



Developed by the
Interagency Council

Maricopa County Children's Justice Project

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**Richard M. Romley
Maricopa County Attorney**

**MULTIDISCIPLINARY PROTOCOL FOR THE
INVESTIGATION OF
CHILD ABUSE**

This protocol was published under the auspices of the Interagency Council of the Maricopa County Children's Justice Project, with grant funding from the Governor's Division for Children.

Currently, there are 63 agencies participating in the Interagency Council. As County Attorney, I wish to thank these member agencies and commend them for their commitment and dedication to working cooperatively in the handling of cases involving abused children. The delivery of professional services and treatment within a coordinated framework promotes a therapeutic environment within which a child can feel safe and secure. Every child deserves to be treated with dignity, compassion and respect. This protocol provides a model for treatment consistent with these principles.

Richard M. Romley
Maricopa County Attorney

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AGENCIES CURRENTLY PARTICIPATING ON THE INTERAGENCY COUNCIL

Adult Probation Department	Juvenile Probation
Arizona Youth Associates	Kyrene Elementary School District
Avondale Police Department	Lutheran Health Care Network
Cartwright Elementary School District	Madison Elementary School District
Cave Creek Unified School District	Maricopa County Attorney's Office
Center Against Family Violence	Maricopa County Sheriff's Office
Center Against Sexual Abuse (CASA)	Mesa Police Department
Chandler Unified School District	Mesa Unified School District
Chandler Police Department	Mentally Ill Kids In Distress (M.I.K.I.D.)
Child Protective Services / AZ DES	Northwest Valley Advocacy Center
Childhelp Children's Center of Arizona	Osborn Elementary School District
Creighton Elementary School District	Palo Verde Elementary School District
Desert Haven Nursing Center	Paradise Valley Police Department
Dysart Unified School District	Paradise Valley Unified School District
El Mirage Police Department	Peoria Police Department
Emergency Nurses Association	Peoria Unified School District
EMPACT - SPC	Phoenix Elementary School District
Family Transitions	Phoenix Police Department
First Baptist Church, Tempe	Phoenix Union High School District
Forensic Physicians, Inc.	Prehab of AZ
Fountain Hills Unified School District	Roosevelt Elementary School District
Fowler Elementary School District	Scottsdale Police Department
Gila Bend Unified School District	Scottsdale Unified School District
Gilbert Police Department	St. Joseph's Hospital
Gilbert Unified School District	Surprise Police Department
Glendale Police Department	Tempe Elementary School District
Glendale Union High School District	Tempe Police Department
Governor's Division for Children	Terros
Higley Elementary School District	Victim Witness Division of MCAO
Isaac Elementary School District	Washington Elementary School District
Jewish Family and Children's Services	Wickenburg Unified School District
	Youngtown Police Department

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STATEMENTS OF SUPPORT

In 1995 the following individuals, representing their professional agencies, signed statements supporting the Protocol as an effective tool to minimize trauma to children and to serve as a guideline for coordination of efforts with other community agencies.

Donald Allen, Program Manager
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STATEMENT OF PURPOSE

This Protocol is offered to assist all children, both victims and witnesses, and to serve as a model for handling child abuse cases within Maricopa County. The goal is to treat children with dignity and respect and to minimize secondary trauma that is often associated with child abuse investigations.

This Protocol is intended to provide guidelines and a reference source for interagency cooperation in the investigation, prosecution, and management of child neglect, physical and sexual abuse cases. While it is recognized each agency has its own mandate to fulfill, the IAC also acknowledges that no one single agency or discipline can fully address the problem of child abuse. Therefore, each agency must be cognizant of the needs of the victim, as well as sensitive to the needs of other professionals involved. We have chosen to make the best interest of children our overriding concern where any interagency conflict may exist.

Joined in the effort to mobilize our different strengths, the members of the IAC endeavored to: 1) clarify each agency's duties and responsibilities, 2) limit the number of interviews of the child victim, and 3) provide a consistent and efficient approach to the investigation, prosecution and management of child abuse cases in Maricopa County.

The Children's Justice Project

The Children's Justice Project is a federally funded, multi-agency effort intended to improve the handling of crimes against children. The three primary goals of the Project are: (1) to improve interagency communication and cooperation, (2) to raise the skill level of all professionals involved in child abuse cases, (3) to reduce trauma to the child by coordinating victim services and conducting joint videotaped interviews. An Interagency Council, or IAC, comprised of professionals representing all disciplines associated with child abuse cases, was created to achieve these goals.

In 1995, the Interagency Council developed the Multidisciplinary Protocol for the Investigation of Child Abuse to serve as the model for how child abuse cases should be handled by each discipline. This Protocol is intended to provide guidelines and reference sources for interagency cooperation in the investigation, prosecution, and management of child neglect, physical and sexual abuse cases. To ensure accuracy in regard to changes in law, technology, and community need, the Protocol is revised on an ongoing basis. Free trainings on the Protocol have been and continue to be provided to all disciplines involved. Research has shown that when multidisciplinary protocols are followed arrest and prosecution rates increase and trauma to the child decreases.

The model set forth by the Children's Justice Project and the Multidisciplinary Protocol for the Investigation of Child Abuse strongly supports and encourages the use of Child Abuse Assessment/Child Advocacy Centers. These specially designed Centers help reduce the trauma to the child victim and his/her family by offering investigative and victim service needs at one child-friendly location. These services include, but are not limited to, Police and CPS investigations, child-friendly interviews, medical exams, County Attorney consultation, crisis counseling, and referrals. The Children's Justice Project is proud that Maricopa County now has four (4) Centers to help the children of Arizona:

- The Center Against Family Violence, Mesa
- The Childhelp Children's Center of AZ, Phoenix
- The West Valley Advocacy Center, Glendale.
- The Scottsdale Family Advocacy Center, Scottsdale

LAW ENFORCEMENT PROTOCOL

The purpose of law enforcement's response to incidents of physical and sexual abuse involving children is to determine if a crime has been committed and to bring to light those facts and circumstances necessary to bring the perpetrators into the Criminal Justice System. While pursuing the criminal investigation, law enforcement must be concerned with more than just statutory requirements and case law. Law enforcement personnel must be cognizant of the needs of the victim, as well as the responsibilities of other organizations involved in the treatment, support and recovery of the victim. (For Flowchart of System, See Appendix B) To this end, police are encouraged to coordinate their efforts with those of Child Protective Services (CPS), as well as the prosecuting agency.

Effective investigation by law enforcement agencies hinges on the establishment of a specialized unit to investigate these violent crimes. Smaller agencies are encouraged to designate a "specialist" if the number of investigations does not warrant a unit. This specialized unit, whether it consists of one part-time or several full-time detectives should: 1) be a voluntary assignment; 2) receive intensive training in the investigation of the neglect, physical and sexual abuse of children; 3) meet the minimum qualifications as set forth in Appendix A, the Interview Protocol for Children; 4) establish and maintain a close working relationship with CPS and the Maricopa County Attorney's Office; 5) have the specialized unit or position a permanent component of the agency and 6) encourage trained and skilled detectives to be retained as long as possible.

In Maricopa County, four (4) Child Abuse Assessment Centers, or Advocacy Centers, have been established (see Appendix L). These specially designed Centers, which are available for use by all law enforcement agencies, benefit both the investigation and the victim by creating a one stop facility for the investigative process and for crisis intervention. Interview qualified police detectives may use the child friendly rooms for videotaping victim interviews, or they may request that an Advocacy Center interviewer conduct the victim interview. In certain cases, Advocacy Center interviewers are recommended (See Appendix A). Another benefit of these centers is that forensic medical exams are offered on site. Doctors and Forensic nurse examiners (FNE) specializing in the examination and treatment of child abuse conduct these exams. The Maricopa County Attorney's Office and CPS have offices at each Center, and are available for questions or referrals. Also, victims are less traumatized by the amiable location, which provides crisis intervention and referral services to both the victim and his/her family.

If victim hospitalization is not required, it is highly recommended that Police Departments utilize one of the four (4) Centers for the investigation of cases of sexual abuse and cases of physical abuse that require a medical evaluation.

Child Sexual Abuse

I. Initial Report

A. Patrol Officers may establish the elements of the crime and jurisdiction.

1. Patrol Officers may interview the reporting source, away from the victim, witnesses, or other reporting sources, in order to:
 - a. obtain the facts of the reported crime
 - b. determine if the child is in imminent danger
 - c. determine if the victim may require medical attention
 - d. determine jurisdiction
 - (1) if within departmental jurisdiction, continue per this Protocol
 - (2) if not within departmental jurisdiction, Patrol Officer will document their actions and coordinate with the appropriate jurisdiction.
 2. Interview qualified Detectives, CPS Specialists, or Advocacy Center Interviewers should conduct interviews of the victim utilizing the interview protocol (See Appendix A).
 3. Patrol Officers should only interview the suspect if the suspect is present and aware of the investigation. If suspect is not aware of the investigation, the suspect should not be contacted without prior consultation with Detectives.
 4. Patrol Officers may interview witnesses. Dates of birth, social security numbers, and other biographical information including where child witnesses attend school will be obtained. It is recommended that child witnesses and any siblings or children within the home be interviewed by interview qualified Detectives, CPS Specialists, or Advocacy Center Interviewers.
- B. Once it is determined that a crime has been committed, Patrol Officers may then continue the initial case preparation.
1. Assess the need for immediate medical evaluation. If a medical evaluation is needed, promptly contact a Detective. Note that in cases of sexual abuse in which the incident occurred within the past 72 hours it is imperative that a Detective be contacted promptly. The victim should receive a forensic medical exam.
 2. Assess the need for a search warrant. If a search warrant is needed, immediately contact a Detective. Investigators may contact the County Attorney's Office in regard to sealing the affidavit of the search warrant.
 3. Assess the need for immediate arrest if the suspect is present. The officer should examine:
 - a. the suspect's risk of flight to avoid prosecution;
 - b. the suspect's danger to the community.Patrol Officers may consult with Detectives or the Deputy County Attorney, if necessary.
 4. Assess the need for scene preservation and/or photographs;
 5. Assess the need for a detective to respond to the crime scene, hospital, school or other location;
 6. Notify CPS by phone. The victim's need for shelter should also be assessed, and recommendations made to CPS.

II. Investigation

- A. The investigation should be conducted by a Detective. The Detective's responsibilities include:

1. Interviewing the reporting source to determine the circumstances of disclosure.
2. Interviewing the victim:
 - a. Arrange an interview of the victim. The child's interview should be conducted per the Interview Protocol for Children, Appendix A.
 - b. Coordinate the interview with CPS if they are involved in the case. If a joint interview with CPS is not feasible and the circumstances dictate CPS involvement, the victim interview should be shared with CPS in order to ensure that there is only one victim interview conducted. This will eliminate unnecessary or multiple interviews of the child victim.
 - c. Arrange for a medical examination at an Advocacy Center (See Appendix L). Detectives may consult with Maricopa County Attorney's Office for appropriate medical response.
3. Conducting crime scene(s) investigation and evidence processing.
4. Interviewing the family and other witnesses. Obtain dates of birth, social security numbers, and other biographical information including where child witnesses attend school.
5. Obtaining a copy of the medical examination report and interview medical personnel. Send a copy of the medical examination report to CPS.
6. Conducting investigative research on:
 - a. Prior convictions of the suspect;
 - b. Prior police reports involving the suspect, victim(s) or witness(es);
 - c. Prior unreported allegations involving the suspect, victim(s) or witness(es); and
 - d. Current and prior CPS reports.
7. Interviewing the suspect.
 - a. The suspect should be interviewed only with law enforcement personnel present; and
 - b. CPS should be aware of the content of the suspect interview; and
 - c. The interview should be videotaped or, if not possible, audio-taped.
8. Determining the need to arrest the suspect based on:
 - a. The risk of flight to avoid prosecution; and
 - b. The danger to the community.
 - c. Conducting any other necessary investigations.

III. Case Presentation

- A. The case file should include a complete copy of the police report; a copy of audio-tapes; video-tapes; any photographs; tapes of 911 calls; all medical records of the child; Child Protective Services files on the child and family; prior relevant police reports and any other information obtained during the investigation.
- B. If the case is filed and:
 1. The case goes to Grand Jury, the assigned Detective should present the case at Grand Jury. If he or she does not feel comfortable with presenting the medical evidence, he/she shall notify the Deputy County Attorney, who can subpoena a physician to the Grand Jury for testimony regarding medical

- findings.
2. The case goes to Preliminary Hearing, the Detective or Investigating Officer may be subpoenaed.
- C. If the case is turned down, notification of the turn down shall be the responsibility of the County Attorney's Office. The victim's representatives as well as CPS should be notified of the turndown.
- D. If a post-filing further is requested and the suspect is in custody, a Detective shall be assigned. All requested information should be presented to the Deputy County Attorney 24 hours prior to Grand Jury or Preliminary Hearing.
- E. If the Deputy County Attorney refers the case back to the law enforcement for further investigation:
1. The case should be returned to the original case agent, if possible.
 2. The requested information should be obtained as soon as possible; and,
 3. The Maricopa County Attorney's Office must be advised if the investigating agency decides to close the case.

Child Physical Abuse/Neglect

I. Initial Report

- A. Patrol Officers may establish the elements of the crime of physical abuse or neglect, and jurisdiction.
1. Patrol Officers may interview the reporting source, away from the victim, witnesses, or other reporting sources, in order to:
 - a. obtain the facts of the reported crime;
 - b. determine if the child is in imminent danger;
 - c. determine if the victim may require medical attention; and
 - d. determine jurisdiction
 - (1) if within departmental jurisdiction, continue per this Protocol;
 - (2) if not within departmental jurisdiction, patrol officer will document their actions and coordinate with the appropriate jurisdiction.
 2. Patrol Officers may interview the child victim, only if the child is verbal and has not spontaneously provided the following information about the abuse to law enforcement. Only these specific questions should be asked:
 - a. What happened?
 - b. Who did this?
 - c. Where were you when this happened?
 - d. When did this happen? and
 - e. Where do you go to school?Patrol Officers should document the child's demeanor and any spontaneous statements.
 3. Patrol Officers may interview witnesses. Dates of birth, social security numbers, and other biographical information including where child witnesses attend school will be obtained. It is recommended that child witnesses and

any siblings or children within the home be interviewed by interview qualified Detectives, CPS Specialists, or Advocacy Center Interviewers.

4. If the suspect is at the scene and:
 - a. The child is not taken to the hospital in serious condition the Patrol Officer may conduct an initial interview of the suspect or ensure that a detective does so immediately. Obtain the suspect's version of what happened (e.g., determining if it was a discipline measure; if a weapon or instrument was used; or if it was an alleged accident).
 - b. The child is admitted to the hospital, a decision as to whether or not the Patrol Officer may interview the suspect and/or caretaker should be made in consultation with Investigations. The Patrol Officer should not disclose any medical information to the caretaker(s) regarding the condition of the child or possible mechanisms of injury. The Patrol Officer should also encourage the medical personnel not to disclose this information until they consult with Detectives.

B. Once it is determined that a crime has been committed, Patrol Officers then continue the initial case preparation by:

1. Assessing the need for medical intervention and ensuring that the child is taken to a hospital if necessary. If the child is admitted to a hospital, and in any case requiring medical attention, Investigations Unit should be notified immediately. Depending on the severity of the injury, this Unit could be Homicide or the detail handling physical abuse cases in the agency. It is recommended that Patrol Officers consult with Detectives on all child abuse cases to assess the need for a forensic medical exam.
2. Assessing the need for scene preservation and/or evidence collection. Consult with Investigations regarding search warrants and/or consent searches. If the child or suspect gives information regarding a weapon, instrument, or mechanism of the injury, a search warrant or consent form should be obtained.
3. Documenting any physical injury to the child with digital or 35 mm photographs. Photographs should depict the child's entire body and face, not just the external manifestations of abuse. Photographs should include ruler and color bar where possible. In cases of severe physical abuse and/or severe neglect, a consent form or search warrant should be used to obtain photographs or video of the entire household.
4. Immediately contacting Child Protective Services to file a report, even if the suspect is booked into jail. This shall be documented in the police report. If the status of the child is unresolved at the time the report is written, this should be noted in the report. The Officer shall assess the need to shelter the child and shall make recommendations to Child Protective Services, who will make the decision where to place the child.
5. Even when no crime is found, a referral to CPS will still be made.

II. Investigation

A. Non-hospitalized Children

(Note: This list is not in any priority order.)

1. A detective reviews the initial report and continues the investigation by interviewing the family, siblings, other witnesses, etc. as dictated by the facts of the case. If the child victim is interviewed, it should be conducted per the Interview Protocol for Children, Appendix A.
2. If not already done and if appropriate, 35 mm or digital photographs are taken to document the abuse. A detective should ensure that additional follow-up photographs are taken as needed.
3. CPS shall be contacted to obtain prior reports and to determine what action CPS is taking on the referral. If CPS is involved, law enforcement shall share information with them.
4. The suspect's prior police history should be determined, paying particular attention to assault and domestic violence contacts.
5. The Investigations Unit should obtain relevant medical records on the child and interview appropriate medical personnel.
6. A Detective should interview the suspect if not already interviewed. If the suspect has not invoked his/her rights, re-interview to complete his/her account of the events. If the suspect has not already been booked, the detective shall assess the risk of flight to avoid prosecution and determine if the suspect should be arrested in light of all the information obtained.
7. The need for a medical exam should be assessed.

B. Hospitalized Children

(Note: This list is not in any priority order.)

1. The Deputy County Attorney on call for physical abuse cases shall be notified as soon as possible on all cases where a child is admitted to a hospital or dies as a result of suspected child abuse
2. The Investigations Unit shall assume responsibility for the investigation of all hospitalized child abuse cases as soon as they are notified by the Patrol Officer.
3. The Investigations Unit should ensure that the scene(s) is (are) identified and secured pending issuance of a search warrant or signed consent
4. A Detective shall obtain an initial statement from the most qualified physician (not the intern or resident on duty) as to time frames, mechanisms of injury and symptoms the child would be expected to show, given the injury sustained.
5. Interviews should be conducted with all caretakers, suspects and witnesses, including specialized physicians (e.g., neurosurgeons, pediatric radiologists, etc.). Interviews of the caretakers shall focus not only on the current injury, but also on a thorough background of the child's health and upbringing.
6. All medical records including recent and previous hospitalizations, doctor or Emergency Room visits by the child should be requested for the investigation.
7. Search warrants are to be utilized, where appropriate, to ensure a thorough scene investigation. Investigators may contact the County Attorney's Office regarding sealing the affidavit of search warrant.
8. CPS shall be contacted to obtain prior reports and to determine what action CPS is taking on the referral. If CPS is involved, law enforcement shall share information with them.

III. Case Presentation

- A. The case file should include a complete copy of the police report; a copy of audiotapes; videotapes; photographs; tapes of 911 calls; all medical records of the child; Child Protective Services files on the child and family; prior relevant police reports; and any other information obtained during the investigation. It is expected that the deputy county attorney will have maintained involvement in the case prior to formal submittal.
- B. If the case is filed and:
 - 1. The case goes to Grand Jury, the assigned Detective should present the case at Grand Jury. If he or she does not feel comfortable with presenting the medical evidence, he/she shall notify the Deputy County Attorney, who can subpoena a physician to the Grand Jury for testimony regarding medical findings.
 - 2. The case goes to Preliminary Hearing, the Detective or Investigating Officer may be subpoenaed.
- C. If the case is turned down, notification of the turn down shall be the responsibility of the County Attorney's Office. The victim's representatives as well as CPS should be notified of the turndown.
- D. If a post-filing further is requested and the suspect is in custody, a Detective shall be assigned. All requested information should be presented to the deputy county attorney 24 hours prior to Grand Jury or Preliminary Hearing
- E. If the Deputy County Attorney refers the case back to the law enforcement agency for further investigation:
 - 1. The case should be returned to the original case agent if possible; and
 - 2. The requested information should be obtained as soon as possible.
 - 3. The Maricopa County Attorney's Office must be advised if the investigating agency decides to close the case.

II

CHILD PROTECTIVE SERVICES PROTOCOL

Child Protective Services (CPS) is based in philosophy and law on the premise that children have a right to be protected from physical abuse, sexual abuse, neglect, abandonment and exploitation. CPS is primarily responsible for investigating in-home allegations of abuse/neglect.

CPS believes that children should be maintained in their own homes, if at all possible. The Adoptions and Safe Families Act of 1997 (P.L. 105-89) requires the child's health and safety be the paramount concern when assessing risk of harm and making placement and permanency planning decisions and in providing services to families.

The Arizona Department of Economic Security (ADES) is required, by law, to receive reports of child neglect and/or abuse twenty-four (24) hours a day, seven (7) days a week and to initiate prompt investigation. (See Appendix D, A.R.S. 8-802 and Appendix C, A.R.S. 13-3620.) CPS Specialists, working at the CPS Hotline, receive telephone calls at 1-888-767-2445 or TDD 1-800-530-1831 and written reports at: P.O. Box 44240, Phoenix, AZ. 85064-4240. These specialists screen incoming communications by using "cue questions" (see Appendix E, CPS Hotline Cue Questions). Reporting sources do not need to have answers to all cue questions. If the incoming communication meets the definition of a report, then the report is given a priority. The field Supervisor then assigns the report to a CPS Specialist to complete the investigation.

CPS actions rarely result in removal of children from the home of the parents. Less than 10% of CPS investigations result in temporary removal of the children from their homes. More often CPS workers offer an array of supportive services found in the community, and information on particular programs to strengthen the family unit. When there are concerns about a child's safety in their home, CPS attempts to engage the child's family to the greatest extent possible in planning for voluntary interventions that minimize intrusion to the family, while ensuring the safety of the child. These alternatives include: providing additional resources or safeguards to the family so a child can remain in the home, assisting the parent, guardian or custodian in identifying a relative or friend who can care for the child temporarily, or entering into a Voluntary Foster Care Agreement with the parent/guardian.

When children are found to be in imminent harm, or there is no parent/guardian able or willing to provide care for the child, CPS and law enforcement have the authority to remove them from their home for up to seventy two (72) hours excluding weekends or holidays. (CPS may also remove a child for up to twelve hours to obtain a medical/psychological evaluation in order to make a determination if maltreatment has occurred).

If ADES cannot ensure the safety of the child (ren) in the home within that seventy-two (72) hours (not counting holidays or weekends), then the dependency petition is filed with the Maricopa County Juvenile Court. The Juvenile Court Judge has the final decision on making the child (ren) wards of the court through this process. Once the petition is filed, then a case plan is developed with the participants to rectify why the child (ren) came into protective

custody. The parents and children are referred to appropriate services through Value Options, Community Providers, and/or CPS to meet their identified needs.

CPS Specialists are assigned by their Unit Supervisor to investigate reports of child maltreatment. CPS Specialists adhere to the following procedures:

I. Pre-interview Protocol

- A. The CPS Specialist shall coordinate the investigations with law enforcement. Coordination will be stressed when the report alleges or the investigation indicates the child is a victim of sexual abuse and/or a criminal investigation of the alleged child maltreatment is in progress or anticipated. High Priority or High Risk reports, as designated in Appendix F, shall be handled with joint Law Enforcement/CPS investigations. Other CPS reports may be handled with joint Law Enforcement/CPS Investigations requested by either agency.
- B. High Priority - High Risk reports, as designated in Appendix F, shall immediately be reported by telephone to the responsible law enforcement agency.
- C. All other CPS reports will be reported to law enforcement by telephone contact or by forwarding the police version of the CPS Report Summary.
- D. The CPS Specialist will gather information from law enforcement reports, sources of the current report, prior CPS records and others as availability and time allow.

II. CPS Interview Protocol

A. The following is the sequence for interviewing:

- 1. Alleged victim if the child's age and intellectual/emotional functioning permit;
- 2. Siblings/other children in the home;
- 3. School/day care provider;
- 4. Non-abusing spouse/caretaker;
- 5. Alleged abusive caretaker; and
- 6. Neighbors, relatives, and others with knowledge of the abuse.

B. Child Interviews

- 1. The CPS Specialist will work in conjunction with Law Enforcement whenever applicable.
- 2. The alleged abusive parent, guardian or custodian shall not be present during the investigative interviews with alleged child victims.
- 3. Initial interviews are generally unannounced to maximize the gathering of relevant facts.
- 4. To eliminate the need for multiple interviews of the child victim, the CPS Specialist will arrange for:
 - a. a joint interview of the child victim coordinated between CPS and law enforcement; or
 - b. a joint interview of the child victim by a qualified professional coordinated with law enforcement; or
 - c. if a joint interview is not feasible, information from the victim interview should be shared with law enforcement.

5. Interviews of alleged child sexual abuse victims will be videotaped and audio-taped.
6. Interviews of alleged child physical abuse victims may be audio-taped.
7. The CPS Specialist shall:
 - a. Introduce and identify him/herself as a CPS Specialist, while effecting an interview in a private, safe and neutral location.
 - b. Develop and maintain rapport and a helping relationship with the child by demonstrating respect for the language, dialect, communication style, and culture of the child. Language skilled staff or translators will be assigned as needed.
 - c. Inform the child of the agency's mandate to investigate, the agency's goal to provide needed services, and answer any of the child's questions.
 - d. Allow and encourage the child to express emotional reactions to the investigation and help resolve his/her feelings.
 - e. Inform the child that CPS has the responsibility to complete the investigation, including interviewing other members of his/her family.
 - f. Assess the need for immediate medical examination or treatment and arrange for this, seeking caretaker cooperation as appropriate. (See Medical Protocol for sexual or physical abuse.)
 - g. Assess the need for immediate shelter/foster care of the child. The CPS Specialist will consult with his/her supervisor prior to taking the child into protective custody.

C. Parent/Caretaker Interviews

1. The CPS Specialist will work in conjunction with Law Enforcement whenever applicable.
2. Initial interviews are generally unannounced to maximize the gathering of relevant facts. Arrangements should be made so that the interview is conducted privately.
3. Provide parents/caretakers the same information and afford the same considerations as listed in the children's interviews protocol.
4. Initiate contact the same day with the parent/caretaker in situations when a child has already been interviewed. If parental contact cannot be made the same day, the reasons for lack of contact must be documented.
5. Initiate immediate contact with the parent/caretaker in all situations when the child is taken into temporary protective custody. This includes advisement of legal rights in writing (see Temporary Custody Notice, Appendix G), the agency's authority to take such action necessary to protect the child, and the parent's right to recommend a relative to temporarily care for the child (ren).
6. Offer services and information on resources to family members, whether children are removed from the home or not when the family could benefit from these services.

III. Case Management Protocol

The CPS Specialist will:

- A. Obtain a medical examination of the child victim following guidelines of the

medical evaluation protocol. (See Medical Protocol)

- B. Gather and record information from the CPS Specialist's own observations and through interaction with collateral sources and professionals involved with the investigations.
- C. Consult with the CPS Unit Supervisor and/or other agency personnel to determine the need to remove the child from the family based upon the information gathered and the risk of harm to the child. In an emergency, the CPS Specialist will consult with a supervisor immediately after taking temporary custody of the child, and obtain supervisory approval.
- D. The CPS Specialist will make a determination as to the findings. If the report of abuse/neglect/dependency is proposed to be substantiated or unsubstantiated by CPS standards, CPS will notify the parent/caretaker in writing. All proposed substantiated findings will be sent to the Protective Services Review Team, who will notify the alleged perpetrator of their rights.

III

MEDICAL PROTOCOL

Medical personnel have a complex role in child abuse cases. Evidence of child abuse may be detected during an examination or disclosures of abuse may be made to medical personnel. Since medical personnel are mandated reporters of child abuse per A.R.S. 13-3620 (see Appendix C), this Protocol will outline child abuse reporting guidelines. Patients may also be presented for child abuse evaluation. Guidelines for medical evaluation have been addressed for these situations.

Child abuse examinations must be performed by physicians who are competent in the forensic exam of children as well as in providing expert testimony in judicial proceedings. It is understood that physicians have an obligation to inform the immediate family regarding the health and welfare of the child. However, it is imperative the physician remain objective in the evaluation and not confront the family or speculate on the nature of the injury. The physicians should be able to document their education, training and experience in the area of child abuse and neglect. In Maricopa County there are four Child Abuse Assessment/Advocacy Centers staffed by physicians with the necessary qualifications to provide child abuse examinations (See Appendix L), and, when medically appropriate, it is **strongly** suggested that these exams be conducted at one of the four Centers.

Presentation of Suspected Child Abuse Cases:

Suspected child abuse can be made known to medical personnel by three different means:

A. A parent or caretaker requests a child abuse evaluation:

1. Triage the urgency of medical need, i.e., severe trauma or excessive bleeding vs. minor contusions. A child's physical/medical safety is always the paramount concern.
2. Determine if the Police and/or CPS have been notified.
 - a. If notification has been made, re-contact that agency(s) to determine if an Officer and/or CPS Specialist will be responding **and** if the agency is requesting that a medical evaluation be performed.
 - b. If notification has not been made, make every attempt to obtain background information on the child and alleged abuse from the parent/caretaker while out of earshot of the child. If further information regarding the abuse is necessary, obtain basic information from the child as outline below. If there is reasonable belief to suspect child abuse, a report must be made. See reporting procedure outlined below.

B. Evidence of child abuse is observed during routine or unrelated exam:

1. Utilize the "Obtaining basic information from the child" procedure listed below.

2. If there is reasonable belief to suspect child abuse, utilize the reporting procedure outlined below.
3. Do not notify Parent and/or Caretaker prior to Police and CPS notification.

C. A child self discloses abuse to medical personnel:

1. Follow the procedure for obtaining basic information from the child as outlined below.
2. If someone reasonably believes child abuse has occurred, a child abuse report must be made. See reporting procedure outlined below.

Obtaining basic information from the child:

- A. If possible, find a quiet private spot to talk with the child away from the parent and/or caretaker.
- B. Do not make promises to the child, such as "I won't tell anyone" or "No one will have to go to jail." Simply reassure the child that you will do whatever is necessary to keep them safe.
- C. If the following information has not already been volunteered, ask the child only these four questions:
 1. What happened?
 2. Who did it?
 3. When did it happen?
 4. Where did it happen?
- D. Document exact quotes provided by the child.

Procedure for Reporting Child Abuse:

When a person reasonably believes that child abuse has occurred, a report must be made. This Protocol recommends that the report be made by calling both the CPS Hotline (1-888-SOS-CHILD or 1-888-767-2445) and the law enforcement agency where the abuse occurred. If unsure where the abuse occurred, the report should be made to the agency where the child lives.

A. When reporting to CPS:

- 1) Document the name of the Hotline worker;
- 2) Document the CPS office to which the case is being assigned, including the Supervisor name and phone number;
- 3) Ask what priority the case has been assigned in order to determine timeframe of CPS arrival (see Appendix F for CPS Priority Guidelines and Response times);

- 4) Document the name (or copy the identification) of the CPS worker upon arrival.
- B. When reporting to Law Enforcement:
- 1) Ask if and when the Officer/Detective is expected to respond;
 - 2) Document the name and badge number of Officer/Detective upon arrival;
 - 3) Document the DR # assigned to the case.

A written report is also mandatory per A.R.S. 13-3620. Sample report forms are provided in Appendix ZZ. Hospitals and medical offices may modify or create their own form provided the pertinent information per the statute is provided. The written report must be sent to CPS within 72 hours. A copy of the report should be mailed to:

CPS, P.O. Box 44240, Phoenix, AZ, 85064-4240

This may also be accomplished by handing a copy of the written report to the responding CPS worker. Law Enforcement Officers responding would also find a copy of the written report beneficial if it is available upon their arrival. It should be documented who has received a copy of the report. The original report should be kept on file at the hospital/medical office.

Working in conjunction with the Child Abuse/Advocacy Centers:

It is generally Law Enforcement who contacts one of the Center Physicians to request a forensic medical evaluation of sexual abuse cases and CPS who contacts the Center Physicians for a physical abuse examination. However, either agency may make that referral. Patients throughout Arizona may be seen at the four (4) Centers.

As a rule, the Center Physicians will not accept a case until there is Law Enforcement and/or CPS involvement. However, if there is a problem in getting Law Enforcement or CPS to respond, or if the Emergency Department/practicing physician believes that a forensic exam should be conducted as soon as possible, then the on-call Center Physician can be contacted for advice (see Appendix L for the procedure to contact the on-call Center Physician).

Concerning the issue of the Emergency Medical Treatment and Labor Act (EMTALA), the transfer of a suspected child abuse victim to one of the Child Abuse Assessment/Advocacy Centers can be done after the medical screening examination (MSE) has been completed. This MSE should generally be a very uncomplicated procedure because the majority of child abuse victims do not require emergency medical care. If CPS and/or Law Enforcement is ready to transport and the MSE is not yet complete then CPS or Law Enforcement may contact the Center Physician for advice. The Center Physician may then contact the hospital/medical office Physician.

Unless there is concern about significant bleeding, a genital and anal examination should not be done if the case is to be transferred to a Center. Also, if the case is to be

transferred, total body x-rays (skeletal surveys) should not be done prior to contacting the Center Physician. If the patient is going to be admitted to the hospital, it is suggested that one of the Center Physicians be notified.

Medical records from this incident must be released to Law Enforcement and/or CPS, per A.R.S. 13-3620c, upon their written request and signature on a medical release form. The parent/guardian does **NOT** have to give permission for this release. The release of medical records should also be expeditious, as Police and CPS will need the records for their investigations.

The Medical Evaluation:

The medical evaluation, which primarily addresses the well being and safety of the child, may also yield legal evidence. Therefore, it is an important part of the evaluation of the child abuse victim. It is possible however, that the physical exam will not prove or disprove that abuse has occurred, especially when the concern is sexual abuse. The majority of "after 72 hour" sex abuse exams are normal, but this does not preclude the possibility the abuse occurred. The most important part of the evaluation is the history given by the child. It is understood that physicians have an obligation to inform the immediate family regarding the health and welfare of the child. However, it is imperative the physician remain objective in the evaluation and not confront the family or speculate on the nature of the injury.

The comprehensive physical exam must be performed by physicians who are competent in the forensic exam of children as well as in providing expert testimony in judicial proceedings. These physicians must be able to document their education, training and experience in the area of child abuse and neglect. **In Maricopa County there are four Child Abuse Assessment/Advocacy Centers staffed by physicians with the necessary qualifications to provide child abuse examinations (See Appendix L), and, when medically appropriate, it is strongly suggested that these exams be conducted at one of the four Centers.**

I. Sexual Abuse

A. The Forensic Interview and Videotaping

If conducted at a Child Abuse Assessment/Advocacy Center, the forensic interview should be done prior to physical examination. The physician should view the interview if possible. The child should not be re-interviewed by the physician.

B. The Medical Evaluation

1. Indications for Forensic Medical Examinations

a. Children Who Give a History of Sexual Abuse

Best practice suggests that children who give a history of sexual abuse occurring any time in the past where there is the possibility that

evidence may be found, should be seen for a forensic medical exam, dependant upon the circumstances. Occasionally some professionals will question the need for a medical evaluation if the child is giving a history of minimal sexual contact. It is known that children may under-report the extent of abusive activities at the initial disclosure. Therefore, to decide that a child does not need an exam because there is only a history of exposure or fondling over clothing, for example, may result in missing physical findings or non-detection of treatable diseases.

b. Sexual Abuse within 72 Hours

Children and adolescents, regardless of gender, who have alleged sexual abuse within the previous 72 hours may need a forensic medical exam to collect specimens and document injuries. This decision should be made with consultation of the center physician. The victim should be advised not to bathe, change clothing, etc., prior to the exam.

c. Genital/Rectal Pain or Bleeding

Children experiencing these symptoms need to be seen as soon as possible so that the site of the bleeding or cause of the pain can be identified. This will help to differentiate accidental from non-accidental injuries and sexually transmitted infections from non-sexually transmitted ones.

d. Sexually Transmitted Diseases (when there is no disclosure of abuse)

- 1) Gonorrhea, Syphilis, Chlamydia, Trichomonas, Genital Herpes and Venereal Warts. Children diagnosed with these infections definitely need to be seen for a forensic exam, even if the diagnosis/treatment have occurred elsewhere. Any lab reports that exist must accompany the child when he/she is seen.
- 2) HIV Positive. Children who have tested positive for HIV should be seen for an exam if the source of the virus is not known. With respect to perinatal transmission, if the HIV positive child is older than 12 months when the positive status is discovered, it should not be assumed that he/she acquired the virus from the HIV positive mother.
- 3) Gardnerella or Monilia. If there is no history or other indication of sexual abuse, children with these infections do not need to be seen for a forensic exam.
- 4) Other Genital Infections. For children who have less common infections, the need for an exam can be determined by a discussion with one of the forensic physicians. Girls who have a vaginal discharge need to be medically evaluated as soon as possible to determine the cause of the discharge. This may be done by the child's primary care physician or by the forensic physician.

e. Exhibition of Some Sexualized Behavior without reasonable grounds to believe abuse has occurred

It is appropriate to refer these children for counseling as a first intervention rather than making a report. The exam can then be done if the child gives a history of molest or if the therapist, after working with the child for awhile, feels that sexual abuse most likely has occurred even though the child has still given no history.

