report Form next to the Intake Type Field.
10. When a referral is received regarding a fatality, near fatality or serious injury please refer to the Responding to a Child Fatality/Near Fatality Procedure and/or Children with Serious Injuries Procedure about whom needs to be notified and next steps. Any Caseworker assigned to respond to a fatality will not receive any additional cases for five days, or as determined by the Direct services Manager.
11. For referrals received on open ongoing cases, please refer to Referrals on Active Cases procedure.
12. Additional CA/N allegations screened in within the first four working days of the original screened in referral AND prior to the completion of a safety assessment shall be added to the initial referral. Date and time of the subsequent referral shall be recorded in the post decision narrative. Initiation of the subsequent reports is not required. After the first four days, should a referral come in and be screened in, it will be recorded as a subsequent referral.
13. Referral Specialist/Caseworker receiving calls on the after-hours hotline shall record referral information in SACWIS via the Intake Report Form and make screening decisions accordingly. The Intake Report Form should be completed and ready for assignment by 8:30am the next day. The Caseworker assigned to work any weekend day or holiday is to contact the after-hours hotline Caseworker by 8:30am to gather information regarding the cases being assigned to them. The referral should be rated by the Referral Specialist/Caseworker receiving the referral. This may happen through consultation with the Supervisor on call.
14. The Bookie of the Week, Monday-Friday will notify Direct Services staff of referrals that have been screened in on the hotline and those reports will be assigned to Caseworkers according to the case rotation via email. On Saturdays, Sundays and Holidays, the assigned coverage Caseworker will be notified of all screened in referrals via email. The assigned coverage Caseworker will initiate all screened in referrals on their assigned coverage day. Cases will be assigned in SACWIS by the Bookie of the Week on the next business day. This includes any necessary re-assignments of cases based on the case rotation. See Case Assignment Procedure for more details.
15. If a referral of child abuse/neglect involves a child who is living in a shelter for victims of domestic violence or a homeless shelter, the PCSA receiving the referral 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 is made that the child was not brought to the shelter under an agreement with a shelter in another county.
- c. Initiate the assessment/investigation if a determination cannot be made immediately if an agreement is in effect. The assigned Caseworker shall continue to determine if an agreement is in effect and then follow procedures outlined in paragraphs a or b above.
- d. If LCCS is contacted about a child who has been the victim of human trafficking LCCS will:
 - Gather all Referral Information.
 - Determine Parent/Caretakers protective capacity and/or culpability in the human trafficking.
 - If it is determined that the parent/caretaker resides in a different county or state, LCCS will notify the appropriate jurisdiction immediately and provide Non-lead PCSA courtesy services, if requested.
 - LCCS will provide and coordinate any necessary emergency services.

E. Categorizing Referrals:

All referrals to the agency shall be categorized. This will give further guidance to the assessment needs for the case (see Conducting Assessments and Investigations). Intake Types include Abuse, Neglect, Sexual Abuse, Dependency, Baby Doe, Family in Need of Services, Third Party/Out of Home Care Setting and Information and Referral.

F. Pathway Assignment:

All screened in reports must be linked to cases and assigned to either the Traditional or Alternative Response Pathway.

1. There are some statutory guidelines that require the assignment of a report to the traditional pathway. They are as follows:
 - a. Reports containing allegations that could result in charges of felony child endangering.
 - b. Physical abuse resulting in serious injury or that creates a serious and immediate risk to a child's health and safety.
 - c. Reports containing allegations that could result in charges of criminal sexual conduct.
 - d. Reports containing allegations of the sexual abuse of a child or an abused child who is also a victim of sexual abuse.
 - e. Reports containing allegations that could result in charges of homicide.
 - f. Reports requiring a specialized assessment as identified in rule [5101:2-36-04](#) of the Administrative Code.
 - g. Reports requiring a third party investigative procedure as identified in rule [5101:2-36-08](#) of the Administrative Code.
 - h. Reports containing allegations regarding a suspicious child fatality.
2. If a referral is not required to be assigned to the traditional response pathway, the Referral Specialist/Caseworker will make the pathway assignment deemed to be in the family's best interest after having considered the following:
 - a. Whether the case is already open and traditional response.
 - b. Frequency, similarity, and recency of past report(s).
 - c. Past Court Involvement or Removal of Children.
 - d. Past maltreatment concerns not resolved in a previous closing

