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# SECTION I

## HISTORY

In the first half of 1997, Rowan County lost the lives of four young children to the savage hands of abuse. These children were, in varying degrees, already involved with our social service system. Our community, outraged at this futile loss of life, created a task force to examine the existing child abuse prevention system in hopes of finding and fixing any problems that may have contributed to these deaths.

Created by the Rowan County Commissioners, this task force includes the top executives of agencies and organizations across the county. They have each signed a letter of agreement attached to this document in order to pledge support for this Rowan County Protocol for Child Abuse Prevention.

The assignments of this task force was to examine the existing abuse prevention network, find problems within or outside that existing structure, create solutions to problems discovered, and provide an annual public report regarding the state of our child abuse prevention system to the County Commissioners and the citizens of this community.

In early meetings, the task force recognized that a lack of communication between agencies was the root of many of the problems identified. The task force set out to create the Community Protocol for Child Abuse Prevention that is included in this manual.

The task force also recognized that any plan needs to outlast its creators if it is to have long term effectiveness. With this in mind, the Rowan County Commissioners passed a resolution declaring the first Monday in April as "Remember Our Children Day" and had affixed as a reminder in the Commissioner's meeting room a plaque that reads:

*The first Monday in April is the day selected by the community's leaders in 1997 to forevermore remember the children of Rowan County and to review the child abuse prevention network we have put in place to protect them. It is the responsibility of the Chairman of this Board of Commissioners to insure this task is done.*

## WHY A COMMUNITY PROTOCOL?

As each group involved works under different legal and operational constraints, it was impossible to create a set of rules that would apply equally to every member involved in this protocol. With the community protocol, we have attempted to create agreed upon "connection points" for the individual policies and monitoring policies to determine the continued efficiency of this system.

## **ROLE OF EACH PARTNER**

As members of this community, we are all partners in child abuse prevention. Some partners, such as the Rowan County Department of Social Services and the criminal justice system, are recipients of abuse reports while most others, such as private citizens, teachers, and health care professionals, are reporters of information concerning abuse. The following protocol should clarify the roles of the various partners in helping prevent child abuse or intervening when it does occur.

## **ANNUAL REVIEW**

This protocol should be reviewed, amended and updated annually by the task force during a Community Child Protection Team meeting. Signatures from all participating agencies should be obtained in agreement with the changes made each year and for the purposes of meeting requirements of a “Memorandum of Agreement” between the partnering agencies and the Terrie Hess House Child Advocacy Center.

After the review and revision process, the task force will report to the Commissioners at their regular board meeting scheduled for the first Monday in April. The Rowan County Department of Social Services Director will be assisted by other task force members in the presentation of this report.

The task force may elect to meet more often if deemed necessary by the task force or the County Commissioners.

Each agency shall ensure that all of its workers (new and old) are aware of the Protocol and the procedures listed herein. A copy of this Protocol shall be maintained in the following offices: Novant Health Rowan Medical Center, Rowan County Sheriff's Department, Guardian ad Litem Office, Rowan County District Attorney's Office, Rowan County Department of Social Services, Rowan/Salisbury School System (Office of the Board of Education), Kannapolis City School System, and the Kannapolis, Salisbury, China Grove, Landis, Cleveland, Granite Quarry-Faith, Rockwell, East Spencer and Spencer Police Departments.

## SECTION II

### DEFINITIONS PER G.S. 7B-101

**Abused juveniles** - Any juvenile less than 18 years of age whose parent, guardian, custodian, or caretaker:

- a. Inflicts or allows to be inflicted upon the juvenile a serious physical injury by other than accidental means;
- b. Creates or allows to be created a substantial risk of serious physical injury to the juvenile by other than accidental means;
- c. Uses or allows to be used upon the juvenile cruel or grossly inappropriate procedures or cruel or grossly inappropriate devices to modify behavior;
- d. Commits, permits, or encourages the commission of a violation of the following laws by, with, or upon the juvenile: first-degree rape, as provided in G.S. 14-27.2; rape of a child by an adult offender, as provided in G.S. 14-27.2A; second degree rape as provided in G.S. 14-27.3; first-degree sexual offense, as provided in G.S. 14-27.4; sexual offense with a child by an adult offender, as provided in G.S. 14-27.4A; second degree sexual offense, as provided in G.S. 14-27.5; sexual act by a custodian, as provided in G.S. 14-27.7; unlawful sale, surrender, or purchase of a minor, as provided in G.S. 14-43.14; crime against nature, as provided in G.S. 14-177; incest, as provided in G.S. 14-178; preparation of obscene photographs, slides, or motion pictures of the juvenile, as provided in G.S. 14-190.5; employing or permitting the juvenile to assist in a violation of the obscenity laws as provided in G.S. 14-190.6; dissemination of obscene material to the juvenile as provided in G.S. 14-190.7 and G.S. 14-190.8; displaying or disseminating material harmful to the juvenile as provided in G.S. 14-190.14 and G.S. 14-190.15; first and second degree sexual exploitation of the juvenile as provided in G.S. 14-190.16 and G.S. 14-190.17; promoting the prostitution of the juvenile as provided in G.S. 14-205.3(b); and taking indecent liberties with the juvenile, as provided in G.S. 14-202.1;
- e. Creates or allows to be created serious emotional damage to the juvenile; serious emotional damage is evidenced by a juvenile's severe anxiety, depression, withdrawal, or aggressive behavior toward himself or others;
- f. Encourages, directs, or approves of delinquent acts involving moral turpitude committed by the juvenile; or
- g. Commits or allows to be committed an offense under G.S. 14-43.11 (human trafficking), G.S. 14-43.12 (involuntary servitude), or G.S. 14-43.13 (sexual servitude) against the child.

**Neglected juvenile** - A juvenile who does not receive proper care, supervision, or discipline from the juvenile's parent, guardian, custodian, or caretaker; or who has been abandoned; or who is not provided necessary medical care; or who is not provided necessary remedial care; or who lives in an environment injurious to the juvenile's welfare; or who has been placed for care or adoption in violation of law. In determining whether a juvenile is a neglected juvenile, it is relevant whether that juvenile lives in a home where another juvenile has died as a result of suspected abuse or neglect or lives in a home where another juvenile has been subjected to abuse or neglect by an adult who regularly lives in the home.

**Dependent juvenile** - A juvenile in need of assistance or placement because (i) the juvenile has no parent, guardian, or custodian responsible for the juvenile's care or supervision or (ii) the juvenile's parent, guardian, or custodian is unable to provide for the juvenile's care or supervision and lacks an appropriate alternative child care arrangement.

**Caretaker** - Any person other than a parent, guardian, or custodian who has responsibility for the health and welfare of a juvenile in a residential setting. A person responsible for a juvenile's health and welfare means a stepparent, foster parent, an adult member of the juvenile's household, an adult relative entrusted with the juvenile's care, any person such as a house parent or cottage parent who has primary responsibility for supervising a juvenile's health and welfare in a residential child care facility or residential educational facility, or any employee or volunteer of a division, institution, or school operated by the Department of Health and Human Services. "Caretaker" also means any person who has the responsibility for the care of a juvenile in a child care facility as defined in Article 7 of Chapter 110 of the General Statutes and includes any person who has the approval of the care provider to assume responsibility for the juveniles under the care of the care provider. Nothing in this subdivision shall be construed to impose a legal duty of support under Chapter 50 or Chapter 110 of the General Statutes. The duty imposed upon a caretaker as defined in this subdivision shall be for the purpose of this Subchapter only.

#### **MANDATED REPORTER LAW PER G.S. 7B-301**

##### **Duty to report abuse, neglect, dependency, or death due to maltreatment.**

(a) Any person or institution who has cause to suspect that any juvenile is abused, neglected, or dependent, as defined by G.S. 7B-101, or has died as the result of maltreatment, shall report the case of that juvenile to the director of the department of social services in the county where the juvenile resides or is found. The report may be made orally, by telephone, or in writing. The report shall include information as is known to the person making it including the name and address of the juvenile; the name and address of the juvenile's parent, guardian, or caretaker; the age of the juvenile; the names and ages of other juveniles in the home; the present whereabouts of the juvenile if not at the home address; the nature and extent of any injury or condition resulting from abuse, neglect, or dependency; and any other information which the person making the report believes might be helpful in establishing the need for protective services or court intervention. If the report is made orally or by telephone, the person making the report shall give the person's name, address, and telephone number. Refusal of the person making the report to give a name shall not preclude the department's assessment of the alleged abuse, neglect, dependency, or death as a result of maltreatment.

Upon receipt of any report of sexual abuse of the juvenile in a child care facility, the director shall notify the State Bureau of Investigation within 24 hours or on the next workday. If sexual abuse in a child care facility is not alleged in the initial report, but during the course of the assessment there is reason to suspect that sexual abuse has occurred, the director shall immediately notify the State Bureau of Investigation. Upon notification that sexual abuse may have occurred in a child care facility, the State Bureau of Investigation may form a task force to investigate the report.

(b) Any person or institution who knowingly or wantonly fails to report the case of a juvenile as required by subsection (a) of this section, or who knowingly or wantonly prevents another person from making a report as required by subsection (a) of this section, is guilty of a Class 1 misdemeanor.

(c) A director of social services who receives a report of sexual abuse of a juvenile in a child care facility and who knowingly fails to notify the State Bureau of Investigation of the report pursuant to subsection (a) of this section is guilty of a Class 1 misdemeanor. (1979, c. 815, s. 1; 1991 (Reg. Sess., 1992), c. 923, s. 2; 1993, c. 516, s. 4; 1997-506, s. 32; 1998-202, s. 6; 1999-456, s. 60; 2005-55, s. 3; 2013-52, s. 7.)

## **SECTION III**

# **COORDINATED COMMUNITY RESPONSE FOR PREVENTION OF CHILD MALTREATMENT**

### **SHOULD I GET INVOLVED?**

Child abuse and neglect has become a major problem in our community. If you suspect a child is being mistreated or abused, it is your responsibility to call Rowan County Department of Social Services and report your concerns immediately. Professionals are responsible for making decisions concerning what actions should be taken. They, however, cannot protect our community's children unless you take the time to call.

If you feel a child is in immediate risk of harm or death, in addition to calling Rowan County Department of Social Services, please call 911 and report your concerns. The appropriate law enforcement agency will be notified and a police officer or sheriff deputy will be dispatched immediately.

### **According to the North Carolina Division of Social Services:**

The following signs may signal the presence of child abuse or neglect. It is important to note that any one of these things could mean anything or nothing. For example, there are many reasons a child may not want to go home on any particular day, or a child may be overly compliant when they are trying to please a favorite teacher. However, when you have a cluster of two or more of these, this should raise a red flag to at least talk to the child and/or parent, and at most call your local Child Protective Services. It is also important to remember that issues related solely to poverty are not considered child maltreatment issues.

### **Recognizing Child Abuse**

#### **The Child:**

- Shows sudden changes in behavior or school performance;
- Displays overt sexualized behavior or exhibits sexual knowledge that is inconsistent with their age;
- Has not received medical attention for a physical injury that has been brought to the parents' attention;
- Has learning problems that cannot be attributed to specific physical or psychological causes;
- Is always watchful, as though preparing for something bad to happen;
- Is overly compliant, an overachiever, or too responsible;
- Comes to school early, stays late, and does not want to go home; or
- Has unexplained burns, bites, bruises, broken bones, or black eyes;
- Has bruises or marks in non-prominent, "fleshy" areas of the body (for example, inside of biceps or behind the knees);

- Has fading bruises or other marks noticeable after an absence from school;
- Seems frightened of the parents and protests or cries when it is time to go home from school;
- Shrinks at the approach of adults;
- Reports injury by a parent or another adult caregiver.

**The Parent or Other Adult Caregiver:**

- Shows little concern for the child, rarely responding to the school's requests for information, for conferences, or for home visits; denies the existence of or blames the child for) the child's problems in school or at home; asks the classroom teacher to use harsh physical discipline if the child misbehaves; sees the child entirely bad, worthless, or burdensome;
- Demands perfection or a level of physical or academic performance the child cannot achieve;
- Offers conflicting, unconvincing, or no explanation for the child's injury;
- Describes the child as "evil," or in some other very negative way;
- Is abusing alcohol, prescription drugs or illegal drugs and that abuse is having an adverse impact on the child;
- Uses harsh physical discipline with the child; or
- Has a history of abuse as a child.

**Recognizing Child Neglect**

**The Child:**

- Begs or steals food or money from classmates;
- Lacks needed medical or dental care;
- Lacks age appropriate adult supervision;
- Lacks clothing appropriate for the weather;
- Reports family violence in the home;
- Reports use of illegal substances or excessive use of alcohol by parents or caregivers (for example, to the point the parent passes out);
- Abuses alcohol or other drugs; or
- States there is no one at home to provide care.

**The Parent or Other Adult Caregiver:**

- Appears to be indifferent to the child;
- Seems apathetic or depressed;
- Is involved in an abusive domestic relationship;
- Behaves irrationally or in a bizarre manner; or
- Is abusing alcohol, prescription drugs or illegal drugs.

## HOW DO I MAKE A REPORT?

Call the DSS intake unit at 704-216-8498/9. Your call will be answered by the Office Assistant who will take your name and number. The next available intake social worker will return your call. All calls are returned within 24-hours. There are On Call CPS Social Workers available to take intakes and to initiate cases during non-business hours including nights, weekends and holidays. You may reach these workers by calling Rowan Communications at 911.