- f. Children who are Preverbal, Non-verbal, or Developmentally Delayed

The forensic exam is an essential ingredient of the investigation after a report has been made.

- g. Adolescents

- 1) Sexual abuse occurring 3-14 days prior to the report. These children may have evidence of healing trauma and thus a forensic exam would be worthwhile as soon as possible. If more than 14 days has passed since the alleged molest, these adolescents could be seen on a scheduled basis for a forensic exam.

- 2) Adolescents disclosing "Consensual sex"

- a) If there is a question as to whether the sexual contact was "consensual" or "non-consensual", a forensic medical exam should be done.

- b) If the victim is under 15 years old, a forensic exam should be done.

- c) If the youth/victim is age 15, 16, or 17, and the partner/alleged perpetrator is less than 19 years of age or attending High School and is no more than 24 months older than the youth/victim, the on-call Deputy County Attorney should be contacted for advice.

- h. Pregnant Teens

Physicians must consider the possibility of sexual abuse in these cases. If the pregnant teen is under 15 years of age, then the physician must make a child abuse report immediately. An abortion should not be done prior to the law enforcement investigation. If an abortion is done, fetal tissue can be used to identify the father of the baby. A forensic exam is not required.

- i. Custody Disputes

One exam is appropriate subsequent to a report being made. However, professionals who deal with abuse evaluations should not be influenced by those parents who want frequent medical exams after visitations, unless, of course, there is an additional history of reasonable concern about sexual abuse.

- j. Molest Allegations/Concerns during Regular Medical Exams by Community/Emergency Department Physicians

After consideration of history, behavioral changes and examination findings, the physician must make a child abuse report, if there is reasonable suspicion that sexual abuse has occurred. CPS/law

enforcement can then request a forensic exam.

2. Procedure for Forensic Medical Examination

- a. These aspects of the exam are pertinent to all cases, regardless of the time interval from the incident.
 - 1) A complete medical history (including immunizations) should be obtained from the caretaker and the child. If the caretaker is not present, then an effort to contact them by phone should be made only with Law Enforcement and/or CPS approval. This is to insure that the investigation is not compromised. Medical personnel should, however, convey to Law Enforcement/CPS any urgent need for the medical history.
 - 2) The child should be given a choice of whether he/she would like a supportive person (of their own choosing) in the exam room. If this person is disruptive during the exam, the physician may ask him/her to leave.
 - 3) After the regular physical examination, carefully examine the genital and anal areas to detect any injury. This must be done with good illumination, and can involve the use of magnification. The colposcope can provide both illumination and magnification in addition to photographic capability. Photographic and/or video documentation of the genital/anal areas is recommended, but is not required. The physician's primary obligation (keeping in mind the best interest of the child) is to do a thorough and accurate exam of the genital/anal areas; photographs are a secondary consideration.
 - 4) Carefully examine the entire body to detect any signs of trauma, neglect, or abnormal medical conditions. Photographic and/or video documentation of any positive findings is recommended. If the law enforcement photographer is not available to do this, then a medical unit should have an appropriate camera.
 - 5) Consider testing for pregnancy and sexually (and non-sexually) transmitted diseases, such as gonorrhea, syphilis, chlamydia, herpes, trichomonas, staph, strep, candida and HIV. These lab tests may be available on site. However, patients thirteen (13) years and older should be offered referral to the Health Department for HIV testing, and thus will have the choice of confidential versus anonymous testing.
 - 6) Prepare a forensic medical report. A suggested form is provided by the Arizona Department of Economic Security, Administration for Children Youth and Families. This report should be completed in a timely manner unless a particular lab test result or treatment result (e.g., the opening of a labial adhesion) must first be available.
- b. When the exam is done within 72 hours of the alleged sexual abuse, in addition to the above medical exam procedure, consideration must be given to whether or not a rape kit needs to be done. The rape kit procedure includes (but is not limited to):

- 1) Paper bagging individual items of clothing separately;
- 2) Collecting specimens by means of swabs to detect perpetrator body fluids (saliva, semen, etc.);
- 3) Collecting other debris (trace evidence) which may be present;
- 4) Collecting reference specimens from the victim (saliva, blood, etc.);
- 5) Proper air drying (at room air temperature) and handling of specimens to prevent deterioration; and
- 6) Maintaining the chain of custody.

II. Physical Abuse and Neglect

A. Indications for Forensic Medical Examinations

Children suspected by CPS, law enforcement or medical personnel of having been physically abused or neglected should have an exam as soon as possible. Children with fairly minor visible injuries may have serious internal injuries. (See Appendix M for additional guidelines)

B. Procedure for Forensic Examinations

This exam should include:

1. A complete past medical history and the history of the suspected abuse, which should be obtained from the professional who interviewed the child.
2. Inspection of the genital/anal areas with good lighting because children who experience one type of abuse are at risk for all forms of abuse. If the history or exam reveals that sexual abuse is a concern, then the sexual abuse procedure should also be followed.
3. Appropriate lab studies to document the medical conditions caused by injury and to exclude such medical conditions as bleeding disorders.
4. Imaging studies to discover and document injuries that are not externally apparent by physical exam. These studies may include radiographs, ultrasound scans, computerized tomography scanning, nuclear scanning, and magnetic resonance imaging. The studies needed in any given case are variable and must be determined on a case-by-case basis. However, x-rays of the entire skeleton are indicated in most children under 2 years of age and in selected children over 2 years old if physical abuse is suspected. These studies must be done at hospitals that have a pediatric radiologist.
5. Color photographs should be done to document visible injuries as well as locations where injuries are not present. A measuring device, color scale and identification label should appear in the photograph. If the law enforcement photographer is not available to do this, the medical unit

should have an appropriate camera.

6. A forensic medical record must be prepared using the form provided by the Arizona Department of Economic Security, Administration for Children, Youth and Families. This report should be completed on the day of the exam unless an opinion cannot be given until a particular lab or radiology result is available.
7. On occasion, a review of medial records of prior medical care may play an important role

IV

COUNTY ATTORNEY PROTOCOL

The Maricopa County Attorney's Office has long emphasized a sensitive and coordinated approach to the prosecution of child physical and sexual abuse cases through the establishment of specialized units, including the Sex Crimes Bureau and the Family Violence Bureau.

I. Office Layout and Personnel

A. Currently, these specialized units are in two locations:

1. The Downtown Office, which serves Phoenix, Scottsdale, Peoria, Avondale, Tolleson, Glendale, and the west valley communities.
2. The Southeast Office, which serves Tempe, Mesa, Gilbert, Chandler, and the east valley communities.

B. Within each office are a Sex Crimes Bureau and a Family Violence Bureau. The Sex Crimes Bureau prosecutes all sexual abuse and exploitation cases and the Family Violence Bureau prosecutes child physical abuse and child homicide cases. All child homicide cases are prosecuted by the Downtown Bureau.

1. The Downtown Sex Crimes Bureau consists of one supervisor and several specialized attorneys.
2. The Southeast Sex Crimes Bureau is comprised of one supervisor and several specialized attorneys.
3. The Downtown Family Violence Bureau consists of one supervisor and several specialized attorneys.
4. The Southeast Family Violence Bureau consists of one supervisor and several specialized attorneys.

C. Special consideration is given to the selection of the attorneys for the Sex Crimes and Family Violence Bureaus.

1. All Sex Crimes and Family Violence Bureau attorneys are experienced prosecutors and trial advocates.
2. Most are not accepted into the Bureaus without extensive experience.
3. The attorneys are carefully chosen for their expertise, interest and sensitivity to the myriad of issues surrounding child victims/witnesses.
4. The attorneys are expected to remain current on case law and research on victim and offender related dynamics. They are also expected to be familiar with the medical

issues and literature on child sexual/physical abuse.

II. Duties of the Sex Crimes and Family Violence Bureau Attorney

A. On-Call

1. Sex Crimes and Family Violence attorneys from each office rotate the on-call assignment. On-call attorneys assist law enforcement agencies in child abuse investigations.
2. The on-call attorney may:
 - a. Visit the scene
 - b. Assist in the preparation of a search warrant
 - c. Answer legal inquiries
 - d. Attend the initial appearance, and
 - e. Attend the autopsy (Family Violence Bureau)

B. Review of Submittals

The Sex Crimes Bureau will review all investigations submitted by law enforcement agencies involving sexual assaults, child sexual abuse, child exploitation, and indecent exposure for the possible filing of criminal charges.

The Family Violence Bureau will review all investigations submitted by law enforcement agencies involving child abuse, child homicide, custodial interference or kidnapping for the possible filing of criminal charges.

1. After the investigation is completed by law enforcement, the police agency submits the departmental report to the Bureau for attorney review.
2. Submittals are designated either as "basket" or "in-jail."
 - a. "Basket" submittals are those sent for review while the suspect is out of custody.
 - (1) Aside from the statute of limitations, there is legally no time limit imposed for filing charges on a "basket" submittal.
 - (2) The County Attorney's policy is that "basket" submittals should have a reviewing decision made within 30 days from the date the submittal was received by the Maricopa County Attorney's Office.
 - b. "In-jail" submittals, as the name suggests, are those in which a suspect has been arrested and booked into jail.
 - (1) Charges, via a complaint, must be filed within 48 hours of an Initial Appearance (an Initial Appearance occurs within 24 hours of being booked into jail) in order to maintain the bond or release conditions which were set at the Initial Appearance. The 48 hours does not include weekends and holidays.

- (2) If charges are not filed within the 48-hour time frame, the defendant will be released from custody. Any bond or other release conditions that have been imposed at the Initial Appearance will be exonerated or otherwise lifted.
- (3) If, at the Initial Appearance, the defendant was released on his own recognizance, on bond, or to pretrial services, and charges were not filed, all release conditions will no longer apply and any bond posted will be exonerated.
- c. As a practical matter, not all defendants who are arrested will have charges filed.
 - (1) There will be instances where further investigation may be necessary before the case is ready to be filed; or
 - (2) The case may not meet the County Attorneys Office's standards for prosecution.

III. Processing Submittals

- A. Once the investigation has been submitted, the Bureau supervisor assigns the submittal to a reviewing attorney, who will read the report(s) and decide if the submittal is to be furthered for additional investigation, declined for prosecution or filed.

1. Submittals furthered for more investigation

- a. The reviewing attorney will list with specificity the information necessary for prosecution.
- b. The submittal is then returned to the investigating agency to complete the investigation.
- c. At this juncture, the law enforcement agency has two investigation options:
 - (1) To complete the investigation; or
 - (2) To close the investigation.
- d. When the requested further investigation is completed, the law enforcement agency will re-submit the report for the County Attorney's review.
- e. If the agency does not pursue the investigation, the County Attorney's Office must be notified in writing.

2. Submittals declined for prosecution

- a. The primary reason submittals are declined for prosecution is that they do not meet the office-charging standard: i.e. that the submittal, when viewed as a trial case, has no reasonable likelihood of conviction.
- b. The County Attorney's Office will not reject a case solely on the basis that the victim or victim's family refuses to cooperate with prosecution.
- c. When the reviewing attorney determines that the submittal is inappropriate for prosecution, a second attorney shall review the submittal to make an independent judgement whether prosecution should be declined.
- d. In order for any investigation to be turned down for prosecution, two reviewing attorneys must concur with the decision to decline prosecution.
- e. If there is a difference of opinion between the two reviewing attorneys as to whether the case should be declined or filed, the submittal will be staffed by a quorum of the Sex Crimes/or Family Violence Bureau attorneys and/or reviewed

by the Bureau Supervisor.

3. If the consensus is to decline prosecution:
 - a. A letter indicating that decision will be mailed to the victim and/or the victim's lawful representative (i.e., parent or guardian) by the County Attorney's Office.
 - b. The victim or the victim's lawful representative has the right to confer with the initial reviewing prosecutor regarding the decision not to prosecute.
 - c. All cases that are turned down may be re-evaluated if new evidence is presented.
 - d. With the exception of homicide cases, which have no Statute of Limitations, the Statute of Limitations for any felony allows for a prosecution up to seven years from disclosure of the crime. (See Appendix D, A.R.S. 13-107)
4. If a submittal is appropriate for prosecution:
 - a. The Deputy County Attorney shall issue appropriate charges.
 - b. A probable cause determination must be made through either a Preliminary Hearing or a Grand Jury.
 - c. Child physical abuse cases of a class 5 or 6 felony level are generally sent to Preliminary Hearing because they are often more easily resolved through plea negotiations (see Appendixes N and O for Plea Guidelines).
 - d. The majority of child physical or sexual abuse cases will be taken to Grand Jury. Grand Jury proceedings are not open to the public; thus, they do not subject the victim to the stress of testifying.

IV. Vertical Prosecution - A Team Approach

- A. The County Attorney's Office utilizes vertical prosecution within a team approach in child sexual abuse, child physical abuse and homicide cases.
 1. Vertical prosecution means the same attorney who reviewed the submittal and filed the charges will prosecute the case.
- B. Regardless of which Bureau prosecutes the case, the County Attorney's policy is to use a team approach to prosecution. The team consists of the Deputy County Attorney, County Attorney Investigators, Victim Advocates, Legal Assistants and outside agencies, such as Child Protective Services.
 1. County Attorney Investigators may be utilized to assist the prosecutor once a case is filed.
 2. Victim Advocates act as a liaison between the Deputy County Attorney and the victim or the victim's representative. The Deputy County Attorney, in conjunction with the Victim Advocate, will work with the victim, parent, guardian ad litem or the victim's attorney on the case.
 3. Legal Assistants help in the research and preparation of motions regarding special issues surrounding child sexual and physical abuse prosecutions.

4. Child Protective Services is an independent State agency that deals with civil issues involving the child victim. If a case involves Child Protective Service intervention, the Deputy County Attorney will attempt to work with the assigned caseworker, recognizing that the goals for the case resolution of the two agencies are not necessarily the same.
5. Prosecution is a team effort among the investigative agency, the prosecutor, the Victim Advocate, the victim and the witnesses. All members of the team are under a continuing obligation to exchange information about the case. The assigned detective is encouraged to assist prosecution during the trial.

V. Case Dispositions - Change of Plea or Trial

- A. Once the case is assigned to a Deputy County Attorney, the attorney and/or the Victim Advocate will contact the victim as soon as practicable to discuss the process and obtain input as to a possible disposition.
 1. Sex Crimes and Family Violence cases are staffed for disposition. A case is staffed by the Deputy County Attorney, the supervisor and at least two other attorneys.
 2. Plea guidelines, (see Appendixes N and O) as well as prior case dispositions will be utilized in making plea offers in order to provide consistency of dispositions among similar cases.
 3. Serious physical injury cases utilize office plea guidelines, but the child abuse prosecutor manages the case disposition based on the specifics of the case.
 4. While not all cases are appropriate for plea offers, the majority of cases will involve an offer to plead guilty to a lesser charge. Plea dispositions are advantageous because they ensure finality for the victim, a judgment of guilt by the court, and an order of restitution for damages incurred by the victim.
 5. In all child sexual abuse cases that involve more than one count, it is anticipated that any plea offer will include lifetime probation. Lifetime probation may be imposed even in cases that include a term of imprisonment.
 6. Plea offers should be extended within 30 days of arraignment, following office policy, and must be entered by 90 days after the arraignment date. Extensions of the plea offer may be granted but only with Bureau Chief approval.
 7. The offer decided at the staffing will then be communicated to the victim via the Victim Advocate or the attorney. It is the duty of the County Attorney's Office to see that justice is served in the handling of criminal cases. In that endeavor, it is recognized that the opinion of the victim as to what is just in their case may differ from the views of this office.
 - a. If the victim's view of a disposition diverges from the staffing offer, he or she shall be given the opportunity to discuss their disagreement with the Deputy County Attorney and, if necessary, with the Bureau supervisor.

- b. If the difference of opinion is still not resolved, the victim has the right and opportunity to notify the pre-sentence probation officer and the court of their opinion.
 - c. Final disposition of a disputed negotiated plea rests with the discretion of the court to either accept or reject the plea offer.
 - B. If a case cannot be resolved by way of Change of Plea, the case is set for trial. The Maricopa County Attorney's Office recognizes that many victims and/or their lawful representatives are apprehensive about testifying. Trial apprehension is caused by:
 - 1. Unfamiliarity with the trial process;
 - 2. Uncertainty regarding whether or not the case is proceeding to trial;
 - 3. Unnecessary delays;
 - a. The Deputy County Attorney will not create any unnecessary delays;
 - b. The Deputy County Attorney will oppose any unnecessary delays;
 - 4. Fear of testifying.

VI. Trial Disposition - Trial and Victim Preparation

- A. Trial preparation is the responsibility of the Deputy County Attorney.
 - 1. The Deputy County Attorney should meet with the victim in order to acquaint the victim with the trial process.
 - 2. The Deputy County Attorney should strive to develop rapport with the victim.
 - 3. The Deputy County Attorney along with the Victim Advocate may initially meet with the victim in his or her own home or another place where the victim feels comfortable.
- B. Victim preparation is the responsibility of the Deputy County Attorney with the assistance of the Victim Advocate.
 - 1. In all but very rare cases, the victims are required to testify in court.
 - 2. At least three days before the trial, the victim will be taken into a courtroom and the Deputy County Attorney and/or the Victim Advocate will explain courtroom protocol and procedures to the victim. The victim will also be given the opportunity to attend the "Kids in Court" program (see Appendix P, Kids in Court Program Overview)
 - 3. The Deputy County Attorney is aware that the courtroom may be intimidating to the child/victim.
 - a. In appropriate cases, the Deputy County Attorney will request adaptation of the courtroom in order to fit the victim's needs or pursue videotaped or closed circuit testimony.

- b. When handled properly, trial testimony can be a powerful aid to the victim recovery process.
 - c. The Deputy County Attorney takes an active role in the victim's recovery process by the manner in which he/she handles a case destined for trial.
 - (1) If requested to do so, the Deputy County Attorney will assist the victim in selecting a support person to be present during the victim's testimony, in addition to the Victim Advocate.
 - (2) The support person cannot otherwise be a witness in the case.
 - (3) The Deputy County Attorney will seek appointment of an interpreter or guardian ad litem for a victim in appropriate cases.
4. Prior to trial, the Deputy County Attorney or the Victim Advocate will discuss the possible outcomes of the trial with the victim and the victim's representative.
5. At the option of the victim, he or she may submit to an interview by the defense attorney.
- a. The Deputy County Attorney will be present at the victim's request and will actively participate in the interview.
 - b. The Deputy County Attorney will make necessary arrangements for any reasonable conditions requested by the victim, including:
 - (1) The presence of the Victim Advocate who acts as a support person for the victim, or
 - (2) The presence of another support person
 - c. The Deputy County Attorney or his/her representative will arrange defense interviews of witnesses at the defense's request.
 - (1) The Deputy County Attorney or his/her representative will be present and will tape record the interview.
 - (2) The Victim Advocate will arrange interviews with victims, their family members, and any special needs witnesses.
- C. The County Attorney's Office recognizes that child sexual and physical abuse cases often require retention of expert witnesses.
- 1. In those cases, the County Attorney's Office will pay reasonable fees for that expertise.
 - 2. Professionals are required to testify because they are material witnesses (i.e., they have seen and evaluated the child or are involved in the case within their professional capacity) rather than expert witnesses. In such situations, the professional is not entitled to expert witness compensation.
 - 3. Expert and professional witnesses often have scheduling difficulties. The Deputy County Attorney shall strive to give adequate notice of a pending trial date to these witnesses.
 - 4. Special consideration will be given to the experts and professional witnesses to accommodate their schedules in coordinating a time for their testimony. Obvious

constraints are imposed on the prosecutor, but efforts will be made to minimize the inconvenience to the expert or professional witness.

VII. Jury Verdicts

- A. Once the case has been presented and the jury returns with a verdict, the Deputy County Attorney and/or the Victim Advocate will inform the interested parties and team members of the case outcome.
 - 1. A jury has three (3) options in reaching a verdict on any of the charges;
 - a. Not guilty, in which case the defendant is acquitted, charges are dismissed and defendant is free from future prosecution on that matter;
 - b. Guilty, in which case the defendant is bound over for sentencing; or
 - c. "Hung Jury," in which case the jury was unable to reach a unanimous verdict as to the defendant's guilt or innocence.
 - (1) Officially, this results in a mistrial, and the case is reset for trial. The case may be re-tried, resolved by plea, or dismissed.
 - (2) It is the Deputy County Attorney's responsibility to consult with and keep the victim informed of the decision regarding the final disposition of the case.

VIII. Sentencing

- A. If the defendant pleads guilty or no contest, or if the jury finds the defendant guilty, the Deputy County Attorney and/or the Victim Advocate will inform the victim of the sentencing procedure.
- B. The sentencing date is 30 to 60 days after conviction.
- C. The duties of the Deputy County Attorney include:
 - 1. Submitting to the Adult Probation Officer an Adult Probation packet, which includes:
 - a. The departmental reports;
 - b. The indictment, information, or complaint;
 - c. Copy of plea agreement (when applicable);
 - d. Victim's biographical information;
 - e. Other relevant information; and
 - f. The Deputy County Attorney's sentencing recommendation.
 - 2. Informing victim of his/her right to restitution.
 - 3. Informing the victim of sentencing procedure options, such as:
 - a. The defendant may seek a continuance of the original sentencing date in order to

- present mitigating evidence;
 - b. The State may seek a continuance in order to present aggravating evidence; or
 - c. Either side may request a mental health examination under Rule 26.5, Arizona Rules of Criminal Procedure.
4. Informing the victim of his/her sentencing options at the sentencing proceeding:
- a. The victim or the victim's lawful representative has the right to be present at the sentencing.
 - b. The victim or the victim's lawful representative has the right to address the court.
5. Assisting the victim in addressing the court.
- a. The Deputy County Attorney may request of the court that the matter proceed in chambers.
 - b. The Deputy County Attorney may assist the victim in preparing a written statement to present to the court.

IX. Post Conviction Relief and Appeals

- A. The Deputy County Attorney and/or the Victim Advocate will explain to the victim and his/her representative the possibility of a review via petition for Post-Conviction Relief (PCR) or an Appeal.
- 1. PCR is a legal review of the Change of Plea proceeding. PCR's are handled by the Maricopa County Attorney's Office Appeals Division.
 - 2. An Appeal is legal review of the trial proceedings. Appeals are handled by the Attorney General's Office.

V

VICTIM SERVICES DIVISION PROTOCOL

The Maricopa County Attorney's Office Victim Services Division is a prosecutor based victim assistance program. Currently the division consists of advocates in seven (7) bureaus. Five (5) bureaus are located at the downtown office, one is located at the Southeast office, and there are two Juvenile Bureau sites. Advocates in the Major Crimes Bureaus and Southeast Bureaus assist victims of child physical and sexual abuse during the course of prosecution. After a defendant has been charged or arraigned on a felony offense, a Victim Advocate is assigned to the case. Advocates provide criminal or juvenile justice system information and support, advocacy, and social service referrals to assist the victim's emotional recovery from the crime.

The primary role of the Advocate is to provide information and assistance to the victim and the victim's family. If the Advocate were to question the victim about the facts of a case, the Advocate would put him/herself in the position of being a potential witness, which would preclude the Advocate from being with the victim in the courtroom. Therefore, the Victim Advocate does not discuss the facts of the case with the victim. If a child victim starts to disclose any information regarding the facts to the Advocate, the Advocate will explain to the victim the need to provide the information to the assigned detective. Advocates provide the following services to victims of offenses prosecuted by the Maricopa County Attorney's Office:

- A. Criminal or Juvenile Justice System Information: Advocates provide the victim or the victim's lawful representative the following:
 - 1. Information about the charges filed against the defendant and his/her custody status;
 - 2. Information about the various steps a case will take as it progresses through the justice system, up to and including sentencing;
 - 3. An explanation of the victim's rights, and if the victim and/or their lawful representative wishes to exercise their rights, the Advocate will assist them in doing so;
 - 4. Notification of court dates if the victim and/or the victim's lawful representative elects to exercise their rights; in cases where the victim is in the care/custody of CPS and/or has a guardian ad litem, the Advocate will keep the CPS worker and/or the guardian ad litem informed of the ongoing status of the case if they have requested to be notified;
 - 5. A more detailed explanation of the various court proceedings, what those proceedings mean, what could possibly happen during the proceedings, as well as advising the victim and/or the victim's lawful representative of their options as criminal justice events occur;
 - 6. Transportation arrangements for in-state or out-of-state travel for the victim

and/or the victim's lawful representative if they are needed for interviews, court appearances, etc.;

7. Information about the pre-sentence report and facilitation of the victim's and/or the victim's lawful representative's input into the report; this includes scheduling an interview for the victim with the Adult Probation Pre-sentence Investigator prior to sentencing; and
8. Information regarding the victim's and/or the victim's lawful representatives' post conviction notification rights; this includes advising the victim and/or the victim's lawful representative on how to obtain information about the defendant's custody status.

B. Supportive Services: Victim Advocates provide the following supportive services when appropriate, during the course of prosecution:

1. Meeting with the victim shortly after being assigned to the case, at the victim's home, or other comfortable surrounding, to establish rapport with the victim and his/her family, to assess family dynamics, and to assess the need for counseling referrals;
2. Assisting the victim and/or the victim's lawful representative in understanding how the crime has affected him/her emotionally, helping to relieve any anxiety associated with his/her participation in prosecution, and helping the victim or the victim's lawful representative understand what will happen with the case and how events may impact them;
3. Scheduling an interview with the defense attorney, if the victim or the victim's lawful representative have agreed to or must submit to an interview, at the victim's or the victim's lawful representative's convenience, and accompanying him/her to the interview to provide emotional support. This includes providing them information on interview protocol;
4. Acting as an emotional support for the victim and/or the victim's lawful representative by attending court proceedings with him/her and explaining those proceedings;
5. Providing continuous, on-going short term counseling and crisis intervention for the victim throughout the prosecution of the case, and assisting him/her in all that happens during his/her involvement with the criminal or juvenile justice process;
6. Providing emergency assistance for victims, if requested and if they qualify, for assistance with lunch money for children who must appear in court, clothing, and shelter;
7. Addressing any concerns that the victims may have regarding their safety and that of their family throughout the criminal justice process, and taking appropriate action to ensure their safety;

8. Providing a comfortable waiting area for victims to use during court proceedings away from and out of sight of the defendant and defense witnesses; and
 9. Providing the victim and/or the victim's lawful representative with a courtroom preview prior to trial. This may be done with or without the Deputy County Attorney, depending on the circumstances.
- C. Advocacy: The Victim Advocate advocates on the victim's behalf by:
1. Acting as a liaison between the Deputy County Attorney prosecuting the case, and the victim and/or the victim's lawful representative by facilitating communication between the two;
 2. Keeping the prosecutor apprised of the victim's well being, the victim's and/or the victim's lawful representative's opinion regarding prosecution, and the victim's expectations concerning the final disposition of the case;
 3. Helping the victim and/or the victim's lawful representative exercise their rights, including facilitating the victim's wish to make an oral statement to the court regarding pleas, continuances, or sentencing; and
 4. Acting as a liaison between the victim and/or the victim's lawful representative and his/her school, employer, landlords, or others to minimize hardships arising from the crime or the victim's participation in prosecution.
- D. Social Service Assistance: The Victim Advocate provides social service assistance by:
1. Providing referrals for counseling, housing, financial assistance, food assistance, or other social service needs; and
 2. Providing referrals to the Maricopa County Attorney's Victim Compensation Bureau for assistance with compensable expenses.
- E. Special Services for Child Victims and Witnesses: In addition to the above, Victim Advocates will provide the following for child victims and witnesses:
1. Insuring that all communication with the child is in age appropriate language;
 2. Assessing and advising the Deputy County Attorney of the child's development and communication skills in order to facilitate the Deputy County Attorney's ability to effectively communicate with the child;
 3. Scheduling the child to attend the "Kids in Court" program (see Appendix P) if it is expected that the case will proceed to trial and if the child wishes to participate; and

4. Providing information to the victim's non-offending parent(s) to facilitate their ability to help the child.

VI

JUDICIAL PROTOCOL

Testifying in court is an emotional experience for most adult witnesses. For a child it may be a frightening experience. In some cases there is a need to adjust the courtroom for the needs of children. The Rules of Evidence give the court broad discretion to meet those needs and to promote the search for truth. It is important for judges to take a proactive role when it comes to children in the courtroom as justice in many cases depends on a common sense sensitivity to the need(s) of child witnesses.

The following outline provides some guidelines for judges to follow in accommodating children as witnesses in a criminal justice system that is set up for adults. Many of these suggestions will depend on the individual circumstances of the particular child witness. The court and the prosecution should always be aware of the dangers in creating error when special procedures are used which may affect the defendant's rights.

I. Judicial Training

Judges should receive specialized training on developmental issues relating to child witnesses, child hearsay exceptions, closed circuit television and videotape testimony, propensity testimony, DNA and other medical or scientific evidence, the use of experts as witnesses, and other acts committed by the defendant.

II. Language Abilities

Judges should insure that the child understands the questions being asked in court by requiring attorneys on both sides to use age appropriate language and to avoid complex/compound sentences.

- A. When administering the oath to a young child, all that should be required is a promise to tell the truth or "what really happened."
- B. Since in any criminal trial every person is competent to be a witness, there should be no need for a separate competency hearing. (See Appendix D, A.R.S. 13-4061) If a judge decides to conduct one anyway, unless the court is particularly adept at using age appropriate language, the prosecutor should be allowed to conduct the questioning.
- C. Arizona law prohibits psychological exams to determine credibility.

III. Attorney Conduct

- A. The court should set ground rules for attorney conduct with child witnesses. Attorneys should be instructed to:
 - 1. Use normal, conversational tones;

2. Avoid lengthy objections (objections should be handled away from child);
3. Possibly remain in a neutral location while questioning the child. (This is especially important if a defendant represents himself).
4. Consider privacy regarding addresses and phone numbers.

IV. Reducing Courtroom Trauma

A. A Child-Friendly Courtroom environment should:

1. Allow a support person to be nearby/next to the child;
2. Allow child to hold a blanket, a stuffed animal, a doll, or other small comforting object;
3. In some cases, provide a small table and chairs for testimony rather than the witness stand;
4. Provide a pillow or booster chair for the witness chair;
5. Consider removal of robes and coming off the bench;
6. Work with the bailiff to provide water, Kleenex, and to adjust the microphone;
7. Be aware of younger children's reduced attention spans and the need for breaks. Provide opportunities for the child to use the restroom.
8. Consider whether the child's testimony should be in the early morning or after school, take the child's schedule or daily routine into consideration when scheduling the child's testimony;
9. Consider the necessity of clearing the courtroom of spectators other than the press (proper findings are a must);
10. Use child friendly props; use of anatomically detailed dolls should only occur in rare instances;
11. Be aware of signs of distress in the child;
12. Let the child know it's okay to tell the judge if he/she doesn't understand a question.
13. Provide for the separation of child victim/witnesses and his/her family from the defendant and non-supportive family, etc.

V. Priority Case Scheduling

It is important that the prosecutor establish good communication with the child. Therefore, do not assume that prosecutors can be interchanged. Judges should provide for flexibility to take the child's testimony out of order if this best suits the child.

VI. Victim's Rights

Upon request, the victims or victim representatives are to be heard at release hearings, changes of plea, and sentencings.

- A. When a release determination is made, a "No Contact Order" should be issued to limit contact with victim(s) and others deemed necessary;
 - 1. Conditions of release terms should be explicit as to phone, personal, or written contact and even as to not being in the victim's neighborhood;
 - 2. When funds are available for a true pre-trial supervision, release conditions should be monitored by the pretrial supervision agency.

- VII Unless the Deputy County Attorney or victim specifically requests otherwise, changes of pleas and sentencings should not be done in chambers, but rather in the courtroom so the victim(s) need not be in close proximity to the defendant.

The goal of every court should be for all children to be treated with dignity and respect when they testify. Following these guidelines should go a long way toward meeting that goal.

VII

MENTAL HEALTH INTERVENTION PROTOCOL

Mental Health professionals should be advocates for victims and children. As such, they may provide primary therapeutic intervention, support to families, information, and be a source of referral for child abuse allegations because of their contact with children and their families. A primary concern of the mental health professional is to prevent re-victimization of the child. It may be the therapist who hears the initial disclosure, either directly from the victim or indirectly from a third person. Since reporting of child abuse is mandatory for mental health professionals, it is incumbent upon the professional to be familiar with current theory and research on child physical and sexual abuse.

The Arizona mandatory reporting law, A.R.S. 13-3620 (See Appendix C), requires that mental health and social service professionals, and other persons having responsibility for the care or treatment of children whose observation or examination of any child discloses reasonable grounds to believe that a child has been abused or neglected, are mandated to report the matter immediately. "Reasonable Grounds" for reporting means if there are any facts from which one could reasonably conclude that a child has been abused, the person knowing those facts is required to immediately report those facts to the appropriate authorities. When in doubt, make the report.

The statute also states that anyone who reports a case of suspected child abuse is immune from liability in any civil or criminal proceeding resulting from the report unless the reporter has been charged with or is suspected of committing the abuse, or is acting with malice. Mental health professionals are responsible for maintaining current awareness of any statutory changes that may occur in the reporting law.

Every mental health agency needs to establish a procedure for following the mandatory reporting law. Every mental health practitioner should be familiar with the specific reporting requirements as defined by the professional standards of his/her governing board (i.e. psychiatrist, psychologist, counselor, social worker, etc.). This Protocol provides guidelines as to how mental health professionals can best fulfill their legal and professional mandates, while working in conjunction with the agencies responsible for the investigation of child abuse cases.

I. Agency Responsibilities

- A. Mental health agencies should each designate a Child Abuse Coordinator. The Child Abuse Coordinator, henceforth in this document to be referred to as Coordinator, should potentially be the CEO or Supervisor. The Coordinator should have additional training and experience in child abuse recognition and reporting. The Coordinator will provide support and assistance to the therapist/employee who received the initial disclosure through the child abuse reporting process. An alternate Coordinator should also be designated in order to assist in the absence of the primary Coordinator.

Please note that in the case of a private practitioner, the therapist

will be solely responsible for all steps of reporting described herein.

- B. Mental health agencies should authorize yearly training on child abuse for the entire staff.
- C. Mental health agencies should adopt a standardized, child abuse reporting form to be utilized for the mandatory written report. A sample is included in the Appendix of this Protocol (See Appendix ZZ). Agencies may adopt the sample provided or may create a form that provides the necessary information.

II. Receiving the Initial Disclosure

When it appears that a child is disclosing information about possible abuse, the professional receiving such information should listen and ask no leading questions. If the child does not spontaneously provide the information, the following questions should be asked:

1. What happened?
2. Who did it?
3. Where were you when it happened?
4. When did it happen?

No further questioning by the mental health professional should be done at this time. If the child has spontaneously answered any of these four questions, do not ask that question. Record verbatim statements in written form and do not make any video/audio recording. If you make an electronic record, you and your record are likely to be subpoenaed.

Once the initial disclosure has been made, further questioning or interviewing of the child should be done only by the investigating professionals. Further questioning may contaminate the forensic interview and/or create additional trauma for the child. There are Child Advocacy Centers available where victim interviews that meet the requirements of both criminal and CPS investigations are conducted by specially trained interviewers. (See Appendixes A and L) These interviews are video and/or audio taped and become forensic evidence. This reduces the need for repeated interviews of the child victim.

Disastrous response to disclosure is one of the greatest trauma potentiators. Do not make promises to the child that cannot be guaranteed. For example, do not tell the child: "this does not have to be reported to the authorities"; "you won't have to testify"; "no one will go to jail"; etc.

III. Reporting Child Abuse

When a mental health professional has reasonable grounds to believe that a minor has been the victim of abuse, he/she should:

- A. Notify the agency's Child Abuse Coordinator or, if unavailable, a Supervisor of the disclosure. If there are questions as to whether information received constitutes abuse and should be reported, contact

the CPS Hotline at 1- 888 – SOS – CHILD (or 1 – 888- 767 – 2445) and they will advise.

- B. With assistance for the Coordinator, report the suspected abuse immediately to the law enforcement agency in the jurisdiction where the offense took place and to the CPS Hotline.
- C. Document the report information on a state and/or agency approved reporting form. Per ARS 13-3620 (See Appendix C), a copy of the reporting form should be mailed to CPS within 72 hours of making the initial report. The forms should be mailed to CPS at:
P.O. Box 44240
Phoenix, AZ 85064-4240
The agency should maintain the original copy of the written report, which should be kept in the client's file.
- D. If the non-offending parent or caretaker is aware of the disclosure, determine if he/she is appropriately supportive. If so, consideration should be given to encouraging the non-offending parent or caretaker to immediately make the report to law enforcement and CPS while in the presence of the therapist.
 - 1. The therapist should insure that he/she is included in any report made.
 - 2. If a therapist believes the victim or other children in the home continue to be at risk, he/she should make a second report to CPS.
 - 3. If the non-offending parent is unwilling or unable, the therapist again has the sole responsibility of making the reports to the appropriate law enforcement agency and to CPS.

IV. Therapist's Responsibilities

The therapist's primary goal is to facilitate healing in the child who has been victimized. This may include working with family members to negotiate changes in the child's environment, assisting the family in aligning with the victim to provide emotional support and protection, and assisting in minimizing secondary trauma during the legal process.