- e. Past Refusal of Services
- f. AP has previously seriously harmed a child.
- 3. In instances in which the Referral Specialist/Caseworker is having difficulty determining which pathway assignment is in the family's best interest, and the referral does not meet criteria for a required Traditional assignment, the referral should be assigned to the Alternative Pathway.
- 4. The Referral Specialist/Caseworker will document the pathway assignment in SACWIS.

G. Mandated Reporter Notification:

ORC 2151.421 requires LCCS to send notifications to the mandated reporter if the mandated reporter provides their name and contact information when making the report regardless of the mandated reporter's request to receive or opt out of receiving the notification. The mandated reporter can choose whether they prefer to receive the notification via letter or electronically. LCCS must send the following notifications:

- 1. Initial notification no later than seven calendar days after the screening decision that provides the status of the agency's assessment/investigation into the report, who the mandated reporter can contact for further information, and a description of the mandated reporter's rights.
- 2. An outcome notification for screened in reports informing that the agency has closed or transferred the assessment/investigation for ongoing services no later than seven calendar days after the assessment/investigation is completed.
- 3. LCCS will utilize use the mandated reporter letters in SACWIS.

H. Law Enforcement Cross Referrals Notification

LCCS is to send Cross Referral Letters to law enforcement within seven days on the following screened in referrals:

- 1. All physical abuse referrals
- 2. Referrals that have a safety plan enacted within the first seven days of receiving a referral
- 3. If the agency removes a child/children within the first seven days of receiving a referral

The agency will continue to send the Notification of Abuse/Neglect on all sex abuse and severe physical abuse allegations as we have the past.

The new Cross Referrals will be emailed to the appreciate law enforcement agency every Monday by LCCS Administrative Assistance.

III. RESPONSIBILITIES

This procedure encompasses the responsibilities regarding referent identification, screening, completeness of referral worksheets and activity logs, and prioritization and rating of referrals. The following are the appropriate Ohio Administrative Code rule cites:

5180:2-36-01 Intake and Screening Procedures for Child Abuse, Neglect, Dependency and Family in Need of Services Reports; and Information and/or Referral Intakes

5180:2-36-03 PCSA Requirements for Intra-Familial Child Abuse and/or Neglect Assessment/Investigations

5180:2-36-04 PCSA Requirements for Conducting a Specialized Assessment/Investigation

5180:2-36-05 PCSA Requirements for Conducting Stranger Danger Investigations

5180:2-36-06 PCSA Requirements for a Deserted Child Assessment/Investigation

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

5180:2-36-10 PCSA Requirements for Responding to Family in Need of Services Reports

5180:2-36-09 Requirements for Dependent Child Assessments

5180:2-36-12 PCSA Requirements for Cross Referring Reports of Child Abuse and Neglect

5180:2-36-13 Intra and Interstate Referral Procedures for Child Protective Services Agencies

5180:2-36-20 PCSA Requirements for Child Abuse and Neglect Reports in Alternative Response

5180:2-33-21 Confidentiality

Responsibilities: All social services staff is to be familiar with this procedure. The Executive Director will assure compliance with this procedure.