## WHAT DO I EXPECT WHEN I CALL?

When you call the Rowan County Department of Social Services, an intake worker will ask you questions about the situation you are reporting. Carefully answer all of the questions providing as much detail as possible. Your answers will be used to determine whether the situation is considered abuse, neglect, and/or dependency as well as how quickly an investigator/assessor has to respond. Although every situation is important, response time (immediate to 72 hours) is based on risk and is dictated by State policy, which is available for review in Chapter VIII Section 1407 “Structured Intake” of the DSS Manual (<http://info.dhhs.state.nc.us/olm/manuals/manuals.aspx?dc=dss>). DSS only has jurisdiction to become involved when the reported concerns involve a victim age newborn to under the age of 18 who has not been emancipated by marriage, joining of the armed forces or court order and a perpetrator who is a parent or caretaker (see definition in Section II). Reports involving non-caretakers will be referred by DSS to the appropriate law enforcement agency. A report can only be accepted for further assessment if the alleged concerns meet the legal definition of abuse, neglect or dependency (see definitions in Section II). According to G.S. 7b 302, all information received by the Department of Social Services, including the identity of the reporter, shall be held in strictest confidence by the department.

**Multiple Response System:** In 2002, the State moved to a differential response system for responding to reports of child maltreatment. When a case is screened in through a two level decision making process in intake and is accepted for allegations of abuse including physical, sexual and/or emotional abuse (see definitions in Section II), it is assigned as an Investigative Assessment and requires at least a 24 hour response time. When a case is screened in for neglect, it is typically assigned as a Family Assessment and the response time can be up to 72 hours. In Investigative Assessments, the social workers will typically engage with the appropriate law enforcement jurisdiction to respond jointly to the location of the children. It is critical to the social workers and Law Enforcement Officers for reporters to provide all available details of a case so the information can be used to correctly assess the situation. During initial contact with the family, regardless of the track, the social worker is required to make face to face contact with all alleged victim children including all children living in the household where the alleged maltreatment occurred and all children living in the household with the alleged perpetrator of the maltreatment. The social workers are also required to make face to face contact with at least one caretaker on the same day the children are seen in order to put a North Carolina Safety Assessment in place.

## **RCDSS RESPONSE TO CRISIS SITUATIONS**

When a report is received by RCDSS, the information reported is recorded on a Structured Intake Form and at least a two level decision is made to determine whether or not the case is accepted for assessment and a time frame is assigned based on State policy. Changes were made to RCDSS procedures in 2013 to ensure alignment with State policy as outlined in Chapter VIII: Protective Services of the Family Support and Child Welfare Policy Manual while striving to meet the needs of our community partners.

When a reporter calls to request an immediate response to the scene of an incident, we are willing and able to respond by sending a social worker to the scene if the situation is urgent and the law enforcement officer or hospital staff is unable to provide information over the phone. The responding social worker has to obtain adequate information from the reporter to complete a Structured Intake form and our agency must make a two-level decision regarding whether or not the information obtained from the reporter meets the statutory definitions of abuse, neglect or dependency. The social worker will speak to the reporter to obtain all needed information and will contact the Intake Supervisor to screen the report prior to speaking to the children, family or any other collateral contacts. The social worker cannot speak to the children or family prior to screening the report, as we would have no legal basis for intervening until the report is accepted for Investigative or Family Assessment.

The social worker is able to speak to other Law Enforcement or hospital staff if the reporter was a designee and does not have first hand knowledge of the situation. According to policy, "If other agencies use a "designated reporter" system, the designated reporter may not have firsthand knowledge of the situation. In such situations, it is permissible to contact the person with firsthand knowledge prior to making a final decision about whether to accept the report. Two examples of this situation would be a designated reporter in a school system, when the teacher has firsthand knowledge, but the school social worker made the report; and a nurse in an ER is calling DSS on behalf of the doctor whose examination revealed unexplained injuries." (Chapter VIII: Protective Services 1407 Structured Intake Section IV)

If the reported concerns do not meet the statutory definitions of abuse, neglect or dependency and the report is screened-out, the CPS social worker cannot make any additional contacts related to the report, as DSS has no legal right to intervene with the family. The policy specifically explains, "Screening in child protective services is the action of receiving reports of abuse, neglect, or dependency and, through the process of gathering preliminary information from the reporter, determining what further action is required. A critical part of the screening process involves knowing the statutory definitions of child abuse, neglect, dependency and caretaker. The agency has the authority to intervene only when the allegation, if true, would meet legal definitions. (Chapter VIII: Protective Services 1407 Structured Intake Section)

If the report does not meet the statutory definitions of child abuse, neglect or dependency, the CPS social worker and supervisor could make a two level decision to open a 390 case to provide voluntary services to a family in need. According to the Services Information System Definitions, 390 – Other Child Welfare Services means social work intervention services which protect and promote the welfare of children, including the strengthening of their own homes where possible. Activities include gathering information about and assessing the needs and problems of a child within the context of family interaction, environment and/or coping patterns; helping a child and his family gain insights into and understanding of their needs and problems, and assisting them to know about and use other services and resources available to them. Activities also include collaborating on a case by case basis with individuals in other systems (e.g., judicial, health, education) to plan with and support a child and those involved with him through a crisis or an at-risk situation. These services may also include purchases to alleviate non-recurring, episodic events impacting the child’s welfare. (Services Information System SIS Definitions) These 390 services are completely voluntary and can be offered to the family. The family can refuse the services which would lead to a case closure with no further contact with the family.

RCDSS Children’s Services will respond to urgent calls from law enforcement or medical staff when they are unable to make a report by phone. Our social workers will complete an extension of intake by making contact in the field with the reporter. They will screen the report via telephone with the Intake Supervisor in order to make a two-level decision. If the case is screened in, the social worker will proceed as normal to meet with the children and family to develop a Safety Assessment in order to ensure the children’s immediate safety and well being needs are met. The assigned social worker will continue to work with the family over the following forty-five (45) days in order to investigate or assess a need for more long term mandatory intervention. If the case is screened out and the Intake Supervisor agrees to offer 390 services to the family, the social worker will meet with the parent or caretaker to offer these voluntary services. If the parent or caretaker refuses voluntary services, the social worker will have no additional contact with the family.

#### **LEGAL RESPONSIBILITY OF DIRECTOR TO ASSESS PER G.S. 7B-302**

When a report of abuse, neglect, or dependency is received, the director of the department of social services shall make a prompt and thorough assessment, using either a family assessment response or an investigative assessment response, in order to ascertain the facts of the case, the extent of the abuse or neglect, and the risk of harm to the juvenile, in order to determine whether protective services should be provided or the complaint filed as a petition. When the report alleges abuse, the director shall immediately, but no later than 24 hours after receipt of the report, initiate the assessment. When the report alleges neglect or dependency, the director shall initiate the assessment within 72 hours following receipt of the report. The assessment and evaluation shall include a visit to the place where the juvenile resides.

When the report alleges abandonment, the director shall immediately initiate an assessment by taking appropriate steps to assume temporary custody of the juvenile, and take appropriate steps to secure an order for non-secure custody of the juvenile. The assessment shall include a request from the director to law enforcement officials to investigate through the North Carolina Center for Missing Persons and other national and State resources whether the juvenile is a missing child.

Effective, January 1, 2016, all reports of alleged abuse or neglect in a child care facility as defined in Article 7 of Chapter 110 of the General Statutes are forwarded to the Division of Child Development and Early Education (CDCEE) for investigation. The CDCEE can be reached at 919-527-6500 or via fax at 919-715-1013.

## **REPORTER NOTIFICATION**

Once a report is accepted by Rowan County Department of Social Services, then a complete investigative or family assessment will be conducted. This will include interviews with the child, the parents, other family members, and any other individuals involved with the child that can provide information pertinent to the assessment. The reporter may or may not be contacted during the assessment process, but the reporter will be asked to provide a phone number and address during the intake process if the reporter is willing to be available and wants to receive a follow up letter. If the reporter becomes aware that a case is actively being assessed and has additional information, the reporter can call RCDSS to provide that additional information.

The reporter of suspected abuse, neglect, or dependency will receive a notice within 5 working days of the report, which explains whether or not DSS accepted the report for investigation. If the reporter feels the decision not to investigate the report is in error, a review may be requested by contacting the Program Administrator at 704-216-8446. If the report is accepted for assessment, the assessment should take 45 days to complete and the reporter will receive notification of the results of the assessment within 5 days of the two level case decision.

## **INVESTIGATIVE AND FAMILY ASSESSMENTS**

- Referral to Law Enforcement and District Attorney when appropriate
- Case initiation including face to face contact with all alleged victim children and at least one caretaker
- North Carolina Safety Assessment including a plan to reduce risk and ensure safety, possibly engaging a Safety Resource for added supervision or placement
- Assessment of the home environment focusing on and addressing safety hazards including adequate food, safe sleeping, and working smoke detectors
- Referral to Child Advocacy Center when appropriate
- All other household members seen within 7 days
- Attempts to locate all non-custodial parents and engage them in safety planning
- Bi-weekly face to face contact with all alleged victim children and at least one caretaker
- All mandatory collaterals contacted
- At least two relevant collateral contacts including professionals and neutral parties when possible

- Obtaining and reviewing medical and mental health records
- Obtaining and reviewing records from other counties or states indicating a history of CPS involvement
- Referrals for services when appropriate, including parenting education, mental health agencies, substance abuse providers, domestic violence victim services and batterer intervention, etc.
- North Carolina Family Risk Assessment of Child Abuse and Neglect
- Two level case staffing weekly for further actions needed and completion of the Case Decision Summary

## **WHAT WILL HAPPEN IF ABUSE OR NEGLECT IS FOUND?**

After the assessment is complete, Rowan County Department of Social Services' staff will determine an appropriate course of action based on safety, well being and permanency. This could include closing the case with no recommendations, recommending services to the family, transferring the case to In Home Family Services for mandated intervention to address the factors creating risk to the children, or staffing the case with the DSS Attorney for possible legal intervention. If the reporter feels the actions are not adequate to protect the child from further harm, they can voice those concerns with a supervisor, the Program Administrator or the RCDSS Director. If a petition to remove a child is not filed and the reporter disagrees with this decision, the reporter can request a review of the decision by contacting the District Attorney's office within 5 days of receiving the notice.

## **DRUG-EXPOSED CHILDREN**

- Rowan County DSS **shall accept for assessment** all reports from medical providers in which a mother or her newborn child tests positive for (1) any illegal substance, (2) opioids, such as Methadone and OxyContin, and (3) barbiturates.
- All other reports alleging illegal drug use by a parent or child will be evaluated on a case-by-case basis, applying policies found in the NC Division of Social Services' Family Services Manual, Volume I, Chapter VII (Child Protective Services).

### **Assessment procedures:**

1. A report of an infant, or mother, testing positive for drugs will be accepted for assessment of neglect.
2. All adults, including family members and friends, who are residing or visiting in the home, will be drug tested before the mother and baby leave the hospital.
3. If the newborn, mother, or other adults referenced above test positive for drugs, at discharge from the hospital, a Safety Resource is required. The Department will partner with the mother and father to identify an appropriate Safety Resource for placement of the baby until they are able to successfully address any safety concerns.

4. Criminal History, Central Registry, and sex offender checks will be completed on all adults in the home and in the home of the Safety Resource.
5. Drug testing will be completed for any identified Safety Resource when there is a concern regarding the caretaker's use of drugs.
6. The mother who tested positive for drugs, or whose newborn tested positive will be referred for substance abuse assessment, unless treatment is on-going. All adults, either living in the home or visiting, who tested positive for drugs, will be referred for substance abuse assessment, unless treatment is on-going.
7. The mother and all other adults, who tested positive for drugs, will be asked to submit to random drug tests. If anyone refuses to comply or if he or she tests positive for drugs, the DSS can take further action, such as meeting with the family to re-evaluate the safety plan or asking the court to remove the child from the home.

## **RCDSS ON-CALL PROTOCOL**

It is critical that Child Protective Services are provided after regular office hours. The following On-Call Policy will be followed:

- On-Call duties including evenings, weekends and holidays, will be covered by an On Call Social Worker and a Social Work Supervisor.
- Communications will text a message to the two On Call Social Worker phones seeking a return call for further instructions. The on duty On Call Social Worker will respond to the text by calling Communications to obtain necessary information for responding to the identified concern.
- The On Call Social Worker will handle all calls when possible, but they will contact the On Call Supervisor if needed to access the assistance of a back up social worker.
- If Communications does not receive a call back within 15 minutes, they will call the On Call Supervisor. If they still do not receive a response, they can contact the Program Administrator and then the RCDSS Director.
- The on duty On Call Social Worker will call reporters back in a timely manner based on the information provided by Communications. They will complete the Structured Intake Form and contact the Supervisor for a two level screening decision.
- On Call Social Workers will initiate all reports accepted and assigned an "Immediate" response time after 4 p.m. evenings, weekends and holidays.
- On Call Social Workers will also initiate all reports accepted and assigned a "24" or "72" hour response time if the time to initiate will expire prior to the next business day.
- All On Call staff will reference Chapter VII policy when making screening decisions.
- On Call staff will be prepared to handle all situations as they arise in order to meet the needs of the agency and the community.
- On-Call staff will send all after-hours reports into the DSS office by 8:30 a.m. the next workday for staffing with the Intake Supervisor and case assignment.
- All reports will be assigned to CPS Social Workers for appropriate follow up.