- A. In this role, the therapist should delay primary trauma intervention until after the forensic interview and investigation has been completed by the appropriate agency. In the interim, supportive therapy should be provided.

Examples of supportive therapy include:

- Encouraging the child's parent or caretaker not to allow contact between the victim and alleged offender.

- Taking appropriate steps to ensure the safety of other children in the home.
 - Stabilizing the victim's environment by supporting removal of the alleged offender.
- B. Mental health professionals who prefer not to work with child abuse victims, or lack expertise in this area, may also contact the Maricopa County Attorney's Victim Services Division or the Victim Compensation Bureau, to seek referrals to mental health professionals who specialize in working with child abuse victims.
- C. Therapists should inform the victim and caretakers about the legal process. (Refer to Flow Chart, Appendix B). If a therapist is unfamiliar with the legal process he/she can refer the family to Victim Services.
- D. During treatment, if the child discloses further information regarding the abuse, the therapist should document direct quotes and promptly report this information to law enforcement and/or CPS.
- E. Per A.R.S. 13-3620 (see Appendix C), mandated reporters, including mental health practitioners, may be requested to release records to CPS and/or Law Enforcement. Offender treatment records may also be obtained pursuant to ARS 13-3620 in any civil, criminal, or administrative proceeding or investigation conducted by CPS or Law Enforcement in which a child's neglect, dependency, abuse or abandonment is an issue. Thus, written records should be complete, concise, clear and factual. A mental health practitioner who has any questions regarding the release, or requested release, of records should contact the assigned or on-call County Attorney. Any records taken or obtained by the County Attorney, CPS, or Law Enforcement are subject to the rules of disclosure.
- F. Therapists should not disclose facts regarding the allegations to the offender, victim, non-offending parent, caretakers or family members prior to the forensic investigation. Explain to the non-offending parent, caretaker and other family members that the facts of the alleged abuse should not be discussed until after the investigative interview is completed by Police/CPS. Therapists should educate the parent/caretaker that the child may need to talk. Parent/caretakers should listen, be supportive of the child, and seek support from the treatment professional during this time. After the investigation is completed, the non-offending parent/caretaker should be fully informed about the details of the allegations.
- G. Professionals involved in the treatment of various parties (i.e. victim, offender, non-offending parents and siblings) should collaborate with each other to support effective treatment.
- H. Therapists should maintain appropriate boundaries in their work with the child and family members.

1. The victim should have a separate therapist from the alleged offender.
 2. The "no contact" rules between offender and victim should be followed consistently. Premature confrontation between a victim and the alleged offender should not occur.
 3. The victim's therapist should not have direct contact with the alleged offender. Communication should be between the victim's and the alleged offender's respective therapists.
 4. The victim therapist should familiarize her/himself with the Adult and Juvenile Probation Department's special conditions of probation for sex offenders and the guidelines for family reunification. In cases that are adjudicated, the Probation Department will mandate these conditions. (See Appendixes R, S, T, U, X, Y, and AA)
- I. Therapists should provide support to the child victim through the legal process, as appropriate. In cases where prosecution occurs, a Victim Advocate may be assigned. The role of the Victim Advocate includes providing information about the criminal justice system and victim's rights; notification of court dates; visiting a courtroom with the victim; and being a support person during interviews, depositions, and/or court sessions. The therapist should provide emotional support to the victim during this process, in conjunction with the preparation done by the Victim Advocate.
 - J. The therapist should be prepared to be called as a witness, although this will not always be necessary. This may be done by interview, deposition and/or appearance in court. Therapists should be aware that there may be legal limitations regarding the content and scope of their testimony. The therapist should contact the assigned or on-call County Attorney concerning any questions regarding requests for interviews, depositions, or court appearances.

VIII

SCHOOL PROTOCOL

School personnel are often the source of referral for child abuse allegations because of their extensive contact with children on a daily basis. They are often the first persons to whom children disclose abuse or who suspect abuse because they recognize behavioral changes in the children. School personnel are required by law to report all cases of suspected abuse. Therefore, school personnel should be familiar with the legal requirements for the identification and reporting of child abuse.

The Arizona mandatory reporting law, A.R.S. 13-3620 (See Appendix C) requires that school personnel, or any person who has responsibility for the care or treatment of a minor, who reasonably believes that a minor has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect shall immediately report or cause a report to be made of this information. This means that if there are any facts from which one could reasonably conclude that a child has been the victim of one of the above listed offenses, the person knowing those facts is required to report those facts to the appropriate authorities. This immediate report is to be made regardless of who the alleged perpetrator is. Your duty is to report, not to investigate. If school personnel fail to report known or suspected child abuse or neglect, then they have committed a crime that is punishable under Arizona state law.

In addition to the mandate in 13-3620, A.R.S. 15-514(A) states that any certified person or governing board member who reasonably suspects or receives a reasonable allegation that a person certified by the State Board of Education has engaged in conduct involving minors that would be subject to the reporting requirement of section 13-3620 shall report or cause reports to be made to the Department of Education in writing as soon as is reasonably practicable but no later than three (3) business days after the person first suspects or receives an allegation of the conduct.

Both statutes (A.R.S. 13-3620 and 15-514) grant immunity from civil damages to those making reports, provided the report was made in good faith. A.R.S. 13-3620 also grants immunity from any criminal proceeding to those making reports, unless the reporter has been charged with or is suspected of committing the abuse, or is acting with malice.

It is highly recommended that a uniform, countywide reporting policy be adopted by every school district. Uniform procedures that cross school district lines will serve to:

1. Increase the confidence of school personnel in reporting suspected abuse;
2. Improve interagency communication and cooperation between schools, law enforcement and CPS;
3. Minimize the number of times the child victim is interviewed;
4. Insure that the appropriate and most qualified professionals conduct the investigation;

5. Minimize disclosure trauma to the child victim.

This Protocol contains guidelines to achieve these goals. The role of school personnel in this process has been clearly delineated.

- I. Responsibility of school administration

- A. Designate a Child Abuse Coordinator for each school. The Child Abuse Coordinator, henceforth in this document to be referred to as Coordinator, should have additional training in the areas of child abuse recognition and reporting. An alternate Coordinator should also be designated and trained to assist in the absence of the primary Coordinator. The Coordinator and the alternate should have access to an area that will provide privacy and a telephone for reporting. The Coordinator will act as liaison between the school, Child Protective Services (CPS), and law enforcement.
- B. Authorize yearly training on child abuse for the entire school staff. The Coordinator may set this training.
- C. Adopt a standardized, child abuse reporting form (see Appendix ZZ for suggested sample form).

- II. Responsibilities of school personnel

- A. School personnel generally will receive information about possible abuse in one of three ways: the child will self report, physical injury or unusual behavior will be observed, or a third party will disclose the abuse.

1. Child's self-disclosure

- a. When it appears that a child is disclosing information about possible abuse, efforts should be made to provide a quiet, private place to facilitate the conversation.
 - b. The person receiving such information shall listen openly and speak at the child's level in a positive, non-judgmental tone.
 - c. If the child has not spontaneously provided the following information about the abuse, only these exact questions should be asked as needed to complete the information:
 - 1) What happened?
 - 2) Who did it?
 - 3) Where were you when it happened?
 - 4) When did it happen?
 - d. Effort should be made to remember the child's exact words during the disclosure since these quotes will later be documented on the reporting form.

- e. School personnel should **NOT** make any promises to the child that cannot be guaranteed. For example, do not tell the child "this does not have to be reported to the authorities", "you won't have to testify", "no one will go to jail", "I won't tell anyone else", etc.
 - f. Report this information to the school's Coordinator, and ensure that required reports are made.
2. Observations of injury and/or unusual behavior
- a. School personnel should be observant of bruising, injury, markings, or unusual behavior that may be the result of abuse or neglect.
 - b. A person observing injury may ask the four questions listed in the previous section to attempt to ascertain the cause of injury. Report to the school Coordinator if the child's responses lead to suspicion of abuse. If there are inconsistencies between the child's report of cause and the type of injury, report this information to the school Coordinator.
 - c. If unusual behavior is observed, consult with the school Coordinator, and ensure that any required reports are made.
3. Third party report of abuse
- a. If a third party informs school personnel that a child may be the victim of abuse or neglect, the third party should be directed to speak with the school Coordinator.
- B. All information about child abuse is to be shared with the school's Coordinator who will assist in the reporting process. The Coordinator will also be available as a resource if there are any questions about abuse. See School Coordinator section for reporting guidelines. Remember that it is ultimately the responsibility of the person receiving the initial disclosure or making the initial observations of abuse to ensure that a report is made to the proper authorities.
- C. School personnel shall maintain confidentiality of all information regarding the abuse report. Do **NOT** contact or provide information to the parent(s) and/or the alleged perpetrator. Refer all inquiries to police or CPS. It is the duty of Police and CPS, not school personnel, to notify parents of the investigation. Premature and/or inappropriate notifications can hinder investigations and potentially create precarious situations.

III. Responsibilities of School Coordinator

- A. The school's Coordinator will work with school personnel in facilitating the reporting of suspected child abuse and/or neglect. The school's Coordinator should:

1. Be available for school personnel to share information about suspected abuse.
 - a. If the information is incomplete, the Coordinator may ask only those approved questions (see school personnel section) not previously answered. The child should NOT be re-questioned once the information has been disclosed regardless of which staff member received the initial disclosure.
 - b. If unsure if the information constitutes abuse or is reportable, contact the CPS Hotline at 1-888-SOS-CHILD (or 1-888-767-2445). CPS will evaluate the information and determine if a report should be made.
 2. Assist in the documenting of information on the designated child abuse reporting form. If the Coordinator is not the school's nurse, you may consult with the nurse or health office personnel to describe any visible injury.
 3. Aid in phoning report of the information gathered on the reporting form to both the CPS Hotline (at the phone number listed above) **and** the law enforcement agency where the suspected abuse took place. If the location of occurrence is unknown, report to your local law enforcement agency. Notify the agencies that you are reporting to both CPS and police.
 4. Per A.R.S. 13-3620 (see Appendix C), mail a copy of the written reporting form to CPS within 72 hours of making the initial report. The report should be mailed to: CPS, P.O. Box 44240, Phoenix, AZ, 85064-4240. Copies of the report can, and should, also be made available to the CPS Specialist and/or Police Officer responding to the school.
 5. Per A.R.S. 15-514, mail a written report to the Arizona Department of Education if the alleged perpetrator is a certified teacher or administrator. This report should be sent within three business days to: Arizona Department of Education, Investigative Unit, 1535 W. Jefferson, Phoenix, AZ 85007.
- B. Assist police and Child Protective Services upon their arrival by sharing information and providing a private place on campus for the agencies to meet with the child and/or with the reporting source.
- C. Contact the appropriate school personnel who need to know in order to protect the child. It is recommended that Principals be advised when child abuse reports are made because investigating agencies often respond first to the main office. The Principal is also frequently the first to receive calls from parents and would need to know how and where to direct their inquiries.

- D. If a parent or guardian calls or comes to the school in an effort to locate a child being interviewed, sheltered or removed from school grounds, the Coordinator (or Principal) should refer the parent or guardian to CPS and the law enforcement agency for information.
- E. The Coordinator should maintain the confidentiality of the case. The school's Coordinator will contact CPS to obtain the legally authorized information about the case and will keep other school personnel (child's teacher, counselor, nurse, etc.) informed on a need to know basis in order to better assist the child.
- F. The Coordinator will keep the original reporting form documenting that the CPS/police report has been made. These reports should be kept on file until the child reaches age 18 or two (2) years after the child graduates from High School, whichever is longer. It is recommended these reports be transferred from one school Coordinator to another if the child changes schools. These records should be transferred in a confidential manner between the Coordinators.
- G. If a report of abuse is from a third party, document the information provided and encourage that party to make the report. Do not interview the child, but be observant. For example, if the party states that an injury was inflicted on an extremity of the child, the coordinator can unobtrusively observe the child to determine if the reported injury is present. As always, if any injury is observed you may ask the four approved questions to determine the cause of injury. You may also ask the child's teacher if he or she has noticed any behavior changes. In cases of third party reports the Coordinator will still make a report to the authorities.
- H. The school Coordinator shall also be responsible for coordinating on-going, on site training of school personnel in the identification and reporting of child abuse and neglect.

IV. Responsibilities of CPS and Law Enforcement

CPS and/or Law Enforcement Officers will conduct the investigation. The CPS Specialist and/or Law Enforcement Officer will provide proper identification and should confer with the Coordinator/reporting party. See the Attorney General Opinion, Appendix K, for more information regarding the rights of CPS Specialists and/or Police Officers while conducting child abuse investigations at schools.

- A. The CPS Specialist and/or the Law Enforcement Officer may, at their discretion:
 - 1. Enter the school grounds and investigate cases of suspected abuse without unnecessary disruption of normal school activities.
 - 2. Interview the child victim, and all other children residing in the home, on school grounds outside of the presence of school personnel. School personnel may only be present during the interview at the request of the CPS Specialist and/or Law Enforcement Officer.

3. Conduct interviews of the child without permission from or notice to the parent(s) and/or guardian(s).
 4. Remove the child from the school (take temporary custody) if necessary to further the investigation.
 5. Obtain school records by lawful means.
- B. Efforts will be made to minimize any emotional trauma to the child as well as preserve the confidentiality of the investigation. Joint CPS and law enforcement interviews are encouraged (See Law Enforcement and CPS sections of this Protocol).
- C. If the CPS or Law Enforcement Officer believes it is necessary, the child may be sheltered. The Coordinator should be informed of this decision. CPS and/or law enforcement are required to notify the parents in writing within six (6) hours if a child is taken into temporary custody. Again, it is not the responsibility of school personnel to make notifications to the family.
- D. In the event of an investigation originating from a source other than the school, the CPS specialist and/or Law Enforcement Officer will, as a courtesy, attempt to notify the Coordinator.

IX

JUVENILE COURT PROTOCOL

Juvenile Court, a separate division of the Arizona Superior Court, is given the sole authority to hear adoption, severance (termination of parental-child relationship), delinquency (juvenile criminal), incorrigibility (runaway or out of control), and dependency (civil child abuse or neglect) cases.

For the purposes of this protocol, only two areas of the Juvenile Court will be discussed - dependency and delinquency - as they affect the child abuse victim. For definitions of dependency and delinquency see ARS 8-201 (see Appendix D). The following guidelines are proposed in order to reduce system-induced trauma and minimize the number of times the child victim is interviewed.

I. Dependency

A. The Court Process

The Juvenile Court adjudicates matters involving the protection of minors who have been abused or neglected or have no parent or guardian willing or able to care for them. When a child is taken into protective custody a petition must be filed within 72 hours, excluding weekends and holidays, or the child must be returned home. Model Court requires that when a child is removed from home the court must hold a conference and a preliminary protective hearing within five (5) to seven (7) days from the date of removal. The intent is to accelerate services to the child and the family. At the hearing, the parents or guardians enter an admission or denial to the allegations in the petition.

If the dependency is not declared at the preliminary protective hearing, a series of hearings may then be held (see Appendix B). During each hearing, the parents or guardians are provided an opportunity to admit or deny the allegations made. A finding of dependency may be a result of an agreement of the parties or a contested trial. The court, with input from the parents, the child's attorney, and CPS determines appropriate dependency orders. CPS prepares a report to the court presenting the facts and making recommendations. The court may follow the recommendations or may modify them, or the parties may challenge them at a subsequent hearing.

It is CPS' mission, first, to protect children from abuse and neglect and, second, to help the family safely care for the child. When reunification is not possible, CPS develops a plan of permanency for the child's care through guardianship, severance of parental rights and adoption, or long term foster care.

B. Child Victim's Testimony

Attorneys appear on behalf of parents, children, and CPS. Child victims are

rarely called to testify in dependency matters. However, the child victim's testimony may be required in delinquency proceedings.

C. Appointment of Attorneys and Guardians Ad Litem

The court automatically appoints an attorney for all children in dependency cases. The court may also appoint a guardian ad litem (GAL) to represent the best interests of a child. A GAL need not be an attorney as there is no attorney-client privilege within that relationship.

Representation of clients in Dependency and Severance cases involves an expertise not usually acquired in the general practice of law. Attorneys are expected to establish and maintain a level of expertise and training that will enable them to competently represent their child clients. Seeking additional training/advice from an experienced attorney/mentor is highly recommended. Sensitivity, understanding, patience and knowledge of the criminal justice system are also needed to handle these specialized cases.

D. Responsibilities of the Attorney/Guardian Ad Litem

It is recommended that the court order appointing the attorney/guardian ad litem completely state the authority and responsibilities to be carried out by those attorneys. Should a guardian ad litem be appointed to a case in which criminal prosecution is also occurring, the Juvenile Court should state the expectations regarding the guardian ad litem's involvement in the criminal matter.

II. Juvenile Court Delinquency

The delinquency section of the Juvenile Court faces issues of child abuse in two manners: (1) as perpetrators of the abuse, juveniles suspected of sexual offending are referred for investigation and supervision; (2) as victims, juveniles at any point in the system may present as suspected victims of child abuse.

A. Juveniles referred for sexual offending:

1 The Court Process as to the Accused Juvenile

- a. When the police apprehend a juvenile for a sexual offense, the police officer completes a "Juvenile Referral/Complaint" (henceforth to be referred to as the complaint), listing the charges and describing the offense. The police officer makes the judgment to either release the juvenile to his parents and mail the Complaint to the Juvenile Court or bring the child and the Complaint to the Juvenile Detention facility. Such judgment is made by the Police Officer based on several criteria, including the perceived level of risk for re-offense.
- b. If the juvenile is not brought to detention, the Complaint will be submitted to the Juvenile Court. The County Attorney has 45 days to review the

charges and grade the Complaint.

- 1) The County Attorney will decide if the juvenile is to be prosecuted in the Juvenile Court. If the child is fourteen (14) years or older, the charges for certain offenses per A.R.S. 13-501 can be directly filed in Adult Criminal Court. The County Attorney may also request transfer of charges to Adult Criminal Court on non-A.R.S. 13-501 cases.
 - 2) If the decision is to file a petition in the Juvenile Court, a hearing will be set for formal court action.
 - 3) If the decision is made to file in the adult system, all paperwork will be completed by the Juvenile Crimes Division and forwarded to the appropriate Maricopa County Attorney's Office, Adult Division.
 - 4) The original County Attorney reviewing the Complaint may also decide there is not enough evidence to grade the charges and will return the Complaint to the police for an additional thirty (30) days of further investigation. If sufficient evidence cannot be gathered, there will be no formal charges. If there is substantial evidence, the County Attorney will grade it to be filed in either Juvenile or Adult Court.
- c. If the juvenile is brought to detention, the Screening Officer on duty will, based on law and circumstances, either detain or release the juvenile to his parents/legal guardian. If the juvenile is not detained, the process cited in #2 above will proceed. If the juvenile is detained, the Complaint will be "Redballed" to the County Attorney for grading within 24 hours. If the Complaint is filed in the adult system, the juvenile will be transported from detention to the Madison Street Jail.
- d. After the petition has been filed, the first hearing set is the Advisory Hearing (Initial Appearance/ Arraignment). This will take place within 24 hours on in-custody matters and within 30 days of the filing of petition on out of custody matters.
- e. If the juvenile denies the charges at the Advisory Hearing, an Adjudication Hearing (Trial) will be set. This will occur within 45 days if the juvenile is detained or within 60 days if the juvenile is not detained. If the juvenile admits to the charges, a Disposition Hearing (Sentencing) is set. This will occur within 30 days if the juvenile is detained or within 45 days if the juvenile is not detained. If at the Adjudication Hearing, the juvenile is adjudicated delinquent (found guilty), the Disposition Hearing will be set 30-45 days after the Adjudication Hearing. At this time, a psychosexual evaluation may be ordered by the Court.
- f. At the Disposition hearing, the juvenile may be placed on probation and allowed to return to living in the community with treatment on an outpatient basis; or he may be placed on probation while receiving treatment in a residential facility. Probation may be standard or intensive and may include up to one year in a Juvenile Detention

Facility, per count and/or cause. Another possibility is that he may be sent to the Department of Juvenile Corrections for incarceration in a correctional facility. A last possibility is an "exceptional disposition", where no incarceration or probation is assigned. However, this is extremely rare in sexual offense cases.

- g. If the juvenile is placed on probation, the case will be managed and followed by a Juvenile Probation Officer who is a Sexual Offense Specialist (a title within the Juvenile Probation Department).

2 The Court Process as to the Child Victim's Testimony

- a. If the accused juvenile denies the charges, the alleged child victim will be required to testify in the presence of the accused at the Adjudication Hearing. A Victim Advocate is assigned to familiarize the child with the court setting as well as the legal and court proceedings. The Victim Advocate will accompany the child to all interviews and court proceedings. (See Victim Services protocol).
- b. The Juvenile Probation Officer assigned to a sexual offense case pre-adjudication is usually a Sexual Offense Specialist who has been specially trained to work with these issues. This Juvenile Probation Officer will be investigating the needs of the accused in order to make a recommendation to the Court at the time of the Disposition Hearing. The Juvenile Probation Officer will also contact the parents of the child victim for input on the recommendations. The Juvenile Probation Officer will also answer questions and/or make recommendations for counseling for the child victim.
- c. The child victim should NOT be interviewed by any court personnel regarding the details of the alleged offense. The family of the child victim will not be made to feel that their input on sanctions for the accused will be the determining factor in the decision that is made.

3 Appointment of Attorneys for Child Victims

- a. In matters where the child victim's interests may not be protected, as in intra-familial child molest, the court may appoint an attorney/ guardian ad litem (GAL) to represent the interests of the child victim.
- b. If the Court orders the appointment of an attorney/guardian ad litem, it is recommended that the court order completely state the authority and responsibilities to be carried out by the attorney.
- c. The attorney can advise the court or provide input to the Probation Officer as to the child victim's feelings regarding sanctions, if need be. The Victim Advocate may also fill this role if a trusting relationship between the Advocate and child has been developed.

4 Supervision of Juvenile Sex Offenders

- a. The statutes require that the term of probation for a juvenile is 12 months, which can be continued until the age of 18, if modified by court order. Best practice is held to be protecting the community through treatment of the juvenile offender. Treatment is seldom short-term. Most juvenile sexual offenders will return before the court to have their probation extended for the sole purpose of treatment completion. The court ordered treatment will be terminated when probation ends.
- b. The court may impose specialized terms of probation, which may include peer relationship restrictions, contact with the victim, adult supervision, employment restrictions, etc.
- c. There are statutes allowing that juveniles may be ordered to register as a sex offender until age 25. Community Notification is not applicable to those adjudicated in the juvenile system. However, other statutes demand that schools be notified when a student is adjudicated of certain felonies, sexual misconduct being one of them. Also per the statutes, juveniles must submit to a DNA sample and, upon victim request, must submit to an HIV test. In the latter, a specific representative must be named to receive the test results.
- d. Probation supervision is conducted by Probation Officers who have had extensive training on the specific issues related to juvenile sex offenders. The probation Officer functions as an integral member of the treatment team, keeping the court aware of progress.
- e. The standard frequency of Probation Officer contact is increased with the supervision of this population. (see Appendixes W, X, and Y). In addition to a Probation Officer, juvenile sexual offenders on intensive probation are also monitored by a Surveillance Officer who makes random and variable contacts through the day, night, weekends, at home, school, work, and anywhere the juvenile has been given parental permission to spend time.
- f. Members of the juvenile offender's family are strongly encouraged to participate in treatment.
- g. The goal of the Probation Department is for a juvenile sexual offender to successfully complete treatment and be released from probation prior to turning 18. When there is no completion of treatment prior to age 18, the juvenile court loses jurisdiction and the young person is released from probation with no further supervision or court orders.

Selected sections of the Juvenile Court's Protocol for the handling of sexual offense cases are in the Appendix section of this Protocol.

B. Juveniles as Suspected Child Abuse Victims:

The Probation Department is committed to supporting and following the Multidisciplinary Protocol for the Investigation of Child Abuse guidelines for reporting suspected child abuse. Training in the Protocol has been added to the permanent New Employee training module.

- 1 Most suspected abuse is noticed when a child is brought into the detention facility by the police and undergoes the strip search by one of the child care staff. Any signs of trauma are to be immediately reported to the clinic nurse. The staff shall:
 - a. Ask only the four questions sanctioned by the Protocol;
 - 1) What happened?
 - 2) Who did it?
 - 3) When did it happen?
 - 4) Where did it happen?
 - b. Ask the clinic nurse to provide a cursory evaluation the child's injury in order to determine if transportation to the Emergency Room and/or if a medical exam is warranted;
 - c. Phone in a report of the suspected abuse to Law Enforcement and to CPS. If the police officer who brought the child in is still present, notifying that Officer will suffice regarding the report to Law Enforcement;
 - d. Write an Incident Report, documenting the physical signs and the child's answers to the four questions;
 - e. Fax or mail a copy of the Incident Report to CPS;
 - f. Forward a copy the Incident Report to the assigned Probation Officer;
 - g. File the original incident report in the child's detention file.
- 2 If abuse is suspected in a juvenile who is not detained, the staff person must follow the same procedure as outlined above regarding reporting of the incident to Police and CPS. The original incident report should be retained in the child's information file.

ADULT PROBATION DEPARTMENT PROTOCOL

The Adult Probation Department primarily interacts with victims in two ways: 1) in the preparation of a pre-sentence investigation report for the Court before sentencing, and 2) in the supervision of sentenced sex offenders in which any contact with children and particularly the victim(s), is either expressly prohibited or carefully supervised. Any family unification/reunification occurs under guidelines that are structured and incremental. The risk to the community of any sex offender placed there by the Court should be carefully evaluated on an ongoing basis. A third type of interaction with victims occurs when a probation employee, in the course of their regular duties, discovers reasonable grounds that a child has been abused or neglected. This initiates the same protocol as shared by other service professionals who are mandated to report the suspected abuse.

I. Pre-Sentence Investigation

A. Preparing the Report

In the preparation of a pre-sentence report, the Probation Officer's assignment is to summarize the case for the sentencing judge and make a recommendation regarding disposition. (See Appendix Q). The police reports of the case are summarized, including the victim and offender demographics, grooming behaviors, i.e., the method by which the defendant coerced or manipulated the victim to submit, and a complete description of assault, including duration and use of weapon(s) and. The report also provides information about the eventual disclosure, response by others to the disclosure, and trauma to the victim. Much of the report requires information about the defendant, including his social history, prior criminal history, substance abuse, mental health problems, financial status, and his interpretation of the offense and his level of accountability or denial.

B. Taking the Victim's Statement

An important part of the report involves the victim's statement. Officers should contact the Victim Advocate before contacting the victim. The Advocate has often established a rapport with the victim and therefore the victim might feel more comfortable talking with the Investigator if the Advocate is present.

1. It's helpful to let the victims know that this is probably the last time they'll have to talk to someone from the Court. He or she has already had to tell the details to numerous individuals, and it should not be necessary to repeat them, although if it seems that they would like to do so, they should be accommodated. The main objective is to try to determine the degree of trauma to the victim(s), whether they have received counseling, the cost involved, and how they presently view the offender with regard to sentencing.

2. When the victim is a child, every effort should be made to accommodate the victim and make this interview as easy as possible. If time permits, the officer can offer to go to the victim's home, where the child may feel more comfortable and secure. Many interviews with children occur in the presence of the parent, but the officer should encourage the child to express his or her own feelings. However, many parents do not wish their children to be re-interviewed, and choose to speak on the child's behalf.
3. More information about the victim's situation can be gathered from other contacts, such as the Child Protective Services Specialist, the victim's counselor, the child's attorney or guardian ad litem, significant members of the victim's family, and others who may wish to comment. Since a distressingly large number of victims have still not been in treatment by this time, they or their parents should be encouraged to obtain counseling.

C. Terms of Probation

1. If the case is one of in-home sexual abuse, or abuse by a close family member, the custodial parent should be informed of the probation department's guidelines for family contacts, visitation rules, and reunification, (See Appendixes R through U). The spouse or partner should be aware that the offender will not be allowed to return home until certain treatment objectives have been met, a process which could take years, if ever, to accomplish.
2. The seventeen (17) specialized sex offender terms (See Appendix R) should be added to the defendant's probation, unless there are exceptional circumstances. This will allow the supervising field officer the ability to further evaluate the case, to order further testing for the defendant, and to provide an appropriate degree of safety in the community for present and potential victims.

II. Field Supervision

A. Specialized Officers

1. Probations will be assigned to a specialized sex offender field officer, unless there are exceptional circumstances. Specialized field officers have been trained to understand the intricate dynamics of sexual deviance, grooming and manipulation tactics, the offender's offense cycle, risk factors for re-offense, victimization issues, and treatment strategies and objectives. The philosophy of the specialized unit is to work with treatment providers as closely as possible, in order to provide consistency in messages given to the defendant about treatment goals, contact restrictions, and potential reunification plans.
2. After sentencing, the Probation Officer is primarily responsible for intervening and protecting the victim against further abuse. The specialized

unit is able to utilize the services of surveillance officers, as well as the probation officer, to assist in fieldwork, particularly evenings and weekends. Officers work on a continuing basis to assess the risk level of the offenders on their caseloads, determining the frequency of random field contacts. Offenders must adhere to strict definition of "no contact" with children, a possible curfew, and appropriate residence away from children, and other restrictions.

B. Offenders Treatment

All sex offenders, with rare exceptions, now begin probation on a specialized caseload, and are considered high risk until they can be evaluated. We have found it beneficial to begin treatment with an educational format. During this time, they are required to attend a series of classes on Sexuality and Sexual Deviancy, which helps them examine concepts that are new to them and that help them to begin to examine their own behavior. They are presented with the expectations of cognitive behavioral therapy, testing requirements, and reunification procedures, if appropriate. Their spouses or partners are encouraged to attend.

Offenders are required to take a disclosure polygraph, which covers their sexual history and usually reveals additional paraphilias that they will need to address if they are to make significant progress in learning to control their deviant behavior. Since offender self-report is often poor and incomplete, polygraph examinations are a useful tool for encouraging sexual offenders to disclose sexual secrets. The sex offender program focuses on eliminating sexually deviant behavior, which is often secretive and manipulative, and assists offenders in working toward healthy relationships.

The offender is placed in a cognitive-behavioral group closest to his place of residence. The contracted treatment providers are part of the community "team" that helps break down the secrecy and denial of many sex offenders. Open communication between therapists, probation officers, surveillance officers, and polygraphers is vital to the team approach. Group treatment also helps eliminate the tendencies toward secrecy and manipulation, which are not as easily extinguished in one-on-one counseling. The offender may be able to manipulate one therapist, but it is much less likely that this will happen in a group of his peers. Offenders are given a series of homework assignments, which must be successfully completed as they progress in therapy.

Offenders are not allowed contact with any children, including their own, until certain treatment goals have been met and until a polygraph is passed. This condition is the same whether the referring offense was incest or an out of home assault. Contact with a victimized family member should proceed only after a detailed clarification process supervised by both the offender's therapist and victim's therapist.

1. The process of reunification is slow and structured. (See Appendixes T and

U). It is a major decision to return an offender back into an intimate living situation with his victim. The Officer should not do so until both the offender and the therapist believe that the non-offending partner is able to protect the children from further abuse. Both the partner and the offender need to be totally aware of the pre-offense thoughts, fantasies, and subtle ways of grooming the victim(s). The offender must also present a detailed plan for relapse prevention.

2. Partners' groups are extremely supportive and effective. Many family members report being angry at "the system", which they perceive as being responsible for their disrupted family. Group treatment and support can help redirect the responsibility toward the offender and also help the partner to become part of a strong support system for the child. The attitude and strength of the child victim's support system are crucial to recovery from sexual trauma.

Non-offending partners in sexual abuse cases often have been victimized themselves; they carry the additional burdens of providing a healthy and protective environment for their children while attempting to deal with their own past victimization. The partner must be an active member of a partners' group and be evaluated as an appropriate chaperon before being considered an adequate protector of children.

C. Monitoring

Specialized Probation Officers often attend various offender and/or victim therapy groups. This allows the Officers to maintain awareness of the issues the offenders and their families are facing.

1. Officers monitor the offender's employment, his access and risk to children, substance abuse, his use of free time, volunteer work, and other areas of his environment. Detailed information is obtained about the offender's family members and other children with whom the offender may come in contact. Adult chaperons must be fully informed about the offender's criminal offense and sign a written form of consent before any contact with the children can occur.
2. Maintenance polygraphs should take place throughout the offender's term of probation. Probation Officers will often review homework assigned in group, increase supervision, and verify with other family members the offender's accountability and behavioral changes. If appropriate, contact is made with schools and school counselors to determine if victims are progressing satisfactorily. Every attempt within the officer's power is made to assess the victims' emotional well being and provide for victim safety and recovery.

III. Mandatory Reporting of Suspected Abuse

Adult Probation Department employees may be the first persons to whom children

disclose abuse or may detect possible abuse or neglect as a function of their job. The Arizona mandatory reporting law, A.R.S. 13-3620 (see Appendix C), also applies to Probation Department employees. If one reasonably believes that a child has been neglected or abused, the Probation Department employee is required to immediately report the incident to CPS and to local Law Enforcement. The information about possible abuse may be received through the child's self-report, the observation of neglect or physical injury, or third party disclosure.

A. Child's self disclosure

1. When it appears that a child is disclosing information about possible abuse, efforts should be made to promote a quiet, safe place to facilitate the conversation.
2. The person receiving the information shall listen openly and speak at the child's level in a positive, non-judgmental manner.
3. If the child has not spontaneously provided the following information about the abuse, only these exact questions should be asked as needed to complete the information:
 - a. What happened?
 - b. Who did it?
 - c. Where were you when it happened?
 - d. When did it happen?
4. Efforts should be made to document or remember the child's exact words during the disclosure since these quotes will later be included in the incident report.
5. Probation employees should not make any promises to the child, which cannot be guaranteed. For example, do not tell the child "this does not have to be reported to the authorities", "you won't have to testify", "no one will go to jail", etc.
6. Follow the reporting procedure as specified in section D (below).

B. Observations of injury, neglect and/or unusual behavior

1. Probation employees should be observant of bruising, injury, markings, or unusual behavior, which may be the result of abuse or neglect.
2. The employee observing the above may ask the four questions listed in the previous section to attempt to ascertain the cause.
3. If the responses lead to suspicion of abuse or if the responses are inconsistent with the observations, report as described in section D (below).

C. Third party report of abuse

If a third party informs probation employees that a child may be the victim of abuse or neglect, the third party should be directed to report the information to both CPS and to the local law enforcement agency where the abuse/neglect has occurred. Probation Department employees are also required to make the report. See reporting procedures in section D (below).

D. Reporting procedures

1. The employee, after observing or hearing about the suspected abuse as outlined in sections A and B above, shall immediately call both CPS and the local law enforcement agency where the suspected abuse occurred. A written report will also be mailed to CPS within 72 hours of the initial report.
2. The employee shall not provide information about the suspected abuse to the parents or any alleged perpetrators, but instead refer them to CPS or the law enforcement agency involved.
3. If the information was from a third party (as described in section C above), document the information provided. Do not interview the child, but remain observant. If any injury is observed the four questions listed in section A may be asked. After the third party has been directed to report the suspected abuse, the employee shall make a follow up report to CPS and the appropriate local law enforcement agency.
4. The incident will be documented in an incident report form as per the Adult Probation Department Policy Manual.

III. Juvenile Offenders on Adult Probation Supervision:

Juveniles may be placed on adult probation if they are remanded from Juvenile Court or via direct filing of charges into adult court (see Juvenile Court Protocol - Juvenile Delinquency section). Juveniles on adult probation supervision must adhere to the same legal requirements of registration, notification, and DNA procedures as mandated for adult offenders. However, all statutes governing minors still apply to these juveniles including, but not limited to, the responsibility of guardians for the minor, curfew, school attendance, and alcohol and tobacco laws. The requirements of prohibited/controlled contact with minors and/or potential victims, and the offense specific assessment and treatment, tend to be more complicated to arrange for juveniles. The concerns mentioned are even more pronounced when developing a plan for the healthy sexual/social development of a juvenile offender in the adult system.

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Please note that not all Appendixes will have the assigned Appendix letter printed on the form. Please use the letters as a guide. Also, Appendix letters “FF” through “YY” have been reserved for future Appendixes.

INTERVIEW PROTOCOL FOR CHILDREN

A. General Principals

1. Investigative interview are to be approached with a neutral, fact finding attitude for the purpose of collecting information after an allegation of abuse has emerged.
2. The interviewer should be neutral and supportive.
3. The well-being and the best interests of the child should be of primary concern.
4. The interview should be conducted in a comfortable atmosphere that enables the child to speak freely.
5. The language and interview approach used by the interviewer should be developmentally appropriate.
6. Interview procedures may be modified to accommodate very young children or children with special needs.

B. Preservation of Interviews

1. All interviews of children alleging sexual abuse should be preserved on videotape or disc.
2. Whenever possible, interviews of children alleging physical abuse, except the initial interview by the Patrol Officer, should be videotaped.

C. Qualifications of Child Interviewers (individuals meeting the following qualifications will be considered trained or qualified forensic interviewers. These qualifications do not make one certified.)