IV. FORMS/INFORMATION ASSOCIATED WITH THIS PROCEDURE

Activity Log (SACWIS)

Ohio Child Protective Services Screening Guidelines

Family Contacts (form)

Intake Report Form (SACWIS)

Call Management Guide-lines 5-15

Misconceptions & Facts Re. Protecting Parent's Rights During CAN Investigations

Notification of Abuse/Neglect

Specialized Assessment and Investigation (SACWIS)

LCCS Differential Response Pathway Assignment Tool

PROCEDURES

24 Hour On Call

Amerindian Children Entering the Child Welfare System

Conducting Assessments and Investigations

Responding to a Child Fatality/Near Fatality

Out of Home Care Settings

Third Party Investigations

Safe Haven Baby (Deserted Child)

Managing Child Fatality; Reporting and Internal Review

Manadatory Reporting Responsibility and Cross Referral related to Child Abuse/Neglect Reports and Elder Abuse

HIV/AIDS Awareness and Responsibility

Children with Serious Injuries – Assessment and Investigation

Case Assignment Process

Memo of Understanding

Referrals on Active Cases

Procedure Section Code:	Direct Services	
Date Approved:	12/18/98 1/8/99, 6/01, 6/02, 8/02, 6/03, 6/04, 1/06, 4/08, 9/09, 10/09; 12/10, 8/11, 1/12, 7/12, 7/13, 10/14, 7/15, 7/18, 10/23, 7/25	Kristen Fox-Berki, MSSA, LISW-S
Next Review Date:	7/2028	Kristen Fox-Berki MSSA, LISW-S



Lorain County Children Services

226 Middle Avenue, Elyria, Ohio 44035 • (440) 329-5340 • Fax (440) 329-5378

Kristen M. Fox-Berki, MSSA, LISW-S, Executive Director • www.chldrenservices.org

Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

Response Requested by: November 3, 2025

Please send response to:

Kristen Fox Berki, Executive Director
Lorain County Children Services
226 Middle Avenue Suite 300
Elyria, OH 44035

Fax: (440) 329-5978

Email: Kristenfox@childrenservices.org

I hereby acknowledge receipt and approval of the Lorain County Child Abuse & Neglect Memorandum of Understanding revised September 2025.

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

My Department
Sheriff's Office

Signature: 

Title: SHERIFF

Department: LORAIN COUNTY SHERIFF'S OFFICE

Date: 11/13/2025

** Please note 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) 329-5620.

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Mike DeWine, Governor
Jim Tressel, Lt. Governor
Andy Wilson, Director

November 6, 2025

Lorain County Children Services
226 Middle Avenue
Elyria, Ohio 44035

Executive Director Kristen Fox Berki,

This letter is in response to the Lorain County Children Services' request to have a signed Memorandum of Understanding between our agencies. Although we will continue to work with the Lorain County Children 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,

A handwritten signature in blue ink, appearing to read "J. Ray Santiago".

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

Colonel Charles A. Jones, Superintendent
1970 W. Broad Street
P.O. Box 182074
Columbus, Ohio 43218-2074 U.S.A.
statepatrol.ohio.gov



Lorain County Children Services

226 Middle Avenue, Elyria, Ohio 44035 • (440) 329-5340 • Fax (440) 329-5378

Kristen M. Fox-Berki, MSSA, LISW-S, Executive Director • www.childrenservices.org

Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

Response Requested by: October 15, 2025

Please send response to:

Kristen Fox Berki, Executive Director
Lorain County Children Services
226 Middle Avenue Suite 300
Elyria, OH 44035

Fax: (440) 329-5978

Email: Kristenfox@childrenservices.org

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

My Department
 Sheriff's Office

Signature: MEC - Mark E. Cawthon
Title: Chief
Department: Amherst Police
Date: 09.16.2025

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Kristen M. Fox-Berki, MSSA, LISW-S, Executive Director • www.chldrenservices.org

Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

Response Requested by: November 3, 2025

Please send response to: Kristen Fox Berki, Executive Director
Lorain County Children Services
226 Middle Avenue Suite 300
Elyria, OH 44035