## PROCEDURES FOR COORDINATING INVESTIGATIONS

The Rowan County Department of Social Services, all law enforcement agencies in Rowan County (Rowan County Sheriff's Department, Kannapolis Police Department, Salisbury Police Department, China Grove Police Department, Landis Police Department, Cleveland Police Department, Granite Quarry-Faith Joint Police Authority, East Spencer Police Department, Spencer Police Department, Rockwell Police Department), appropriate mental health agency, District Attorney and the Guardian ad Litem Program all recognize the necessity of a good working relationship. Close coordination among professionals is imperative, if Rowan County children who have been reported to be abused are to be adequately protected. Each is aware of the other's special area of expertise and legally mandated role. Thus, the parties enter into this working agreement to promote an effective and efficient team effort to deal with the problem of child abuse.

### RCDSS AND LAW ENFORCEMENT COORDINATION

#### Physical and Sex Abuse Cases

**Exchange of Information:** When a report of physical or sexual abuse is received initially by a law enforcement agency, said agency shall commence such criminal investigation as is appropriate and immediately contact the Department of Social Services. When such a report is made directly to the Rowan County Department of Social Services, said agency will immediately contact the law enforcement agency having jurisdiction. When the appropriate law enforcement agency is notified, an officer of the agency shall immediately respond. That officer will determine whether an investigator or the officer's Chief will be notified. Pursuant to the terms of N.C.G.S. 7B-307, the Department of Social Services shall immediately report to the District Attorney any evidence of child abuse.

**Joint Investigation:** The Department of Social Services and law enforcement shall conduct a joint investigation of the incident, with the social worker being primarily responsible for the welfare of the child and law enforcement being primarily responsible for the criminal investigation. Collection of physical evidence and interviews with any potential suspect should be at the discretion of law enforcement, with the cooperation and support of the social worker. The law enforcement officer and the social worker shall cooperate in the investigation by exchanging information, by coordinating interviews with the victim and any other children involved, and in any other manner as may be appropriate under all the circumstances. The District Attorney will make all prosecutorial decisions. If Law Enforcement is not available, RCDSS must proceed with interviewing all alleged victim children and at least one caretaker in order to fully initiate the case and develop a Safety Assessment with the family. This must be completed within the assigned initiation time frame. The alleged perpetrator will also have to be interviewed within 7 days of case initiation per North Carolina Division of Social Services policy. Ideally, interviews with alleged perpetrators and all alleged victim children will be completed jointly within the required time frames.

**Victim Impact:** Whenever possible, the initial interview with the child will be conducted jointly by the social worker and the officer; one written account of this interview will be maintained; and, this written account of the interview will be shared between agencies. In order to avoid further trauma of the child, all reasonable efforts will be made to minimize the number of interviews with the child. The victim child will not be asked leading or direct questions related to the alleged sexual abuse before a Forensic Interview is conducted at the Terrie Hess House Child Advocacy Center; however, if the child discloses any information based on open ended and non-leading questions, this information will be clearly documented.

#### Physical Abuse Not Involving Serious Bodily Injury

**Exchange of Information:** When a report of physical abuse is received initially by law enforcement, law enforcement shall immediately notify the Department of Social Services. After said notification, law enforcement shall make such investigations as may be appropriate under all the circumstances.

When a report of physical abuse not involving significant marks, bruises or injury is made directly to the Department of Social Services, the social worker may proceed with the investigation without assistance of the law enforcement. However, law enforcement shall be notified of said report within 24 hours of the receipt of said report, and the social worker shall make the contents of the social services investigation available to the officer for the purposes of any criminal investigation. Pursuant to the terms of N.C.G.S. 7B-307, the Department of Social Services shall immediately report to the District Attorney any evidence of child abuse.

1. **Joint Investigation.** In the event of a criminal investigation of abuse not involving serious injury, law enforcement and the social worker shall coordinate their activities as set forth above.
2. **Victim Impact.** Whether the investigation is made solely by the Department of Social Services or jointly with law enforcement, investigators shall comply with the provisions above.

#### Mechanics

Copies of reports will be forwarded to appropriate law enforcement officers as soon as possible via fax or e-mail based on the jurisdictions preference. RCDSS will follow up with Communications or the appropriate jurisdiction to verify the information has been received. Remember, time is of the essence; in all matters the reports will be forwarded to appropriate law enforcement officers no later than the same time as the District Attorney receives the report.

<b>If the abuse occurred within:</b>	<b>Then reports should be forwarded to:</b>
Kannapolis City Limits (Rowan County)	Kannapolis Police Department
Salisbury City Limits	Salisbury Police Department
Outside city limits in Rowan County	supervising lieutenant or first line supervisor of the Criminal Investigation Division of the Rowan County Sheriff's Department
China Grove City Limits	China Grove Police Department
Landis City Limits	Landis Police Department
Cleveland City Limits	Cleveland Police Department
Granite Quarry and Faith City Limits	Granite Quarry – Faith Joint Police Authority
Rockwell City Limits	Rockwell Police Department
Spencer City Limits	Spencer Police Department
East Spencer City Limits	East Spencer Police Department

## **RCDSS REPORTING TO THE DISTRICT ATTORNEY**

### **A. Caretaker Reports**

1. The Department of Social Services is required by G.S. 7B-307 to make a report immediately to the District Attorney and to law enforcement when evidence of child abuse is found. G.S. 7B-307 requires that reporting occurs within 24 hours when there is enough reasonable cause to believe there has been abuse, or those most serious cases when a delay may cause loss of physical evidence, whether or not the Department of Social Service's investigations is complete/substantiated. Reasonable cause would exist, for example, when the social worker first observes physical injury and/or obtains statements during the first interview with the child causing belief that a criminal law has been broken. Some substantive evidence should be obtained, but findings do not have to be conclusive. Reports should include the information set forth in subsection C when applicable. Law enforcement will be notified by involving evidence of child abuse; all parties are urged to err on the side of caution. Reports by the Department of Social Services as required by G. S. 7B-307 to the District Attorney shall be faxed to the District Attorney's office and the District Attorney's office will acknowledge receipt of the report within four (4) hours to the Department of Social Services or reporting agency. A current list of all related personnel (law enforcement, Department of Social Services, District Attorney's office, hospital) with phone and fax numbers shall be maintained by each agency.
  
2. In addition to paragraph 1 above, if a report of sexual abuse is discovered in a child day care arrangement; this evidence shall be reported to the Child Day Care Commission, the State Bureau of Investigation and local law enforcement.

## B. Non-Caretaker Reports

On non-caretaker reports of physical or sexual abuse to a child in violation of a criminal statute, the Rowan County Department of Social Services will not be involved in the investigations, but will report such information to law enforcement and the District Attorney within 24 hours of receipt.

Frequently, it will not be known prior to the Law Enforcement investigation whether or not the caretaker is aware of the situation and/or willing to take action to protect the child. Law Enforcement will have the opportunity to gauge parental reaction and assess plans for future protection of the child. If it is determined by the investigating officer that the situation is one of neglect in this area, the report will be made back to the Department of Social Services.

## C. Content of reports to the District Attorney (See Form Attached)

1. Social Worker Contact Information
2. Victim Information
3. Perpetrator Information
4. Nature of Abuse
5. Evidence of Abuse
6. Previous RCDSS involvement with the family

## **ONGOING COMMUNICATION AND PARTNERSHIP**

There is a need for ongoing communication among professionals involved in a single case. The Department of Social Services worker *will* keep the Law Enforcement Investigator aware of any change, progress, movement in the case, etc. Copies of medical exams, psychological/psychiatric evaluations and other pertinent information *will* be shared with the assigned investigator. The law enforcement officer and District Attorney's office *will* keep the social worker informed as to significant events in the case and will be responsible for subpoenaing the Department of Social Services worker to testify in the criminal case. It is important that all agencies work together closely in the sharing of a common cause, insuring the protection of and avoiding any unnecessary trauma to the child victim.

## **DOMESTIC VIOLENCE PROTOCOL**

The occurrence of domestic violence may put the safety of the child at risk. A child's exposure to domestic violence over time can have a longstanding impact on a child's well being.

Domestic Violence Defined: The establishment of control and fear in an intimate relationship through the use of violence and other forms of abuse, including but not limited to: physical abuse, emotional abuse, sexual abuse, economic oppression, isolation, threats, intimidation, and maltreatment of the children to control the non-offending parent/adult victim. Domestic violence is not simply discord between intimate partners but is a progressive, intentional, patterned use of abusive behaviors.

DSS Role: To assess the risk posed to children by the presence of domestic violence, to protect the child, and to assure a safe environment.

Law Enforcement Role: To make reports to Child Protective Services each time that law enforcement responds to a domestic violence situation in which there is a child at the scene (inside the home, on the property, within sight, or within hearing of the domestic violence).

**When law enforcement acts on warrants and domestic violence protective orders that originate with the Clerk of Court and/or magistrate, a parent may be evicted from the home or arrested. If a child is present in those situations, law enforcement will notify DSS.**

### **COORDINATION WITH NOVANT HEALTH ROWAN MEDICAL CENTER (NHRMC)**

Law enforcement and the DSS social worker will jointly respond to all CPS referrals received from the Emergency Department at Novant Health Rowan Medical Center (NHRMC) to conduct an investigation when there is suspected physical or sexual abuse.

When any law enforcement officer and the DSS social worker together conduct an investigation of a CPS referral at Novant Health Rowan Medical Center, regardless of whether the investigation is for a child brought into the Emergency Department or for a child who is an inpatient, there shall be a joint conference with hospital staff (doctor and/or charge nurse, case manager etc.), law enforcement, and DSS as part of the assessment. During this conference, participants may need to clarify information, request additional medical testing or a second opinion, bring additional information to the doctor's attention that has been discovered during the investigation, advise on next steps, etc.

A "debriefing conference" before law enforcement, DSS, or the child leaves the hospital, will occur to assure that both the reporter and those conducting the investigation have shared all pertinent information known about the case and that all parties agree with the plan of care and/or disposition of the patient.

When the DSS social worker responds to a CPS referral for an inpatient at NHRMC and law enforcement has determined they are not involved in the investigation, there shall be a debriefing conference between the DSS social worker, the charge nurse and case manager if applicable before the child leaves the hospital. The safety assessment/debriefing conference may take place in person or by conference call.

DSS social worker will complete a safety assessment. This form will be scanned into the patient's electronic medical record.

## **SECTION IV CHILD ADVOCACY CENTER**

**REVISED – 12/8/16**

### *Rowan County Child Sexual and Physical Abuse Investigation and Intervention Guidelines*

#### *Introduction*

The Role of the Terrie Hess House Child Advocacy Center (CAC):

The Terrie Hess house Children’s Advocacy Center is a non-profit organization serving all of Rowan County, North Carolina, working in conjunction with those agencies that have a need to intervene/investigate reports of child sexual and physical abuse for the purpose of providing a systematic multi-disciplinary team (MDT) response to all reported cases of child sexual and physical abuse in Rowan County. The Existence of the Children’s Advocacy Center is based upon the need for coordinated multi-disciplinary interventions to ensure the safety and well-being of the children in our community. The Terrie Hess House provides a neutral, child-friendly location for investigative team interviews, medical examinations, mental health services, MDT case reviews, victim advocacy services, and support for child victims and non-offending caregivers.

Mission:

The mission of the Terrie Hess House Child Advocacy Center is to minimize trauma to child victims of sexual and physical abuse and their non-offending caregivers by providing a centralized, safe, and child-friendly facility from which a multi-disciplinary team conducts investigation and intervention activities; to advocate for and support child victims and non-offending caregivers by representing their interests throughout the process, promoting appropriate therapies and making referrals to community resources as needed; and to enhance the legal process in achieving optimal criminal prosecution.

The Terrie Hess House Child Advocacy Center is the only center of its kind in Rowan County. The Terrie Hess House CAC provides a designated physical environment where a child’s well-being is first priority, reducing trauma and promoting healing from sexual and physical abuse. The physical setting of The Terrie Hess House CAC is physically accessible, physically safe and child focused. The Terrie Hess House CAC is conveniently located and accessible for all families and team members. The CAC is designed to provide the most privacy possible, with separate areas for waiting, case consultation, forensic interviews, medical evaluations and other meetings. Children and families are observed during their time at the CAC by the CAC staff. As another measure of safety for children, alleged perpetrators are not allowed on Terrie Hess House CAC grounds. In the event that an alleged offender is a juvenile, that child may be evaluated at The Terrie Hess House CAC to explore any possible victimization history. However, a juvenile named as an alleged perpetrator will not be present at The Terrie Hess House CAC while any other child is being evaluated.