The minimum qualifications for a person conducting interviews of children shall include:

1. Forty (40) hours of training in the investigative interviewing of children.¹
2. Twenty-four (24) hours of training in child maltreatment, including but not limited too: trauma factors, cycles of abuse, mechanisms of abuse, dynamics of abuse, offender dynamics, courtroom testimony, and child development.

¹ A free course providing this training has been created by the Children's Justice Task Force in conjunction with the Maricopa County Attorney's Office. The course is intended to be offered twice a year for Law Enforcement and/or CPS personnel who conduct interviews of children.

3. Observation of interviews, or videotapes of interviews, of children at different developmental stages, to include: two (2) preschool, two (2) school age, and two (2) mentally challenged children.
4. Familiarity with legal issues and child physical and sexual abuse laws.
5. Familiarity with literature concerning child maltreatment, language development, suggestibility, memory, children's ability to serve as witnesses, emotional, cognitive, and behavioral characteristics of traumatized children.
6. Ongoing training (minimum of 8 hours a year) in child sexual and physical abuse, child development, and interviewing techniques through attendance of continuing professional education conferences, in service training and an ongoing review of professional literature.

C. Use of Advocacy Center Interviewers

It is recommended that Advocacy Center Interviewers be utilized in the following situation:

1. Children with developmental disabilities.
2. Children under the age of five.
3. Children with significant emotional and/or behavioral symptoms.
4. Multiple victim cases if additional interviewers are needed.
5. Or in any other situation when the detective or CPS investigator deems it necessary to utilize the forensic interviewer.

D. Process of the Child Interview

1. Obtain relevant background information from the reporting source and/or the caretaker without having the child present.
2. Interview the child with only the interviewer and the child present in the interview room. In rare circumstances and at the request of the interviewer, a third party may be present for the interview. The third party sits in his/her own chair out of direct sight of the child and does not ask questions, speak, or react in any manner. Only as a last resort should the child be allowed to sit on the lap of the third party.
3. Conduct a semi-structured cognitive interview as follows:
 - a. Develop rapport discussing neutral topics to briefly ascertain the child's developmental level and language sample.
 - b. Obtain free narrative/recall - - allow spontaneous disclosures.
 - c. Ask open-ended questions concerning the alleged abuse to encourage descriptions of specific incidents.
 - d. Utilize focused questions in a non-leading manner to ascertain details of alleged abuse.
 - e. Allow and support the ventilation of emotions.

- f. Summarize and close on a neutral topic.
4. Modify interview techniques as necessary for children with special needs or difficulties. Younger children may require more directive techniques during an interview due to their developmental limitations.
5. Utilize multiple qualified interviewers for multiple victim cases in order to avoid contamination of information.

E. Length of Interview

1. School age children should not be interviewed for more than approximately fifty (50) minutes without a break.
2. Preschool children should not be interviewed for more than approximately thirty (30) minutes without a break.

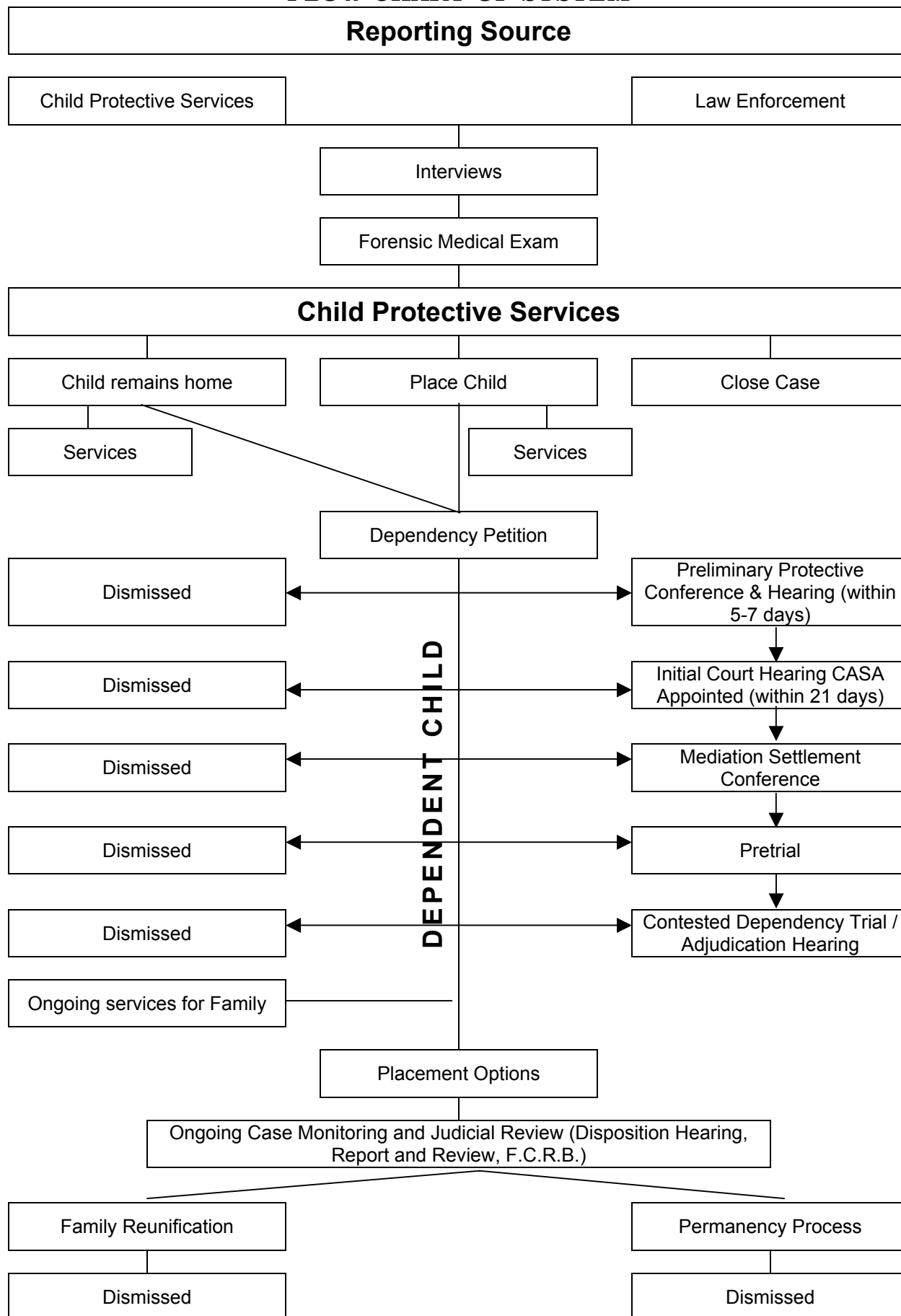
F. Observation of the Interview

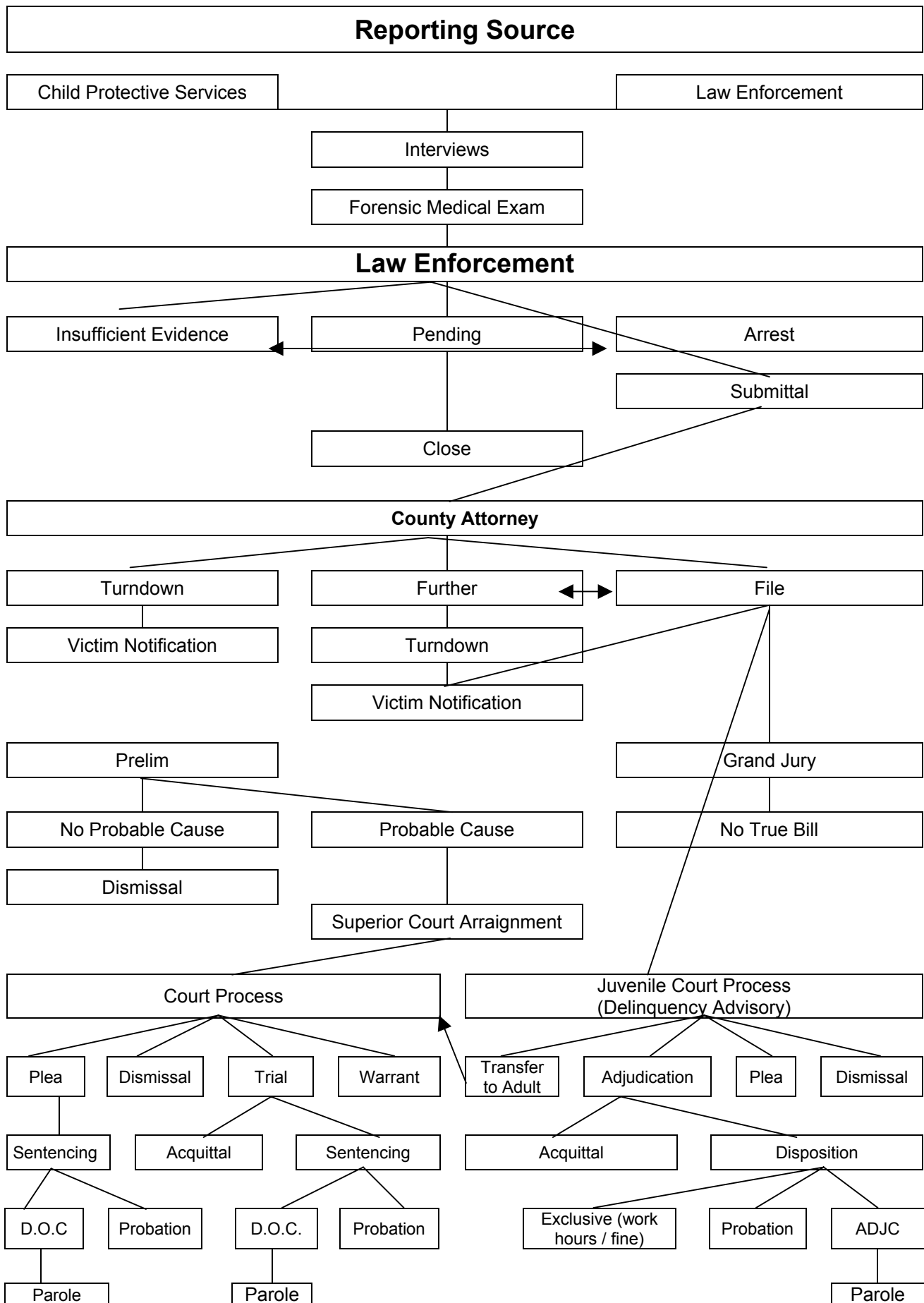
The interview may be observed from a neutral location by only the following professionals:

1. Law Enforcement personnel.
2. CPS specialists investigating the allegations.
3. Medical personnel.
4. County Attorney's and or Attorney General's.
5. The child's court appointed Guardian Ad Litem
6. Mental Health Professionals

G. Use of Props

The use of props in an interview should be minimized. Props such as stuffed animals or drawings may be utilized at the interviewer's discretion to assist a reluctant child in the process of disclosure or the description of specific acts.

FLOW CHART OF SYSTEM



Mandated Reporter Law

A.R.S. 13-3620 Duty to report abuse, physical injury, neglect and denial or deprivation of medical or surgical care or nourishment of minors; medical records; exception; violation; classification; definitions

A. Any person who reasonably believes that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means or that is not explained by the available medical history as being accidental in nature or who reasonably believes there has been a denial or deprivation of necessary medical treatment or surgical care or nourishment with the intent to cause or allow the death of an infant who is protected under ARS 36-2281 shall immediately report or cause reports to be made of this information to a peace officer or to child protective services in the department of economic security, except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only. A member of the clergy, Christian Science Practitioner or priest who has received a confidential communication or a confession in that person's role as a member of the clergy, Christian Science Practitioner or a priest in the course of the discipline enjoined by the church to which the member of the clergy, Christian Science Practitioner or priest belongs may withhold reporting of the communication or confession if the member of the clergy, Christian Science Practitioner or priest determines that it is reasonable and necessary within the concepts of the religion. This exemption applies only to the communication or confession and not to personal observations the member of the clergy, Christian Science Practitioner or priest may otherwise make of the minor. For the purposes of this subsection, "Person" means:

1. Any physician, physician's assistant, optometrist, dentist, osteopath, chiropractor, podiatrist, behavioral health professionals, nurse, psychologist, counselor or social worker who develops the reasonable believe in the course of treating a patient.
2. Any peace officer, member of the clergy, priest or Christian Science Practitioner.
3. The parent, stepparent or guardian of the minor.
4. School personnel or domestic violence victim advocates who develop the reasonable belief in the course of their employment.
5. Any other person who has responsibility for the care or treatment of the minor.

B. A report is not required under this section for conduct prescribed by ARS 13-1404 and 13-1405 if the conduct involves only minors age fourteen, fifteen, sixteen or seventeen years of age and there is nothing to indicate that the conduct is other than consensual.

C. If a physician, psychologist or behavioral health professional receives a statement from a person other than a parent, stepparent, guardian or custodian of the minor during the course of providing sex offender treatment that is not court ordered or that does not occur while the offender is incarcerated in the state department of corrections or the department of juvenile corrections, the physician, psychologist or behavioral health professional may withhold the reporting of that statement if the physician, psychologist or behavioral health professional determines it is reasonable and necessary to accomplish the purposes of the treatment.

D. Reports shall be made immediately by telephone or in person and shall be followed by a written report within seventy-two hours. The reports shall contain:

1. The names and addresses of the minor and the minor's parents or the person or persons having custody of the minor, if known.
2. The minor's age and the nature and extent of the minor's abuse, child abuse, physical injury or neglect, including any evidence of previous abuse, child abuse, physical injury or neglect.
3. Any other information that the person believes might be helpful in establishing the cause of the abuse, child abuse, physical injury or neglect.

E. A healthcare professional who is regulated pursuant to title 32 and who, after a routine newborn physical assessment of a newborn infant's health status or following notification of positive toxicology screens of a newborn infant reasonably believes that the newborn infant may be affected by the presence of alcohol or a drug listed in section 13-3401 shall immediately report this information, or cause a report to be made, to child protective services in the department of economic security. For the purposes of this subsection "newborn infant" means a newborn infant who is under thirty days of age.

F. Any person other than one required to report or cause reports to be made under subsection A of this section who reasonably believes that a minor is or has been a victim of abuse, child abuse, physical injury, a reportable offense or neglect may report the information to a peace officer or to child protective services in the department of economic security, except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only.

G. A person who has custody or control of medical records of a minor for whom a report is required or authorized under this section shall make the records, or a copy of the records, available to a peace officer or child protective services worker investigating the minor's neglect, child abuse, physical injury or abuse on written request for the records signed by the peace officer or child protective services worker. Records disclosed pursuant to this subsection are confidential and may be used only in a judicial or administrative proceeding or investigation resulting from a report required or authorized under this section.

H. When telephone or in-person reports are received by a peace officer, the officer shall immediately notify child protective services in the department of economic security and make the information available to them. Notwithstanding any other statute, when child protective services receives these reports by telephone or in person, it shall immediately notify a peace officer in the appropriate jurisdiction.

I. Any person who is required to receive reports pursuant to subsection A of this section may take or cause to be taken photographs of the minor and the vicinity involved. Medical examinations of the involved minor may be performed.

J. A person who furnishes a report, information or records required or authorized under this section, or a person who participates in a judicial or administrative proceeding or investigation resulting from a report, information or records required or authorized under this section, is immune from any civil or criminal liability by reason of that action unless the person acted with malice or unless the person has been charged with or is suspected of abusing or neglecting the child or children in question.

K. Except for the attorney client privilege or the privilege under subsection L of this section, no privilege applies to any:

1. Civil or criminal litigation or administrative proceeding in which a minor's neglect, dependency, abuse, child abuse, physical injury or abandonment is an issue.
2. Judicial or administrative proceeding resulting from a report, information or records submitted pursuant to this section.
3. Investigation of a minor's child abuse, physical injury, neglect or abuse conducted by a peace officer or child protective services in the department of economic security.

L. In any civil or criminal litigation in which a child's neglect, dependency, physical injury, abuse, child abuse or abandonment is an issue, a member of the clergy, a Christian Science Practitioner or a priest shall not, without his consent, be examined as a witness concerning any confession made to him in his role as a member of the clergy, a Christian Science Practitioner or a priest in the course of the discipline enjoined by the church to which he belongs. Nothing in this subsection discharges a member of the clergy, a Christian Science Practitioner or a priest from the duty to report pursuant to subsection A of this section.

M. If psychiatric records are requested pursuant to subsection G of this section, the custodian of the records shall notify the attending psychiatrist, who may excise from the records, before they are made available:

1. Personal information about individuals other than the patient.
2. Information regarding specific diagnosis or treatment of a psychiatric condition, if the attending psychiatrist certifies in writing that release of the information would be detrimental to the patient's health or treatment.

N. If any portion of a psychiatric record is excised pursuant to subsection M of this section, a court, upon application of a peace officer or child protective services worker, may order that the entire record or any portion of the record that contains information relevant to the reported abuse, child abuse, physical injury or neglect be made available to the peace officer or child protective services worker investigating the abuse, child abuse, physical injury or neglect.

O. A person who violates this section is guilty of a class 1 misdemeanor, except if the failure to report involves a reportable offense, the person is guilty of a class 6 felony.

P. For purposes of this section:

1. "Abuse" has the same meaning prescribed in section 8-201.
2. "Child abuse" means child abuse pursuant to section 13-3623.
3. "Neglect" has the same meaning prescribed in section 8-201.
4. "Reportable offenses" means any of the following:
 - (A) Any offense listed in Chapters 14 AND 35.1 of this title.
 - (B) Surreptitious photographing, videotaping, filming or digitally recording of a minor pursuant to section 13-3019.
 - (C) Child prostitution pursuant to section 13-3212.
 - (D) Incest pursuant to section 13-3608.

Other Applicable Statutes

A.R.S. 8-201 Definitions

In this title, unless the context otherwise requires:

1. “Abandoned” means the failure of the parent to provide reasonable support and to maintain regular contact with the child, including providing normal supervision. Abandoned includes a judicial finding that a parent has made only minimal efforts to support and communicate with the child. Failure to maintain a normal parental relationship with the child without just cause for a period of six months constitutes prima facie evidence of abandonment.

2. “Abuse” means the infliction or allowing of physical injury, impairment of bodily function or disfigurement or the infliction of or allowing another person to cause serious emotional damage as evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior and which emotional damage is diagnosed by a medical doctor or psychologist pursuant to section 8-821 and is caused by the acts or omissions of an individual having care, custody and control of a child. Abuse shall include inflicting or allowing sexual abuse pursuant to section 13-1404, sexual conduct with a minor pursuant to section 13-1405, sexual assault pursuant to section 13-1406, molestation of a child pursuant to section 13-1410, commercial sexual exploitation of a minor pursuant to section 13-3552, sexual exploitation of a minor pursuant to section 13-3553, incest pursuant to section 13-3608 or child prostitution pursuant to section 13-3212.

3. “Adult” means a person who is eighteen years of age or older.

4. “Adult court” means the appropriate justice court, municipal court or criminal division of the superior court that has jurisdiction to hear proceedings concerning offenses committed by juveniles as provided in section 8-327 and 13-501.

5. “Award” and “commit” means to assign legal custody/

6. “Child”, “youth” or “juvenile” means an individual who is under the age of eighteen years.

7. “Complaint” means a written statement of the essential facts constituting a public offense that is any of the following:

- (a) Made on an oath before a judge or commissioner of the superior court or an authorized juvenile hearing officer.
- (b) Made pursuant to section 13-3903.
- (c) Accompanied by an affidavit of a law enforcement officer or employee that swears on information and belief to the accuracy of the complaint pursuant to section 13-4261.

7. “Custodian” means a person, other than a parent or legal guardian, who stands in loco parentis to the child or a person to whom legal custody of the child has been given by order of the juvenile court.

8. "Delinquency hearing" means a proceeding in the juvenile court to determine whether a juvenile has committed a specific delinquent act as set forth in a petition.

9. "Delinquent act" means an act by a juvenile that if committed by an adult would be a criminal offense or a petty offense, a violation of any law of this state, or of another state if the act occurred in that state, or a law of the United States, or a violation of any law that can only be violated by a minor and that has been designated as a delinquent offense, or any ordinance of a city, county or political subdivision of this state defining crime. Delinquent act does not include an offense under section 13-501, subsection A or B if the offense is filed in adult court. Any juvenile who is prosecuted as an adult or who is remanded for prosecution as an adult shall not be adjudicated as a delinquent juvenile for the same offense.

10. "Delinquent juvenile" means a child who is adjudicated to have committed a delinquent act.

11. "Department" means the department of economic security.

12. "Dependant child":

(a) Means a child who is adjudicated to be:

(1) In need of proper and effective parental care and control and who has no parent or guardian, or one who has no parent or guardian willing to exercise or capable of exercising such care and control.

(2) Destitute or who is not provided with the necessities of life, including adequate food, clothing, shelter or medical care, or whose home is unfit by reason of abuse, neglect, cruelty or depravity by a parent, a guardian, or any other person having custody or care of the child.

(3) Under the age of eight years and who is found to have committed an act that would result in adjudication as a delinquent juvenile or incorrigible child if committed by an older juvenile or child.

(4) Incompetent or not restorable to competency and who is alleged to have committed a serious offense as defined in section 13-604.

(b) Does not include a child who in good faith is being furnished Christian Science treatment by a duly accredited practitioner if none of the circumstances described in subdivision (a) of this paragraph exists.

13. "Detention" means the temporary confinement of a juvenile who requires secure care in a physically restricting facility that is completely surrounded by a locked and physically secure barrier with restricted ingress and egress for the protection of the juvenile or the community pending court disposition or as a condition of probation.

14. "Incorrigible child" means a child who:

(a) Is adjudicated as a child who refuses to obey the reasonable and proper orders or directions of a parent, guardian or custodian and who is beyond the control of such person.

(b) Is habitually truant from school as defined in section 15-803, subsection C.

- (c) Is a runaway from the child's home or parent, guardian or custodian.
- (d) Habitually behaves in such a manner as to injure or endanger the morals or health of self or others.
- (e) Commits any act constituting an offense that can only be committed by a minor and which is not designated as a delinquent act.
- (f) Fails to obey any lawful order of a court of competent jurisdiction given in a noncriminal action.

15. "Independent living program" includes a residential program with supervision of less than twenty-four hours a day.

16. "Juvenile court" means the juvenile division of the superior court when exercising its jurisdiction over children in any proceeding relating to delinquency, dependency or incorrigibility.

17. "Law enforcement officer" means a peace officer, sheriff, deputy sheriff, municipal police officer or constable.

18. "Medical director of a mental health agency" means a psychiatrist, or licensed physician experienced in psychiatric matters, who is designated in writing by the governing body of the agency as the person in charge of the medical services of the agency, or a psychiatrist designated by the governing body to act for the director. The term includes the superintendent of the state hospital.

19. "Mental health agency" means any private or public facility that is licensed by this state as a mental health treatment agency, a psychiatric hospital, a psychiatric unit of a general hospital or a residential treatment center for emotionally disturbed children and that utilizes secure settings or mechanical restraints.

20. "Neglect" or "neglected" means the inability or unwillingness of a parent, guardian or custodian of a child to provide that child with supervision, food, clothing, shelter or medical care if that inability or unwillingness causes substantial risk of harm to the child's health or welfare, except if the inability of a parent or guardian to provide services to meet the needs of a child with a disability or chronic illness is solely the result of the unavailability of reasonable services.

21. "Petition" means a written statement of the essential facts that allege delinquency, incorrigibility or dependency.

23. "Prevention" means the creation of conditions, opportunities and experiences that encourage and develop healthy self-sufficient children and that occur before the onset of problems.

24. "Protective supervision" means supervision that is ordered by the juvenile court of children who are found to be dependent or incorrigible.

25. "Referral" means a report that is submitted to the juvenile court and that alleges that a child is dependent or incorrigible or that a juvenile has committed a delinquent or criminal act.

26. "Secure care" means confinement in a facility that is completely surrounded by a locked and physically secure barrier with restricted ingress and egress.

27. "Shelter care" means the temporary care of a child in any public or private facility or home that is licensed by this state and that offers a physically non-secure environment that is characterized by the absence of physically restricting construction or hardware and that provides the child access to the surrounding community.

A.R.S. 8-802 Protective services worker; powers and duties; alteration of files; violation; classification

- A. Protective services workers shall be employed by the state department of economic security.
- B. The department may cooperate with the county agencies and community social services agencies to achieve the purposes of this section.
- C. A protective services worker shall:
 - 1. Be prepared to receive reports of dependent, abused or abandoned children and be prepared to provide temporary foster care for such children on a twenty-four hour basis.
 - 2. Receive from any source oral or written information regarding a child who may be in need of protective services. A worker shall not interview a child without the prior written consent of the parent, guardian or custodian of the child unless either:
 - (a) The child initiates contact with the worker.
 - (b) The child interviewed is the subject of or is the sibling of or living with the child who is the subject of an abuse or abandonment investigation pursuant to paragraph 3, subdivision (b) of this subsection.
 - 2. After receipt and initial screening pursuant to rules adopted by the department under title 41, chapter 6 of any report or information pursuant to paragraph 1 or 2 of this subsection immediately do both of the following:
 - (a) Notify the municipal or county law enforcement agency.
 - (b) Make a prompt and thorough investigation of the nature, extent and cause of any condition which would tend to support or refute the allegation that the child should be adjudicated dependent and the name, age and condition of other children in the home.
 - 2. Take a child into temporary custody as provided in section 8-821. Law enforcement officers shall cooperate with the department to remove a child from the custody of his parents, guardian or custodian when necessary.
 - 3. After investigation, evaluate conditions created by the parents, guardian or custodian which would support or refute the allegation that the child should be adjudicated dependent. He shall then determine whether any child is in need of protective services.
 - 4. Offer to the family of any child found to be a child in need of protective services those services designed to correct unresolved problems which would indicate reason to adjudicate the child dependent.

5. Render a written report of his investigation to:
 - (a) The central registry and to any participating member of the central registry if that is where the complaint originated within twenty-one days after receipt of the initial information except as provided in section 8-811. If the investigation involves allegations regarding a child who at the time of the alleged incident was in the custody of a child welfare agency licensed by the department of economic security under this title, a copy of the report and any additional investigative or other related reports shall be provided to the board of directors of the agency or to the administrative head of the agency unless the incident is alleged to have been committed by the person. The department shall excise all information with regard to the identity of the source of the reports.
 - (b) The appropriate court forty-eight hours prior to a dependency hearing pursuant to a petition of dependency or within twenty-one days after a petition of dependency is filed, whichever is earlier. On receipt of the report the court shall make the report available to all parties and counsel.
 6. Accept a child into voluntary placement pursuant to section 8-806.
- D. No child shall remain in temporary custody for a period exceeding seventy-two hours, excluding Saturdays, Sundays and holidays, unless a dependency petition is filed. If no petition is filed and the child is released to the child's parent, guardian or custodian the worker shall file a report of removal with the central registry within seventy-two hours of the child's release. The report shall include:
1. The dates of previous referrals, investigations or temporary custody.
 2. The dates on which other children in the family have been taken into temporary custody.
- E. Any person who alters a client file for the purpose of fraud or misrepresentation is guilty of a class 2 misdemeanor.

A.R.S. 8-821 Taking into temporary custody; medical examination; placement; interference; classification

- A. A child shall be taken into temporary custody in proceedings to declare a child a temporary ward of the court to protect the child, pursuant to an order of the juvenile court on a petition by an interested person, a peace officer or a child protective services worker under oath that reasonable grounds exist to believe that temporary custody is clearly necessary to protect the child from suffering abuse or neglect.
- B. A child may be taken into temporary custody by a peace officer or a child protective services worker if temporary custody is clearly necessary to protect the child because the child is either:
 1. Suffering or will imminently suffer abuse or neglect.
 2. Suffering serious physical or emotional damage that can only be diagnosed by a medical doctor or psychologist.
- C. In determining if a child should be taken into temporary custody, the interested person, peace officer or child protective services workers may take into

consideration as a mitigating factor the participation of the parent or guardian in the healthy families program established by section 8-701.

- D. In determining if a child should be taken into temporary custody, the interested person, peace officer or child protective services worker shall take into consideration as a paramount concern the child's health and safety and shall consider as a mitigating factor the availability of reasonable services to the parent or guardian to prevent or eliminate the need for removal of the child and the effort of the parent or guardian to obtain and participate in these services.
- E. A person who takes a child into custody pursuant to subsection B, paragraph 2 of this section shall immediately have the child examined by a medical doctor or psychologist. After the examination the person shall release the child to the custody of the parent or guardian of the child unless the examination reveals abuse or neglect. Temporary custody of a child taken into custody pursuant to subsection B, paragraph 2 of this section shall not exceed twelve hours.
- F. A child taken into temporary custody pursuant to this article shall not be detained in a police station, jail or lock-up where adults charged with or convicted of a crime are detained.
- G. A child shall not remain in temporary custody for more than seventy-two hours excluding Saturdays, Sundays and holidays unless a dependency petition is filed.
- H. A person who knowingly interferes with the taking of a child into temporary custody under this section is guilty of a class 2 misdemeanor.

A.R.S. 8-807 Right of privacy; records and reports; confidentiality; exceptions; access; violation; classification; definition

- A. A person who is the subject of an investigation under this article, the alleged victim and the alleged victim's siblings, parents or guardians have a right of privacy that is established to protect the interests of the family and its individual members and that may not be directly or indirectly waived by another person who is a subject of the investigation.
- B. Department records on specific cases of child abuse and neglect are confidential. Except as prescribed by this section, all files, records, reports and other papers compiled in accordance with this article, whether filed in or in possession of the court, the division or a child placement agency or any other agency or association, are confidential and are not available for public inspection.
- C. The following persons and entities may obtain confidential records pursuant to the requirements of this section:
 - 1. Department employees who require this information to perform their official duties.
 - 2. Employees of the department of law, a court or a law enforcement agency and a foster care review board if this information is necessary to perform official duties.

3. A multidisciplinary case consultation team that the department of economic security uses to review or examine a case of known or suspected child abuse or neglect or to provide services to a child or the child's family.
4. A physician or person designated by the physician who:
 - (a) Reviews or examines a suspected case of child abuse or neglect or provides services to a child.
 - (b) Has as a patient a child who the physician reasonably suspects is the victim of child abuse or neglect and the physician requires this information to provide a diagnosis, prognosis or treatment for the child.
5. A foster parent under contract with this state, a child welfare agency or a custodian with whom a child is placed to permit the foster parent, child welfare agency or custodian to care for a particular child.
6. A grand jury.
7. The department of education or a particular school district to allow the department of education or a school district to provide services to a particular child.
8. Subject to any additional limitations imposed under chapter 1, article 1 of this title, adoptive parents.
9. A child who is named in department of economic security records as the victim of child abuse or neglect or that child's guardian ad litem, court appointed special advocate or attorney.
10. A person, agency or organization engaged in a bona fide research or evaluation project, but without information identifying individuals named in a record or file, unless all of the following apply:
 - (a) Having that information open for review is essential to the research or evaluation.
 - (b) The director of the department of economic security gives prior written approval.
 - (c) The child named in the record, through the child's representative, gives permission to release the information.
11. Federal, state or local government agencies or agencies of a tribal government for official purposes. All information received by a government agency pursuant to this paragraph shall be maintained as confidential, unless the information is pertinent to a criminal prosecution.
12. A standing committee of the legislature or a committee appointed by the president of the senate or the speaker of the house of representatives for purposes of conducting investigations related to the legislative oversight of the department of economic security. This information shall not be further disclosed.
13. A court, on request of a party, after a finding by a superior court judge that the information is necessary for a determination of an issue before the court. On production of this information, the court shall conduct an in camera review, determine the relevance and necessity of the disclosure and limit the disclosure to legally relevant information under an appropriate order. The department shall provide the information to the court in the manner prescribed in subsection I of this section.
14. A person or agency required to perform a pre-adoption certification investigation pursuant to section 8-105 if the information is needed for that investigation.
15. An appropriate state official responsible for administration of child protective services in carrying out that official's functions.

16. A legislator who is responsible for oversight of the enabling or appropriating legislation in carrying out these functions. To request a file pursuant to this paragraph:

- (a) The legislator shall submit a written request for child protective services records to the presiding officer of the body of which the state legislator is a member. The request shall state the name of the person whose case file is to be reviewed and any other information that will assist the department in locating the file. The request shall also include the department's office at which the state legislator wants to review the file.
- (b) The presiding officer shall forward the request to the department within five working days of the receipt of the request.
- (c) The department shall make the necessary arrangements for the state legislator to review the file at an office of the department of economic security, chosen by the state legislator, within ten working days.
- (d) The state legislator shall sign a form, before reviewing the file, that outlines the confidentiality laws governing child protective services files and penalties for further release of the information.

- D. A person who is a party in a dependency or termination of parental rights proceeding or the party's attorney may obtain a copy of the child protective services case file. The department is not required to disclose the location of the subject's spouse and children, the identity of the reporting person or the identity of any person providing information and any other person if the department believes that disclosure of the information would be likely to endanger the life or safety of the person. This subsection does not require the department to release records that have previously been released to the person or person's attorney in the normal course of records distribution in the juvenile court proceeding unless the person demonstrates the necessity of the release. On reasonable notice, the department shall prepare a copy of the case file within a time that allows the person who requests the file time to review it before a juvenile court proceeding.
- E. A person who is not a party in a dependency or termination of parental rights proceeding and about whom a report has been made may obtain a copy of the child protective services report. The department shall not disclose the identity of the reporting person and the identity of any person providing information.
- F. A person or entity that is not specifically authorized in subsection C, D, or E of this section to obtain information from records may petition a judge of the superior court to order the department to release that information. The court shall balance the rights of the parties entitled to confidentiality pursuant to this section against the rights of the parties seeking release of the information. The potential benefit or harm from releasing the information sought shall be considered. The court may release otherwise confidential information only if the rights of the parties seeking the information and any benefits from releasing the information sought outweigh the rights of the parties entitled to confidentiality and any harm that may result from releasing the information sought. The court may receive evidence and shall make written findings in support of its decision. The court may require the department to submit the requested information to the court for an in camera inspection. If an order for release is deemed proper, the court may restrict the use, disclosure or

dissemination of the information sought to protect or minimize harm to any person involved. If the court orders the release of information pursuant to this subsection, it may order the department to release the requested information after the department takes any precautionary measures required under this section. The court shall not authorize the release of initial reports of abuse or neglect or information that compromises the integrity of a department investigation, a judicial proceeding or a civil or criminal investigation.

- G. Before it releases records under this section, the department shall take whatever precautions it determines are reasonably necessary to protect the identity or safety of a person who reports child abuse or neglect and any other person if the department believes that disclosure of the information would be likely to endanger the life or safety of the person. These measures may include withholding or editing portions of the information contained in the records. The department is not required by this section to disclose information if the disclosure would do any of the following:
 - 1. Be likely to endanger the life, safety or physical or emotional well-being of a child.
 - 2. Be likely to endanger the life or safety of any other person.
 - 3. Compromise the integrity of a protective services or criminal investigation or a judicial proceeding.
 - 4. Release information that is protected by the attorney-client privilege.
- H. The department may charge a reasonable fee for copying costs required to prepare a record for release pursuant to this section. If a person requests records pursuant to subsection C, paragraph 13 or subsection F of this section, the fee is determined by multiplying the department's prevailing rate for copying a page times the sum of the number of pages in the complete un-redacted record necessary for the court's in camera review plus the number of pages in the redacted record that is provided to the court for in camera review that contain redactions plus the number of pages released by the court to the person who made the request. If a subsequent person requests a record that has already been redacted, the person may review the record without charge and the Department may charge the prevailing rate for copying a page for each page requested by the person.
- I. If records are requested pursuant to subsection C, paragraph 13 or subsection F of this section, the department shall provide the party who requests the records an index to the categories of information in the records. The department shall only provide to the court records concerning the categories of information from the index as specified by the person who requests the information. The department shall provide the court a redacted and un-redacted copy of the requested portions of the record. The court may order production of any additional portions of the records it deems necessary. The department shall redact all personally identifiable information, attorney-client communications and information as prescribed in subsection K of this section related to the following persons in addition to any other redactions ordered by the court:
 - 1. Children.
 - 2. Parents.
 - 3. Relatives.
 - 4. Foster parents.
 - 5. Persons or entities with whom children reside.