Fax: (440) 329-5978

Email: Kristenfox@chldrenservices.org

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

My Department (if it is alleged to have occurred in the City of Avon)
 Sheriff's Office (if it is alleged to have occurred outside of the City of Avon)

Signature: Daniel Frackelton
Title: Chief of Police
Department: Avon Police Department
Date: 10/27/2025

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Kristen M. Fox-Berki, MSSA, LISW-S, Executive Director • www.childrenservices.org

Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

Response Requested by: October 15, 2025

Please send response to:

Kristen Fox Berki, Executive Director
Lorain County Children Services
226 Middle Avenue Suite 300
Elyria, OH 44035

Fax: (440) 329-5978

Email: Kristenfox@childrenservices.org

I hereby acknowledge receipt and approval of the Lorain County Child Abuse & Neglect Memorandum of Understanding revised September 2025.

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

✓ My Department
Sheriff's Office

Signature: Cheri
Title: Officer
Department: Avon Lake Police
Date: 9-26-25

**** Please note 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) 329-5620.**

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Kristen M. Fox-Berki, MSSA, LISW-S, Executive Director • www.childrenservices.org

Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

Response Requested by: October 15, 2025

Please send response to:

Kristen Fox Berki, Executive Director
Lorain County Children Services
226 Middle Avenue Suite 300
Elyria, OH 44035

Fax: (440) 329-5978

Email: Kristenfox@childrenservices.org

I hereby acknowledge receipt and approval of the Lorain County Child Abuse & Neglect Memorandum of Understanding revised September 2025.

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

My Department
 Sheriff's Office

Signature: D. Mc Cullough
Title: Chief of Police
Department: Cleveland Clinic
Date: 12-04-25

** Please note 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) 329-5620.

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Kristen M. Fox-Berkl, MSSA, LISW-S, Executive Director • www.childrenservices.org

Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

Response Requested by: November 3, 2025

Please send response to:

**Kristen Fox Berkl, Executive Director
Lorain County Children Services
226 Middle Avenue Suite 300
Elyria, OH 44035**

Fax: (440) 329-5978

Email: Kristenfox@childrenservices.org

I hereby acknowledge receipt and approval of the Lorain County Child Abuse & Neglect Memorandum of Understanding revised September 2025.

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

ELYRIA POLICE
My Department
Sheriff's Office

Signature: James Wilson
Title: Chief of Police
Department: Elyria Police Department
Date: 11-10-2025

Kate K. Deery
Amanda R. Deery, Law Director

APPROVED AS TO FORM:

**** Please note 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) 329-5620.**

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Kristen M. Fox-Berki, MSSA, LISW-S, Executive Director • www.childrenservices.org

Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

Response Requested by: November 3, 2025

Please send response to:

Kristen Fox Berki, Executive Director
Lorain County Children Services
226 Middle Avenue Suite 300
Elyria, OH 44035

Fax: (440) 329-5978

Email: Kristenfox@childrenservices.org

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

My Department
 Sheriff's Office

Signature: Shawn Clark
Title: Chief
Department: Grafton P.D.
Date: 10/31/25

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Kristen M. Fox-Berki, MSSA, LISW-S, Executive Director • www.childrenservices.org

Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

Response Requested by: October 15, 2025

Please send response to:

Kristen Fox Berki, Executive Director
Lorain County Children Services
226 Middle Avenue Suite 300
Elyria, OH 44035

Fax: (440) 329-5978

Email: Kristenfox@childrenservices.org

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

My Department
 Sheriff's Office

Signature: Captain M. Berki
Title: CHIEF OF POLICE
Department: KIPTON POLICE DEPT
Date: 14 OCT 2025

** Please note 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) 329-5620.

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Kristen M. Fox-Berki, MSSA, LISW-S, Executive Director • www.childrenservices.org

Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

Response Requested by: November 3, 2025

Please send response to:

Kristen Fox Berki, Executive Director
Lorain County Children Services
226 Middle Avenue Suite 300
Elyria, OH 44035

Fax: (440) 329-5978

Email: Kristenfox@childrenservices.org

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

My Department
 Sheriff's Office

Signature:

Mark J. Laubenthal
Title: CHIEF OF POLICE
Department: LAGRANGE P.D.
Date: 10/26/2025

** Please note 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) 329-5620.

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Lorain County Children Services

226 Middle Avenue, Elyria, Ohio 44035 • (440) 329-5340 • Fax (440) 329-5378

Kristen M. Fox-Berki, MSSA, LISW-S, Executive Director • www.childrenservices.org

Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

Response Requested by: November 3, 2025

Please send response to:

Kristen Fox Berki, Executive Director
Lorain County Children Services
226 Middle Avenue Suite 300
Elyria, OH 44035

Fax: (440) 329-5978

Email: Kristenfox@childrenservices.org

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

My Department

Sheriff's Office



Signature: 
Title: Chief
Department: Lorain Police Dept.
Date: 10-27-25

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Lorain County Children Services

228 Middle Avenue, Elyria, Ohio 44035 • (440) 329-5340 • Fax (440) 328-5378

Kristen M. Fox-Berki, MSSA, LISW-S, Executive Director • www.childrenservices.org

Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

Response Requested by: November 3, 2025

Please send response to: Kristen Fox Berki, Executive Director
Lorain County Children Services
226 Middle Avenue Suite 300
Elyria, OH 44035

Fax: (440) 329-5978
Email: Kristenfox@childrenservices.org

I hereby acknowledge receipt and approval of the Lorain County Child Abuse & Neglect Memorandum of Understanding revised September 2025.

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

My Department
 Sheriff's Office

Signature: 
Title: Chief Ranger
Department: Lorain County Metro Parks
Date: November 9, 2025

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Kassam, Kimberly R

From: Gross, Michael <MGross@bsmhealth.org>
Sent: Monday, December 1, 2025 11:15 AM
To: Kassam, Kimberly R
Subject: Lorain County MOU to Address Child Abuse and Neglect
Attachments: DCY 01425 8-13-2025.docx

You don't often get email from mgross@bsmhealth.org. [Learn why this is important](#)
Ms. Kassam,

Good morning.

My name is Michael Gross and I am General Counsel for Mercy Health Lorain and Allen hospitals. The attached MOU was presented to "Mercy Health Police" for signature. Mercy Health Lorain/Allen does not have a police force at this time; thus, the attached is inapplicable to Mercy Health and we cannot sign. If you have questions, or if you believe I am missing something, please pass my response along to your attorney and I'd be happy to further discuss.

Regards,

Michael

Michael Gross
Associate General Counsel
Mercy Health Youngstown & Mercy Health Lorain
9471 Market Street | North Lima | OH | 44452
Cell: 614-674-4947



CONFIDENTIALITY NOTICE: This message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

CAUTION: This is an external email and may not be safe. If the email looks suspicious, please do not click links or open attachments and forward the email to csc@ohio.gov or click the Phish Alert Button if available.



Lorain County Children Services

226 Middle Avenue, Elyria, Ohio 44035 • (440) 329-5340 • Fax (440) 329-5378

Kristen M. Fox-Berki, MSSA, LISW-S, Executive Director • www.childdrenservices.org

Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

Response Requested by: November 3, 2025

Please send response to:

Kristen Fox Berki, Executive Director
Lorain County Children Services
226 Middle Avenue Suite 300
Elyria, OH 44035

Fax: (440) 329-5978

Email: Kristenfox@childdrenservices.org

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

My Department
 Sheriff's Office

Signature: G
Title: Chief of Police
Department: NORTH RIDGEVILLE
Date: 10/27/2025

** Please note 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) 329-5620.

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226 Middle Avenue, Elyria, Ohio 44035 • (440) 329-5340 • Fax (440) 329-5378

Kristen M. Fox-Berki, MSSA, LISW-S, Executive Director • www.childrenservices.org

Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

Response Requested by: November 3, 2025

Please send response to: Kristen Fox Berki, Executive Director
Lorain County Children Services
226 Middle Avenue Suite 300
Elyria, OH 44035

Fax: (440) 329-5978
Email: Kristenfox@childrenservices.org

I hereby acknowledge receipt and approval of the Lorain County Child Abuse & Neglect Memorandum of Understanding revised September 2025.