The Multidisciplinary Team (MDT) is the core of a CAC. The MDT is comprised of representatives from The District Attorney's Office, 19C Prosecutorial District, The Rowan County Sheriff's Department, The Salisbury Police Department, The Granite Quarry-Faith Joint Police Authority, The Spencer Police Department, The East Spencer Police Department, The China Grove Police Department, The Landis Police Department, The Rockwell Police Department, The Cleveland Police Department, The Kannapolis Police Department, The Rowan County Department of Social Services, Medical Director for The Terrie Hess House CAC, Monarch Mental Health, Terrie Hess House CAC, Guardian ad Litem for Rowan County, Rowan County Department of Juvenile Justice, Novant Health Rowan Medical Center, and A Safe Place Counseling.

These guidelines are intended to serve as a working agreement between partnering agencies in the assessment and intervention of suspected child sexual and physical abuse by minimizing the impact of sexual and physical abuse investigations, and promoting efficient and objective investigations. These guidelines are created collaboratively to protect children; minimize the impact of sexual and physical abuse investigations on children; and promote efficient and objective investigations of child sexual and physical abuse cases. Additionally, these guidelines provide for sharing of information and coordination of services among the agencies involved to assist children and families in accessing treatment and support services.

### ***Confidentiality***

Confidentiality is paramount in the work done at The Terrie Hess House CAC. Investigative agents, partner agencies and anyone else involved in the life of a case receives information through a consent signed by the caretaker of the alleged victim. Chief Executive Officers from all partner agencies have agreed to participate in the multidisciplinary response to child sexual and physical abuse through The Terrie Hess House CAC Memorandum of Understanding. Notwithstanding the other provisions of these guidelines and the requirements to notify law enforcement and Child Protective Services, the agencies involved in child sexual and physical abuse investigations should share information in accordance with state and federal law or administrative orders, when necessary to protect the child or to further the criminal investigation. Information sharing should be done in such a manner as to ensure confidentiality, maintain integrity of the criminal investigation, protect the child and protect individual rights in accordance with the state and federal law or administrative orders.

### ***Intake Process***

Terrie Hess House CAC receives referrals from the Rowan County Department of Social Services and ten law enforcement jurisdictions including The Rowan County Sheriff's Department, The Salisbury Police Department, The Granite Quarry-Faith Joint Police Authority, The Spencer Police Department, The East Spencer Police Department, The China Grove Police Department, The Landis Police Department, The Rockwell Police Department, The Cleveland Police Department, The Kannapolis Police Department. Following the initiation of an investigation, the investigative agents (law enforcement and/or DSS) will determine the need for a referral to The Terrie Hess House CAC based on their professional judgment and agreed upon community protocol. Referral to The Terrie Hess House CAC should occur as close to the initiation of the investigation as possible. The investigating agent (law enforcement detective or CPS investigator) will ensure that ***all reports*** have been cross reported to the other investigating agency.

Before contacting The Terrie Hess House CAC, investigative agents will make contact with the partnering agency to discuss coordinated response and investigation. It is assumed that investigating agents will know of any other investigators assigned to the case prior to referral to The Terrie Hess House CAC. Investigative agents will also inform the family that a referral to The Terrie Hess House CAC will be made.

It is best practice for children to be evaluated at the CAC located in the law enforcement jurisdiction of the alleged crime. However, in the event that a case is referred out of jurisdiction for Rowan County DSS and/or any of the ten law enforcement jurisdictions, The Terrie Hess House CAC will coordinate with all parties to ensure that The Terrie Hess House is the most appropriate CAC for the child's evaluation. If so, guidelines for intake will be the same. If an investigative agent from Rowan County DSS and/or any of the ten law enforcement jurisdictions are assisting the referring agents, it is expected that the assisting agent will provide all necessary information outlined in the guidelines for intake. If the child needs to be seen at another CAC, The Terrie Hess House CAC staff will work with the investigators and family to ensure continuation of referral to appropriate CAC. In the event that prior investigative activities have occurred or the child has been previously interviewed at another CAC regarding allegations, The Terrie Hess House CAC will not re-interview the child regarding allegations that have already been explored unless necessary. In the event that new information arises or a new alleged incident occurs, subsequent interviews may be appropriate.

**Children meeting the following criteria will be seen at The Terrie Hess House Child Advocacy Center:**

1. ALL children under age 18 (or developmentally equivalent) and/or as determined by the field interview who are involved in an investigation for alleged felonious sexual and physical abuse, or an investigation of alleged Indecent Liberties.
2. Children who fall outside of the above age criteria, or are involved in an investigation for alleged physical abuse, chronic neglect or as witness to violence, may also be referred.
3. Any minor child identified as being at risk for commercial sexual exploitation may also be referred.
4. Any other at the discretion of the investigative agents or multidisciplinary team.

**During business hours:** After ensuring the cross-report and coordinating with the other investigator, the intake process during normal business hours (Monday-Friday 8:00am-5:00pm) is such:

1. Initiating investigator will deliver, via email or in person, the DSS Structured Intake Referral and/or the law enforcement complaint to The Terrie Hess House staff. Initiating investigator also calls the Terrie Hess House staff to set up an appointment.
2. Any documentation regarding the child's disclosure that is not included in the report should also be included in the delivered information.
3. The Terrie Hess House staff members are responsible for processing incoming referrals and coordinating the scheduling of an appointment.

4. The investigator will contact the family to advise of the appointment, unless the Terrie Hess House staff are directed to do so.
5. The investigator will contact the Terrie Hess House staff to confirm the appointment date and time by email.
6. Investigative agents are expected to be present at The Terrie Hess House to observe the forensic interview. Investigators may send a designee in their place to observe the interview if they are unavailable. If neither investigative agent is present, the forensic interview will be rescheduled unless approved by investigative agents.
7. In the event that a family or child has special communication needs, the investigative agents or The Terrie Hess House staff will secure assistance from an appropriate outside contracting agency.

If a referred family does not show for a scheduled appointment, the investigative agent will attempt once to reschedule.

**After Hours response:** In the event of an investigative emergency, after hours guidelines for obtaining a forensic interview can be used. Factors that may constitute an investigative emergency may include (but are not limited to):

- A suspect with continued access to the child(ren)
- Outside influences on a child which over time may limit the child's ability to provide information
- A family who may not be available or cooperative at a later date/time
- Risk that a suspect may flee
- Risk that evidence will be destroyed
- An acute case where trauma is determined to have been recent
- Any other issue with potential to compromise safety or case integrity

After hours (Monday-Friday after 5:00pm and weekends) interviews are scheduled as such:

1. Investigative agents will contact the Forensic Interviewer's cell phone to arrange an interview. Interviews will be rescheduled based on the circumstances unique to each child. The child's ability to perform in the interview will always be the driving consideration as it relates to scheduling.
2. The referring agent will coordinate with other involved investigators as needed. If a case requires the involvement of both law enforcement and Child Protective Services, the first responding investigator will inform other investigative agents of the scheduling of an after-hours forensic interview. Representatives of all involved investigative agents will observe the after-hours forensic interview.
3. In the event of a medical emergency, the child should be evaluated by a physician in a medical setting or emergency department first.

### ***Multidisciplinary Team (MDT)***

The Multidisciplinary Team (MDT) is a fundamental part of the work of The Terrie Hess House CAC. Core team members include representatives from the following agencies: Rowan County Department of Social Services, The District Attorney's Office (Prosecutorial District 19e), the ten Law Enforcement jurisdictions.

MDT meetings, both business and case review, are coordinated by Terrie Hess House CAC. Investigative agents participate in the case review for at a designated time facilitated by Terrie Hess House CAC. Information regarding cases seen at The Terrie Hess House CAC is shared at monthly case reviews. MDT members work to coordinate their responses and any contact with the family referred as not to duplicate services or ask families to provide duplicate information. Any outside parties, not listed above or non-investigating, should contact the Terrie Hess House CAC MDT Coordinator/Forensic Interviewer for prior approval to attend.

Upon change in leadership with any partnering organization, The Terrie Hess House CAC meets with the new member. The meeting allows for the CAC staff to secure the new leader's support of the MDT process and to review and sign protocol. MDT members can provide feedback and suggestions regarding procedures of the CAC and MDT through annual email/in person surveys. MDT members can also offer any suggestions or feedback at any time by contacting the MDT Coordinator. The MDT Coordinator also works to provide on-going training for MDT members. These trainings are often aimed at cultural competency and diversity issues.

### ***Case Review***

Cases seen at The Terrie Hess House CAC will be reviewed monthly at MDT case review. The meeting will occur on the first Friday of the month at 1 PM. Each meeting is currently held at the Rowan County Chamber of Commerce, located at 204 E Innes Street, Salisbury, NC 28144. Should the location of the meeting change, the Terrie Hess House Forensic Interviewer will notify all MDT members in advance of the new location.

All members of the MDT (*see MDT section*) are designated attendees and are expected to be present for case review. All MDT meetings occur at the Rowan County Chamber of Commerce. The Terrie Hess House CAC is responsible for facilitating all MDT meetings. The Forensic Interviewer is responsible for disseminating, by email, the schedule, and agenda from each MDT case review. Recommendations and action steps from the case review are included in the minutes and follow up of any action steps is expected to occur by assigned designees.

All open cases will be discussed at the meeting and a case will continue to be on the agenda until it is closed by all investigating partners, declined for prosecution and closed for investigation, or the case has been placed in a pending status. All pending cases will remain on the agenda until they have been closed and updates will be given on an as-needed basis. Investigative agents should bring all information regarding the child, family or alleged perpetrator associated with the investigation.

Case reviews allow team members and investigative agents to share information, contribute their own expertise to each child's case, to train each other and to focus on a child-centered approach to investigations, intervention and prosecution.

At a minimum, each case review meeting should:

- Review forensic interview outcomes;
- Discuss, plan, and monitor the progress of the investigation;
- Review medical evaluations;
- Discuss child protection and other safety issues;
- Provide input for prosecution and sentencing decisions;
- Discuss emotional support and treatment needs of the child and family members and strategies for meeting those needs;
- Assess the family's reactions and response to the child's disclosure and involvement in the criminal justice/child protection systems;
- Review criminal and civil (dependency) case updates, ongoing involvement of the child and family, and disposition;
- Make provisions for court education and court support for families;
- Discuss ongoing cultural and special needs issues relevant to the case;
- Ensure that all children and families are afforded the legal rights and comprehensive services to which they are entitled

Once case recommendations have been made, they will be recorded by the Terrie Hess House Forensic Interviewer, who will, after the meeting, distribute by email follow-up instructions or information to the appropriate investigator or their supervisor.

A confidentiality form is signed at each case review by everyone in attendance. This form also serves as the roster of attendance.

### ***Case Tracking***

All cases seen at the Terrie Hess House CAC referred for case management, or support group participants are tracked through the NCAtrak database. The Terrie Hess House CAC staff is responsible for maintaining the database and entry of all necessary data. Family Advocates are responsible for the majority of the documentation, data entry, and case tracking. Results from the forensic interview are entered by the Family Advocate. Results from the medical evaluation are entered by the Family Advocate. The Family Advocate also includes the status of appropriate mental health referrals. The Terrie Hess House CAC tracks and is able to retrieve all NCA Statistical Information including: demographics of child and family, demographics of alleged offender, types of alleged abuse, relationship of alleged offender to child, outcomes, charges, court disposition, and status of any recommendations for medical follow through or mental health counseling.

Team members provide and receive case information through MDT case reviews and follow up discussions. Should a team member require an update prior to the MDT case review, then they need only make the request of the Family Advocate by phone or email and the information will be sent to them within 24 hours. Cases are tracked in the database through resolution.

Cases are closed in NCAtrak after all case decisions are made, family has been provided with sufficient referrals, family has made an informed decision about any mental health after care, and the prosecution of the case has been resolved.

## ***Cultural Competency and Diversity***

Cultural competency and diversity are addressed in every process of the community response. The Terrie Hess House CAC has a written cultural competency plan. Provisions are made at The Terrie Hess House CAC for families or children with special communication needs. The Terrie Hess House CAC/investigative agent will secure assistance from an appropriate outside contracting agency with specially trained interpreters. As an MDT, cultural considerations and concerns are addressed in case review and at any point during the investigation.

## ***Forensic Interview***

The Terrie Hess House CAC employs the designated Forensic Interviewer for the CAC who is certified through an agency approved with the National Children's Alliance with several years of experience working with children and families. Forensic Interviewers participate in ongoing trainings and peer review. Currently, the Terrie Hess House interviewers are trained in either the National Child Advocacy Center or The Childhood Trust and The Center for Family Solutions (Butler County, Ohio) model, but both are evidence-based protocols that meet the minimum National Children's Alliance Standards for Accreditation. All forensic interviews conducted at the Terrie Hess House must meet those standards, which include:

- A minimum of 32 contact hours of instruction and practice
- Evidence-supported interview protocol
- Pre- and post-testing reflecting understanding of the principles of legally sound interviewing;
- Content includes at a minimum: child development, question design, implementation of protocol, dynamics of abuse, disclosure process, cultural competency, suggestibility, etc.
- Practice component with a standardized review process,
- Required reading of current articles specific to practice of forensic interviewing.

Interviewers adapt the interview protocol according to the functional age of each child interviewed, modifying their language, questioning style and interview instructions accordingly. All forensic interviews are conducted at the Terrie Hess House CAC unless otherwise necessary. The specific forensic interviewer selected for the interview is based upon discussions of MDT partners which take into account the needs of the individual child.