6. Reporting sources.
 7. Any other person whose life or safety may be endangered by the disclosure.
- J. The department may publicly disclose findings or information about a case of child abuse or neglect that has resulted in a child fatality or near fatality. Records released pursuant to this subsection shall be redacted as prescribed in subsections I and K of this section, except that the name of the dead child shall be released.
- K. Except as this information applies to the cause of the abuse or neglect of the child and any actions taken by the department in response to reports of abuse or neglect of the child, this section does not require the disclosure of the substance or content of any psychological, psychiatric, therapeutic, clinical or medical reports or evaluations, or similar materials, pertaining to the child or the child's family.
- L. Consistent with the requirements of federal law, the department may summarize and disclose information regarding the abuse and neglect of the child or the investigation of and any services related to the abuse and neglect if the department determines that disclosure is not contrary to the best interests of the child, the child's siblings or other children in the household and any of the following factors exist:
1. The subject of the report has been charged in an accusatory instrument with committing a crime related to a report maintained by the department in the central registry.
 2. The department's investigation of the abuse or neglect of the child or the provision of services by the department has been publicly disclosed in a report that is required to be disclosed in the course of the official duties of a law enforcement official, a prosecuting attorney, any other state or local investigative official or a Judge of the Superior Court.
 3. There has been a prior knowing voluntary public disclosure by an individual concerning a report of child abuse or neglect in which the individual is named as the subject of the report.
- M. Requests for information made pursuant to subsection L of this section shall specifically identify the case about which information is sought and the facts that support a determination that one of the three factors prescribed in subsection L of this section exists. For requests made pursuant to subsection L of this section only, the following information may be disclosed:
1. The determination made by the department on the reports, if any, of abuse or neglect.
 2. Identification of child protective or other services provided to or any actions taken regarding the child named in the report and the child's family as a result on any report.
 3. Any actions taken by the department in response to reports of abuse or neglect of the child.
- N. A person who is the subject of an investigation under this article may request that a hearing or trial relating to the dependency proceeding be open to the public. The court shall order the hearing to be open to the public unless the court determines for good cause that all or part of the hearing or trial should be closed. The court may receive evidence and shall make written findings in support of its decision.

- O. A person who appeals a finding of abuse or neglect pursuant to section 8-811 may obtain a copy of records that are prepared by the department and that are sent to the office of administrative hearings in connection with the appeal. Before the department sends these records, it shall redact the identity of or any personally identifiable information related to the reporting source, the identity of any person whose life may be endangered by the disclosure and any other information related to individuals who are not the subject of the appeal.
- P. This section does not prevent the department from summarizing the outcome of a child protective services investigation to the person who reported the suspected child abuse or neglect. The department shall summarize the outcome of the investigation for the person who reported the suspected child abuse or neglect if that person is the child's parent, guardian or custodian.
- Q. The department shall deposit, pursuant to sections 35-146 and 35-147, monies collected under this section in the children and family services training program fund established by section 8-503.01.
- R. A person who is entitled to receive records under this section shall request this information in a manner that shall be prescribed by the department by rule. The rules shall not hinder or delay disclosure and shall be consistent with the requirements of this section.
- S. If the department receives a request that complies with this section and department rules, it shall provide the requested information after it takes the precautionary measures and collects all fees as prescribed in this section.
- T. Identifying information released pursuant to this section is confidential and shall not be further released or disclosed to person or entities that are not entitled to this information under this section and rules adopted under this section.
- U. Before it adopts a rule under this section the department shall forward a copy of a proposed rule to the appropriate senate and house committees at least thirty days before the department is scheduled to adopt the rule. Each committee shall forward the committee's suggested changes to the director who shall adopt the rule after considering these comments.
- V. A person shall not disclose, receive, make use of, authorize the use of, knowingly permit the use of or participate or acquiesce in the use of any identifying information that relates to a proceeding brought under this article if that information is taken directly or indirectly from records and files that are compiled under this article unless these items have been released under this section and are used only for those purposes permitted by court order or this section.
- W. This section does not prohibit persons employed by the court, the division or any agency from conducting the investigation or performing other duties pursuant to this title done within the normal course of their employment.

- X. Before it releases child protective services reports contained in a child welfare agency licensing record, the department shall edit those reports of abuse and neglect within the record by removing personally identifying information relating to the identity of the person who made the child protective services report of abuse or neglect, the victim the victim's parents, the person who is the subject of an investigation and a person whose life is endangered by the disclosure.
- Y. If any part of this section is found to be in conflict with federal requirements prescribed as a condition to the allocation of federal monies to this state, the conflicting part of this section is inoperative solely to the extent of the conflict and the finding does not affect the operation of the remainder of this section.
- Z. A person who violates this section is guilty of a class 2 misdemeanor.
- AA. For the purposes of this section:
 - 1. "Near fatality" means an act that as certified by a physician places a child in serious or critical condition.
 - 2. "Personally identifiable information" includes name, address, date of birth, social security number, tribal enrollment number, telephone or telefacsimile number, driver license number, places of employment or school identification or military identification number or any other distinguishing characteristic that tends to identify a particular person.
 - 3. "Records" includes all information the department gathers during the course of a child protective services investigation conducted under this article from the time a file is opened and until it is closed. Records do not include information that is contained in child welfare agency licensing records.

A.R.S. 8-824 Preliminary protective hearing; probable cause; appointment of counsel

- A. The court shall hold a preliminary protective hearing to review the taking into temporary custody of a child pursuant to section 8-821 not fewer than five days nor more than seven days after the child is taken into custody excluding Saturdays, Sundays and holidays. If clearly necessary to prevent abuse or neglect, to preserve the rights of a party or for other good cause shown, the court may grant one continuance that does not exceed five days.
- B. The following persons shall be present at the preliminary protective hearing:
 - 1. The child's parents or guardian, unless they cannot be located or they fail to appear in response to the notice.
 - 2. Counsel for the parent if one has been requested or retained.
 - 3. The child's guardian ad litem or attorney.
 - 4. The protective services worker.
 - 5. Counsel for the protective service worker.
- C. If the court finds that it is in the best interests of the child, the court may allow the following to be present at the preliminary protective hearing:
 - 1. The child.

2. Any relative or other interested person with whom the child might be placed as described in section 8-845, subsection A.
 3. Witnesses called by the parties.
 4. An advocate or interested person as requested by the parent or guardian.
 5. Other persons who have knowledge of or an interest in the welfare of the child.
- D. At the hearing, the court shall advise the parent or guardian of the following rights:
1. The right to counsel, including appointed counsel if the parent or guardian is indigent.
 2. The right to cross-examine all witnesses who are called to testify against the parent or guardian.
 3. The right to trial by court on the allegations in the petition.
 4. The right to use the process of the court to compel the attendance of witnesses.
- E. At the hearing, the court:
1. Shall receive a report of any agreement reached pursuant to section 8-823, subsection D. The report may be made orally.
 2. Shall provide an opportunity for the child's parent or guardian, if present, and any other person who has relevant knowledge, to provide relevant testimony.
 3. May limit testimony and evidence that is beyond the scope of the removal of the child, the child's need for continued protection, placement, visitation and services to be provided to the child and family.
 4. May take into consideration as a mitigating factor the participation of the parent or guardian in the healthy families pilot program established by section 8-701.
 5. Shall take into consideration as a mitigating factor the availability of reasonable services to the parent or guardian to prevent or eliminate the need for removal of the child and the effort of the parent or guardian to obtain and participate in these services.
 6. Shall inform the child's parent or guardian that the hearing may result in further proceedings to terminate parental rights.
 7. Shall give paramount consideration to the health and safety of the child.
- F. The petitioner has the burden of presenting evidence as to whether there is probable cause to believe that continued temporary custody is clearly necessary to prevent abuse or neglect pending the hearing on the dependency petition.
- G. If the child is in the temporary custody of the department, the department shall submit not later than the day before the hearing a written report to the court and the parties that states:
1. The reasons the child was removed from the parent's or guardian's custody.
 2. Any services that have been provided to the child or the child's parent or guardian to prevent the removal.
 3. The need, if any, for continued temporary custody.
 4. The types of service needed to facilitate the return of the child to the custody of the child's parents or guardian.
 5. Whether the child has any relatives or other interested parties as described in section 8-845, subsection A, who may be able and willing to take temporary custody.

6. Any services that are requested by the parent or guardian but that are not provided and the reasons the services were not provided.
 7. Any efforts made to place siblings together, and if they are not placed together, the reasons why.
 8. Any efforts made to facilitate communications among siblings.
 9. A proposal for visitation and the results of any visitation that has occurred since the child was removed.
 10. A proposed case plan for services to the family.
- H. The parent or guardian shall state whether the parent or guardian admits or denies the allegations in the petition filed pursuant to section 8-841. If the parent or guardian admits or does not contest the allegations in the petition, the court shall determine that the parent or guardian understands the rights described in subsection D of this section and that the parent or guardian knowingly, intelligently and voluntarily waives these rights.
- I. At the hearing the court shall enter orders regarding the placement of the child pending the determination of the dependency petition and visitation, if any, if the child is not returned to the parent or guardian. The court shall also determine if the tasks and services set forth in the case plan are reasonable and necessary to carry out the case plan.

A.R.S. 13-107 Time limitations

- A. A prosecution for any homicide, any offense that is listed in chapter 14 or 35.1 of this title and that is a class 2 felony, any violent sexual assault pursuant to section 13-1423, any violation of section 13-2308.01, any misuse of public monies or felony involving falsification of public records or any attempt to commit an offense listed in this subsection may be commenced at any time.
- B. Except as otherwise provided in this section, prosecutions for other offenses must be commenced within the following periods after actual discovery by the state or the political subdivision having jurisdiction of the offense or discovery by the state or such political subdivision that should have occurred with the exercise of reasonable diligence, whichever first occurs:
1. For a class 2 through a class 6 felony, seven years.
 2. For a misdemeanor, one year.
 3. For a petty offense, six months.
- C. For purposes of subsection B of this section, a prosecution is commenced when an indictment, information or complaint is filed.
- D. The period of limitation does not run during any time when the accused is absent from the state or has no reasonably ascertainable place of abode within the state.
- E. The period of limitation does not run for a serious offense as defined in section 13-604 during any time when the identity of the person who commits the offense or offenses is unknown.

- F. The time limitation within which a prosecution of a class 6 felony shall commence shall be determined pursuant to subsection B, paragraph 1, of this section, irrespective of whether a court enters a judgement of conviction for or prosecuting attorney designates such offense as a misdemeanor.
- G. If a complaint, indictment or information filed before the period of limitation has expired is dismissed for any reason, a new prosecution may be commenced within six months after the dismissal becomes final even if the period of limitation has expired at the time of the dismissal or will expire within six months of the dismissal.

A.R.S. 41-1959 Confidential information; permissible disclosure; rules; violation; classification

- A. Unless otherwise provided by law, all personally identifiable information concerning any applicant, claimant, recipient, employer or client or concerning any person involved in an adult protective services action is confidential and shall not be released unless ordered by a superior court judge or provided for by rule of court except as provided in subsections B, C and D of this section. Records and files that relate to investigations conducted by child protective services in the department are confidential. The department shall release this information only as prescribed by section 8-807.
- B. Employees of the department of economic security, the department of law and the court may obtain the information described in subsection A of this section in the performance of their duties as authorized by rules adopted by the director.
- C. Employees of the department of economic security, the department of law and the court may release any information which is otherwise held confidential under this section under any of the following circumstances:
 - 1. To the applicant, claimant, recipient, employer or client if a request is made in writing by any of such persons specifically requesting information which directly relates to the person requesting such information.
 - 2. To the extent necessary to make claims on behalf of a client for public or private assistance, insurance or health or medical assistance pursuant to title 11, chapter 2, article 7 or title 36, chapter 29 to which the client may be entitled.
 - 3. In oral and written communications involving the provision of services or the referral to services between employees of persons under contract with, or persons holding a general employment relationship with the department of economic security, the department of law or the juvenile court.
 - 4. If the disclosure of otherwise confidential information is necessary to protect against a clear and substantial risk of imminent serious injury to a client.
 - 5. To agencies of the federal government, this state or any political subdivision of this state for official purposes. All information received by a governmental agency pursuant to this paragraph shall be maintained as confidential, except where pertinent to a criminal prosecution.
 - 6. To foster parents and persons certified to adopt if necessary to assist in the placement with or care of a child by such persons.

7. To an officer of the superior court, the department or any agency required to perform an investigation pursuant to section 8-105 if the information is pertinent to the investigation. All information received by the officer, department or agency pursuant to this paragraph may be disclosed to the court but shall otherwise be maintained as confidential.
 8. In any judicial or administrative proceeding involving an adult protective services client if the director of the department considers the information pertinent to the proceeding.
- D. Notwithstanding the provisions of sections 8-519, 8-541, 8-542 and 46-135, a standing committee of the legislature or a committee appointed by the president of the senate or the speaker of the house of representatives may obtain the information described in subsection A of this section on written notification to the director. Information obtained pursuant to this subsection may be used only for purposes of conducting investigations related to legislative oversight of the department. Information which is personally identifiable shall not be further disclosed.
- E. Any violation of this section is a class 2 misdemeanor.
- F. The department shall establish safeguards against the unauthorized use or disclosure of confidential information in title IV-D cases.

A.R.S. 13-4061 Competency of witness

In any criminal trial every person is competent to be a witness.

A.R.S. 8-401 Detention Hearing

The victim has the right to be heard at the detention hearing of the person suspected of committing the delinquent act against the victim.

A.R.S. 8-301 Commencement of Proceedings

A proceeding under this chapter may be commenced by one of the following procedures:

1. By transfer of a case from another court as provided in section 8-302.
2. By the filing of a petition by the county attorney.
3. For an offense other than a felony, by the referral of a uniform Arizona traffic ticket and complaint form.

CPS Cue Questions

PRE-SCREENING CUE QUESTIONS:

1. May I have your name, phone number and relationship to the child? (Assure the reporting source they can remain anonymous. Explain that CPS will not be able to contact him/her for additional information without a name and phone number).
2. What is your concern about the child? How old is the child?
3. What is the family's home address? Does the child live there? If not, where can we locate the child, i.e., school, day care, relative, etc.? Who is living in the home?
4. Do you know who abused or neglected the child? If so, who? (This includes staff of a licensed or certified DES facility/foster or childcare home or a licensed DHS Level I, II, or III Behavioral Health Treatment facility). Do you know when he/she will see the child next?
5. Did the _____ (parent, guardian or custodian) know about the abuse or neglect?
6. Is the _____ (parent, guardian or custodian) letting the child see this person?

CUE QUESTIONS

IF IT IS DETERMINED TO HAVE ALL OF THE ELEMENTS OF A REPORT FOR FIELD INVESTIGATION (i.e. a child victim, maltreatment by a parent, guardian or custodian and the child can be located), CHECK CPSCR AND GATHER REPORT DEMOGRAPHICS.

Include the address of the child, the name of the apartment complex, trailer park and directions as needed.

When gathering ethnicity, ask the caller if they have reason to believe any family members may be Native American. If so, what tribe?

PHYSICAL ABUSE CUE QUESTIONS:

1. Describe the injury (size, shape, color and location).
2. Do you know when the injury occurred? Has abuse occurred before? How often does the abuse occur?
3. What did the child say happened or how did the injury occur?
4. Do you know if the child was seen by a medical doctor? If so, what is the name and phone number of the doctor? If the source is a medical doctor, is the injury consistent with the explanation?

5. Were there any witnesses? If so, who?

If the call concerns a licensed or certified DES facility/foster or child care home or a DHS Level I, II or III Behavioral Health Treatment facility, ask:

6. Did the injury occur as a result of restraint?
7. What kind of restraint was used?
8. Why was the child restrained?
9. Will the staff person have contact with the child or other children in the facility?
10. Do you know the name of the licensing specialist? If so, what is the name and phone number?
11. Do you know the name of the child's case manager? If so, what is the name and phone number?

EMOTIONAL ABUSE CUE QUESTIONS:

1. Specifically, what is the person doing? (to have the impact on the child).
2. Have you noticed a change in the child's behavior?
3. What signs or behaviors is the child exhibiting?
4. Do you think the child's behavior is related to what the parent, guardian or custodian is doing? If so, how?
5. Do you know if the child has seen a medical doctor, psychologist or mental health professional? If so, what is the name and phone number? Do you know the diagnosis?

NEGLECT CUE QUESTIONS:

A. INADEQUATE SUPERVISION

1. Is the child alone NOW? If yes, how long has the child been alone? Where is the person who is suppose to be watching the child? When will the person return? Have you called the police?
2. If the child is not alone, who is watching the child now? What are your concerns about the person who is watching the child?
3. Do you know how often and when this happens?
4. What happens when the child is alone or inadequately supervised?

5. Does this child know how to contact the parent, guardian or custodian?
6. Does the child have emergency numbers and know how to use the phone?
7. Do you know if anyone is checking on the child? If so, what is the name and phone number? How often?

If the call concerns a licensed or certified DES facility/foster or child care home or DHS Level I, II or III Behavioral Health Treatment facility, ask:

8. What supervision was being provided at the time of the sexual conduct or physical injury between the children?
9. Did the facility/foster or child care home know that the child may physically or sexually assault another child?
10. Did the staff/foster or child care home person know that the child may physically or sexually assault another child?
11. What steps were been taken to prevent the child from assaulting other children?
12. What steps are being taken to restrict contact between the child and other children?
13. Do you know the name of the licensing specialist? If so, what is the name and phone number?
14. Do you know the name of the child's case manager? If so, what is the name and phone number?

B. SHELTER

1. When was the last time you saw the child or the home?
2. Describe any health or safety hazards where they live. Has anything happened to the child?
3. Do you know how long they have been in this situation?
4. Do you know why they live like this?

C. MEDICAL CARE

1. What are the child's symptoms?
2. Is the parent, guardian or custodian aware of the problem?
3. Do you know when they last saw a medical doctor? Who was the medical doctor? If so, why?

4. Do you know the reasons the person is not getting medical care for the child?

If reporting source is a medical doctor or doctor's representative ask only the following questions:

5. What is the medical or psychiatric condition or diagnosis of this child and when did it begin?
6. What medical care is needed?
7. What will happen if the child does not receive the medical care?
8. What are your concerns about the parent, guardian or custodian response to the problem?

D. FOOD

1. What makes you believe the child is not getting enough food? Describe the physical condition of the child?
2. Do you know if someone else is feeding the child? If so, who?
3. When was the last time you saw the child or have you been in the home? If so, describe the food you saw.
4. Do you know if the child has seen a medical doctor? If so, what is the name and phone number?

E. CLOTHING

1. Describe what the child is wearing and the weather conditions?
2. What effect is it having on the child?

F. METHAMPHETAMINE LABS

1. Where was the parent, guardian or custodian "cooking" the drug?
2. Was the child present?
3. If they were not cooking in the home, where were they cooking?
 - Proximity to the home?
4. Where were they venting the drug fumes?
5. Where are the chemicals stored?
6. What is the proximity to the children and the children's access to the chemicals/meth?

7. Is there any drug or chemical residue? If yes, where?
8. What is the condition of the home?

G. SAFE HAVEN NEWBORN

1. Is the parent or agent who delivered the newborn still present?
2. Did the parent express an intent to return for the newborn infant?
3. Does the child appear to be a newborn infant? (Under seventy-two hours old)
4. What is the newborn's condition?
5. Does the infant need immediate medical attention? If so, have you called 911?
6. Did the parent or agent offer any information about themselves or the newborn?
7. Did the parent or agent say why they brought the newborn to a Safe Haven?

SEXUAL ABUSE CUE QUESTIONS:

1. Why do you think the child has been sexually abused or is at risk of sexual abuse? (activities, physical signs or behaviors)
2. Who saw these activities, signs or behaviors?
3. Has the child told anyone? If so, who and when?
4. What is the child saying about sexual abuse?
5. Do you know where and when this last occurred?
6. Do you know what contact this person has with the child?
7. Do you know if the child **has** seen a medical doctor? If so, what is the name and number?

ABANDONED CUE QUESTIONS:

1. Do you know where the parent is now?
2. When did the parent last have contact with the child?

3. When do you think the parent is coming back?
4. What arrangements did the parent make for care of this child?
5. How long are you able or willing to care for the child? Are there relatives available? If so, what is the name, address, phone number?
6. Are the parent's willing to make other arrangements for the child?

IF THE PARENT IS THE SOURCE AND WANTS THE CHILD REMOVED FROM THE HOME, ASK THE PARENT:

7. Would you be willing to work with CPS to make alternative arrangements (other than CPS placement) for the care of your child?

DRUG EXPOSED INFANTS CUE QUESTIONS:

1. Has the child or mother been tested? If so, what are the results?
2. What is the name of the medical doctor and/or hospital?
3. What is the parental history of drug use? (What drugs, when was last drug use, used during what trimester)?
4. What is the parental history of drug treatment?
5. Describe the medical and physical condition of the child?
 - a. Birth weight
 - b. Gestational age
 - c. Apgar score
 - d. Prenatal care
6. Have preparations been made in the home for the new baby?

NON-SEXUAL EXPLOITATION CUE QUESTIONS:

1. Describe how the child is being exploited.
2. What reason was given for the exploitation?
3. How long has this been going on?

POTENTIAL ABUSE AND NEGLECT CUE QUESTIONS:

1. Describe behaviors (of the parent, guardian, custodian or child) that give you reason to believe that abuse or neglect may occur.
2. Has abuse or neglect happened before? If so, when and where?

3. Has the _____ (parent, guardian or custodian) expressed concerns about hurting or not being able to care for the child?

CLOSURE CUE QUESTIONS

1. Do you know what school or child care facility the child attends? If so, what is the name of the school or child care facility? Dismissal/pick-up time?
2. Has the child expressed concerns about going home? If so, what did the child say to you?
3. Has law enforcement been notified? DR/Badge number?
4. Does the child have any of these special needs or problems?
 - a. Bizarre behavior
 - b. Extremely angry or volatile
 - c. Physically ill
 - d. Mentally ill
 - e. Language other than English
5. Does the _____ (parent, guardian or custodian) have any of these special needs or problems:
 - a. Bizarre behavior
 - b. Extremely angry or volatile
 - c. Physically ill
 - d. Mentally ill
 - e. Language other than English
6. SUBSTANCE ABUSE:
 - A) Does anyone in the home abuse drugs or alcohol? If yes:
 - who?
 - what drugs?
 - how often?
7. DOMESTIC VIOLENCE:
 - A) Is there domestic violence in the home? If yes:
 - who is the abuser? the victim?
 - how often does the domestic violence occur?
 - when was the last incident?
 - have the police been called? If yes, what was the outcome?
 - have there been any injuries to adults and or children? If yes, please describe them.
 - where are the children during the domestic violence?
8. Does any other person living in the home or involved with the family have a language barrier?

9. Do you know if CPS or any other agency has been involved with this family?
- 10 If this report is assigned for field investigation, are there any issues we need to be aware of to ensure the worker's safety, i.e., guns, dogs, etc.?

A.R.S. § 41-1010 CUE QUESTIONS

1. Is there any reason to believe that substantial harm will result from disclosure of your name? If so, what is the substantial harm?
 - Request specific reasons, if known.

May we have your name and phone number?

Appendix F:
CPS Priority
Guidelines

DEATH OF A CHILD – HIGH RISK	
101 Death of a child due to neglect	
111 Death of a child due to physical abuse or suspicious death	
SRT	2 Hours
MRT	24 Hours
PHYSICAL ABUSE	
201 PHYSICAL ABUSE – HIGH RISK – Severe/life threatening injuries requiring emergency medical treatment and/OR parent presents severe physical harm to a child NOW	

- Injuries **REQUIRING EMERGENCY MEDICAL TREATMENT** which may include:
- Head injury with risk of Central Nervous System damage
 - Internal injury
 - Multiple injuries or multiple plan injuries (battering)
 - Severe facial bruises
 - Fractures or bruises in a non-ambulatory child
 - Fractures
 - Instrumentation injury with risk of impairment
 - Immersion burns
 - Second and third degree burns
 - Parent, guardian or custodian provides prescribed/non-prescribed or illegal drugs or alcohol to a child under the age of six (6) and the child is exhibiting symptoms of the drug or alcohol
- Child under the age of six (6) observed or reported to be struck in the head, face, neck, genitals or abdomen which could likely cause an injury
- Child under the age of twenty-four (24) months is shaken (Shaken baby syndrome)
- Physical abuse by a parent, guardian or custodian who has a previous substantiated Priority 1 or High Risk report
- Parent, guardian or custodian threatens or presents serious bodily harm to a child NOW

202 – PHYSICAL ABUSE – MODERATE RISK Serious/multiple injuries which may require medical treatment and/or a child at risk for serious physical abuse if no intervention is received	
SRT	48 Hours
ART	24 Hours
MRT	72 Hours

- Injuries **THAT MAY REQUIRE MEDICAL TREATMENT** which may include:
- Multiple injuries or multiple plan injuries
 - Injuries to torso or extremities
 - Injury to child under age one (1)
 - Fractures
 - Parent, guardian or custodian provides prescribed/non-prescribed or illegal drug or alcohol to a child six (6) years of age or older and the child is exhibiting symptoms of the drug or alcohol
 - Münchhausens Syndrome by Proxy
- Low Risk injury to child under the age of six(6)
- Child six (6) year of age or older observed or reported to be struck in the head, face, neck, genitals or abdomen which could likely cause an injury
- Parent, guardian or custodian present serious bodily harm to a child or fears or threatens to harm child if no intervention received and he or she has a previous substantiated report of physical abuse
- Newborn child (under 3 months of age) born to parents whose parental rights have been previously terminated

203 – PHYSICAL ABUSE – LOW RISK Injuries not requiring medical treatment and/or parent threatens physical harm if no intervention is received	
SRT	72 Hours
ART	48 Hours
MRT	72 Hours Excluding Weekends & Holidays

- Injuries **NOT REQUIRING MEDICAL TREATMENT** which may include:
- First degree or cigarette burns
 - Injury to buttocks or scalp (i.e. hair loss)
 - Injury to bony body parts (i.e. shins, knees, elbows, etc)
 - Single or small bruises
 - Parent, guardian or custodian provides prescribed/non-prescribed or illegal drugs or alcohol to a child and the child is exhibiting symptoms of the drug or alcohol
 - Bleeding (i.e. hit in the face bloody nose)

- NOT Eligible for Family Builders
- Parent, guardian or custodian fears or threatens to harm a child if no intervention is received

204 – PHYSICAL ABUSE - POTENTIAL RISK Child at risk of physical injury due to stressors in the home	
SRT	7 Consecutive Days
ART	72 Hours Excluding Weekends & Holidays

Home environment stressors place child at risk of physical abuse which may include domestic violence, mental illness, substance abuse, history of physical abuse with no current injury, etc.

Appendix F CPS RESPONSE SYSTEM

Please note that while all CPS risk reports may be jointly investigated with Law Enforcement, CPS reports assigned the following Risks require special Law Enforcement contact: 100, 101, 201, 301, 401, 202, 302 (only sexual contact between children), 402, 403, and (when determined to be substantiated) 203.

NEGLECT – REPORTS ARE SCREENED FOR “SUBSTANTIAL RISK OF HARM”

301 – NEGLECT – HIGH RISK

Severe/life threatening situations requiring emergency intervention due to the absence of a parent, or a parent who is either unable due to physical or mental limitations or is unwilling to provide minimally adequate care.

SRT 2 Hours
MRT 24 Hours

Delayed or untreated medical condition which is life threatening or permanently disabling which may include Infant Doe, comatose state or debilitation from starvation or possible non-organic failure to thrive

Child of any age who is alone and cannot care for self or for other children due to physical, emotional or mental inability (This includes a parent, guardian or custodian who is incarcerated or hospitalized)

Child under the age of six (6) is alone NOW

Child six (6) to nine (9) years of age is alone for three (3) hours or longer or unknown when parent, guardian or custodian will return

Imminent harm to child under the age of six (6) due to inadequate supervision by parent, guardian or custodian

Neglect results in serious physical injury or illness requiring emergency medical treatment. Failure to use child restraints pursuant to ARS 28-907 are not reports.

Imminent harm to child due to health or safety hazards in living environment which may include exposure to the elements.

Child assessed as suicidal by qualified mental health professional and parent, guardian or custodian is unwilling to secure needed emergency medical treatment including psychiatric treatment

No parent willing to provide immediate care for a child and child is with a caregiver who is unable or unwilling to care for the child NOW or child is left to his or her own resources

History of extensive gestational substance abuse to child under three (3) months of age or

mother or child tests positive for non-prescribed or illegal drug or alcohol withdrawal symptoms

Child under two (2) months of age displays non-prescribed or illegal drug or alcohol withdrawal symptoms

Mother is using cocaine, heroin, methamphetamines or PCP and is breastfeeding a child

302 – NEGLECT – MODERATE RISK – Serious/non-life threatening situations requiring intervention due to the absence of a parent, or a parent who is unable due to physical or mental limitations or is unwilling to provide minimally adequate care

SRT 48 Hours
MRT 24 Hours

Child age eleven (11) to thirteen (13) years of age caring for a child age (6) or younger for twelve (12) hours or longer

Living environment presents health or safety hazards to a child under the age of six (6) which may include human/animal feces, undispensed garbage, expose wiring, access to dangerous objects or harmful substances, etc

Due to inadequate supervision or encouragement by parent, guardian or custodian sexual conduct or physical injury occurs between children. This includes a licenses or certified DES facility or a licensed DHS Level I, II or III Behavioral Health Treatment facility

No parent willing to care for a child and child is with a caregiver who is unable or unwilling to continue caring for the child less than ONE (1) week

Newborn child (under 3 months of age) born to parents whose parental rights have been previously severed

303 – NEGLECT – LOW RISK

Situations which may require intervention due to the absence of a parent, or a parent is unable due to physical or mental limitations or is unwilling to provide minimally adequate care, which includes exploitation of a child

SRT 72 Hours
MRT 48 Hours
72 Hours Excluding Weekends & Holidays

Delayed or untreated medical problem cause child pain or debilitation that is not life threatening AND parent, guardian or custodian is unwilling to secure medical treatment.

Child under the age of nine (9), who is not alone at the time of the report, but has been left alone within the past fourteen (14) days

Parent, guardian or custodian demonstrates an inability to care for a child within the past thirty (30) days including leaving a child with inappropriate or inadequate caregivers

Living environment presents health or safety hazards to a child six (6) years of age or older which may include human/animal feces, undispensed garbage, exposed wiring, access to dangerous objects or harmful substances etc.

Food not provided and child chronically hungry

Significant developmental delays due to neglect

Use of a child by a parent, guardian or custodian for material gain which may include forcing the child to panhandle, steal or perform other illegal activities

Parent, guardian or custodian is not protecting child from a person who does not live in the home AND who abused a child * NOT Eligible for Family Builders

No parent willing to care for a child and child is with a caregiver who is unable or unwilling to continue caring for the child beyond ONE (1) WEEK UP TO THIRTY (30) DAYS (Reporting source will need to call back if beyond thirty 30) days.) NOT Eligible for Family Builders

304 – NEGLECT – POTENTIAL RISK Child at risk of neglect due to stressors in the home

SRT 7 Consecutive Days
MRT 72 Hours Excluding Weekends & Holidays

Parent, guardian or custodian has no resources to provide for child's needs (supervision, food, clothing, shelter and medical care) and child's needs may be neglected

Home environment stressors place child at risk of neglect which may include mental illness, substance abuse, etc.

Living environment is likely to present a health or safety hazard to a child

Child adjudicated dependent due to finding of incompetency or not restorable to competency pursuant to ARS 8-201 * NOTE eligible for Family Builders

Sexual conduct or physical injury between children and unknown if parent, guardian or custodian will protect * NOT Eligible for Family Builders if sexual conduct, eligible if it involves physical injury

Complaint by law enforcement or officer of juvenile court alleging dependency due to a delinquent or incorrigible act committed by a child under age eight (8) {ARS 8-201}

EMOTIONAL ABUSE		TRACKING CHARACTERISTICS (action request communication) DOES NOT REQUIRE AN INVESTIGATION, BUT MAY REQUIRE AN ACTION		MITIGATING FACTORS (REQUIRES DOCUMENTATION IN THE CASE RECORD BY THE SUPERVISOR)	
EMOTIONAL ABUSE – HIGH RISK N/A					
502 – EMOTIONAL ABUSE - MODERATE RISK – Child diagnosed by a mental health professional as exhibiting symptoms of emotional abuse caused by a parent					
SRT ART MRT	48 Hours 24 Hours 72 Hours	TD	Request for courtesy assessment from another state CPS to ensure the safety of a child	M3	Maltreatment occurred thirty (30) days or longer prior to report for child victim age one (1) or older
Child diagnosed by qualified mental health professional as exhibiting severe anxiety, depression, withdrawal or untoward aggressive behavior which could be due to serious emotional damage by parent, guardian or custodian		TE	Runaways from other states or shelter due to out-of-state request, or courtesy ICPC shelter	M4	Family receiving treatment related to report allegation and, in the opinion of the treatment provider, the child victim will be safe during the determined response time
		TF	Court ordered pick up (domestic relations)		
		TG	Mental health treatment needed, but cannot be obtained without CPS intervention	M5	Law enforcement report and no contact with CPS by phone at time of law enforcement response; may mitigate up to Potential Risk Standard Response Time
503 – EMOTIONAL ABUSE – LOW RISK Parent demonstrates behavior which may result in emotional trauma to a child		PI	Physical Injury Between Children	A1	Child victim placed in temporary custody by law enforcement or court order
SRT ART MRT	72 Hours 48 Hours 72 Hours Excluding Weekends & Holidays	SX	Sexual Conduct Between Children	A2	Parent, guardian or custodian is described as volatile or dangerous
Parent, guardian or custodian demonstrates behavior or child reports parent, guardian or custodian behavior which is likely to have the effect of fear, rejection, isolation, humiliation or debasement of a child		TRACKING CHARACTERISTICS CON'T REQUIRES AN INVESTIGATION AND MUST INCLUDE AT LEAST ONE (1) REPORT ALLEGATION		A3	Ability to locate child victim is time limited
		AB	Child Abandonment	A4	Family in crisis NOW
		DV	Domestic Violence	A5	Chronicity including previous validated or undetermined investigated reports
		FR	False Report Indicated	A6	Special needs of child victim place child victim at greater risk
		NF	Near Fatality – an act certified by a physician, placed the child in serious or critical condition (Federal definition)	A7	Child victim in care, custody and control of DES via court order or Voluntary Foster Placement Agreement
		SEN	Substance Exposed Newborn	A8	Administrative directive for quicker response time
		TH	Child in care, custody and control of DES via court order or Voluntary Foster Placement Agreement	A9	Child victim expressing fear of maltreatment if going home
		TJ	Administrative ordered investigation		
		TK	Court ordered investigation		

SEXUAL ABUSE		
401 – SEXUAL ABUSE – HIGH RISK Physical evidence of sexual abuse reported by medical doctor or child reporting sexual abuse within the past seven (7) days.		
SRT 2 Hours MRT 24 Hours	Physical evidence of sexual abuse reported by a medical doctor or child reporting sexual abuse within the past seven (7) days Child reporting vaginal or anal penetration or oral sexual contact (oral contact with the penis, vulva or anus) within past seventy-two (72) hours AND has not been examined by a medical doctor	
402 – SEXUAL ABUSE – MODERATE RISK Sexual behavior or attempted sexual behavior occurring 8 days or up to 1 year ago and/or child is exhibiting indicators consistent with sexual abuse		
SRT 48 Hours ART 24 Hours MRT 72 Hours	Sexual behavior within the past eight (8) to fourteen (14) days including sexual abuse, sexual assault, sexual exploitation of a minor, commercial sexual exploitation of a minor, incest, child prostitution, molestation of a child and sexual conduct with a minor Attempted sexual behavior or sexual behavior when last occurrence is unknown or when last occurred beyond fourteen (14) days and up to one (1) year including sexual abuse, sexual assault, sexual exploitation of a minor, incest, child prostitution, molestation of a child and sexual conduct with a minor Parent, guardian or custodian suggests or entices a child to engage in sexual behavior, but there is no actual touching including encouraging a child to view pornographic materials Child is exhibiting physical or behavioral indicators which are consistent with sexual abuse AND there are indicators the behavior is caused by parent, guardian or caretaker Child is living in the home with a person convicted of a sexual offense against a child	
403 – SEXUAL ABUSE – LOW RISK Sexual behavior or attempted sexual behavior occurring beyond 1 year and perpetrator currently has access to a child		
SRT 72 Hours ART 48 Hours MRT 72 Hours Excluding Weekends & Holidays	Parent, guardian or custodian sexually abused a child in the past AND is now living in a home with a child Attempted sexual behavior or sexual behavior when last occurrence was beyond one (1) year including sexual abuse, sexual assault, sexual exploitation of a minor, incest, child prostitution, molestation of a child and sexual conduct with a minor and the perpetrator currently has access to the child NOT Eligible for Family Builders	
		SEXUAL ABUSE – POTENTIAL RISK N/A

TEMPORARY CUSTODY NOTICE

On (date) _____, at (time) _____ AM /PM, temporary custody of (child's name) _____

was taken at (address) _____ by (agency) _____

Describe the specific reason(s) temporary custody is necessary _____

Check the circumstances (imminent risk factor) that most clearly describes the reason temporary custody was necessary:

- ☐ Medical or psychological examination required to diagnose abuse or neglect.
- ☐ No caregiver is present and the child cannot care for himself or herself or for other children in the household.
- ☐ A child has severe or serious non-accidental injuries that require immediate medical treatment.
- ☐ A child requires immediate medical treatment for a life-threatening medical condition or a condition likely to result in impairment of bodily functions or disfigurement, and the child's caregiver is not willing or able to obtain treatment.
- ☐ A child is suffering from nutritional deprivation that has resulted in malnourishment or dehydration to the extent that the child is at risk of death or permanent physical impairment.
- ☐ The physical or mental condition of a child's caregiver endangers a child's health or safety.
- ☐ A medical doctor or psychologist determined that a child's caregiver is unable or unwilling to provide minimally adequate care.
- ☐ The home environment has conditions that endanger a child's health or safety, such as unsanitary disposal of human waste, animal feces or garbage, exposed wiring, access to dangerous objects, or harmful substances that present a substantial risk of harm to the child.
- ☐ A medical doctor or psychologist determined that a child's caregiver has emotionally damaged the child; the child is exhibiting severe anxiety, depression, withdrawal, or aggressive behavior due to the emotional damage; and the caregiver is unwilling or unable to seek treatment for the child.
- ☐ The child's caregiver has engaged in sexual conduct with a child, or has allowed the child to participate in sexual activity with others.
- ☐ Other circumstances place a child at imminent risk of harm requiring removal (*describe specific circumstance*). _____

The Department of Economic Security, Child Protective Services (CPS) must:

- ☐ Return your child within **72 hours** (not including weekends and holidays) unless CPS files a legal paper, called a petition, with the Juvenile Court. If a petition is filed, your child will be kept in the temporary custody of CPS.
- ☐ Return your child within **12 hours** if your child was removed to be examined by a medical doctor or psychologist, unless abuse or neglect is diagnosed, **and**
- ☐ Inform you of the right to give a verbal or written response to the allegations and have them included in the investigation report. Any documentation you give and what you say or write will be included in the case record and can be used in court proceedings.