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

Oberlin Police Department

Sheriff's Office

Signature: C.R Warfield
Title: Chief
Department: Oberlin P.D
Date: 11-07-2025

**** Please note 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) 329-5620.**

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Kristen M. Fox-Berki, MSSA, LISW-S, Executive Director • www.childrenservices.org

Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

Response Requested by: October 15, 2025

Please send response to:

Kristen Fox Berki, Executive Director
Lorain County Children Services
226 Middle Avenue Suite 300
Elyria, OH 44035

Fax: (440) 329-5978

Email: Kristenfox@childrenservices.org

I hereby acknowledge receipt and approval of the Lorain County Child Abuse & Neglect Memorandum of Understanding revised September 2025.

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

Sheffield Lake My Department

Sheriff's Office

Signature: M. A. B.
Title: Chief of Police
Department: Sheriff Lake
Date: 10-20-25

** Please note 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) 329-5620.

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Lorain County Children Services

226 Middle Avenue, Elyria, Ohio 44035 • (440) 329-5340 • Fax (440) 329-5378

Kristen M. Fox-Berki, MSSA, LISW-S, Executive Director • www.childrenservices.org

Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

Response Requested by: November 3, 2025

Please send response to:

Kristen Fox Berki, Executive Director
Lorain County Children Services
226 Middle Avenue Suite 300
Elyria, OH 44035

Fax: (440) 329-5978

Email: Kristenfox@childrenservices.org

I hereby acknowledge receipt and approval of the Lorain County Child Abuse & Neglect Memorandum of Understanding revised September 2025.

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

SVPD My Department
 Sheriff's Office

Signature: 
Title: Chief of Police
Department: Sheffield Village PD
Date: 11/06/205

** Please note 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) 329-5620.

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Kristen M. Fox-Berki, MSSA, LISW-S, Executive Director • www.childrenservices.org

Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

Response Requested by: November 3, 2025

Please send response to:

Kristen Fox Berki, Executive Director
Lorain County Children Services
226 Middle Avenue Suite 300
Elyria, OH 44035

Fax: (440) 329-5978

Email: Kristenfox@childrenservices.org

I hereby acknowledge receipt and approval of the Lorain County Child Abuse & Neglect Memorandum of Understanding revised September 2025.

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

My Department
Sheriff's Office

Signature: Chief M. J. Berki
Title: CHIEF OF POLICE
Department: SOUTH MULBERRY
Date: 11/7/25

** Please note 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) 329-5620.

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226 Middle Avenue, Elyria, Ohio 44035 • (440) 329-5340 • Fax (440) 329-5378

Kristen M. Fox-Berki, MSSA, LISW-S, Executive Director • www.childrenservices.org

Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

Response Requested by: October 15, 2025

Please send response to:

Kristen Fox Berki, Executive Director
Lorain County Children Services
226 Middle Avenue Suite 300
Elyria, OH 44035

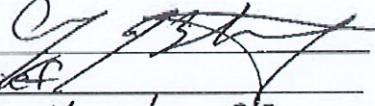
Fax: (440) 329-5978

Email: Kristenfox@childrenservices.org

I hereby acknowledge receipt and approval of the Lorain County Child Abuse & Neglect Memorandum of Understanding revised September 2025.