Investigative team members participate in the interview from an observation room adjacent to the interview room. At a minimum, the investigator who has made the referral for the forensic interview must be present for observation during the interview. It is recommended, but not required, that investigators from both child protective services and law enforcement be present for observation and information sharing. The observation room has a large closed-circuit television from which the investigators observe a live feed of the interview. All forensic interviews are digitally video-recorded. Recording is not stopped until the child's interview is complete and the child has returned to the waiting room. Interview aids are used at the discretion of the Forensic Interviewer.

The interview procedure is composed of the pre-conference, interview and post-conference. Legally sound, non-duplicative, non-leading and neutral interviews are promoted with school-aged children.

1. During the pre-conference with the investigative agents, the interviewer will discuss the child's disclosure typology, safe-to-tell capacity, and multiple hypotheses to consider. Investigators will share pertinent information about the case and make clear to the interviewer the information they hope to gain from the interview. All members present share information necessary throughout interview and case resolution to avoid duplication. The DSS or law enforcement officer will be responsible for providing the family history and the Terrie Hess House Family Advocate will conduct subsequent assessments to ensure that all information is collected.

2. For developmentally normative children ages five and older, the interview process used is a flexible narrative inviting approach. The focus of the interview method is to engage the child in lengthy narratives as much as possible while understanding the implications of language, development, and memory and suggestibility.

Interview aids are discussed as options for engagement and detail gathering. Currently, Terrie Hess House interviewers use only paper, markers, Play-dough, body diagrams, and anatomically-correct dolls. The use of such interview aids is based upon the developmental needs of each child.

The approach has a beginning (introductions, interview instructions and narrative event practice) which emphasize interviewers engaging the child and orienting the child to the interview process. Once the interviewer transitions to a topic of concern the middle of the interview is focused on gathering details and corroboration in the most narrative-inviting way possible.

If evidence is to be introduced during the interview, it will be done with a developmentally-appropriate approach. The interviewer will explain to the child that she has something to discuss which was given by the appropriate MDT partner. The interviewer will present the evidence and ask the child to explain it as they are able and use no leading questions to elicit a response. If the child appears uncomfortable or otherwise reacts poorly after the introduction of such evidence, then the evidence may be taken away.

Closure (the end of the interview) is the point of clarification and gently transitioning the child out of the interview.

The entire process is rooted in the concept of considering multiple hypotheses throughout the interview.

Preschool-aged children may be candidates for forensic interviews as well, depending upon their verbal level and ability to engage with the interviewer. Forensic interviews with preschool-aged children adhere to the core principles of using a funnel approach to questioning, but may not follow every step of the protocol. The interviewer modifies the interview structure to maximize the young child's ability to provide information while accommodating the more limited attention span common to many young children.

3. During the post-conference the interviewer, medical provider, Family Advocate, and investigators meet to discuss the interview. The medical provider receives necessary information about child's

disclosure during the post-conference, eliminating the need for another interview by the medical team. The group will participate in collaborative case planning and identifying investigative next steps.

4. Subsequent interviews can also occur at The Terrie Hess House CAC if the need arises. An additional interview may be appropriate when new information or allegations arise after the completion of the initial interview, or if the child and interviewer were unable to fully explore all the pertinent abuse-related topics during one interview session, whether due to child's emotional presentation, time constraints or another limitation.

If the child being interviewed is an alleged offender, the interview will still be conducted, but they will be interviewed separately from any potential victims to ensure that they are not in the facility at the same time.

After each forensic interview, the interviewer writes a brief interview summary, including the child's and alleged offender's demographic information, the names of any investigators who observed the interview, the child's capacity and presentation during the interview, a summary of the child's performance in the interview orientation phase, and a summary of the child's statements during the abuse-focused exploration. The interview summary is disseminated by the Forensic Interviewer to the investigators by secure email to ensure confidentiality. The summary can also be made available to involved Guardians Ad Litem and to some other professionals in some circumstances, with guardian consent. A copy of the video recording is made available to law enforcement investigators and is disseminated by the Forensic Interviewer directly to law enforcement. A chain of custody form is signed upon dissemination.

In the event that a family or child has special communication needs, The Terrie Hess House staff or investigating agent will secure assistance from an appropriate outside contracting agency. Interpreters meet with the forensic interviewer prior to the recorded interview to discuss the importance of verbatim translation.

### ***Medical Evaluation***

The Medical Director completes the medical evaluations of children seen at the CAC. The Medical Director is board certified in Pediatrics. The Medical Director receives ongoing training in regards to child physical and sexual abuse.

1. Non-emergent exams: Medical evaluations are available for all children who are referred to the Terrie Hess House as part of the standard on-site evaluation. A medical evaluation is recommended for any child that is an alleged victim of abuse or neglect. Whether a medical exam is performed for a specific child is determined on a case-by-case basis through discussion with the referring agency, the Terrie Hess House Executive Director, and the Medical Director. The medical evaluation addressed any medical needs as a result of the reported abuse or neglect and provides a holistic medical evaluation.

The Terrie Hess House CAC Policy regarding billing is that no victim or alleged victim of sexual abuse will be billed for a medical examination that occurs on-site at the Terrie Hess House CAC.

- The purpose of the medical evaluation is to: obtain a comprehensive past medical history, perform a HEADDSS assessment for teenagers to assess for high-risk behaviors (Home, Education, Activity,

Drugs, Sex, Suicidality), emphasize preventative medicine, assess developmental milestones, perform specialized medical examination, order and interpret necessary labs or further testing, discuss behavioral concerns and interventions, diagnose and treat abnormalities, offer reassurance to both child and non-offending caregiver, and refer to specialists if indicated. The Medical Director also provides training to the Terrie Hess House staff and MDT regarding purpose and nature of the medical exam.

2. Acute/Emergent exams: Emergent and urgent examinations are conducted at area emergency departments.

- Emergency situations are handled based on availability of medical providers at the CAC or referred to the local emergency department where SANE and Pediatric SANE examiners are available.
- Urgent appointments may be offered. Patients may be seen as a repeat evaluation from an emergency department setting to review medical concerns, physical exam and to review laboratory results.

The complete medical evaluation is documented in a written or typed report. The evaluation and any recommendations made by the medical provider are also recorded in NCAtrak. The Medical Director also provides their report by secured email to investigators within a week of the child's appointment. If a child has received a previous medical exam in response to the abuse allegations (i.e. visit to Emergency Department or primary care physician), the Medical Director will request and review medicals documentation prior to an appointment in an effort to limit duplicate medical exams.

The medical provider will participate in regular peer review and a minimum of 50% of all abnormal or diagnostic findings will be subjected to that peer review.

All medical services at the Terrie Hess House are provided regardless of a client's ability to pay for those services.

In the event that a family or child has special communication needs, the CAC staff or investigative agent will secure assistance from an appropriate outside contracting agency.

### ***Victim Support/Family Advocacy***

The Terrie Hess House CAC Family Advocates are the mainline of support for families and children through the CAC and investigations process. All comprehensive victim advocacy services are provided on-site through the CAC. These advocates begin work at referral and follow the case through closure.

- During the CAC appointment, the Family Advocate will provide the following: support, crisis counseling, and education regarding the dynamics of abuse, information about the coordinated MDT response, referrals to mental health care and other necessary outside agencies, and information about the rights of crime victims and how to access those services. These services include but are not limited to: Victim's Compensation, protective orders, housing, public assistance, mental health counseling,

domestic violence interventions, transportation, and basic needs and developmental or speech evaluations.

The Family Advocate often acts as the broker of services for families and children involved with the system. Information regarding the rights of victims of crime is made available in the waiting room and provided to each family seen at The Terrie Hess House CAC.

- The Family Advocate participates in interview pre and post conferences. The Family Advocate provides information regarding their assessments of the child's comfort level, ability to participate and any developmental concerns. The Family Advocate also relays any new information received from the non-offending caregiver during the child's interview.
- Follow-up calls occur one to two weeks post appointment, the month after MDT case staffing and as needed.
- The Family Advocate is available to families throughout the investigation and the prosecution of the case, as well as after any case resolution. Families are informed by the advocates that there are no statutes dictating the length of services through the CAC.
- Court preparation and court accompaniment are also handled by the Family Advocate. The Family Advocate routinely meets in conjunction with the Assistant District Attorney and families to review the criminal court process, plea bargains, and trial. The Family Advocate often serves as the liaison between the Assistant District Attorney and the families during the prosecution process. The Family Advocate is present during trial and any court date to support families and children and best prepare them for criminal trial.

### ***Mental Health Services***

The Terrie Hess House CAC helps to provide specialized trauma-informed mental health services through linkage agreements with agencies and providers. Clinicians providing mental health services to children and families referred by CAC have pediatric and child abuse expertise and training. Peer review of mental health clinicians is the responsibility of the home agency of the clinician.

All CAC clients are screened for and provided information regarding appropriate mental health referrals. The Family Advocate brokers services through providers for families and children who are unable to pay for mental health care. These providers have access to various funding streams to assist with the cost of mental health care.

Mental health is represented on the MDT by presence of applicable providers or provider agencies at monthly case review meetings. Their role on MDT is to provide feedback and guidance regarding the mental health care of any child and family seen at the CAC. Any mental health provider present on MDT is a master's level clinician licensed in the state of North Carolina. These clinicians adhere to their professional ethical considerations regarding confidentiality and share only relevant information about the child and family during case review. Information provided includes the current status of a child's or family's current treatment plan and subsequent recommendations for continued or different services. Non-offending caregivers are also referred for mental health interventions off-site.

The forensic interviewers do not participate in the mental health treatment of any child or family seen at the CAC for evaluation.

All such mental health services shall be provided to the client regardless of their individual ability to pay for such services.

## MEMORANDUM OF AGREEMENT

The Rowan County Child Sexual and Physical Abuse Investigation and Intervention Guidelines serve as a working agreement between partnering agencies in the investigation, assessment, and intervention in incidents of suspected child sexual and physical abuse. These guidelines are intended to promote a high level of coordination, cooperation and interaction between the agencies and the parties involved. They provide a framework for coordinating investigations and promote communication between the participants, reducing duplicative interviews. A highly coordinated response to these investigations will better protect the interests of children. These guidelines set forth are intended to be flexible and the unique circumstances of each case should be taken into account.

Each of the partnering agencies has specific responsibilities with regard to the investigation, assessment, medical treatment, and prosecution of cases of child sexual and physical abuse. Partnering agencies endorse the Child Advocacy Center model and adhere to the guidelines as outlined. Partnering agencies note that on certain cases exceptions to the guidelines will be necessary, and at such times exceptions are warranted with the agreement of the investigatory parties involved. Partnering agencies do hereby acknowledge that the multidisciplinary team approach, through The Terrie Hess House Child Advocacy Center will serve to enhance the individual efforts of each agency.

### General Provisions

1. Partnering agencies will work with and assist the others and The Terrie Hess House CAC to ensure that the best interest and protection of the children will be served.
2. All efforts will be made by each partnering agency to coordinate each step of the investigation/assessment process in order to minimize the number of interviews and interviewers to which the child is subjected, thus reducing the potential trauma to the child.
3. All efforts will be made by each partnering agencies to ensure the alleged perpetrator of the sexual abuse does not have access to the child once a disclosure is made and at least throughout the duration of the active investigation.
4. Each partnering agency will work within in its own mandates and policies. Nothing contained herein supersedes the statutes, rules, bylaws, policies or regulations governing each party.
5. All partnering agencies/organizations participating in the multidisciplinary team will share pertinent case information with the appropriate agency except as prohibited by law.

6. The Terrie Hess House CAC guidelines shall be reviewed annually and modified as determined by the designated agency representatives. These guidelines may be modified:

A. To conform to existing or new statutes, rules, regulations, or departmental policies this may conflict with any provisions of these Guidelines.

B. To better meet the needs of families and children in the provision of child sexual abuse and other related services.

C. To improve the procedures set forth in these Guidelines.

We, the undersigned partnering agencies, by and through our directors/administrators, and through our designated representatives, acknowledge our participation in and observe the Rowan County Child Sexual and Physical Abuse Investigation and Intervention Guidelines.

- The District Attorney's Office, 19C Prosecutorial District
- Hon. Charlie Brown, Chief District Court Judge – District 19C
- North Carolina Department of Juvenile Justice
- The Rowan County Sheriff's Department
- The Salisbury Police Department
- The Granite Quarry-Faith Joint Police Authority
- The Spencer Police Department
- The East Spencer Police Department
- The China Grove Police Department
- The Landis Police Department
- The Rockwell Police Department
- The Cleveland Police Department
- The Kannapolis Police Department
- The Rowan County Department of Social Services
- Terrie Hess House Child Advocacy Center

- Medical Director for The Terrie Hess House
- Guardian ad Litem for Rowan County
- Rowan County Department of Juvenile Justice
- Novant Health Rowan Medical Center
- A Safe Place Counseling
- Monarch Mental Health
- Nazareth Child & Family Connection
- Daymark Recovery Services
- Creative Counseling
- Family Crisis Council
- Rowan-Salisbury School Systems

## SECTION V

### SUPPORTING PARTNERS PROTOCOLS

#### ROWAN SALISBURY SCHOOL AND KANNAPOLIS CITY SCHOOL SYSTEMS

**Introduction:** The Rowan-Salisbury Board of Education and Kannapolis City School System, recognizing the need to protect children who may be abused or neglected, affirms its support of effective implementation of the North Carolina Child Abuse Reporting Law (G.S. 7B-300) and acknowledges its responsibility to inform school personnel of their legal responsibility to report suspected cases of child abuse or neglect.