- ☐ **A Preliminary Protective Hearing will be held on** (date) _____ (time) _____
- OR** ☐ **Location** (court name) _____ (address) _____
- ☐ **You will be notified if CPS files a petition and a Preliminary Protective Hearing is set. CPS will provide you a written notice of the date, time and location of the hearing within 24 hours after the petition is filed.**

If a petition is filed, you have the right to have an attorney represent you. The Juvenile Court will appoint an attorney to represent you if you qualify financially. The court may also appoint an attorney or a guardian ad litem to represent your child's best interest.

Before the Preliminary Protective Hearing, you must meet with your attorney. Prior to the Preliminary Protective Hearing, a meeting will be held to try to reach an agreement about placement of your child, what services should be provided and visitation with your child. The availability of reasonable services will be considered. The child's health and safety will be a main concern at this meeting.

Other people may attend this meeting including: child, relatives, other interested persons with whom the child might be placed, witnesses, advocates or a person who has knowledge of your child or an interest in the welfare of your child.

It is your responsibility to participate in all services determined reasonable and necessary by the court. If you do not, the court may hold further hearings to terminate your rights as a parent. This means your child will never be returned to you.

Services available to parents, guardians and custodians, and agencies to contact for assistance are listed on the back of this form.

CHILD PROTECTIVE SERVICES SPECIALIST'S NAME (Please print)

AREA CODE AND PHONE NO.

()

ARIZONA DEPARTMENT OF ECONOMIC SECURITY'S ADDRESS (No., Street, City, State, ZIP)

CHILD PROTECTIVE SERVICES SUPERVISOR'S NAME (Please print)

AREA CODE AND PHONE NO.

()

METHOD OF NOTICE: On (date) _____, at (time) _____ AM/PM, I served notice to (parent, guardian or custodian) (print name) _____Method used: ☐ given directly ☐ left at residence ☐ other (specify) _____

Address where mailed/left/given (No., Street, City, State, ZIP) _____

ASK: Is the child or child's parents of American Indian heritage/ancestry? ☐ Yes ☐ No ☐ Unknown

PARENT, GUARDIAN OR CUSTODIAN'S SIGNATURE

CHILD PROTECTIVE SERVICES SPECIALIST'S SIGNATURE (Or law enforcement officer)

DATE

Information for Parents and Guardians

PURPOSE. This form is required by Arizona law to notify the parent, guardian or custodian when a child is removed from his/her custody and placed in temporary custody prior to filing a Dependency Petition or for psychological or physical examination. This form also provides additional resources and services available to the parent, guardian or custodian.

You may call the Parent Assistance Statewide Hotline, 1-800-732-8193, or Phoenix (602) 542-9580, for more information on the Juvenile Court system and how to obtain legal assistance.

You may call the Family Advocacy Office at 1-877-527-0765, to request a review of the child's removal. In order to ensure sufficient time for review of the removal, please make this call within 48 hours (*not including weekends and holidays*) of receiving this notice.

You have the right to call the Office of the Ombudsman-Citizen's Aide, if you have a complaint about CPS actions. The Ombudsman-Citizen's Aide will impartially investigate the complaint, inform you of the results of the investigation and provide you with referrals for additional assistance. To contact the Ombudsman-Citizen's Aide call: 1-800-872-2879, or Phoenix (602) 277-7292.

You have the right to participate in the mediation program in the Office of the Attorney General if a dispute arises between you and CPS. Mediation will be arranged when requested by a family member or CPS. To contact the mediation program call: Phoenix - (602) 542-4192; Tucson - (520) 628-6504; Flagstaff - (520) 773-0474.

Services and Programs

Services provided are child-centered and family-focused to promote family preservation, independence and self-sufficiency. Programs available include, but are not limited to:

In-Home Services: Directed at strengthening the family unit to enhance parenting skills including:

- ☐ Intensive family preservation
- ☐ Parent aide services
- ☐ Parent skills training
- ☐ CPS child care
- ☐ Referrals to community services
- ☐ Counseling
- ☐ Peer self-help
- ☐ Services to high-risk infants and their families

Out-of-Home Placement: Placements provided for children who are unable to remain in their homes including:

- ☐ Relative homes
- ☐ Foster homes
- ☐ Group homes
- ☐ Residential treatment centers
- ☐ Independent living subsidy arrangements
- ☐ Community placements
- ☐ Selected placements, as ordered by juvenile court
- ☐ Adoption
- ☐ Guardianship

Child Protective Services is referring you to the following services: _____

Additional service needs will be assessed prior to the Preliminary Protective Hearing.

COMPLETION AND DOCUMENTATION

1. This notice must indicate the date and time that the child was placed in temporary custody of the child's name.
2. Describe the specific reason why temporary custody is necessary must be indicated or stated.
3. Check the specific factors that constitute imminent danger that corresponds to the reason the child was removed.
4. The CPS Specialist's and CPS Supervisor's name, phone numbers, and address of the local CPS office must be completed.
5. Method of Notice section must be completed. One method of notice must be checked and this section must be signed by the CPS Specialist or law enforcement officer who took temporary custody of the child.
6. If the parent, guardian or custodian is served directly, he/she should be asked to sign the form. If he/she refuses, write in "Refuses to Sign" on the signature line.
7. Leave a copy of the form with the parent, guardian or custodian even if the parent refuses to sign.

DISTRIBUTION

1. The original is given to the parent, guardian or custodian:
 - a. Immediately if he/she is present at the removal;
 - b. Within 24 hours if out-of-state (mailgram);
 - c. As soon as possible if residence is unknown at time of removal.
2. A copy is sent to the Assistant Attorney General to file with the petition.
3. A copy is retained in the case record.

RETENTION A copy of the form is retained in the permanent case record.

A GUIDE TO

CHILD PROTECTIVE SERVICES

CPS

Arizona Department of Economic Security

DCYF MISSION STATEMENT

The mission of the Division of Children, Youth and Families is to serve as a human service organization dedicated to achieving safety, well-being and permanency for children, youth and families through leadership and the provision of quality services in partnership with communities.

A GUIDE TO CHILD PROTECTIVE SERVICES

We know that a visit or notice from a Child Protective Services (CPS) worker concerning your family can be difficult and confusing. This booklet is written to help you better understand the program.

Child Protective Services (CPS) is a part of the Division of Children, Youth and Families (DCYF) within the Arizona State Department of Economic Security and works on behalf of children and families of Arizona. The role of CPS is to ensure the safety of children while maintaining the integrity of the family. When allegations of child abuse or neglect, indicate the need, Arizona law requires that CPS conduct an investigation. One of the most important functions of CPS is to help families receive the services necessary to enable them to remain together and to build better family relationships. Your cooperation will help complete the investigation and obtain any needed services in the shortest possible time.

THE GOAL OF CHILD PROTECTIVE SERVICES

Child Protective Services is a program that seeks to help families by strengthening the ability of parents, guardians or custodians to provide good care for their children. Its primary objective is to keep children safely within their own families. CPS works cooperatively with parents to make that happen. The program tries to balance the legal rights of parents and the needs and rights of children to live in a physically and emotionally healthful situation.

SOME BASIC INFORMATION ABOUT CHILD ABUSE AND NEGLECT

Sometimes parents, guardians or custodians take actions that create a danger to children in the home. Failure to protect children also may result in their being abused or neglected. There are several types of abuse and neglect:

- Physical abuse includes nonaccidental physical injuries such as broken bones, bruises, burns, cuts or other injuries.
- Sexual abuse occurs when there is sexual conduct or contact with children. Using children in pornography, prostitution or other types of sexual activity is also sexual abuse.
- Neglect exists when parents, guardians or custodians place children at substantial risk of harm by not providing children with adequate food, clothing, shelter, supervision or medical care. Allowing children to live in a hazardous environment also may be considered neglect.
- Emotional abuse or neglect occurs when a child suffers severe anxiety, withdrawal, depression or other severe emotional disturbance due to acts or omissions by the parent or caretaker.

HOW CPS RECEIVES INFORMATION ABOUT A FAMILY

Any individual or agency representative may call CPS to report that a child is not receiving adequate care or protection or that a family might benefit from services. This report can be made by a doctor or nurse, teacher, counselor, social worker or any other concerned person who is aware of the situation. Arizona law requires certain people, such as doctors and psychologists, to make a report to CPS or the police when they suspect that a child is being abused or neglected. When CPS receives information concerning possible abuse or neglect, the report is screened to decide whether investigation is necessary. If so, the report is then ranked according to its seriousness and a decision is made about how quickly the investigation will begin.

A person making a report or providing information about a child is immune from civil or criminal liability, unless such person acted with malice, or unless such person has been charged with, or is suspected of the abuse or neglect in question.

HOW CPS INVESTIGATES REPORTS OF CHILD ABUSE

The law requires Child Protective Services to investigate appropriate reports of suspected child abuse or neglect. To do this, the law allows CPS to talk to alleged victims and their siblings without parental permission. Often this occurs at school because it is a neutral environment. All records are confidential. A CPS representative may visit the family home to discuss the report and to talk about the family situation. At that time, suggestions may be offered regarding help that is available to assist the family.

YOUR RIGHTS WHEN A REPORT IS INVESTIGATED

The CPS worker talks to family members, other persons living in the home or other individuals who know about the situation. It is hoped that the family will cooperate with the CPS worker. Arizona law requires CPS to inform families in writing that:

- They are under investigation and what allegations of abuse or neglect have been made;
- They may refuse to cooperate with the investigation or participate in services;
- Refusal to cooperate with the investigation or participate in services is not grounds for taking temporary custody of a child;
- CPS may proceed with the investigation, take temporary custody of the child and/or file a dependency petition in the juvenile court when it is necessary to protect the child;
- They may provide CPS with a written or verbal response to the allegation, including any documentation. This information:
 1. will be considered in determining whether the child is in need of protective services;
 2. will be included in the written report of the investigation and in the case record;

3. can be used in a court proceeding.

- They have the right to file a complaint about CPS actions with the Ombudsman-Citizen's Aide. This office may be able to assist you in resolving your complaint about CPS.
- They have the right to participate in the mediation program in the Attorney General's Office. Sometimes disputes arise between CPS and families. Mediation may assist in resolving disputes, and will be arranged when requested by a family member or CPS.

HOW A SUBSTANTIATED CPS INVESTIGATION FINDING IS APPEALED

After an investigation, if CPS has reason to believe that a parent, guardian or custodian abused or neglected a child, and intends to confirm this, a letter will be sent to the person accused explaining how an appeal of this decision may be requested and how to get a copy of the CPS report.

If an appeal is requested, the Division of Children, Youth and Families (DCYF) Protective Services Review Team (PSRT) will review all information and determine if there is enough evidence to agree with the decision made by CPS. If the PSRT disagrees with the decision made by CPS, the person accused will be sent a letter and the allegation will not be substantiated.

If the PSRT agrees with the CPS decision, a hearing will be scheduled for the person accused with the Office of Administrative Hearings. At this hearing, an Administrative Law Judge will hear all the evidence and make a decision about the allegation and the finding.

THE POLICE AND CHILD PROTECTIVE SERVICES

Suspected child abuse or neglect may be reported either to the police or to Child Protective Services. Both agencies share these reports with the other agency. Although CPS cooperates with the police, the focus of its assessment is different. CPS seeks to protect children and to maintain and stabilize families, not to arrest or prosecute parents.

WHEN A CHILD NEEDS PROTECTION

Few of the children who are reported to Child Protective Services are removed from their homes. In most situations where verified family problems exist, the families and CPS work together cooperatively to resolve them. However, under certain circumstances, the law does allow a police officer or a CPS representative to remove a child for up to 72 hours (not including weekends and holidays) for protection while the investigation takes place. Within 72 hours, the child must be returned home or a dependency petition filed in the juvenile court. A child also may be removed for up to 12 hours for a medical or psychological evaluation. If the CPS investigation shows that the child must remain out of the home for a longer period to protect him/her from harm, CPS arranges for safe, temporary care.

The decision to remove a child is not made by one person. The CPS case manager discusses each case with a supervisor. When a child is in temporary custody and a dependency petition is being considered, the law requires that a removal review team composed of certain people to assess the case. The review

team includes the CPS case manager, a CPS supervisor, a member of a local Foster Care Review Board (FCRB) and a child's physician, if the child has a medical need or chronic illness. Other professionally qualified persons may also participate in the removal review.

If requested by a parent, guardian or custodian, staff from the department's Family Advocacy Office will also participate in the review of a child's removal, before a dependency petition is filed. In order to ensure sufficient time for review of the removal, please make this call within 48 hours (not including weekends and holidays) of receiving the Temporary Custody Notice.

In certain situations, parents and CPS may agree to place a child in voluntary foster care as an alternative to a dependency petition. This service, limited to a 90-day period, is entered into only when families are willing and able to resolve problems within the allowed time frames. Written consent of the parents as well as the child, if age 12 or older, is required.

WHAT HAPPENS WHEN A CHILD IS REMOVED FROM THE HOME

When a child is removed from home for protection from immediate harm, he/she is placed in a licensed foster home, shelter, other licensed facility or with a parent or relative. A written notice, called a Temporary Custody Notice (TCN), CPS-1000A, is given to the parent, guardian or custodian stating the reason for removal and the circumstances that placed the child at imminent risk of harm.

The Temporary Custody Notice will include information about a Preliminary Protective Hearing, obtaining an attorney, a meeting to be held if a dependency petition is filed with the juvenile court, rights and responsibilities, services available and agencies to contact for assistance.

If a hearing date is not known when the Temporary Custody Notice is served, CPS will give you a notice of the date and time of the Preliminary Protective Hearing within 24 hours. This hearing will be held within 5 to 7 days.

HOW TO GET A LAWYER

The court will appoint a lawyer to represent the parents and if they cannot afford the lawyer's fee, the court provides legal representation without charge. The Temporary Custody Notice will tell you how to contact an attorney, or this information will be included on the notice of Preliminary Protective Hearing delivered by the CPS case manager within 24 hours after the dependency petition is filed. The parents may consult with the lawyer at any time and have the lawyer represent them at all hearings concerning the children and their parental rights. Any disagreements with CPS may also be discussed with the lawyer.

If parents have not requested an attorney before the Preliminary Protective Hearing, or Initial Dependency Hearing, they may make this request at the hearing or at any other time during court involvement.

THE PRELIMINARY PROTECTIVE HEARING

When a dependency petition has been filed, a Preliminary Protective Hearing will be held within 5 to 7 days from the child's removal. You must talk to your attorney before this hearing and come to a

meeting before the hearing. Other people can come to this meeting, including relatives, witnesses, or others with whom the child might be placed. At this meeting, efforts will be made to try and reach an agreement about the child's placement, services that should be provided and visitation with the child. The results of this meeting will be discussed at the hearing. At the hearing the court will make orders about the child's placement, visitation, tasks and services to be provided.

If the parent or guardian denies the allegation in the petition, the court may set a date for an initial dependency hearing.

THE INITIAL DEPENDENCY HEARING

An Initial Dependency Hearing will be set within 21 days after the petition is filed. At this hearing the court can declare the child "dependent" or set other conferences or mediation.

After a child has been declared "dependent" the court holds a review hearing at least every year, usually more often. The purpose of this hearing is to evaluate the progress made in solving family problems. At this hearing, the court also reviews the child's placement and decides if its continued involvement is necessary. The court is also required by law to hold a Permanency Hearing if a child has been in out-of-home care at least one (1) year. The purpose of this hearing is to determine if the child would be safe if returned home, or if another permanent plan, such as adoption, guardianship or long-term foster care is the most appropriate plan for the child.

CASE PLANS AND STAFFINGS

The assigned CPS case manager develops a proposed case plan for every case within 21 days of its assignment. If a dependency petition has been filed, this caseplan must be a part of the report that is submitted to the court at the time of the Preliminary Protective Hearing. The case plan identifies the goal, objectives, tasks or services to be provided, responsible persons and time frames. The parents should actively participate in the development of the case plan and the case manager must provide parents with a copy of the case plan.

As soon as possible but not later than 60 days after case opening, the case manager arranges a staffing. Staffings are meetings held with parents and others who are providing services to the family to develop or review the case plan. At the first staffing the permanent case plan is developed. It includes specific details about case objectives, services that will be provided, who will be responsible for providing them and how long they will continue. Parents are encouraged and expected to be involved in this planning process. Staffings also provide an opportunity for all participants to discuss progress, exchange ideas and suggestions, and to work together cooperatively to resolve family problems. Regular staffings are scheduled at least every six months to discuss case progress.

VISITATION

Visitation with children in the custody of DES is approved on a case by case basis. All case plans for children in out-of-home care include a Visitation Agreement, which is developed by the case manager and family members. Family members include persons who are related by blood or law, are legal guardians, siblings, or adults with a meaningful relationship with the child. Family members should contact the child's case manager to request visitation.

THE FOSTER CARE REVIEW BOARD (FCRB)

When a child is placed outside his/her own home, the FCRB reviews the case within six months of the original date of placement and every six months after that while the child remains in out-of-home care. The function of the FCRB is to review the case plan, and progress toward its goal and objectives and to make sure the child is receiving good care. The FCRB is made up of community members who are appointed by the juvenile court judge in each county. They are not employed by the Department of Economic Security or by the court. The FCRB makes recommendations to the court about individual cases but has no decision-making authority. The court considers the recommendations of the FCRB with other information such as evidence and testimony from parents, case managers and attorneys.

THE COURT-APPOINTED SPECIAL ADVOCATE (CASA) PROGRAM

In selected cases, the court may appoint a Court-Appointed Special Advocate (CASA) to help with a case. CASAs are trained volunteers whose primary responsibility is to represent the child's best interests. CASA volunteers are members of the service team, have access to case records, attend staffings, FCRB reviews and court hearings and may be involved in all case-related activities. From their unique perspective as the child's special advocate, CASAs prepare reports to the court for all court hearings and may testify on the child's behalf. The purpose of this program is to ensure that everything is being done to help reunify the family and achieve a safe, permanent home for the child as quickly as possible.

IF A CHILD IS PLACED IN FOSTER CARE

All foster homes and other facilities used by CPS to provide temporary out-of-home care are licensed by the state and supervised by an assigned licensing worker. Foster parents are trained to provide care and to work with CPS and family members toward the goal of family reunification. CPS case managers visit regularly with children and foster families to ensure that the necessary services, including medical care, are being provided and to monitor the child's progress. Whenever possible, children needing protection are placed with members of their extended family. Placements with relatives may occur during the period of temporary custody or at any later time. Relatives providing such placements must agree to a background investigation, a home evaluation, and sign an agreement with CPS that specifies the conditions of placement.

SERVICES ARE AVAILABLE FOR THE FAMILY

The Department of Economic Security provides services to help families deal with problems and work toward the goal of family reunification. Usually, there is no charge for these services. The CPS case manager talks with family members to decide what is needed. There are also other agencies or groups in Arizona that offer help. Services that may be suggested include:

- Help in getting food, housing, clothing and medical care.
- Intensive family preservation services.

- Psychological evaluations.
- Individual, family or relationship counseling.
- Day care.
- Parent aide services.
- Parenting skills training.
- Educational programs, job training or vocational rehabilitation.
- Sexual assault or domestic violence counseling.
- Drug or alcohol treatment programs.
- Peer self-help groups.

PARENTS HAVE RESPONSIBILITIES TOO

During Child Protective Services involvement, parents are expected to:

- Work with CPS to solve family problems.
- Attend and participate in case staffings, FCRB reviews and court hearings.
- Provide CPS with information about the children.
- Keep CPS informed about changes such as a new address, telephone number, job, income, marriage, or other living changes.
- Follow court orders.
- Visit children regularly when they are in out-of-home placements.
- Contribute to the cost of children's out-of-home care.
- Keep appointments made with CPS, attorneys, therapists and others who are working with the family.

WHEN CHILDREN RETURN HOME

The goal of CPS is to return every child who has been removed to a safe and permanent home. The agency helps parents in solving problems and making a safe living situation for their children. Although the CPS case manager may recommend that a child return home, the court makes the final determination about when the child is returned. CPS works diligently with families to reunify them as quickly as

possible and usually continues to provide needed services for some period after family reunification has occurred.

ADDITIONAL INFORMATION AND HELP IS AVAILABLE

The Parent Assistance Program is a service designed to help parents or guardians. This program, operating through the Administrative Office of the Courts, provides a 24-hour toll-free hotline to assist parents with their questions and concerns about CPS. Through the hotline, parents may obtain information about legal assistance, the juvenile court system and their legal rights and responsibilities. Trained hotline staff may also provide crisis counseling and referrals to appropriate agencies or individuals.

TO CONTACT THE PARENT ASSISTANCE PROGRAM CALL

Phoenix: (602) 542-9580

Statewide toll-free: 1-800-732 8193

Upon request by the parent, guardian, or custodian, the Family Advocate Office will immediately review the removal of a child by CPS before a dependency petition is filed. The family Advocate Office accepts requests for removal reviews received within 72 hours of the date and time the Temporary Custody Notice (TCN) was served; however, since dependency petitions need to be filed within 72 hours of the child's removal, in order to ensure sufficient time for the review of the removal, please contact the Family Advocate Office within 48 hours (excluding weekends and holidays) of receiving the TCN.

The DES Family Advocate's Office is also available to provide additional information or assistance to parents. The responsibility of the Family Advocate is to handle inquiries, concerns, and complaints/grievances about CPS. This office explains procedures to parents and other concerned individuals, assesses clients' needs and attempts to resolve problems. The Family Advocate may review case records, and working in coordination with CPS, initiates the problem-solving process.

TO CONTACT THE FAMILY ADVOCATE CALL:

Phoenix: (602) 364-0777

Statewide toll-free: 1-877-527-0765

The Arizona Ombudsmen-Citizen's Aide is available to handle inquiries, concerns and complaints about agency actions, including CPS. This office may be able to help you to resolve your complaint.

TO CONTACT THE OMBUDSMAN-CITIZEN'S AIDE CALL:

Phoenix: (602) 277-7292

Statewide toll-free: 1-800-872-2879

HANDLING DISAGREEMENTS WITH CPS

All parties are encouraged to discuss issues and resolve complaints with their CPS case manager, and proceed to supervisors or management staff only when resolution has not been reached. When parents disagree with the case manager, they should express their concerns either directly to the case manager, within the staffing or with their lawyer. Parents also may speak with the CPS supervisor. If agreement

still cannot be reached, the Assistant Program Manager or the District Program Manager may assist with problem resolution. The DES Family Advocate (602-364-0777 or 1-877-527-0765) may also be of assistance in working with the system. The Child Welfare Mediation Program, operating within the Arizona Attorney General's Office, was created to mediate certain disputes that arise among families, CPS and others concerned with the welfare of children. Mediation of issues will be arranged when a family member or CPS requests it.

TO CONTACT THE MEDIATION PROGRAM CALL:

Phoenix: (602) 542-4192

Tucson: (520) 628-6504

Flagstaff: (928) 773-0474

TO LEARN MORE ABOUT THE LAW

Arizona's laws about child protection are contained in the Arizona Revised Statutes, Title 8, Sections 2-5. These may be obtained at any county court house building or at the public library.

SUMMARY OF CLIENT RIGHTS AND RESPONSIBILITIES

The Division of Children, Youth and Families (DCYF) respects the rights of parents, guardians and the rights of children to live in a physically and emotionally health environment while safeguarding the child. DCYF offers services to assist in the achievement of safety, well-being and permanency for children, youth and families in the State of Arizona.

The following list is a summary of rights and does not include all rights afforded to children, parents and guardians.

CHILDREN'S RIGHTS

- To be treated with respect and dignity.
- To have your wishes and interests heard and considered.
- To maintain contact with family and friends unless harmful to your well-being.
- To receive necessary medical, dental and psychological care.
- To express and practice religious/spiritual beliefs and culture.
- To confidentiality as stated by law.
- To legal representation at the time of court involvement.
- To participate in the development of an individualized case plan designed to meet your needs.**
- To receive a copy of your case plan.**

- To attend court and Foster Care Review Board hearings.**
- To request a change of case manager.**

(** 12 years of age and older)

PARENT'S AND GUARDIAN'S RIGHTS

- To be treated with respect and dignity.
- To have your wishes and interests heard and considered.
- To maintain contact with your child unless determined harmful to the child's well-being.
- To be involved in information gathering and decision making.
- To culturally sensitive services for you and your family.
- To participate in the development of an individualized case plan designed to meet your needs.
- To receive copies of the case plan.
- To insert a written statement in your case record and review any written response.
- To obtain, as allowed by law, CPS case record information if you are involved in a dependency (court) case or CPS report information if you are the parent of a child victim or are an alleged perpetrator named in a CPS report.
- To obtain a copy of your case record if you are involved in a dependency or termination proceeding.
- To request a change of case manager.
- To confidentiality as stated in Arizona Revised Statute §8-807.
- To refuse to cooperate with the investigation; however, CPS has the authority to proceed.
- To refuse to accept and/or participate in services (If a court case is filed, there may be serious consequences if you do not accept or participate in services).
- To be informed in writing as to the reasons for removal of your child.
- To request that a removal of your child be reviewed by the DES Family Advocacy Office.
- To express and seek resolution of complaints, including filing a grievance or contacting the DES Family Advocacy Office or the Office of the Ombudsman Citizens-Aide.
- To request legal representation through the court if you cannot afford an attorney.

- To request an appeal of a proposed substantiated finding of child abuse or neglect.
- To information provided in a different format, if needed or requested.

PARENT'S AND GUARDIAN'S RESPONSIBILITIES

- As a parent or guardian, you have the following responsibilities:
- To work with us to get your child home and to keep your child safe at home.
- To maintain loving contact with your child.
- To give information to the case manager to help arrange for the care of your child.
- To let your case manager know what your needs are.
- To stay in contact with your case manager and notify him or her of any changes related to your children's case.
- To let your case manager or supervisor know when you have any disagreements.
- To partner with us in case planning and work needed for your children's case.
- To attend legal proceedings and case plan staffings.

OFFICE HOURS

All offices are open between the hours of 8 a.m. and 5 p.m., Monday through Friday. In the event an emergency occurs after hours or on weekends, contact the Child Abuse Hotline at 1-888-SOS-CHILDS (1-888-767-2445).

If you need a reasonable accommodation to participate in DES programs, services or activities, please contact your CPS worker. Questions, concerns, complaints or requests for additional information may be forwarded to:

DCYF ADA Liaison
Division of Children, Youth and Families
1789 W. Jefferson, 3rd floor, S.E. - S.C. 750A
Phoenix, Arizona 85007

Voice Number
(602) 542-3598

TDD Number
1-800-367-8939

Your CPS Worker Is:

Name: _____

Address: _____

City: _____

Phone No.: _____

IMPORTANT PHONE NUMBERS

Apache County Courthouse
70. W. 3rd, South
St. Johns, AZ 85936
(928) 337-4364 X261

Cochise County Courthouse
Clerk's Office, P.O. Drawer CK
100 Quality Hill
Bisbee, AZ 85603
(520) 432-9279

Coconino County Courthouse
Clerk's Office
100 E. Birch
Flagstaff, AZ 86001
(928) 779-6535 or 779-6541

Gila County Courthouse
Clerk's Office
1400 E. Ash
Globe, AZ 85501
(520) 425-3231

Graham County Courthouse
800 Main Street
Safford, AZ 85546-3803
(520) 428-3100 or 428-3310

TO REQUEST INFORMATION REGARDING TEMPORARY CUSTODY

Greenlee County Courthouse
Clerk's Office
5th & Webster St.
Clifton, AZ 85533
(520) 865-4242

La Paz County Superior Court
Clerk's Office
1316 Kofa Ave.
Parker, AZ 85344
(928) 669-6131

Maricopa County Juvenile Court
Southeast Facility
1810 South Lewis St.
Mesa, AZ 85210

Maricopa County Juvenile Court Center
3125 W. Durango St.
Phoenix, AZ 85009
(602)506-4011

Mohave County Courthouse
Clerk's Office
401 E. Spring St., 1st Flr.
Kingman, AZ 86401
(928) 753-0713 X4174

Navajo County Courthouse
Clerk's Office
100 E. Carter Dr., South Hwy 77
Governmental Complex
Holbrook, AZ 86025
(928) 524-4188

HEARINGS AND COURT APPOINTED ATTORNEYS:

Payson Superior Court
714 S. Beeline, #104
Payson, AZ 85541
(520) 474-3978

Pima County Juvenile Court
2225 E. Ajo Way
Tucson, AZ 85713
(520) 740-2000

Pinal County Courthouse
100 N. Florence St.
Florence, AZ 85232
(520) 868-6296

Santa Cruz County Courthouse
Clerk's Office
2100 N. Congress
Nogales, AZ 85232
(520) 761-7807

Yavapai County Courthouse
Room 401
Prescott, AZ 86301
(928) 771-3306

Yuma County Juvenile Court
Clerk's Office
2795 S. Avenue B
Yuma, AZ 85364
(928) 329-2310

IMPORTANT 24-HOUR PHONE NUMBERS

FOR MORE INFORMATION ABOUT CHILD PROTECTIVE SERVICES OR TO
REPORT CHILD ABUSE OR NEGLECT:

1-888-SOS-CHILD

(1-888-767-2445)

TDD

(602) 530-1831

1-800-530-1831

**SUSPECT ABUSE, REPORT IT. NOW! 1-888-SOS-CHILD
ARIZONA'S STATEWIDE TOLL - FREE CHILD ABUSE HOTLINE**

Equal Opportunity Employer/Program

Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting: (602) 542-3598. ♦ Disponible en español en la oficina local.

APPENDIX I

DES/ACYF OFFICES - DISTRICT I						
SITE CODE	OFFICE NAME	ADDRESS	CITY	ZIP CODE	TELEPHONE	FAX
133A-4	District Office Contracts/Legal Resources/KIDS	3221 North 16 th Street	Phoenix	85016	(602) 264-1360	(602) 241-9162 (602) 241-9741 (602) 241-9380
015A	CHILD Help	2346 North Central	Phoenix	85004	(602) 340-9848	(602) 340-9908
104A	Highland	4620 North 16 th Street, #217	Phoenix	85016	(602) 255-4958	(602) 230-0612
105C	Thunderbird	13450 North Black Canyon Building D, Suite 170	Phoenix	85029	(602) 863-0799	(602) 938-9546 (602) 866-0078
115A	Maryvale	3802 N. 53 rd Avenue	Phoenix	85031	(623) 873-3017	(623) 873-7965
123C-3	South Mountain	4635 South Central	Phoenix	85040	(602) 276-5772	(602) 268-3698
136C-3	Metro	10640 North 28 th Drive, #A201	Phoenix	85029	(602) 548-9282	(602) 548-9575
137C-3	Closed Records Group Home Investigations	4620 North 16 th Street, #103	Phoenix	85016	(602) 279-5765	(602) 274-1153
146C	Glendale	5800 West Glenn Drive, #200	Glendale	85301	(623) 939-9773	(623) 435-0055
148C	Squaw Peak	4020 North 20 th Street	Phoenix	85016	(602) 265-0612	(602) 230-0351
155X	Tempe	5002 South Mill Avenue	Tempe	85282	(480) 756-2276	(480) 756-2337
156C-3	Tolleson	9550 West Van Buren, #12 (Ongoing)	Tolleson	85353	(623) 907-2524	(623) 907-0285
156C-3	Tolleson	9550 W. Van Buren, #14 (Intake)	Tolleson	85353	(623) 936-5618	(623) 936-5739
165C-3	University	2345 East University	Phoenix	85034	(602) 244-9713	(602) 244-0367 (602) 244-0381
170C-3	3 rd Street	3839 North 3 rd Street, #101	Phoenix	85012	(602) 266-8074	(602) 266-4355
186C-3	South Mesa	1818 East Southern, #17B	Mesa	85204	(480) 545-1901	(480) 545-2986
188C-3	East Mesa	5634 East Main Street	Mesa	85205	(480) 854-7578	(480) 854-7592

**ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES
DISTRICT I
OPERATING PROCEDURE**

SUBJECT: Collaboration with Law Enforcement and DEA

EFFECTIVE DATE: January 1, 2000

PREPARED BY: Flora Sotomayor, Program Administrator
Gene Burns, Program Manager
Deborah Harper, Deputy Program Manager
Cindy Herskowitz, Assistant Program Manager
Richard Johnson, Assistant Program Manager
Ken Cross, CPS Unit Supervisor
Toby Campbell, CPS Unit Supervisor
Valerie Parker, CPS Unit Supervisor

APPROVED BY:

Gene Burns, Program Manager

PURPOSE: Insure the safety of children exposed to methamphetamine lab sites by collaborating with Law Enforcement and the Drug Enforcement Agency. District I will designate the CHILDHELP CPS unit and AHIT staff, as well as investigative case managers, to be on-call to accompany Law Enforcement on methamphetamine lab arrests and to make arrangements for children to be medically screened and, when necessary, to be placed in an appropriate shelter or relative placement.

OPERATING PROCEDURE:

Local Law Enforcement/Drug Enforcement Agency will have access to two District I on-call pagers to arrange for CPS investigative staff to accompany them on a methamphetamine lab arrest. One on-call pager will be used to access CPS during the hours from 8:00 a.m. to 4:00 p.m., Monday through Friday (excluding State holidays). The second pager will be for after hours CPS access from 4:00 p.m. to 8:00 a.m., Monday through Friday. This pager will also be used for weekends and State holidays. The daytime on-call pager will be manned by CHILD HELP supervisory staff. The after hours on-call pager will be manned by the After Hours Investigative Team (AHIT) supervisory staff.

Once a case manager is notified of a methamphetamine lab arrest, he/she is responsible for reporting to the specified location within the requested time frame. This time frame is a maximum of two hours.

Should it be determined that a child(ren) needs to be removed from the caretaker's care, the case manager shall obtain either a voluntary foster care agreement or serve a temporary order of custody.

The case manager will be responsible for:

1. Responding within two working hours.
2. Contacting the CPS Hotline and initiating a report.
3. Ensuring that the child(ren) receives the appropriate medical exam, including screening for exposure to toxic chemicals.
4. Should the child be placed in custody, the case manager is to contact Resources or AHIT to locate a shelter placement.
5. Creating the CHILDS case.

To obtain a medical screen the following steps are to be initiated:

1. Should a child need a medical screen during business hours, the case manager will contact either the Glendale Advocacy Center, CHILDSHELP, or the Center Against Family Violence to set up an immediate initial exam. Should a child(ren) need a medical screen after hours, the case manager will contact the physician on call to set up an initial exam no later twelve (12) hours.

2. Once the child is taken to the initial exam, the pediatrician will be responsible for completing the following tests:

- ☐ urine drug screen
- ☐ baseline assessment (ESDT exam, liver function tests: SGPT, SGOT, Total Bilirubin and Alkaline Phosphatase; kidney function tests: BUN and Creatinine; Baseline electrolytes: sodium, potassium, chloride and bicarbonate; CBC; suspected child abuse and neglect evaluation; lead screen; and a developmental exam.

NOTE: The child's emotional state may prevent a developmental screen. If this is the situation, a follow-up appointment should be made no later than three working days from the date of the initial screen.

- ☐ Prior to leaving the initial exam, the case manager is to schedule two additional appointments. The first appointment is to be made no later than thirty days from the date of the initial medical screen. The following tests will be provided: baseline assessment, developmental, and ESDT. The second appointment will be scheduled for one year after the initial medical screen.

This appointment will include a developmental exam and provide the pediatrician with the opportunity to identify any medical problems resulting from the child's exposure to methamphetamines. These appointments shall be given to the child's placement provider and entered into case notes.

NOTE: Should the child(ren) test negative, no further follow-up appointments are needed.

After the emergency response is completed, the case will be assigned to the appropriate unit for completion of the investigation.

METHAMPHETAMINE MEDICAL SCREEN APPROVAL FORM

PARENT NAME:

DR#:

CHILD(REN) NAME:

CASE MANAGER:

DATE:

The above listed case has been referred in accordance to District I policy.
Dr. _____ (Contracted Physician) has been authorized to conduct a
methamphetamine medical screen on _____ (today's date).