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

My Department
 Sheriff's Office

Signature: 

Title: Chief

Department: Vermilion PD

Date: 9/18/25

** Please note 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) 329-5620.

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Lorain County Children Services

226 Middle Avenue, Elyria, Ohio 44035 • (440) 329-5340 • Fax (440) 329-5378

Kristen M. Fox-Berki, MSSA, LISW-S, Executive Director • www.childrenservices.org

Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

Response Requested by: November 3, 2025

Please send response to:

Kristen Fox Berki, Executive Director
Lorain County Children Services
226 Middle Avenue Suite 300
Elyria, OH 44035

Fax: (440) 329-5978

Email: Kristenfox@childrenservices.org

I hereby acknowledge receipt and approval of the Lorain County Child Abuse & Neglect Memorandum of Understanding revised September 2025.

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

X My Department
 Sheriff's Office

Signature:

Amill Zeh (Jim McPike)
Title: *Chief of Police*
Department: *Wellington Police*
Date: *11-07-05*

** Please note 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) 329-5620.

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Lorain County Children Services

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Kristen M. Fox-Berki, MSSA, LISW-S, Executive Director • www.childrenservices.org

Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

Response Requested by: November 3, 2025

Please send responses to:

Kristen Fox Berki, Executive Director
Lorain County Children Services
226 Middle Avenue Suite 300
Elyria, OH 44035

Fax: (440) 329-5978

Email: Kristenfox@childrenservices.org

I hereby acknowledge receipt and approval of the "Lorain County Child Abuse & Neglect Memorandum of Understanding" revised September 2025.

Signature: Christopher Capet
Title: Director
Department: Lorain County Dept. of Job + Family Services
Date: Nov. 7, 2025

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Kristen M. Fox-Berkl, MSSA, LISW-S, Executive Director • www.childrenservices.org

Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

Response Requested by: November 3, 2025

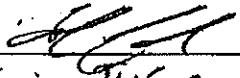
Please send responses to:

Kristen Fox Berkl, Executive Director
Lorain County Children Services
226 Middle Avenue Suite 300
Elyria, OH 44035

Fax: (440) 329-5978

Email: Kristenfox@childrenservices.org

I hereby acknowledge receipt and approval of the "Lorain County Child Abuse & Neglect Memorandum of Understanding" revised September 2025.

Signature: 
Title: Executive Director
Department:
Date: 10-31-25



Lorain County Children Services

226 Middle Avenue, Elyria, Ohio 44035 • (440) 329-5340 • Fax (440) 329-5378

Kristen M. Fox-Berki, MSSA, LISW-S, Executive Director • www.childrenservices.org

Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

Response Requested by: October 15, 2025

Please send responses to:

Kristen Fox Berki, Executive Director
Lorain County Children Services
226 Middle Avenue Suite 300
Elyria, OH 44035

Fax: (440) 329-5978

Email: Kristenfox@childrenservices.org

I hereby acknowledge receipt and approval of the "Lorain County Child Abuse & Neglect Memorandum of Understanding" revised September 2025.

Signature: Alma D. C. A.
Title: Prosecutor
Department: Prosecutor's Office
Date: 10.8.2025

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Kristen M. Fox-Berki, MSSA, LISW-S, Executive Director • www.childrenservices.org

Subject: Lorain County Child Abuse & Neglect Memorandum of Understanding

Response Requested by: November 3, 2025

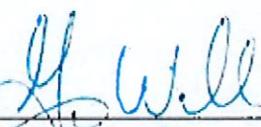
Please send responses to:

Kristen Fox Berki, Executive Director
Lorain County Children Services
226 Middle Avenue Suite 300
Elyria, OH 44035

Fax: (440) 329-5978

Email: Kristenfox@childrenservices.org

I hereby acknowledge receipt and approval of the "Lorain County Child Abuse & Neglect Memorandum of Understanding" revised September 2025.

Signature: 

Title: Executive Director

Department: Friendship Animal Protective League

Date: 11/10/25

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