**I. Duty to Report:** If any school employee, certified or classified, has reasonable cause to suspect that a child is abused, neglected or dependent, or has died as the result of maltreatment, he/she is required by the reporting law to report the case to the Rowan County Department of Social Services (DSS). The complaint is made to the Intake unit (704-216-8498/9) and then sent to the Protective Services Unit for investigation or assessment. At night and on weekends or holidays, reporters should contact Rowan Communications at 911 in order to reach an on-call social worker.

**II. Procedure for Making Reports:** Reports will be made by telephone. The person making the report will be asked to give his/her name, address, and telephone number. Reporter information shall not be provided to the family or any other party unless DSS is under a specific court order to disclose this information. The reporter can choose to remain anonymous; however, professionals are strongly encouraged to be available to answer further questions throughout the assessment process. It is best practice for the person with first hand knowledge to either make the report or be available to provide information to the reporter as the intake is being completed.

**NOTE:** Any doubt about reporting suspected abuse or neglect shall be resolved in favor of the child. The report involving suspected abuse shall be made immediately and prior to the child's leaving school. A school employee is immune, by statute, from any civil and/or criminal liability when reporting in good faith suspected child abuse or neglect. Failure to report by any school employee may result in disciplinary action against the employee by the school system or civil action under the law. School employees will not discuss the reasons for the DSS referral with the suspected abuser even after the investigation by DSS is concluded.

**III: Information to be Included in Report:** Report's must include the following: Such information as is known to the person making report, including name and address of the child; name and address of the child's parents or other caretakers; age of the child; present whereabouts of the child if not at the home address; nature and extent of the child's injury or condition resulting from abuse or neglect; and any other information which the school person believes might be helpful in establishing the cause of the injuries or the condition resulting from abuse or neglect.

**IV. Further Investigation:** Once the suspected abuse or neglect is reported, school employees should refrain from further investigation. The child should not be questioned further, unless so instructed by DSS. The parents or other adults involved must not be contacted by any school employee. Continued investigation is only appropriate when the suspected abuser is a school employee.

**V. Duty to Furnish Additional Information and to Testify:** The school employee, certified or classified, who is reporting may have the added responsibility of furnishing information to the investigative worker from Department of Social Services and of testifying during court proceedings. Any school person who so testifies shall not be subject to loss of pay due to his/her absence from work.

**VI. Investigation by DSS:** State regulations provide that the investigation, including a visit to the place where the child resides, be initiated within at least 24 hours of the report in cases of suspected abuse and at least 72 hours in cases of suspected neglect or dependency. No later than five working days after the receipt of the report, the Director of DSS Designee shall notify the complainant in writing as to whether the report was accepted for investigation and whether the report was referred to the appropriate state or local law enforcement agency. Within five working days after completion of the protective services investigation, the Director/Designee shall give subsequent written notice to the person making the report as to whether there is a finding of abuse, neglect, or dependency, whether the county Department of Social Services is taking action to protect the juvenile, and what action it is taking. The second notification shall include a notice that, if the person making the report is not satisfied with the Director's/Designee's decision, he may request review of the decision by the District Attorney's Office within five working days of receipt. The person making the report may waive his right to this notification and no notification is required if person making the report does not identify himself to the Director/designee. Please SEE SECTION III of the Community Protocol for more detailed information regarding a Child Protective Services Investigation.

**VII. Access to Juvenile by DSS or Law Enforcement:**

**A. Child Victim of Abuse and/or Neglect Interview**

DSS Child Protective and law enforcement personnel may require direct immediate access to a child when investigating an abuse or neglect complaint. Local school personnel should fully cooperate with the local child protective services worker and law enforcement in the investigation of any report of suspected child abuse or neglect, including permitting the DSS worker and/or law enforcement to interview the child without the prior consent of the child's parents or guardian, and without the presence of a school administrator when the child is an alleged victim of abuse or neglect.

**B. Suspected Child Criminal Activity Interview**

- Before law enforcement officers may question a student, a reasonable attempt shall be made to notify the parent or guardian, except in cases of suspected child abuse or child neglect involving the parent or guardian. The parent or guardian should be given the opportunity to come to school and be present during the questioning. If a parent is unable to attend or be notified the school administrator shall be present during the interviews as a neutral observer.

If the student objects to the administrator's presence the administrator should make an effort to substitute another staff member with whom the student feels more comfortable.

- Law enforcement officers shall not be allowed to talk with students under the age of 14 without parental consent. This does not restrict school resource officers or DARE officers from being involved as needed or when directed by school administrators to conduct lessons, counsel students or assist administrators.
- Any questioning by police, if allowed, should be conducted in a private room or area where confidentiality can be maintained. This should be any area removed from observation by or contact with other students or school personnel.

**VIII. Access to Records:** The Director of DSS/Designee also may make a written request for any information or reports, whether or not confidential, that may in the Director's opinion, be relevant to the protective services case. School personnel shall provide access to these records to the extent permitted by federal law regarding the confidentiality of students' education records. Under federal law, in an emergency situation that threatens a student's health or safety, school officials may provide DSS personnel with necessary information from a student's education records to respond to the emergency situation (SEE: Policy and AR 5125, Privacy of Student Records).

**IX. Confidentiality:** Information regarding suspected child abuse or neglect should be shared only among appropriate school staff who are designated by the school principal and asked to assist in the investigation by DSS. An individual may be prosecuted for sharing this information with anyone who does not have a need to know due to their specific duties.

**X. Temporary Custody of Juvenile:** School personnel should be aware that the NC Juvenile Code permits a Protective Services Worker or law enforcement officer to take a child into temporary custody without a court order if there are reasonable grounds to believe that the child is abused or neglected and that the child would be injured or could not be taken into custody if it were first necessary to obtain a court order. The Protective Services Worker or law enforcement officer is required to notify the parent, guardian or custodian that the child has been taken into temporary custody.

**XI. Non-Secure Custody:** When DSS has secured Non-Secure Custody of a child, a copy of the Non-Secure Custody order will be provided to the school along with a placement letter identifying the contact information for the assigned social worker and the resource parent or kinship care provider.

**XII. Child and Family Team Meetings:** Rowan-Salisbury Schools and Kannapolis City Schools have agreed to allow Child and Family Team Meetings to be held on school property in order to minimize the time children spend away from class and increase the potential for school staff to attend the meetings in support of the child or family.

## **NOVANT HEALTH – ROWAN MEDICAL CENTER**

Novant Health recognizes and reports suspected cases of child and adult maltreatment (abuse, neglect or exploitation of a child or disabled adult) and criminal acts of domestic violence and non-domestic violence to the appropriate authorities.

All team members have the responsibility of identifying and reporting suspected cases of child maltreatment.

Patients of suspected child maltreatment will be reported to the appropriate county Department of Social Services office in accordance with North Carolina laws and the Novant Health Reportable Situations Policy. In addition, a report is made to law enforcement when a juvenile presents with recurrent illness or serious physical injury that in the professional judgment of the physician, appears to be the result of non-accidental trauma. Note: The DSS is responsible for making the decision to investigate and substantiate abuse, neglect and/or exploitation.

Referrals can be made 24 hours/day by contacting the intake coordinator or after-hours on-call social worker. If the referral is accepted for investigation, the CPS worker will follow DSS protocol. Rowan Medical Center will expect Rowan County Department of Social Services to triage the case per protocol and respond in a timely manner.

The reporting team member will also notify the appropriate law enforcement jurisdiction. Communications can be contacted to verify the appropriate jurisdiction based on last known address.

If it is believed that a child is abused or at risk for injury and the physician feels the child would not be safe if returned to his/her parent, guardian, or caretaker, or if the parent refuses to consent to medical treatment, NHRMC may obtain up to 12 hours of temporary custody from the appropriate Judge (via the Magistrate). The purpose of this authorization is to provide DSS the opportunity to investigate the case and obtain custody or obtain court order for custody in emergency cases.

DSS will visit the patient prior to the patient being allowed to leave NHRMC. There will be a Safety Assessment (formerly Debriefing form) completed and shared/ signed by involved parties prior to the patient being discharged. DSS, appropriate involved hospital staff (such as physician, nurse, case manager etc.) and law enforcement if involved will be involved in the Safety Assessment/Debriefing. The safety assessment form will be placed in the patient's thin chart and later scanned into the electronic medical record. An appropriate discharge plan will be made in collaboration with DSS and Law Enforcement (if involved).

**FAMILY CRISIS  
COUNCIL**



**MEMORANDUM OF AGREEMENT  
BETWEEN  
ROWAN COUNTY DEPARTMENT OF SOCIAL SERVICES  
AND  
FAMILY CRISIS COUNCIL**

**Intent:** This Memorandum of Agreement is entered into and between the Rowan County Department of Social Services, herein after referred to as DSS, and the Family Crisis Council, herein after referred to as FCC, for the purpose of providing services to families affected by the co-occurrence of child abuse/neglect and domestic violence. The purpose of this MOA is to ensure participation and the sharing of necessary information between the partner organizations to allow for the timely provision of services to children and victims, as well as to coordinate prevention and education efforts.

**I. The Rowan County Department of Social Services agrees to:**

- A. Identify and refer at risk families (requiring mandated or recommended interventions) that could benefit from services
- B. Maintain communication and coordination with FCC in the delivery of services and outcomes review.
- C. Keep confidential any information about mutual consumers referred for services. Sharing of consumer information will occur between Domestic Violence Staff, appropriate DSS staff, and/or Service Providers on a need to know basis only in order to coordinate, manage, or deliver services to clients, per N.C.G.S. § 7B-302 (a). All other contacts made to collaborate and coordinate services must be made through completion of appropriate release of information forms.
- D. Utilize the provided security code in order to communicate appropriately with shelter staff when needing access to a child or parent for the purposes of case initiation, especially after normal business hours.
- E. Coordinate Child and Family Team Meetings for the development and review of family goals and progress on strengths-based service plans;
- F. Provide training to FCC staff on the processes, policies and procedures governing child. The respective directors will meet bi-annually to develop an implementation plan
- G. Collaborate on public awareness efforts
- H. Keep FCC staff informed of all County, State and Federal laws, regulations,

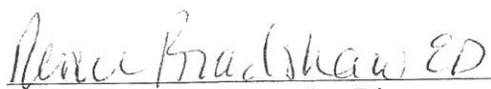
policies and standards that influence domestic violence services for child welfare consumers

**II. Family Crisis Council agrees to:**

- A. Identify and refer at risk families (requiring mandated or recommended interventions) that could benefit from services
- B. Maintain communication and coordination with DSS in the delivery of services and outcomes review
- C. Keep confidential any information about mutual consumers referred for services. Sharing of consumer information will occur between Domestic Violence Staff, appropriate DSS staff, and/or Service Providers on a need to know basis only in order to coordinate, manage, or deliver services to clients. All other contacts made to collaborate and coordinate services must be made through completion of appropriate release of information forms.
- D. Attend Child and Family Team Meetings to participate in the development and review of family goals and progress on strengths-based service plans;
- E. Provide training to DSS Child Welfare staff on the processes, policies and procedures governing domestic violence services.
- F. Collaborate on public awareness efforts
- G. Keep DSS Child Welfare staff informed of all County, State and Federal laws, regulations, policies and standards that influence domestic violence services for child welfare consumers

**III. MOA Amendment**

This MOA may be amended at any time with the concurrence of both agencies.