Additional comments:

Signature of Case Manager: _____ Date:

Distribution: CPS Case File
Contracted Forensic Medical Exam Physician



STATE OF ARIZONA

OFFICE OF THE ATTORNEY GENERAL

GRANT WOODS
ATTORNEY GENERAL

1275 WEST WASHINGTON, PHOENIX 85007-2926

MAIN PHONE : 542-5025
TELECOPIER : 542-4085

October 2, 1998

Dr. Linda J. Blessing, Director
Arizona Department of Economic Security
1717 West Jefferson Street
Phoenix, Arizona 85005

RE: 198-008 (R98-017)

Dear Dr. Blessing:

You recently requested a formal opinion about whether private schools may impose requirements or limitations on Child Protective Services ("CPS") specialists who seek to interview children on school property. We conclude that Arizona law authorizes a CPS specialist to interview a child on school property without school-imposed requirements or limitations. In particular, we determine that the Legislature directed CPS to "immediately" "make a *prompt and thorough* investigation" to refute or substantiate an allegation about whether a child should be adjudicated dependent.¹ Arizona Revised Statutes Annotated ("A.R.S.") § 8-802(C)(3)(b) (emphasis added); *see also* A.R.S. § 8-304(B). Moreover, the rules of the Department of Economic Security ("DES") relating to CPS's investigations of child abuse, neglect, dependency, or exploitation provide that "a child may be interviewed at any site deemed appropriate by the Child Protective Services worker." Arizona Administrative Code ("A.A.C.") R6-5-5504(B). Personnel of both public and private schools also have a duty to protect the children under their care and to cooperate in the reporting and investigation of abuse, abandonment, dependency, or neglect. A.R.S. § 13-3620.² Consequently, we find no legal basis

¹ A "dependent child" is one who is (i) adjudicated to be in need of appropriate and effective parental care and control, (ii) destitute, not being provided with the necessities of life, or in a home that is unfit due to abuse, neglect, cruelty or depravity of either parent, or (iii) younger than eight and committed an act that would have resulted in the child being adjudicated delinquent or incorrigible if the child were older. A.R.S. § 8-546(A)(6).

² Section 13-3620, A.R.S., requires school personnel, counselors, nurses, clergymen, priests, doctors, parents, and others responsible for the care and treatment of children who have reasonable grounds to believe that a minor has been the victim of abuse, injury, exploitation, or neglect to immediately report the information to a peace officer or CPS. That statute also requires release of confidential records to the peace officer or CPS specialist conducting the investigation and waives many of the privileges prohibiting disclosure of confidential information in litigation and administrative proceedings in which a child's abuse, abandonment, dependency, or neglect is an issue. *See also* A.R.S. § 8-805(B).

on which schools – whether public (traditional and charter) or private (parochial or nonsectarian) – may erect barriers that impede the goal of protecting the welfare of children.

Background

DES accepts reports of possible child abuse, neglect, exploitation, or abandonment twenty-four hours a day, seven days a week. A.R.S. § 8-802(C)(1) and A.A.C. R6-5-5503(A). DES operates a statewide, toll-free telephone service to receive these reports. Between July 1, 1996 and June 30, 1997, DES received 38,229 incoming communications to the Child Abuse Hotline that met the criteria of a report for investigation of maltreatment. ARIZONA DEPARTMENT OF ECONOMIC SECURITY, DIVISION OF CHILDREN, YOUTH AND FAMILIES, Annual Report for July 1, 1996 through June 30, 1997 at 2 (September 30, 1997). Forty-five percent of the reports related to allegations of neglect, 36% relayed concerns of physical abuse, 8% of the reports alleged sexual abuse, 8% encompassed reports of abandonment, 3% of the reports noted concerns of emotional abuse, and less than 1% of the reports concerned exploitation. *Id.*

When DES receives a report of child abuse, neglect, exploitation, or abandonment its Central Intake Unit is to evaluate the information to determine if the report should be referred for field investigation. DEPARTMENT OF ECONOMIC SECURITY, CHILDREN'S SERVICES MANUAL, ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES, *Investigation and Assessment*, Chapter 5-1 (July 21, 1997). If DES determines that a field investigation is appropriate, it is to gather further information on the specific incident and then assess previous reports about the family and the status of prior cases. *Id.* at 5-2. Next, DES is to evaluate case-specific aggravating and mitigating factors and then prioritize the report. *Id.* at 5-3. DES is to make every effort to ensure that all CPS reports in a local office are assigned for field investigation or are referred to a CPS supervisor for an alternative investigation. *Id.* at 5-4.

Although DES's first priority in conducting an investigation is to determine whether the child who is the subject of the report (and all other children in the home) are safe from harm, it should also respect the rights of parents, guardians, and custodians. *Id.* at 5-8 and 5-11.² In conducting its interviews, the CPS worker must make many judgment calls. Among the preinterview decisions that confront CPS specialists in each investigation are: who should be interviewed, where the interviews should take place, in what order interviews should occur, whether interviews should be prearranged or unannounced, and who should be present during the interviews. *See id.* at 5-10. One obvious option that allows CPS to complete its investigation

² See also A.R.S. § 8-803(A) ("Upon initial contact with a parent, guardian or custodian under investigation pursuant to this article, a protective services worker shall inform the family that the family is under investigation").

promptly and immediately is to interview children at their schools.

Analysis

Parents and guardians are primarily responsible for the care and protection of their children. See, e.g., *Lehr v. Robertson*, 463 U.S. 248, 258 (1983). The State intercedes only when there is a report of abuse, neglect, or dependence where the health and welfare of a child may be imperiled. See, e.g., A.R.S. §§ 8-304 (formerly A.R.S. § 8-224) (investigation of alleged acts of delinquency, dependency, and incorrigibility) and 8-802 (scope of responsibilities of CPS specialists); *Bohn v. County of Dakota*, 772 F.2d 1433, 1439 (8th Cir. 1985), *cert. denied*, 475 U.S. 1014 (1986) (recognizing the State's strong interest in "protecting powerless children who have not attained their age of majority but may be subject to abuse or neglect").

CPS's right to interview children on private school property during an investigation to evaluate allegations of abuse, dependency, neglect, or exploitation is based solidly on its statutory mandate and the explicit and implicit power to fulfill that mandate. First, CPS is required to "immediately," "promptly and thoroughly" investigate conditions that tend to support or rebut an allegation that a child should be adjudicated dependent. A.R.S. § 8-802(C)(3)(b). This statutory authority is consistent with the traditional role of the State as sovereign and guardian of persons under legal disability such as infants and children. See *Stewart v. Superior Court*, 163 Ariz. 227, 230, 787 P.2d 126, 129 (App. 1989). Indeed, courts routinely have recognized the State's compelling interest in identifying and protecting victims of child abuse when they have balanced the parents' constitutional interests in family autonomy against the State's intrusion into that interest during a child abuse, abandonment, neglect, or exploitation investigation. See, e.g., *Watterson v. Page*, 987 F.2d 1, 8 (1st Cir. 1993) ("the government has a compelling interest in the welfare of children, and the relationship between parent and child may be investigated"); *Fitzgerald v. Williamson*, 787 F.2d 403 (8th Cir. 1986) (caseworkers do not infringe on parents' liberty interest when the caseworker takes reasonable steps to protect a child from abuse); *Doe v. Staples*, 717 F.2d 953 (6th Cir. 1983), *cert. denied*, 465 U.S. 1033 (the State can remove a child from an abusive parent for the best interest of the child). We are aware of no privacy or liberty interest that a private school might possess that would override the State's compelling interest in making a prompt and thorough investigation of reports of child abuse, abandonment, neglect, or exploitation.

Second, although a private school may have a general right to prohibit entry onto its property, Arizona statutes, decisional law, and administrative rules authorize appropriate interview and intervention activities. The Arizona Court of Appeals has recognized that peace officers, with reason to believe that a child's health, morals, or welfare are being endangered,

have a right and legal duty to act.⁴ *State v. Hunt*, 2 Ariz. App. 6, 12, 406 P.2d 208, 214 (App. 1965); cf. A.A.C. R6-5-5504(F) ("a child can be removed if suffering or in danger of imminently suffering abuse"). Authorized action includes entering onto private property, investigating, and taking the child into custody, if necessary, with or without a search warrant and with or without the consent of all persons who have a proprietary interest in the premises.⁵ *Hunt*, 2 Ariz. App. at 12, 406 P.2d at 214. When investigating allegations of child abuse, abandonment, neglect, or exploitation, we see little distinction between a peace officer's legal duty and responsibility and that of a CPS specialist.⁶ CPS specialists and peace officers have the authority to investigate and immediately take a child into temporary custody regardless of where the child is located. A.R.S. § 8-821. Compare A.R.S. § 8-304(A) (formerly A.R.S. § 8-224(A)) (law enforcement officers have responsibility to investigate completely alleged acts of delinquency or incorrigibility) with A.R.S. § 8-304(B) (formerly A.R.S. § 8-224(B)) (CPS specialists have responsibility to investigate completely all complaints of alleged dependency, and DES has responsibility for the disposition of a child unless the matter requires intervention of the juvenile court).

As the court recognized in *Hunt*:

Considering Bernal's obligations as a peace officer and the details of Miss Hengsteler's description of Tina's condition just related to him, he had a duty to proceed forthwith, without delaying to get anyone's permission (whether it be a magistrate's or the property owners') to extend the protective arm of the State of Arizona through its juvenile code to Tina without being concerned with what or who was responsible, or what

⁴ Our analysis assumes that CPS workers, before approaching private school officials to interview a student, have sufficient cause to initiate an investigation into child abuse, abandonment, neglect, or exploitation.

⁵ In 1965, when *Hunt* was decided, the statutory authority under which the peace officer acted provided as follows: "This article shall not be construed to prohibit a peace officer from taking into custody a child . . . whose surroundings are such as to endanger his health, morals, or welfare unless immediate action is taken." A.R.S. § 8-221 (1965).

⁶ The Arizona Court of Appeals recently agreed when it found that constitutional due process protections came into play when determining the voluntariness of a confession of a suspected child abuser obtained by a CPS specialist. *In Re Timothy C.*, 275 Ariz. Adv. Rep. 43 (App. August 13, 1998). In *Timothy C.*, the CPS specialist interviewed a sibling of the alleged victim. The sibling was also the suspected abuser who was subject to possible criminal action pending the outcome of the investigation. The court considered the CPS specialist's interview as an example of "State action . . . under the State's police powers in the general sense." We note that the court did not place restrictions on CPS's right to investigate or interview under A.R.S. § 8-802, only the use that criminal prosecutors could make of the information that CPS obtained.

subsequent criminal or civil proceedings might be instituted. To enter her home to protect Tina is certainly not a judicial or quasi-judicial proceeding but a matter of protective custody.

If officer Bernal had delayed his actions unreasonably under these circumstances, he would have been remiss in this duty. To require him to determine the existence and extent of each person's proprietary interest in the premises and obtain their consent before performance of his duty under A.R.S. § 8-221 would, in this case, have rendered the statute nugatory.

2 Ariz. App. at 13, 406 P.2d at 215.

Furthermore, DES rule A.A.C. R6-5-504(B) authorizes CPS specialists who investigate reports of child abuse, neglect, dependency, or exploitation to interview a child "at any site deemed appropriate" by the CPS specialist. This rule was adopted in 1983 and is legally binding on private schools. See A.R.S. § 41-1001(18) (a "rule" means an agency statement of general applicability that implements, interprets or prescribes law or policy . . ."); see also *Herzberg v. David*, 27 Ariz. App. 418, 419, 555 P.2d 677, 679 (App. 1976) (rules adopted pursuant to statutory authority have the force and effect of law).

We recognize that not all CPS investigations require immediate access to a child victim or witness. The urgency of the interview will depend on the facts known to the CPS specialist at the time the specialist makes a request to interview a child at a private school. Because the CPS specialist must maintain confidentiality, the specialist is not at liberty to share this information with the school and thus must independently make a reasonable determination of urgency. See A.R.S. § 41-1959(A). For example, in some circumstances it might be reasonable and prudent for a CPS specialist to delay an interview until the end of a class to alleviate disruption to the school environment or to avoid embarrassment to the child being interviewed.⁷

Of course, when a CPS specialist arrives at a school, there are introductory and notification procedures that each CPS specialist should follow. At the outset, the specialist should (i) provide official identification to school officials, (ii) advise school officials of the

⁷ Section 8-821(B), A.R.S., allows peace officers and CPS specialists to take children into protective custody if it is clearly necessary to protect the child. We hope that a private school would not make such measures necessary by refusing to allow the CPS specialist to interview a child on school property. Such refusal could cause additional trauma to innocent and vulnerable children and will require CPS to resort to a legal process that is both unnecessary and intrusive to the child, the school, and the child's family merely to conduct an interview.

Child Advocacy / Child Abuse Assessment Centers

Maricopa County has four (4) Child Advocacy/Child Abuse Assessment Centers to help children of Arizona. Law Enforcement agencies and Child Protective Services (CPS) offices throughout the state are granted permission to use any of the four Centers. It should be noted that private citizens and/or mandated reporters may not refer victims directly to the Centers, nor may victims self refer for services at the Centers. Child abuse reports must be made to Law Enforcement and CPS, who may then initiate appropriate referrals to one of the Centers. The Centers may be contacted at the following phone numbers for further information:

The Center Against Family Violence

Mesa, AZ
(480) 644-4075

Childhelp Children's Center of Arizona

Phoenix, AZ
(602) 271-4500

West Valley Advocacy Center

Glendale, AZ
(623) 930-3720

Scottsdale Family Advocacy Center

Scottsdale, AZ
(480) 312-6300

Law Enforcement and/or CPS personnel attempting to utilize one of the Centers after normal business hours should contact the Maricopa County Sheriff's Office (MCSO) dispatch at 602/256-1030. MCSO dispatch will provide the Maricopa County Attorney's Office on-call list, which identifies which Center and which Physician will be available for after-hours calls.

**ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES
DISTRICT I
OPERATING PROCEDURE**

SUBJECT: Forensic Medical Exams

EFFECTIVE DATE: February 1, 1999

PREPARED BY: Cari Berg, CPS Supervisor
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APPROVED BY: _____
Gene Burns, Program Manager

PURPOSE: To clarify procedures for the authorization of a contracted forensic medical exam to assist with the investigation process.

OPERATING PROCEDURE:

Listed below are criteria for which a CPS supervisor may request a forensic medical exam:

- ☐ A child, 35 months old or younger, who has one or more fractures which are suspected non-accidental trauma.
- ☐ An infant, six months old or younger, who has bruising.
- ☐ A child with bruises on the abdomen or there is information of physical findings of abdominal trauma.
- ☐ A child with non-accidental burns or a child who has experienced severe physical abuse or neglect.
- ☐ An infant, 18 months old or younger, who is believed to be suffering from shaken baby syndrome.
- ☐ Siblings, 24 months old or younger, of a child who appears to have suffered: 1) non-accidental head injury with a risk of central nervous system damage; 2) non-accidental internal injuries; 3) non-accidental severe facial bruises; 4) non-accidental fractures or bruises on a non-ambulatory child; 5) non-accidental fractures; 6) instrumentation injury with risk of impairment; 7) non-accidental immersion burns; or 8) non-accidental second and third degree burns.
- ☐ Suspected sexual abuse in which the police decline to investigate.
- ☐ There are conflicting medical opinions as to the how an injury may have occurred.

All situations described above shall be discussed with the case manager's supervisor. After examining the facts of the investigation, the case manager and his or her supervisor will determine whether or not a forensic medical exam is needed to gather additional information to prove abuse/neglect. Should a forensic medical exam be needed, the supervisor will complete a Forensic Medical Exam Approval Form (attached) and send it to a contracted Forensic Medical Exam Physician. On an outpatient basis, the case manager and supervisor, in consultation with the Forensic physician, will have the ability to authorize the following laboratory services: 1) sexual abuse screen; 2) physical abuse screen; and 3) for suspected brain injuries either a brain CAT Scan or MRI brain test.

To receive reimbursement, the contractor will attach the Forensic Medical Exam Approval Form to their invoice. District Office will enter the service authorization and pay the bill. The invoice will be forwarded to the County Attorney. The County Attorney will then determine if their Office would be responsible for payment. Should the County state that they would assume financial responsibility, the County would reimburse the Agency.

NOTE: CPS will not assume financial responsibility for sexual abuse exams, as this service is covered by the County Attorney. Nor will CPS be responsible for any forensic medical exam, unless there is a approval made by the CPS supervisor.

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SECTION PLEA NEGOTIATION - SEX CRIMES GUIDELINES		
DISTRIBUTION TRIAL ATTORNEYS	REVISION DATE May 1, 1997	REVISION # 1

A. General Guidelines

1. All cases must be staffed for disposition purposes. The Bureau Chief or Assistant Bureau Chief shall be involved in all such staffings.
2. Generally, individuals charged with child molestation, sexual conduct with a minor under 15, or sexual assault will receive prison sentences subject to the considerations below.
3. Cases in which defendants have been charged with multiple counts of Dangerous Crimes Against Children should include a plea offer to one "attempt" count with stipulated lifetime probation, in addition to any other counts. Adult sexual assault cases occurring after January 1, 1994, in which the defendant has been charged with multiple counts should include a plea offer to one "attempt" count with a stipulation to lifetime probation, in addition to any other counts. For other sexual offenses such as public sexual indecency to a minor, indecent exposure to a minor, sexual abuse, and sexual conduct with a minor over 15, a lengthy term of probation (10 years plus) shall be included in the plea agreement.
4. "No contest" pleas shall be offered only upon Bureau Chief approval.
5. Any plea agreement should contain a stipulation for reimbursement of medical expenses paid by the county pursuant to A.R.S. 13-1414.
6. Defendant's charged with a sexual offense shall plead to a sexual offense. Exceptions shall only be made when the defendant has completed a psychological evaluation or risk assessment conducted by a competent mental health professional chosen from a list supplied by this office, and the evaluation demonstrates that the defendant poses a low risk to reoffend and the defendant is not a sex offender in the opinion of the evaluator. All exceptions require Bureau Chief approval.

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7. The following factors should be considered in determining plea offers:

Factors in Aggravation or Mitigation

- a. The age of victim;
- b. The number of victims;
- c. Duration of molest/age of onset;
- d. Force or threats used/use of weapon;
- e. Sex acts - penetration, fondling (over or under clothing);
- f. Pornography used/photos taken;
- g. Prior offenses - sex or not;
- h. Prior bad acts;
- i. Previous probation supervision;
- j. Counseling attempts;
- k. Defendant seeking help;
- l. Age of Defendant;
- m. Victim's psychological trauma;
- n. Victim's physical trauma;
- o. Victim input;
- p. Investigating officer input;
- q. Inconsistent statements/victim;
- r. Relationship between victim and Defendant;
- s. Other children, targets;
- t. Sophistication, Defendant's deviancy;
- u. Victim's ability to testify;
- v. Jury appeal;
- w. In-home v. out-of-home;
- x. Defendant's community ties;
- y. Defendant's employment history;
- z. Defendant's marital status;
- aa. Defendant's substance abuse history;

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- bb. Defendant's psychological history;
- cc. Drugs and/or alcohol used on victim;
- dd. Risk assessment of defendant;
- ee. Defendant's assault behavior (stopped when victim said stop);
- ff. Victim previously molested (if Defendant knew);
- gg. Defendant in position of trust;
- hh. Objects used;
- ii. Victim's background;
- jj. Any motives to fabricate;
- kk. Corroborating evidence;
- ll. Any other strengths and weaknesses in case;
- mm. If the defendant has committed both "hands-off" and "hands-on" offenses;
- nn. If the defendant has committed offenses against male and female victims.

2. Sexual Exploitation with a Minor Guidelines

1. All defendants charged with Sexual Exploitation of a Minor [ARS '13-3553] will be requested to submit to a psychological evaluation or risk assessment, conducted by a competent mental health professional, chosen from a list supplied by this Office. All decisions relating to plea offers will be made only after a review of the evaluation. In the event an individual defendant refuses to submit to such an interview, this Office must assume that the defendant may represent a danger to the community and make plea offers commensurate with that assumption.
2. The following factors should be taken into consideration when making disposition decisions regarding cases involving Sexual Exploitation of a Minor:
 - a. If the defendant engaged in any "hands-on" offenses in addition to viewing images, the seriousness of the criminal behavior requires more severe repercussions;
 - b. If the defendant participated in any acts prohibited under ARS §13-3533(A)(1) such as participating in the recording, filming, photographing or scanning of images, it should be considered a "hands-on" offense and subject to more severe repercussions;

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- c. Whether the defendant engaged in selling the images for profit;
 - d. Whether the defendant engaged in similar activity in the past;
 - e. The type and degree of obscenity depicted.
2. All first time offenders, who are not personally responsible for the production of the image [ARS § 13-3553(A)(1)], who have not sold or produced images for profit [ARS § 13-3552], and whose evaluations clearly demonstrate that: 1) they have no “hands-on” offense behaviors; 2) pose a relatively low risk to re-offend, given appropriate treatment; and 3) may be appropriate for community supervision, may be allowed to plead “guilty” and offered lifetime probation in conjunction with a jail term.

Individual defendants who exhibit one or more of the factors enumerated above will, as a general rule, be offered stipulated prison pleas. The degree of the offense (and concomitant prison term) will be determined by the number of factors displayed and the degree of involvement in each of those factors.

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These plea guidelines are intended to provide Deputy County Attorneys with guidance in reaching appropriate dispositions in cases involving family violence. When prosecuting family violence cases, the goals of the Maricopa County Attorney's Office are:

To protect the safety of victims and children that may be present,

To hold defendants accountable for the criminal offense,

To stop offenders from committing future acts of family violence by

- ◆ Incarcerating and/or intensively supervising the activities of violent or chronic family violence defendants; or
- ◆ Incarcerating family violence defendants who cause permanent and/or life threatening injury and/or have convictions for violent behavior; or
- ◆ Providing appropriate family violence defendants with an opportunity for rehabilitation through specialized post-conviction probation programs.

A. CASE DISPOSITION GUIDELINES - MISDEMEANORS

Many domestic violence offenses committed in unincorporated areas of the county are cited into Justice Court. In addition, violations of Orders of Protection or Injunctions Against Harassment issued by Justice Courts or Superior Court are prosecuted in Justice Court.

Every effort should be made to obtain a conviction and sentence that will reduce future incidents of domestic violence. Keeping in mind that delay generally benefits the defendant more than the State or the victim, continuances should be requested or agreed to only if necessary for the case, or to maintain an ethical and credible working relationship with the court and/or counsel.

All domestic violence cases present the continuing potential for danger. Lack of action, even at the victim's request, is usually not appropriate. Aggressive prosecution is the best route. Prosecutors should use reasonable efforts to obtain an appropriate conviction while considering the victim's input. ARS 13-3601(M) should only be offered as a plea disposition

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in circumstances where the defendant has no prior record for domestic violence, the offense is a statutorily eligible offense, and the prosecutor is assured that the defendant is a low risk for re-offending. In all plea dispositions, DCA'S shall require, as a term of probation, that the defendant participate in the Chrysalis Domestic Violence Offender Intervention Program pursuant to ARS 13-3601.01. Anger control or substance abuse counseling alone is not sufficient. [See Prosecution Policies and Procedures # 14.13]

Prosecutors handling misdemeanor domestic violence cases may contact the Family Violence Bureau for consultation, especially for cases that may require special handling.

B. CASE DISPOSITION GUIDELINES – FELONIES

1. Family violence cases will not be diverted under ARS 13-3601(M) without Bureau Chief approval. Only statutory defined offenses may be considered for diversion under ARS 13-3601.
2. The following broad guidelines should be followed for all family violence cases:
 - a. Generally, the best plea offer should be made at a preliminary hearing unless circumstances arise after the defendant has been arraigned which impact the case;
 - b. All plea offers made in Superior Court should be staffed with other Family Violence Bureau DCA's. The DCA assigned to the case should consult with the assigned Advocate prior to the case staffing regarding the victim's opinion about a plea, prior history of family violence, prior referrals to Child Protective Services or Adult Protective Services, and any other pertinent information. Plea offers should also be staffed with the Bureau Chief if the offer is outside the parameters of these plea guidelines or the general plea policies of the office;
 - c. The provisions of Prosecution Policies and Procedures # 7.2.1 will be followed regarding the staffing of serious cases;
 - d. 'No contest' pleas are discouraged and must be approved by the Bureau Chief;

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- e. In cases involving serious or violent offenses, and/or defendants with a history of family violence, especially child abuse, plea offers should provide for prison, a prison term followed by lifetime probation, or lifetime probation. (Note: Life-time probation is only available in class 3-6 child abuse cases if the offense occurred after July 13, 1995.)
- f. In any plea involving a domestic violence offense in which a defendant will receive a sentence of probation, domestic violence counseling should be stipulated (anger control counseling alone is insufficient).
- g. In some child abuse cases, parenting skills or other appropriate counseling should be stipulated.
- 3. The following risk factors should be considered when determining an appropriate plea in family violence cases:
 - a. If the offense involved domestic violence:
 - 1) The status of the relationship between the defendant and the victim has a bearing on the offender's risk for re-offending:

Was the victim separated from the defendant or preparing to separate?
Has the relationship been long-standing?
Was the victim a teenager, inexperienced, or highly susceptible to control and manipulation?
Is the victim financially dependant upon the defendant, is the victim socially isolated, has the defendant been stalking the victim?
 - 2) The presence of children during the offense, the degree of harm or potential harm to the children;
 - 3) The presence of 'lethality indicators'. If several 'lethality indicators' were present at the time of the crime, the likelihood that the defendant will resort to homicide in the future is increased. The following are the lethality factors:

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- ◆ Threats of homicide or suicide
- ◆ Fantasies of homicide or suicide
- ◆ Use of weapons
- ◆ 'Ownership' of the battered partner
- ◆ Centrality of the partner
- ◆ Separation violence
- ◆ Escalation of batterer risk
- ◆ Hostage taking
- ◆ Depression
- ◆ Repeated outreach to law enforcement
- ◆ Access to the battered woman and/or to family members

[Refer to Appendix 7.13 for more detailed information about lethality indicators.]

- b. In child abuse cases:
 - 1) The presence of outside stressors such as loss of a job, death in the family, financial problems (defendants who commit child abuse when coping with outside stressors may be at a lower risk for re-offending);
 - 2) Prior referrals to Child Protective Services.
- c. In elder abuse cases:
 - 1) The presence of outside stressors such as loss of a job, death in the family, financial problems (defendants who commit elder abuse when coping with outside stressors may be at a lower risk for re-offending);
 - 2) Prior referrals to Adult Protective Services.
- d. The following risk factors apply for all cases handled by the Family Violence Bureau:

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- 1) The degree of violence present during the offense for which the defendant is charged:

The nature of the injuries inflicted upon the victim, including the permanence of the injuries;

The location of the injuries, for example defendants who inflict injuries in locations that are hidden by the victim's clothing in an attempt to prevent the disclosure of the abuse are at a higher risk for re-offending;

Violence directed at other family members, family pets, or threats made to harm members of the extended family;
 - 2) Whether or not weapons were used or threatened during the offense, and the type of weapon used or exhibited;
 - 3) The defendant's psychological history and history of substance abuse (defendants who have a substance abuse problem coupled with a behavioral health problem or character disorder are at a higher risk for re-offending).
4. The following case related issues should also be considered in determining an appropriate plea:
- a. The availability of corroborating evidence and the strengths and weaknesses of the case;
 - b. The defendant's criminal history and history of abuse, whether reported or not;
 - c. The victim's opinion, the victim's lawyer's opinion, or the opinion of the child victim's guardian ad litem regarding the outcome of the case;

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- d. The victim's and witnesses availability to testify;
- e. Whether or not there is a motivation for the victim(s) or witness(es) to fabricate;

Has the defendant been threatening the victim or members of the victim's family during the course of prosecution?

Has the defendant made financial promises to the victim or members of the victim's family?

- f. Whether or not the justification defense of discipline was warranted in a child abuse offense. [ARS 13-403(1)]
- g. The input of a Child Protective Services worker regarding concurrent dependency proceedings. A disposition by CPS to close the case or return the child to the custody of the parent or guardian is not dispositive of the criminal case. However, coordination with CPS regarding the disposition of the criminal case is important.

C. UNCOOPERATIVE VICTIMS

A case will not be dismissed solely because a victim requests it or recants. While the intent is not to re-victimize the victim, the integrity of the system established to protect citizens from abuse must be preserved and the cycle of family violence must be stopped. When the victim's refusal to prosecute combined with insufficient corroborating evidence results in no reasonable likelihood of conviction, the DCA shall consult with his/her Bureau Chief regarding appropriate disposition.

D. DISMISSALS

The motion to dismiss shall state the specific reasons for the dismissal.

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E. PLEA AGREEMENT FORMS

Plea agreement forms should be marked 'D.V.' following the name of the crime the defendant is pleading to if the case was previously designated a domestic violence case (pursuant to ARS 13-3601). Cases which should be coded 'D.V.' include cases in which the victim is the defendant's spouse, former spouse, cohabitant, or former cohabitant; a person with whom the defendant has or is going to have a child or has or formerly had a dating or engagement relationship; the child, step-child, or foster child of the defendant; or the parent of the defendant.



KIDS IN COURT PROGRAM OVERVIEW

The Victim Services Division of the Maricopa County Attorney's Office offers a program to help children and their families prepare for court called *Kids in Court*. The Kids in Court program offers a supportive and educational program to help children and their parents/guardians reduce the anxiety associated with the court process.

The program begins in a classroom setting with the children and parents seated together. Following a brief introduction, the video "It's Called a Witness Chair" is shown to the participants. This video, developed by the Arizona Supreme Court, explains the roles of different people in court. It also provides the children with tips for testifying such as how to ask for a break and what to say if you don't know the answer.

After the video, the program is turned over to a Deputy County Attorney who goes over additional tips for testifying and reinforces the concepts taught in the video. There is a great deal of emphasis placed on the importance of telling the truth in court. The Deputy County Attorney does not go over the facts of any case, but rather asks children questions about where they go to school, what they like to do, etc.

A Victim Advocate then speaks to the children about relaxation techniques that can be used while in court. The children are taught deep breathing and muscle relaxation exercises that will assist them while testifying. They are also taught how to give themselves support through positive self-talk.

The children are then taken to a real courtroom to view the layout and to meet with a Judge. At this time the parents are separated from the children. While the children speak with the Judge and participate in role playing activities, the parents have their own session in the jury room. A Victim Advocate and a Deputy County Attorney meet with the parents/guardians to discuss the trial process in detail and provide information regarding how to help their children throughout the trial process. At the end of the program, a small graduation ceremony is held. Each child receives a certificate and a pencil shaped like a gavel.

Because the program begins in a classroom setting the children feel less threatened by the atmosphere. They may also feel less isolated when they realize that there are other children going through the same experiences. The Kids in Court program allows the children to experience the courtroom in an interesting and non-threatening situation prior to trial. It also gives parents the tools they need to assist their child in dealing with the trial process.

The first Kids in Court program was held in October of 1994. The first two sessions were "practice" sessions utilizing the children of employees, friends and family. After working out the "kinks" the Kids in Court program was offered to all child victims and witnesses. Since that time, over 50 children have participated in the program.

SEX OFFENDER PRESENTENCE REPORT

In conducting pre-sentence reports on sex offenders there are a number of issues unique to this population that should be addressed. This manual section is a guideline and should be used in conjunction with all standard policy and procedures for pre-sentence.

A pre-sentence report is prepared for the judge after a defendant has been found guilty or has pled guilty to an offense. The purpose of this report is to provide the judge with as much information as possible in order to arrive at a decision regarding sentencing.

Be aware that recent legislation has mandated many new legal mandates that need to be addressed by probation staff.

Plea Agreement:

It is important that the pre-sentence officer thoroughly review the defendant's plea agreement and if probation is available, explain the implications. This would include an explanation of lifetime probation, sex offender therapy, "no contact" terms and if applicable, reunification policy.

Description of Offense:

The first section of the report is a concise, yet comprehensive description of the offense from the police reports, and should include:

1. The victim's and offender's ages and their relationship, if any.
2. A description of the assault behaviors.
3. The location and setting of the assault(s).
4. The method by which the defendant coerced, enticed, intimidated, threatened, manipulated, or forced the victim to submit, and tried to keep the victim from disclosing the abuse.
5. Weapons which may have been used or present during this offense.
6. The time span over which the assaultive behaviors occurred.
7. The manner in which the assault was disclosed, and the response to the victim.
8. Any information in the police report about trauma to the victim (either physical or emotional).

Summarize any significant remarks made by the defendant to the arresting or investigating officers or caseworkers and any other information about the defendant's attitude at the time of arrest as mentioned in the police report.

Defendant's Statement:

Summarize statements made by the defendant in person or in writing regarding the circumstances of the offense. Note any difference between statements made here and to the arresting officer or investigator.

Victim's Statement:

In most cases, begin by calling Victim Services for insight into the victim's present situation. The advocate has often established a rapport with the victim, who might feel more comfortable talking with another stranger if the advocate is present. Every effort should be made to accommodate the victim and make this interview as easy as possible. It is helpful to let them know that this is probably the last time they'll have to talk to someone from the Court before sentencing. He or she has already had to tell the details to numerous individuals, and it should not be necessary to repeat them (although if that seems to be what they want to do, they should be allowed to do so). The main objective is to try to determine the degree of trauma to the victim(s), whether they have received counseling, the monetary cost involved, and how they presently view the offender with regard to sentencing.

If the victim is a child, some of the question will have to be answered by the child's parent or guardian. Again, every effort should be made to make the child comfortable and keep the interview as short as possible. If the child is young, the parent or guardian may choose to speak for the child.

Interested Parties:

Every effort should be made to interview, when applicable, the CPS worker (and CPS records), the investigating detective, the victim's counselor, the child's attorney or guardian ad litem, significant members of the victim's family, and significant members of the defendant's family, particularly if reunification is a possibility. The defendant's spouse should also be made aware of the sex offender terms and conditions. A signed release of information may be necessary to obtain this information.

If the defendant has been evaluated by a psychologist or psychiatrist, or has been involved in therapy, relevant statements and conclusions from the evaluation can be mentioned here. If nothing has been submitted in writing, it is extremely important to try to contact the therapist. It is also important to note if the professional submitting the evaluation has had any significant experience evaluating or treating sex offenders.

Social History:

Obtain the usual family history, paying special attention to family members with whom the defendant is presently involved. Obtain names, ages, and addresses of defendant's wife or partner, ex-wife, etc., particularly if she is the mother of the victim. Obtain names and ages of all defendant's children, grandchildren, or partner's children and grandchildren. Inquire about any history of sexual deviancy in defendant's family or origin (if it is not applicable to the report add it to working notes).

Obtain a sexual history, which includes the defendant's earliest sexual experiences, the ages of his partners, any deviant history such as exhibitionism, voyeurism, and extensive use of pornography.

Examine the defendant's employment history for a pattern of instability, long periods of unemployment, and access to children. Obtain and verify the details of the defendant's present job, including specific address and phone number, name of employer, hours worked, and actual type of work performed.

If the defendant relates significant health issues, verification should be attempted. If the defendant has a history of mental health treatment, he should be asked to sign a release of information to the appropriate facilities of therapists, both in and out of state. Therapists should be contacted, if possible. Any medications taken should be listed.

Substance Use/Abuse:

Obtain as complete a history as possible of defendant's use of alcohol and other drugs. Does he blame alcohol for the offense? Does the use of drugs appear to play a part in his offense cycle? If he has been in treatment, ask for name, type of facility, dates and length of treatment, and whether treatment was "completed".

Financial Status and Evaluation:

Obtain as clear a picture as possible of the defendant's ability to pay for financial restitution, court fees, sex offender treatment, testing and family treatment. Discuss the possibilities of maintaining two separate residences if family reunification is a goal in the case.

Prior Criminal History:

Every attempt should be made to thoroughly research sex offense arrests/dispositions, in and out of state. If possible, order police reports on all prior arrests, or, at the very least, all prior sex-related arrests. Often a "criminal trespass" or "aggravated assault" or "domestic violence" arrest will provide useful information. If there is a juvenile history, order the file and examine the record and the psychological reports carefully for relevant information. If the defendant

was incarcerated as a juvenile or on juvenile probation, attempt to obtain information on any treatment received.

Final Discussion and Evaluation and Recommendations:

In this final section, give an objective picture of the defendant's case, based on the facts presented in the first part of the report. Do not repeat prior statements. Summarize the essence of the crime, using language that appropriately describes the defendant's actions toward the victim. Do not use words like "fondling", which implies affection and consent. If appropriate describe any pattern of grooming, manipulation, and secrecy. Summarize the trauma suffered by the victim as a result of the defendant's assault. Point out information about the defendant or the offense that adds to the defendant's risk level; e.g. relationship to victim, substance abuse, victimization of both genders, victimization of different age levels, prior offenses, particularly sex offense, reports of additional deviant behavior, unstable employment history.