  
\_\_\_\_\_  
Renee Bradshaw, Executive Director  
Family Crisis Council

\_\_\_\_\_  
1-20-16  
Date

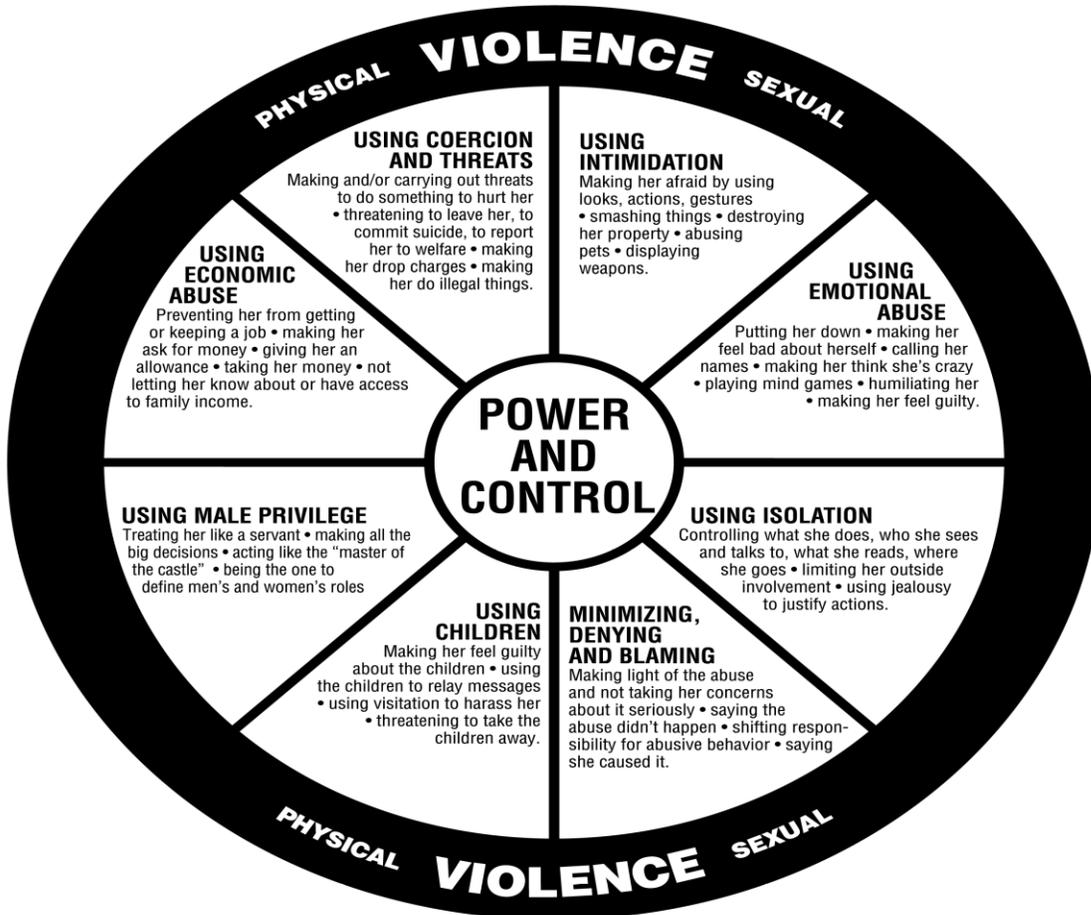
  
\_\_\_\_\_  
Donna F. Fayko, Director  
Rowan County Department of Social Services

\_\_\_\_\_  
1-20-16  
Date

# SECTION VI

## INFORMATIONAL APPENDICES

### APPENDIX A DOMESTIC VIOLENCE

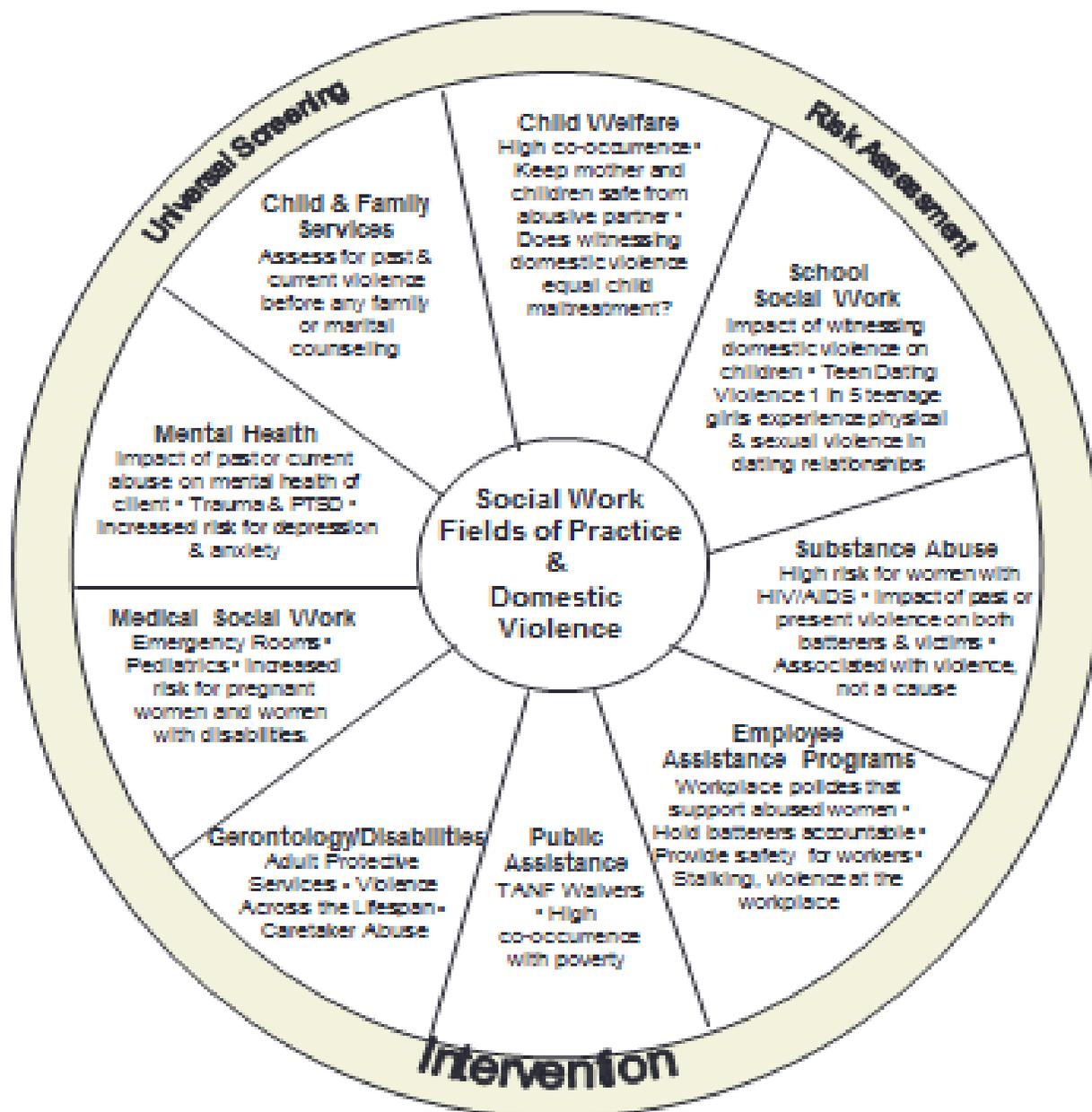


**DOMESTIC ABUSE INTERVENTION PROJECT**

202 East Superior Street  
Duluth, Minnesota 55802  
218-722-2781  
[www.duluth-model.org](http://www.duluth-model.org)

DOMESTIC VIOLENCE: CHILDREN COPING WITH FAMILY VIOLENCE

## Domestic Violence: A Cross-Cutting Issue for Social Workers



Developed by Fran Davis, Ph.D., University of Missouri-Columbia

STAGES IN A VICTIMS'S EXPERIENCE

### ***Minimization and Denial***

In this stage the victim denies the seriousness of the situation and excuses the abuser: “He doesn’t know his own strength. He was out of control/drunk/high. It didn’t hurt that much.” The abuser, who rarely gets beyond this stage, says: “I didn’t really hurt her much. She made me angry or pushed my buttons. I didn’t know what I was doing. I was out of control/drunk/high.”

### ***Self-Blame***

This is an inescapable feature of life with a batterer as well as being a recurring component in psychological reactions to trauma.

### ***Seeking Help***

Law enforcement and social service agencies most often see victims seeking help at the third or fourth stages of the Progression of Abuse. A 1988 study by Dr. Edward Gondolf indicated that help-seeking behavior increases when the positive aspects of a relationship decrease and the cost, in terms of abusiveness and injury, increases.

### ***Ambivalence***

The victim is irresolute at this stage, trying one alternative after another. It is at this point that the victim may respond to the batterer’s attempts to reconcile, or initiate their own attempts at reconciliation. It is the victim’s behavior during this stage which appears to cause the greatest frustration and anger to individuals in the helping professions, friends or family members. Most often, these attempts at reconciliation do not work, but most, end in further abuse. This stage can last for years as the victim slowly gets the strength and support from each voyage to the “outer world” to overcome the psychological restraints to move onto the final stage:

### ***Living without Violence***

Although a survivor of domestic abuse may live without violence after leaving an abusive relationship, she may well suffer from long-term depression and Post Traumatic Stress Syndrome along with a host of other stress reactions to the violence and trauma she suffered.



**NATIONAL CENTER**  
on Domestic and Sexual Violence  
*training • consulting • advocacy*

4612 Shoal Creek Blvd. • Austin, Texas 78756  
tel: 512.407.9020 • fax: 512.407.9020 • [www.ncdsv.org](http://www.ncdsv.org)

Distributed by the:

## 50 Reasons Women Don't Leave Abusive Partners

1. Fear
2. Children
3. Lack of money
4. She loves her partner
5. Her partner "loves" her
6. The children love them both
7. Law enforcement blames her
8. Clergy blame her
9. Relatives blame her
10. She blames herself
11. Therapists blame her
12. Her batterer blames her
13. She's a drug addict
14. Her partner is a pimp
15. Her father abused her
16. Her mother abused her
17. Her partner is an alcoholic
18. Her partner is a drug addict
19. Her partner says, "I'm sorry"
20. Her partner says, "I love you"
21. Her partner says, "I'll never do it again"
22. Her partner says, "I'll take the children"
23. Her partner says, "I'll kill you if you leave"
24. Her partner says, "I'll kill myself if you leave"
25. Fear of losing custody of her children
26. She's deaf
27. She's blind
28. She's mentally impaired
29. She can't read
30. She's in a wheel chair
31. She can't speak English
32. She doesn't have papers to be in this country
33. The shelters are full
34. She'll become homeless
35. No one believes she is being abused
36. She doesn't think she is being abused
37. She knows the welfare system will abuse her more
38. She's isolated
39. She's depressed
40. It's not the right time
41. She's never told anyone
42. She's afraid of the unknown
43. She's a public figure

44. Her partner is a public figure
45. Her partner threatens to abuse pets
46. Her partner is her personal care attendant
47. Her partner threatens to expose her as a lesbian
48. She feels that there is no help
49. She's tried to leave before
50. Her partner found her before

— Community Anti-Violence Alliance, Inc., PO Box 482, Angola, IN, 46703  
[CAVAlliance@aol.com](mailto:CAVAlliance@aol.com), 260/624-3600, 260/624-3800 (fax)

#### **ON-LINE RESOURCES**

##### **Websites for Women:**

<http://www.womenslaw.org>

##### **Websites and Resources for Men who are abused:**

<http://www.safe4all.org/> (Also for teens and the elderly)

<http://www.batteredmen.com/>

[http://www.ncdsv.org/images/male\\_DV\\_victims1.pdf](http://www.ncdsv.org/images/male_DV_victims1.pdf)

[http://www.ncdsv.org/publications\\_malevictims.html](http://www.ncdsv.org/publications_malevictims.html)

<http://www.forge-forward.org/handouts/MaleVictims.pdf>

##### **Magistrate Protocol**

<http://www.nccfwdvc.com/documents/publications/mpdv.pdf>

##### **Teen Dating Violence**

###### ***Red Flags of Teen Dating Violence:***

<http://newchoicesinc.org/help/TDV/signs>

##### **National Center on Domestic and Sexual Violence: Child Protection/ Welfare**

[http://www.ncdsv.org/publications\\_childprotection.html](http://www.ncdsv.org/publications_childprotection.html)

##### **North Carolina Coalition Against Domestic Violence**

<http://www.nccadv.org>

## APPENDIX B HUMAN TRAFFICKING

Under North Carolina law, human trafficking as defined in G.S. § 14-43.11, (<http://www.ncleg.net/gascripts/statutes/statutelookup.pl?statute=14-43.11>) occurs when a person knowingly (or in reckless disregard of the consequences of the action) recruits, entices, harbors, transports, provides, or obtains by any means another person with the intent that the other person be held in involuntary servitude or sexual servitude. This also includes a person who willfully (or with the same reckless disregard of the consequences of the action) **causes** a minor to be held in involuntary servitude or sexual servitude.

Involuntary servitude (sometimes also referred to as labor trafficking) as defined in G.S. § 14-43.12 (<http://www.ncleg.net/gascripts/statutes/statutelookup.pl?statute=14-43.12>) occurs when a person knowingly (or in reckless disregard of the consequences of the action) holds another for the purposes of involuntary labor or servitude. A victim of labor trafficking is an individual who works for another individual against his or her will as a result of force, coercion, or imprisonment, regardless of whether the individual is paid for the labor. The term involuntary servitude is used in reference to any type of slavery, peonage, or compulsory labor for the satisfaction of debts. Two essential elements of involuntary servitude are compulsion to act against one's will and some form of labor for another person. Imprisonment without forced labor is not involuntary servitude.

Sexual servitude as defined in G.S. § 14-43.13

(<http://www.ncleg.net/gascripts/statutes/statutelookup.pl?statute=14-43.13>) occurs when a person knowingly (or in reckless disregard of the consequences of the action) subjects or maintains another in sexual servitude. A victim of sexual servitude is a person who provides sexual services and who, because of the use of force or a threat, is not free to stop providing sexual services or to leave the place or area where the person provides sexual services.

Administrative Letter CWS-AL-05-12 ([http://info.dhhs.state.nc.us/olm/manuals/dss/csm-05/man/CWS\\_AL-05-12.pdf](http://info.dhhs.state.nc.us/olm/manuals/dss/csm-05/man/CWS_AL-05-12.pdf)) explained that, effective December 1, 2012, with the passage of Session Law 2012-153 (S 910), a child whose parent, guardian, custodian, or caretaker has sold or attempts to sell them in violation of G.S. § 14-43.14

(<http://www.ncleg.net/gascripts/statutes/statutelookup.pl?statute=14-43.14>) is an abused juvenile under G.S. § 7B-101(1) (<http://www.ncleg.net/gascripts/statutes/statutelookup.pl?statute=7b-101>).

During this most recent session, the General Assembly passed additional anti-human trafficking legislation that directly impacts the child welfare system. Session Law 2013-368 (SB 683) entitled *Safe Harbor for Victims of Human Trafficking* which became effective October 1, 2013 is briefly explained in Administrative Letter CWS-AL-03-13 (<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-05/man/CWS-AL-03-13.pdf>).

That Administrative Letter, dated September 17, 2013, informs county child welfare agencies of a provision that requires law enforcement officers throughout the state to report allegations of human trafficking and/or sexual servitude under G.S. § 14-43.13

(<http://www.ncleg.net/gascripts/statutes/statutelookup.pl?statute=14-43.13>) to county child welfare agencies when they have taken a juvenile into protective custody as an undisciplined juvenile. Additionally, this legislation made further changes to G.S. § 7B-101(1) by including in its definition a juvenile whose parent, guardian, custodian, or caretaker, “commits or allows to be committed an offense under G.S. 14-43.11 (human trafficking), G.S. 14-43.12 (involuntary servitude), or G.S. 14-43.13 (sexual servitude) against the child.”

Human trafficking, whether sexual or labor trafficking, has the potential to manifest itself with multiple indicators. Child welfare workers, particularly intake workers, should be aware of certain signs that could indicate (but are not definitive of) human trafficking.

<b>Possible Indicators of Trafficking</b>	
<p><b>Behavioral:</b></p> <ul style="list-style-type: none"> <li>• Child/Youth has a significantly older, controlling, or abusive boyfriend/girlfriend;</li> <li>• Child/Youth is fearful, anxious, depressed, submissive, tense or nervous;</li> <li>• Child/Youth avoids eye contact, has numerous inconsistencies in his/her story; Child/Youth exhibits a sudden or dramatic change in behavior;</li> <li>• Multiple delinquent charges, school attendance issues;</li> <li>• Chronic runaway episodes;</li> <li>• Substance abuse issues</li> </ul>	<p><b>Environmental - Working/Living Conditions:</b></p> <ul style="list-style-type: none"> <li>• Multiple people living in one house;</li> <li>• Child/Youth is isolated, not allowed to participate in community activities or interact with others;</li> <li>• Homelessness;</li> <li>• Child/Youth’s communication is restricted;</li> <li>• Child/Youth does not/cannot speak for themselves;</li> <li>• Child/Youth works excessively long or unusual hours, is unpaid, paid very little, or only paid through tips;</li> <li>• At work the child/youth is not allowed to take breaks or suffers under unusual restrictions</li> </ul>
<p><b>Physical:</b></p> <ul style="list-style-type: none"> <li>• Signs of trauma (physical or other);</li> <li>• Special indelible marks or tattoos;</li> <li>• Child/youth lacks healthcare, appears malnourished, or shows signs of torture, physical</li> </ul>	<p><b>Other:</b></p> <ul style="list-style-type: none"> <li>• Anyone under the age of 18 years old involved in a commercial sex act;</li> <li>• Child/youth travels with older adult person who is not a parent, guardian, custodian, or caretaker;</li> <li>• Child/youth owes a debt and is unable to pay it</li> </ul>

restraint, confinement, or deprivation; <ul style="list-style-type: none"> <li>• Untreated sexually transmitted infections</li> </ul>	off; <ul style="list-style-type: none"> <li>• History of trauma in family of origin, or history of involvement in the child welfare system;</li> <li>• Reporter indicates that a child/youth has a “boyfriend”/”girlfriend” that they are making money for, or makes any reference to a “pimp;”</li> <li>• Reporter uses descriptors like “slave”, “slave like” or “he/she is treated like a slave,” or talks about the child being “sold”</li> </ul>
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With the exception of the indicator in the “Other” category which states, “anyone under the age of 18 years old involved in a commercial sex act” the observation of one or more of these indicators does not conclusively determine whether a child or youth is being trafficked. A child/youth who exhibits one or more of these indicators may be a victim of trafficking or at risk of being trafficked. However, it is also recognized that it is possible the child/youth may be experiencing some other form of maltreatment or life circumstances that are unrelated to trafficking. These indicators are meant solely to provide child welfare workers information about situations that, if described during a child protective services intake, warrant deeper, more focused questions to determine whether trafficking or another form of maltreatment is present.

## **APPENDIX C DEFINITION OF A TRAUMA INFORMED CHILD WELFARE SYSTEM**

### **Definition of a Trauma-Informed Child Welfare System**

*A trauma-informed child- and family-service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family.*

(NSTSN Trauma-Informed Service Systems working group, 2012)

*The research is clear that the experience of abuse or neglect leaves a particular traumatic fingerprint on the development of children that cannot be ignored if the child welfare system is to meaningfully improve the life trajectories of maltreated children, not merely keep them safe from harm.*

Bryan Samuels, Commissioner for the Administration on Children, Youth and Families Testimony to House Ways and Means Subcommittee on Human Resources, Congress (Samuels, 2011)

*Simply removing a child from a dangerous environment will not by itself undo the serious consequences or reverse the negative impacts of early fear learning. There is no doubt that children in harm's way should be removed from a dangerous situation. However, simply moving a child out of immediate danger does not in itself reverse or eliminate the way that he or she has learned to be fearful. The child's memory retains those learned links, and such thoughts and memories are sufficient to elicit ongoing fear and make a child anxious.*

(National Scientific Council on the Developing Child, 2010)

## **APPENDIX D INTERNET RELATED CRIMES AGAINST CHILDREN (IRCAC)**

The Internet Crimes Against Children program helps state and local law enforcement agencies develop an effective response to cyber enticement and child pornography cases. This help encompasses forensic and investigative components, training and technical assistance, victim services, and community education. The ICAC positions within state and local law enforcement agencies were developed in response to the increasing number of children and teenagers using the Internet, the proliferation of child pornography, and heightened online activity by predators seeking unsupervised contact with potential underage victims. The Fiscal Year 1998 Justice Appropriations Act (Pub. L. No. 105–119) directed OJJDP to create a national network of state and local law enforcement cyber units to investigate cases of child sexual exploitation which resulted in the creation of the ICAC Task Force Program. In addition, [The PROTECT Our Children Act of 2008](#) provided for the development of a national strategy to combat child exploitation and established long-range goals for preventing child exploitation.

**Rowan County Child Sexual and Physical Abuse  
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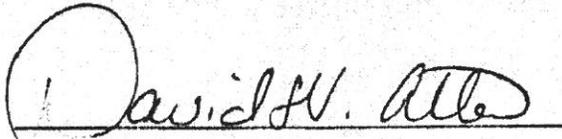
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David W. Allen  
Chief of Police  
Cleveland Police Department

2-8-2017

Date

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Dr. Angela Atkins PhD, LPC, CDD

Angela Atkins  
Clinical Director  
Monarch Mental Health

11/19/2017

Date

**Rowan County Child Sexual and Physical Abuse  
Investigation and Intervention Guidelines**

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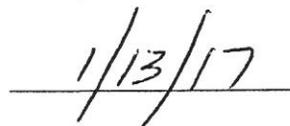
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Kevin Auten  
Sheriff  
The Rowan County Sheriff's Department



Date

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Hugh Bost  
Chief of Police  
Rockwell Police Department

1-18-2017

Date

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Investigation and Intervention Guidelines**

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Renee Bradshaw ED

1-10-17

Renee Bradshaw  
Executive Director  
Family Crisis Council

Date

**Rowan County Child Sexual and Physical Abuse  
Investigation and Intervention Guidelines**

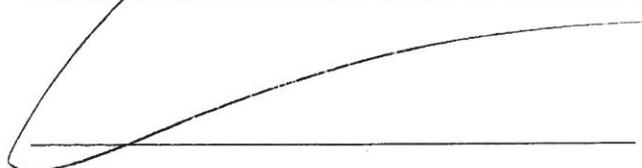
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Hon. Charlie Brown  
Chief District Court Judge  
District 19C

1-12-17

Date

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*Darise D. Caldwell*

Darise Caldwell  
President  
Novant Health Rowan Medical Center

1-10-17

Date

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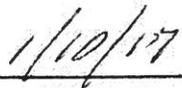
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J.W. Chavis  
Chief of Police  
Kannapolis Police Department



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Date

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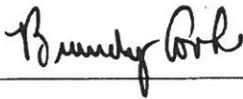
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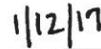
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\_\_\_\_\_  
Brandy Cook  
District Attorney  
District 19C, Rowan County



\_\_\_\_\_  
Date

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Mark Cook  
Chief of Police  
Granite Quarry-Faith Joint Police Authority

01-13-2017

Date

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Andrew Deal  
Chief of Police  
China Grove Police Department

1-13-17

Date

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Donna Fayko  
Director  
Rowan County Department of Social Services

1-13-17

Date

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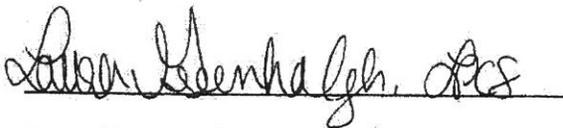
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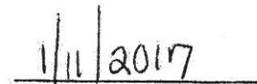
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Laura Greenhalgh  
Executive Director  
Creative Counseling & Learning Solutions, PLLC



Date

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Heather Hedrick MS, LPC, LCAS

1/12/17

Heather Hedrick

Date

~~Clinical Director~~

Center

Daymark Recovery Services - Rowan

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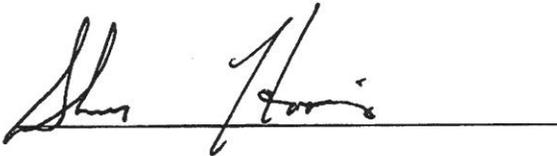
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Sharon Hovis  
Chief of Police  
East Spencer Police Department

2/6 / 2017

Date

**Rowan County Child Sexual and Physical Abuse  
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Michael James  
Chief of Police  
Spencer Police Department

1-12-2017

Date

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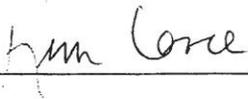
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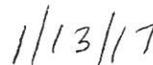
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Kim Lance  
Owner/Clinician  
A Safe Place Counseling



Date

**Rowan County Child Sexual and Physical Abuse  
Investigation and Intervention Guidelines**

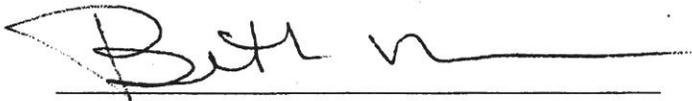
**Child Advocacy Center Section**

**Memorandum of Agreement – Signature Page**

**Revised: 12/8/16**

I, the undersigned, in my capacity as director/administrator of the listed agency and by and through the agency's designated representatives, acknowledge our participation in and implementation of the *Rowan County Child Sexual and Physical Abuse Investigation and Intervention Guidelines – Child Advocacy Center Section*.

These Guidelines are intended to promote a high level of coordination, cooperation, and interaction, between the agencies and the parties involved and referenced in these Guidelines on pages 14-15. In addition to providing a framework for coordinating investigations, these Guidelines seek to promote communication between the participants and to foster an attitude of mutual respect for each partner agency's role and expertise. All parties agree to follow the recommended guidelines for investigating allegations; to commit resources within their capability to achieve our common goals; to seek to resolve any differences that might arise between or among agencies; to support the further development of The Terrie Hess House Child Advocacy Center; and to place the well-being of survivors at the center of all efforts. A focused and coordinated response to these investigations will better protect the interest of the child victims and their families in Rowan County. These Guidelines set forth are intended to be flexible and the unique circumstances of each case should be taken into consideration.



Beth McKeithan  
Executive Director  
Prevent Child Abuse Rowan  
The Terrie Hess House Child Advocacy Center



Date

**Rowan County Child Sexual and Physical Abuse  
Investigation and Intervention Guidelines**

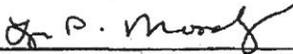
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1-13-17

Dr. Lynn Moody  
Superintendent  
Rowan-Salisbury School Systems

Date

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Lissa Pence

1-11-17

Lissa Pence  
Director  
Guardian ad Litem for Rowan County

Date

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Jerome Stokes  
Chief of Police  
Salisbury Police Department

1/12/17

Date

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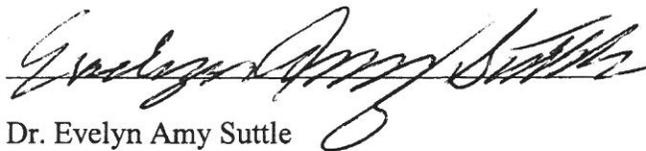
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Dr. Evelyn Amy Suttle  
Medical Director  
Prevent Child Abuse Rowan  
The Terrie Hess House Child Advocacy Center

1/13/17  
Date

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David S. Wall

1/20/2017

Date

North Carolina Department of Juvenile Justice

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Bobby D. Wood

01-13-17

Bob Wood  
Chief of Police  
Landis Police Department

Date

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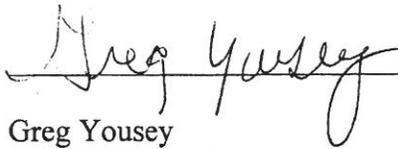
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Greg Yousey  
Director of Clinical Services  
Nazareth Child & Family Connection

1/13/17  
\_\_\_\_\_

Date