Discuss the awarding of probation with all its restrictions as a way of imposing external control as a means of protecting the community while the defendant is granted a chance to gain insight into his behavior and learn the means of internal control. Discuss the positive aspects of the defendant's environment and support system that can lead to success on probation.

If all information on the defendant is purely self-report, emphasize that social and sexual history information needs to be further validated by additional testing, which will be part of the terms of probation, should that be the disposition of the case. Emphasize that the treatment providers selected for this very important process should be experts in working with sexual offenders.

Recommendations:

In discussing terms of probation, stress that all sex offender terms should be imposed initially to allow the supervising field officer to further evaluate the case and determine if any of the specialized sex offender terms can be removed. "No contact with children" should include the defendant's own children, emphasize that for a convicted sex offender to be living in an intimate living situation with any children is a high-risk situation which the Court should take every precaution to prevent.

If the offense is a sexual offense, but the defendant has pled to a non-sexual offense such as aggravated assault, the sex offender terms can still be ordered. Also, according to A.R.S. 13-3621b, if the offense pled to a non-sex offense, but there was a finding of "sexual motivation" by the Court, the defendant may be required to register as a sex offender.

Should jail, with or without work furlough, be an option, no contact with children should occur at anytime during this period, at visitation or on the job.

Always consider the options of recommending intensive probation to provide for maximum surveillance, especially when prison is received for another count or cause number.

A Community Punishment Program term, for the sex offender component, should be recommended to provide for possible program resources, particularly for victims and families.

Community Notification Risk Assessment:

A risk assessment shall be done on all sex offenders as outlined in A.R.S. 13-3821. The pre-sentence officer will fill out the Community Notification Risk Assessment and turn it in with the completed pre-sentence report.

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SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY ADULT PROBATION DEPARTMENT
Sex Offender – Definition of No Contact

Name: _____

Cause Number(s): _____

A MINOR IS ANYONE UNDER THE AGE OF 18

Contact can mean several things:

- _____ 1. Actual **physical** touching. Report this contact to your probation team.
- _____ 2. **Association or relationship** taking any action which initiates or furthers a relationship with a minor such as writing letters, sending messages, buying presents, etc. Should you be contacted by a minor, terminate the contact immediately. Report these contacts to your probation team.
- _____ 3. **Communication** in any form is contact. This includes verbal, non-verbal, written, graphic and electronic communication. Report this contact to your probation team.
- _____ 4. **Proximity Contact:** Proximity means being near or close to someone or something.

IN A PUBLIC PLACE AND MINORS ARE NOT KNOWN

If you are in a public place and you encounter a minor who you do not know, you must leave the immediate area of the minor. Do not pay attention to the minors; do not look at the minors; do not talk to the minors; do not communicate with the minors (verbally or non-verbally), even if the minor is attempting to initiate contact with you. If you engage in any activity, regardless of when, where, and what and a minor enters your proximity or attempts to initiate contact, you must leave the immediate area. If the minor persists in trying to communicate, the offender should leave the public place immediately.

You must minimize such contact with minors, who you do not know, by timing visits to public places when minors are least likely to be present.

Report this contact to your probation team.

IN A PUBLIC PLACE AND A MINOR IS KNOWN

If you are in a public place and you encounter a minor you know, you must make sure the minor does not see you. Then you must leave the public place immediately. If the victim is encountered leave immediately. Report this contact to your probation team.

NON-PUBLIC PLACE AND A MINOR IS PRESENT-KNOWN OR UNKNOWN

If you are in a private area such as your house, a friend's house, club, etc. and a minor is present, you must leave the place immediately, whether or not you know the minor. Report this contact to your probation team.

- _____ 5. **Direct** contact is one-on-one contact with a minor. This includes, but is not limited to, in-person visits, touching, talking on the phone, letters or written notes, making proximity contact with a minor. Report this contact to your probation team.
- _____ 6. **Indirect** contact is making contact with a minor through another person. This includes asking another person to forward a communication, of any type, to a minor. Report this contact to your probation team.
- _____ 7. A **supervisor/chaperone** is a person who has been approved by the probation team to supervise a contact between a minor and an offender. The approval must be prior to the contact and in writing. The probation team and the judge are the only people who can approve a supervisor/chaperone. Your counselor or attorney cannot. Supervisors/chaperones must complete the required treatment, know the details of the offense, and report violations to the probation team.
This does not mean that just another adult is present.
- _____ 8. A **supervised contact** is when an offender is allowed to have contact with a minor under prearranged conditions and times and must be approved, in advance and in writing, by the probation team. Any deviations must be approved, in advance and in writing, by the probation team.

NEVER PLACE THE RESPONSIBILITY ON A MINOR TO AVOID CONTACT. WHEN IN DOUBT CONTACT YOUR PROBATION TEAM.

I have read and/or had read to me the definition of "No Contact." I understand this definition of "No Contact" and agree to comply with it.

Defendant _____

Date _____

Probation or Surveillance Officer _____

Date _____

SUPERIOR COURT OF ARIZONA – SPECIAL CONDITIONS OF PROBATION**SEX OFFENDER****Review and Acknowledgement**

Name: _____

Cause Number(s): _____

- _____ 1. Do not initiate, establish or maintain contact with any male or female child under the age of 18, including relatives, or attempt to do so, without the prior written approval of the APD. Sign and abide by the APD definition of “no contact.”
- _____ 2. Have no contact with the victim(s) without prior written approval of the APD.
- _____ 3. Do not go to or loiter near schools, school yards, parks, playgrounds, arcades, swimming pools or other places primarily used by children under the age of 18, or as deemed inappropriate by the APD, and without the prior written approval of the APD.
- _____ 4. Do not date, socialize, or enter into a sexual relationship with any person who has children under the age of 18 without the prior written approval of the APD.
- _____ 5. At the discretion of the APD, attend, actively participate, and remain in sex offender treatment. Authorize therapists to disclose to the Court and the APD information about your progress in treatment.
- _____ 6. Submit to any program of psychological or physiological assessment at the direction of the APD, including but not limited to, the penile plethysmograph and/or the polygraph, to assist in treatment, planning and case monitoring.
- _____ 7. Residence, employment, and education, including any temporary changes, must have the advanced written approval of the APD.
- _____ 8. Do not travel outside Maricopa County without the advanced written approval of the APD.
- _____ 9. Abide by any curfew imposed by the APD.
- _____ 10. Do not possess any sexually stimulating or sexually oriented material, in any form, without the prior written approval of the APD, or patronize any adults-only establishment where such material or entertainment is available.
- _____ 11. Do not possess children’s clothing, toys, games, videos, etc. without prior written approval of the APD.
- _____ 12. Be responsible for your appearance, including the wearing of undergarments and clothing in locations where another person might see you.
- _____ 13. Do not hitchhike or pick up hitchhikers.
- _____ 14. Do not operate a motor vehicle without prior written approval of the APD.
- _____ 15. Do not use any computer equipment or access the internet without prior written approval of the APD. If granted use or access, abide by the APD computer usage guidelines.

Receipt and Acknowledgement: I hereby acknowledge receipt of these Special Conditions for Sex Offenders. I understand and will comply with the conditions. I understand that a violation of any of the conditions could result in the revocation of my probation and the Court may impose sentence upon me in accordance with the law.

Defendant_____
Date_____
Probation or Surveillance Officer_____
Date

VISITATION RULES AND RESTRICTIONS

Outside The Home:

1. You must not be alone with children of either gender.
2. Your contacts with children must be approved and supervised by an approved chaperone.
3. You must be within eyesight of your chaperone at all times.
4. You must not discipline children.
5. You must not discuss issues related to sexuality or dating with children.
6. You must not play the “victim” with children.
7. All visits must have prior approval of treatment team and your probation officer.
8. You must make every effort to use private (one-person) restrooms whenever possible. If not, you must not use the restroom when children are present. If children come in while you are using the facility, you must vacate the restroom immediately.
9. You must not go swimming with children or remain in the area where children are swimming.
10. You must have no “secrets” with children.
11. Appropriate attire, including undergarments, must be worn by all parties.
12. Any discussion of the abuse between the offender and the children must take place in the treatment setting.
13. Horseplay and tickling must be avoided.
14. Rules on any physical contact with children in the household should be pre-approved by the supervising probation team and therapist(s).
15. You must keep a log of the events of the visit and share the log with your treatment group.

Home Visits:

1. You must follow all of the guidelines listed above.
2. You must never enter the children’s bedroom.
3. You must use bathroom facilities in private, and always lock the door.
4. When you are in the bedroom, the door must be shut and locked.
5. You must be fully dressed any time you leave your bedroom or bathroom.
6. You must not leave your bedroom while your spouse is asleep.
7. None of the children’s friends should be allowed to spend the night without communications and approval of their parents and your probation officer.

Chaperone Responsibilities:

1. You must never let the offender out of eyesight.
2. You must never leave the offender alone with the children or with an unapproved chaperone.
3. You must not initiate or allow any physical contact between children and the offender.
4. You must be the sole disciplinarian of the children.
5. You must not allow the offender to discuss sexuality, discipline, legal, treatment, or problems of any nature with the children.

6. You must not allow the offender to frequent places guaranteed that children will be present.
7. In the home, you must make sure that when the offender is in the bathroom or the bedroom, the door is shut and locked.
8. In public, you must ensure that the offender uses a private (one-person) bathroom, or you must stand outside the public bathroom and monitor who enters that facility. If you observe children go into the restroom, you must make sure that the offender comes out in no longer than two (2) minutes.
9. You must make sure that the offender does not go swimming when in the presence of children. You must make sure that whenever possible, the children are entirely clothed when the offender is present or nearby. If other children under eighteen (18) come into your area and are partially clothed, you and the offender must leave the area immediately.
10. You are to make sure that the offender completes his log of the events accurately.

Probationer	Date
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Chaperone	Date
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SEX OFFENDERS: CONCERNS REGARDING FAMILY CONTACT AND PREMATURE REUNIFICATION

Damage done to children who are molested and/or raised by someone who molests children is multifaceted. The belief systems of persons who molest children are often significantly distorted. Even after offenses are admitted, these beliefs remain intact.

The presence of an untrained chaperone does not prevent the offender from passing this belief system on to his own children. Thirty-five (35) to forty (40) percent of child molest offenders were molested as children, but many more report they learned beliefs and attitudes which predisposed them to offense behaviors from adults whom they know or believe to have been offenders themselves. This is why incest is usually multi-generational. We work to interrupt such patterns of multi-generational abuse.

Many offenders who have been caught and placed on probation initially proceed as if the offense behaviors were somehow not an important part of their character and as if the fantasies and behaviors were easy to extinguish. This is known within the profession as reconstruction. Until an offender has spent time in treatment and demonstrated he takes his offense history and propensity seriously, his association with children is likely to be inappropriate. It takes time for offenders to recognize any of their pre-offense thoughts, fantasies or subtle ways of grooming their victims. If neither he nor his chaperone are aware of subtle ways of grooming their victims. If neither he or his chaperone are aware of subtle grooming behaviors, the environment cannot be made adequately safe for the children, whether or not they are the victims, siblings of the victim, or of the same age or gender as the victim.

We prefer that spouses of untreated offenders do not make final decisions as to whether the offender is going to be invited to visit or rejoin the family until the spouse has established herself as an independent person who believes in her own ability to manage the family without him. It is obvious that a dependent spouse is not likely to report reoffense behaviors if she is not prepared to manage her family without the offender.

The process is breaking emotional dependency and fully digesting what her husband has done helps prepare the spouse to supervise him and to protect her children. Sometimes, however, this same process results in spouses choosing separation and divorce, perhaps without further contact between her children and the offender. The healthier partners among our cases postpone decisions about visitation and reunification until they have seen significant changes in the offender's attitudes and behaviors. This way, there are far fewer false starts or roller-coaster rides for the children involved. The children handle linear processes much better, even if they seem slow at first.

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REUNIFICATION/UNIFICATION PROCEDURE

Reunification is the step-by-step process whereby the offender is returned to the family where the offense occurred, or allowed to reside in a home where children under the age of eighteen reside, or wishes to have continued contact with any child under the age of eighteen. The process is designed to ensure the maximum safety of the victim or other potential victims residing within that family. **The reunification/unification procedure should not begin until the following conditions are met:**

The offender will have completed the following treatment goals:

1. The offender must be able to accurately identify his responsibility for the offense.
2. The offender must have disclosed all past sexually deviant behavior and grooming tactics used against the victim.
3. The offender must have developed coping strategies, i.e. communication and problem solving skills, assertiveness skills, anger and stress management, management of substance abuse, etc.
4. The offender must know his cycle of offense and be able to articulate its relevance for his life.
5. The offender must be actively and positively participating in group therapy.
6. The offender's deviant arousal response, as measured by plethysmography, must be within appropriate limits as determined by the therapist and probation officer.
7. The offender must have a non-distressed polygraph.
8. The offender must have completed minimal arousal conditioning utilizing behavioral techniques in the management of his deviance.
9. The offender must have completed the clarification process.
10. The offender must have permission of his therapist, the victim's therapist, the group, and receive final approval from his probation officer.
11. The offender must agree to periodic plethysmograph and polygraph testing, as well as agree to move out of the home at the direction of the probation officer if the offender fails to control his level of deviance, fails to actively participate in counseling, fails to abide by reunification rules, or fails polygraph testing regarding issues of relapse, deviant fantasies, or sexually acting out.

The non-offending partner will have completed the following treatment goals:

1. The non-offending partner will demonstrate that she recognizes and believes that the offender has a lifelong propensity toward sexual deviance.
2. The non-offending partner must be able to assist the offender by identifying and intervening in his deviant cycle of behavior.
3. The non-offending partner must be able to assist the offender by identifying and intervening in his deviant cycle of behavior.
4. The non-offending partner will have an adequate understanding of how the couple's sexual relationship affects the offender's cycle.
5. The non-offending partner must be approved by the probation officer as a supervising chaperone; demonstrate that she is able to, and would protect the children, even if it means "turning the offender in".
6. The non-offending partner must demonstrate an adequate level of independence, including her own circle of friends and support systems, and an ability and belief in herself that she could financially survive on her own, if need be, and have confidence in her ability as a person and parent.
7. The non-offending partner must be actively participating in a partner's group.
8. The non-offending partner must have completed the victimology components of treatment; have completed an acceptable victim checklist for the victim, partner alert list, and offender alert list, and know how to use it.
9. The non-offending partner must know that if the offender is to have any contact with the victims, the victim must have completed an assessment as approved by the therapist and the supervising probation officer.

I have read the above, had it explained, and fully understand what is required of me. Further, I acknowledge receipt of this document.

Probationer _____ Date _____

Partner _____ Date _____

Probation Officer _____ Date _____

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FIELD OFFICER PROTOCOL

Managing sex offenders in the community requires specialized and consistent attention to not only the regular terms of probation, but the unique and crucial areas specific to this type of offender. Recent legislation has mandated many legal requirements, which need to be monitored by probation officers.

The following protocol should be followed at the interview stage for all sentenced sex offenders.

Initial Interview:

1. Initial defendant according to probation guidelines; in addition, go over all offender terms and definition of “no contact”. Defendant should sign and date both pages.
(See Appendix R – Definition of Terms Regarding Contact With Minors)
2. Initial orientation is a key factor in setting the tone. Orientation should be conducted within 5 days of sentencing or transfer of the case. If the defendant is in custody the initial interview should take place within 30 days of sentencing. Additionally, if in custody, the defendant should be seen within 60 days of release from custody to finalize/verify residence.
3. Review, verify and document that the defendant has completed all statutory requirements for sex offenders. **This would include registration, DNA testing, notice of change of address, etc.** If the defendant has failed to complete this at the time of orientation they should be directed to do so immediately.
4. Obtain names and ages of all persons living at defendant’s residence. Ask if they are all aware of defendant’s conviction and terms of probation; at next field visit, verify this.
5. Obtain address of defendant’s partner, spouse, or anyone he is socializing with on a regular basis who may have children. Obtain names and ages of those children in defendant’s or partner’s extended family.
6. Explain to the defendant that it may be several months or longer before he can have any approved contact with children. If he is requesting reunification in an incest case, he will have to follow the reunification procedure, which could take two years or more.

7. Thoroughly review reunification, clarification and visitation procedures if appropriate.
(See Appendix U - Reunification/Unification Procedures)
(See Appendix S – Visitation Rules and Restrictions)
8. The defendant will not have contact with the aforementioned parties without the written permission of the probation officer and verbal permission of the therapist, and only after signing a chaperone contract. All the above should be given a copy of the definition of “no contact” with minors. All the above should have knowledge of the actual behaviors involved in the offense. All parties involved in re-contact should have a copy of the visitation rules.
9. Obtain license numbers and description of all vehicles belonging to defendant, anyone at his residence or the defendant’s spouse or partner who may be residing elsewhere but awaiting reunification.
10. Have defendant describe employment in detail. Assess whether or not he has contact with children. An on-site field visit may be necessary. Employer may need to know of defendant’s “no-contact” term.
11. Using specifics and circumstances of offense behavior and known history, set up appropriate limitations under terms and conditions, i.e. curfew, use of car, off-limit areas. Explain that if he becomes difficult to locate in the field, a curfew will be imposed.
12. If applicable, arrangements should be made to set up an interview with the defendant’s partner or primary significant support system as determined by supervising probation officer.

Residential Approval:

1. Verification of residence should be within five (5) days of notification. Carefully observe inside and outside of house. Check for any signs of children’s clothing, toys, photographs, access to pool, etc. Apartment should not overlook pool and/or play areas.
2. If defendant’s apartment complex is heavily populated with children, he should not be allowed to live there. Visit the area late in the afternoon when children are home from school. Check out the immediate neighborhood for schools, parks, playground, etc.
3. Obtain names, addresses, and relationships of everyone in the residence.

4. The responsibility for approving a residence may be given to the surveillance officer, however, the probation officer should then visit the defendant in order to understand the defendant's home environment.

Stages of Treatment:

1. All offenders should begin by attending one of the Sexuality and Paraphilia classes. If the offender is involved with a partner, partners should be highly encouraged to attend. Contact the CPP officer for registration information.
2. All sex offenders should be in a group treatment, with providers who are on CPP contract with the probation department. This list is available from CPP or from a specialized sex offender officer. Religious counseling or substance abuse counseling should not be the primary referral for sex offender treatment, but can be additional.
3. If the case involves reunification or a return to living with children, the spouse or partner should participate in partners or couples treatment before reunification can be considered. A spouse who has chosen to remain with her child's abuser should become educated, aware and supportive of the process so she can be better equipped to protect her child from further abuse. The child and others affected parties should also be receiving appropriate therapy before clarification or reunification should be considered.

Treatment and Evaluation Issues:

Guidelines for polygraph testing, physiological testing, psychological evaluations, and the use of specialized treatment providers should be followed as discussed in the upcoming statewide manual on Sex Offender Supervision and Treatment.

1. All sex offenders should complete a polygraph by a CPP approved provider as determined by the supervision team for the purpose of evaluation and treatment. Follow-up polygraphs should occur on a regular basis (6 months to 1 year) as determined by situational factors and consultation with therapist.
2. All sex offenders should undergo a plethysmograph evaluation or Abel Screen by a CPP approved provider initially and during certain states of behavioral treatment. This should also be determined by situational factors and consultation with therapists.
3. Review significant static risk factors on the Community Notification Risk Assessment. In addition, consider dynamic risk factors which may change if the defendant's environment changes. For example:

- Loss of job
- Progress or lack of progress in treatment
- Substance use/abuse
- Relationship status, etc.

4. Remember, if defendant is an incest offender and shows up prior low risk, you are putting him in a high-risk situation if he moves in with children and shares the intimacy of family living.
5. The supervising officer should be well versed in treatment curriculum in order to discuss treatment with the offender.

Community Supervision Strategies:

1. Assess what the defendant does on weekends and in his free time. Is he socially isolated? Conversely, does he participate in clubs, church activities, volunteer work, recreation, or hobbies in which he comes into contact with children? He should be prohibited from such activities involving children. Church attendance should be discussed with the defendant so that he arranges to attend services which are not geared toward children.
2. Early termination of any sex offender's probation grant is strongly discouraged. Minimum supervision is preferable to termination, even for the most sterling performers. If a defendant is living with children, early termination should not be considered. Consider a referral to the specialized maintenance caseload.
3. Offenders should be in maintenance treatment after they have completed primary treatment. There is always the danger of relapse through the letting down of their guard. Any apparently insignificant thought, act or decision can permit them to engage in behavior which is part of their offense cycle.
4. In rare circumstances the sentencing court does not impose the specialized sex offender terms. The officer should direct the probationer to complete a sex offender specific evaluation by a CPP provider. When evaluation results determine the need, the probation officer should petition the court to modify on these specific sex offender conditions.

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**MARICOPA COUNTY JUVENILE PROBATION DEPARTMENT
PROTOCOL FOR THE PROCESSING OF JUVENILE SEXUAL OFFENSES**

SUPERVISION GUIDELINES

Supervision is the KEY element in the effective treatment of sexual offenders. The presence of someone who represents to the juvenile that he cannot be engaging in the covert activity which surrounds sexual offending is a major factor in altering the cognitive distortions which lead to the actual offending.

Because of the special risks to the community and unique needs of the juvenile sex offenders, supervision guidelines must be more demanding than those for a standard field caseload. Many of these juveniles are in residential treatment and require supervision to maintain their commitment to work the program and to assess their gradual re-entry to the community on home passes, etc. The juveniles who are living in the community require vigilant supervision in order to keep themselves out of risky situations as they progress in outpatient therapy to recognize and interrupt their own offense cycle.

Combined with this greater need for supervision are significantly more complex dynamics in the lives of the offenders and their families. In short, it is understood that these cases are extremely demanding in terms of the time and energy invested by the PO. Therefore, in order to provide adequate supervision, every attempt will be made to keep these caseload numbers low.

The following guidelines are based on the existence of manageable caseload size. The unit supervisor will have the discretion to lower these standards if caseloads become too high and unmanageable.

STANDARD OF CONTACTS

Child Contacts:

Personal contact guidelines will not begin until the child is placed on probation.

- I. Contact of Juveniles in the community:
 - A. Level 1 (maximum) – This will include all juveniles who have just been put on probation and any juvenile determined to be a high risk.
 - 1. The juvenile is responsible to report, telephonically, his whereabouts on a daily basis.
 - 2. PO will make weekly contact; personal contact at least every other week.
 - 3. SO will make at least two personal contacts per week, or as directed by PO.

- B. Level 2 (moderate) – Those juveniles who have been determined to be of moderate risk. This may include those who have maintained well on Level 1 for a period of time.
 - 1. Telephonic supervision is at discretion of PO.
 - 2. PO will make at least two contacts per month, one of which is personal.
 - 3. SO will make one personal contact every week or as directed by PO.
- C. Level 3 (minimum) – Those juveniles deemed to be low risk. This may include juveniles who have maintained well on probation for an extended period of time, who are still in need of maintenance supervision.
 - 1. No telephonic supervision requirement.
 - 2. PO will make one personal contact per month.
 - 3. SO will make a minimum of one personal contact every other week or as directed by PO.

NOTE: It is understood that personal contacts are to be made primarily in the juvenile's home. However, efforts also need to be made to see juveniles at school, counseling, work or other locations in the community.

II. Contact of Juveniles in Residential Treatment Facilities

The PO is required to make personal contact with the juvenile at the placement once a month. This contact must take place outside of the formal staffing. The SO will not be required to make contacts with these juveniles.

Family and Other Contacts

III. Parent / Guardian

A minimum of one personal contact per month with custodians of juveniles who live in the community is necessary. If the juvenile is in the community but not living with parents, some type of monthly contact with parents is also necessary. Personal contacts with parents of children in RTC are encouraged every other month, but may be substantiated with phone contacts.

IV. School and Detention Contacts

School and detention contacts will be the same as those for the standard field.

V. Treatment Provider Contacts

Minimum standards are addressed under Child Contacts. It is further understood that the PO will make every effort to attend or find a replacement for scheduled staffings.

Additionally, the PO will be responsible for monitoring the providers (inpatient of outpatient) and holding them accountable for the delivering of contracted services. This will likely require time spent on-site observing and making inquiries of clients and staff members.

VI. Community Involvement

Members of this unit view themselves as partners with a growing number of individuals and agencies within the community who are committed to preventing and responding to sexual abuse. Effort will be made to actively participate in this coalition.

**ARIZONA SUPERIOR COURT
MARICOPA COUNTY, JUVENILE DIVISION**

Appendix X

In the matter of _____ JV # _____

This juvenile having been placed on STANDARD probation, IT IS ORDERED imposing the following terms:

As STANDARD TERMS

You are ordered to:

1. Live with _____, and not move without order of this court;
2. Notify your probation officer by phone within 24 hours if your family moves or your placement changes and give your probation officer the address and phone number of the new place where you are living. Also notify your probation officer of the phone number and address of your job, if you have one, or get one in the future;
3. Follow the rules established by your parent or other custodian and NOT run away;
4. Go to school every day, and attend every class, with no unexcused absences, or obtain a G.E.D., or look for work and if employed go to work as scheduled;
5. Call or visit your probation officer when you are told to do so by your probation officer;
6. Obey all laws, including curfew laws. And contact your probation officer within 24 hours after being questioned or arrested by any law enforcement officer;
7. Participate in and cooperate with any counseling arranged by your probation officer, your parents, your placement, your school or Value Options;
8. Allow and cooperate with drug and alcohol testing and treatment as directed by your probation officer or the Court;
9. NOT have or use any alcoholic beverage, methamphetamine, cocaine, marijuana or other illegal drug of intoxicating substance. Do NOT use intoxicating glue or paint unless in an authorized manner in school or work;
10. NOT leave Arizona unless you have permission from your probation officer;
11. NOT have or use a firearm, dangerous, deadly or prohibited weapon.
12. NOT knowingly associate with anyone who is violating the law. You shall NOT associate with anyone who is a known gang member or who is on probation or parole without the permission of your probation officer. You shall NOT associate with any of the following persons:

Commissioner/Judge of the Superior Court

I have read, understand, and had the terms of probation explained to me. I agree to obey them. If I do not obey them, I can be returned to Court, the Court may find I violated probation and order that I be detained, have terms added which may include a monetary assessment, restitution, and/or community work hours, or I can be committed to the Arizona Department of Juvenile Corrections until age 18. I ALSO UNDERSTAND THAT ANY JUDGEMENT MAY BE ENTERED AGAINST ME FOR THE AMOUNT OF ANY PAYMENTS I HAVE BEEN ORDERED TO MAKE WHICH STILL ARE DUE ON MY 18TH BIRTHDAY.

Juvenile's Signature Date

Parent's Signature Date

As SPECIAL TERMS

You are ordered to:

- ☐ 13. Pay through the Clerk of the Court, Juvenile Division, or by mail @ P.O. Box 29344, Phoenix, AZ 85038

Total	Minimum	Beginning	In Full By	Monthly
<input type="checkbox"/> a. Restitution*	_____	_____	_____	_____
<input type="checkbox"/> b. Probation Fee	_____	_____	_____	_____
<input type="checkbox"/> c. Fine*	_____	_____	_____	_____
<input type="checkbox"/> d. Other	_____	_____	_____	_____
<input type="checkbox"/> e. Time Payment Fee	_____	_____	_____	_____

*Subject to Time Payment Fee
- ☐ 14. Complete _____ hours of community service by _____ and give written proof to your probation officer in either:
 - ☐ a. Project SCRUB and pay the SCRUB fee of \$ _____
 - ☐ b. Any other program or placement approved by your probation officer.
- ☐ 15. Participate in, cooperate with, and successfully complete any counseling, therapy, treatment, or placement which shall be arranged by your probation officer, including:
 - ☐ a. Residential Care @ _____
 - ☐ b. Day/Eve. Support @ _____
 - ☐ c. Counseling @ _____
 - ☐ d. Treatment @ _____
 - ☐ e. NCTI _____
 - ☐ f. Other @ _____
- ☐ 16. Abide by a court-ordered curfew of _____ p.m. on school or work nights and _____ p.m. on other nights.
- ☐ 17. Be detained in the Juvenile Detention Facility for _____ days from _____ and not to be released until _____ at _____ m. While detained you shall also participate in the HIP/SAP programs as directed by detention or probation staff, and comply with all of the requirements of that Program.
- ☐ 18. Abide by the Supplemental Terms as attached.
- ☐ 19. _____

Date

Probation Officer's Signature Date

Parent's Signature Date

In the matter of _____ JV # _____

ADDENDUM TO TERMS AND CONDITIONS OF PROBATION

(Standard or Intensive)

IT IS ORDERED that you also obey the following marked terms.

1. You shall not initiate, establish, or maintain any verbal, physical or written contact with any male or female child under the age of _____ nor attempt to do so except under circumstances approved in advance and in writing by your probation officer.
2. You shall not reside with any child under the age of _____ or contact such children in any manner, with the exception of the following family member(s) _____ unless approved in advance and in writing by your probation officer.
3. You shall not enter onto the premises, travel past, or loiter near where the victim resides except under the circumstances approved in advance and in writing by your probation officer. You shall have no correspondence, telephone contact, or communication through a third party.
4. You shall not go to or loiter near schoolyards, parks, playgrounds, city, state and county fairs, local carnivals, school field-trips, arcades, or other places primarily used by children under the age of _____ without specific written permission of your probation officer.
5. You shall actively participate in sex offender treatment and remain in such treatment at the direction of your probation officer.
6. You shall submit to any program of psychological, psychiatric or physiological assessment (other than the plethysmograph) at the direction of your probation officer, including the polygraph, to assist in treatment, planning and case monitoring.
7. You shall allow any therapist to disclose to the Court information about your attendance and progress in treatment.
8. Submit to a blood test for the presence of the human immunodeficiency virus pursuant to A.R.S. S 8-241N.
9. You shall not possess any sexually stimulating or sexually oriented material as deemed inappropriate by treatment staff, nor patronize any place where such material or entertainment is available.
10. You shall not have access to pay movie channels. This includes Pay-Per-View, HBO, Showtime, Cinemax, Playboy, Spice, or view "NC-17," "R" or "X" rated movies.
11. You shall be responsible for your appearance at all times. This includes the wearing of undergarments and clothing in places where another person may be expected to view you.
12. You shall not hitchhike or pick up hitchhikers.
13. You shall not operate a motor vehicle alone without specific written permission by your probation officer or unless accompanied by an adult approved in writing by your probation officer.
14. You shall not utilize 800 or 900 telephone numbers or the internet without specific, written permission of your probation officer.
15. You shall not play or engage in gaming: CD, DVD or computer games without prior written permission by your probation officer.
16. You shall not date without prior written permission of your probation officer and your therapist.
17. You shall not act as a baby-sitter or caregiver for any child.
18. _____

(Date)

(Commissioner/Judge of the Superior Court)

I have read, understand, and had these terms explained to me. I agree and obey them. If I do not obey them, I can be returned to Court, and if found in violation of probation, detained and have terms added which may include, but are not limited to, a monetary assessment, restitution, and/or community work hours or I can be committed to the Arizona Department of Juvenile Corrections.

(Date)

(Juvenile)

(Probation Officer)

(Parent)

DISTRIBUTION: White-Court Yellow-Juvenile Pink-Probation Officer

SUPERIOR COURT • JUVENILE PROBATION DEPARTMENT MARICOPA COUNTY

DURANGO FACILITY • 3125 West Durango • Phoenix, AZ 85009-6292 • (602) 506-4011 • 506-4143 (TDD)
SOUTHEAST FACILITY • 1810 South Lewis Street • Mesa, AZ 85210-6234 • (602) 506-2500 • 506-2260 (TDD)

CHERYLN K. TOWNSEND, Director of Juvenile Court Services

SEX OFFENDER REGISTRATION

Instructions for Family

ARS 13-3821 allows that a juvenile may be ordered by the Court to register as a sex offender if adjudicated of a sexual offense.

You have been ordered to register. You are required by law to register within 30 days of the order and to update your registration immediately if your residence changes.

By _____, you must report to and register at:
The Maricopa County Sheriff's Office, Records Section
201 W. Jefferson
Phoenix, AZ 85003
256-1070

The actual address of the Sheriff's Office is 102 W. Madison, but you must enter at 201 W. Jefferson, because you must go through the security check point. After you pass through Security, turn left. The Records Section is the inside room across from the cafeteria.

You must take:

- 1) I.D. (preferably picture ID.)
- 2) A copy of your signed probation terms.
- 3) Minute entries from the Adjudication, and Disposition Hearings, ordering your registration as a sex offender.

NOTICE: THIS IS NOT COMMUNITY NOTIFICATION!

No one will be notifying any of your neighbors.

If you move, you must return to the Sheriff's office and notify them of your address change.

The sheriff will visit you every 18 months for address verification.

THE DUTY TO REGISTER UNDER THIS SUBSECTION SHALL TERMINATE WHEN YOU REACH THE AGE OF 25.

**MARICOPA COUNTY JUVENILE PROBATION DEPARTMENT
PROTOCOL FOR THE PROCESSING OF JUVENILE SEXUAL OFFENSES**

REUNIFICATION OF FAMILY

When the sexual offender has victimized a member of his family who lives in the same house as he does, it is not "best practice" to return the offender to the home until treatment for both offender and victim has reached a stage considered therapeutically advisable. This is to diminish the risk of another offense and the likelihood that the victim will be re-traumatized at the offender's presence in the home.

Because of the possible risk to victims and other younger children, the Court will often see fit to remove the perpetrator from the home if the victim lives there. Depending on the needs of the offender, he may be detained, sent to a residential placement, or an alternative placement in the home of a friend or family member without children may be sought. Further, the juvenile may be ordered to stop all contact with children under a certain age, even siblings, or such contact would be limited to only that which is directly supervised by an adult.

This separation from family would continue for as long as deemed necessary by the therapist(s) and probation officer. Most commonly, the separation would extend for several months, but the exact period would depend on the specific needs in each case. And although each case will be handled uniquely, the following commonly agreed upon prerequisites for reunification will be adhered to under normal circumstances:

1. Any child in the family who has been a victim must receive counseling from a qualified therapist, other than the one working with the offender. Communication between the offender's therapist and victim's therapist is critical to making an appropriate decision regarding if or when to reunify the offender with his family.
2. The first contact between the offender and victim will not take place until the therapists for both parties agree that such contact is in everyone's best interest. This initial contact should always be conducted in the therapeutic setting.
3. Following this, the therapists and JPO will decide upon a schedule of visitation between the offender and victim. This should follow a pattern of gradually increased periods of visitation. Obviously, such contacts will always take place under the direct supervision of a clearly identified responsible adult.
4. Prior to contact with the victim outside of the therapeutic setting, the offender should have completed a letter of clarification to the victim. This is an exercise in which the offender takes responsibility for his offense by clarifying his role in each aspect of the perpetration. In addition to the therapeutic benefit to the offender, this allows the victim to clearly identify him/herself as the victim rather than co-conspirator.
5. Prior to the juvenile's return home, the parent(s) should have received training from a therapist in sex offender dynamics and how they are to provide appropriate supervision within the home. The therapist will be able to give feedback on the readiness of the

parent(s) to take on that responsibility. Likewise, younger children living in the home who are not victims should also be prepared by the therapist on how to safely live in the home with the offender.

6. The decision to return a child to home can only be made by a Judicial Order.

**MARICOPA COUNTY JUVENILE PROBATION DEPARTMENT
PROTOCOL FOR THE PROCESSING OF JUVENILE SEXUAL OFFENDERS**

DISCLOSURE

Although juvenile records are open to the public, the risk to the community is heightened in the case of sex offenders. Therefore, the JPO is required to be proactive in disclosing certain information in order to reduce community risk.

Disclosure to Schools:

In concert with the request of the Greater Phoenix Educational Management Council, the following policy has been formulated:

1. The Director of Special Education of the school district, where the child adjudicated of a sexual offense is enrolled, will be notified by a standard letter from the JPO.
2. The Principal, or designee, of the school where the child adjudicated of a sexual offense will be attending, will be notified in person.

Under FERPA (34 CFR 99.1-.66), the Family Educational Rights and Privacy Act, all school personnel are not privy to confidential and/or sensitive information about a student, but only those personnel who have a "need to know" in their capacity of working with the student. We are utilizing this guiding principle of "need to know" to govern what information is disclosed and to whom. The belief is that the school officials have a "need to know" this information in order to make reasonable efforts to protect other children. All disclosure will be documented in Contact Notes. The JPO will:

1. Disclose to school officials the offense for which the juvenile is adjudicated and any terms of probation, which may be essential for the school to know, ie: no contact orders.
2. Answer questions from these administrators to the extent that seems necessary.
3. Advocate for the limitation of this disclosure to the fewest number of school officials as possible urging them to use careful discrimination in the further disclosure of this information. Obviously, the offender may suffer unnecessary stigma if care is not exercised.

Disclosure to Employers:

As with disclosure to schools, the guiding principle will be "need to know" in deciding if and to whom disclosure should be made at an offender's place of employment.

The most important deciding factor is community risk or the potential that the job duties allow for the probationer being alone with potential victims, especially young children.

1. If the risk is deemed too great: the JPO may seek to restrict the offender's employment at such a site by Court order.
2. In cases where contact with potential victims is a concern, but deemed as a manageable risk, the JPO may direct the juvenile to disclose to the employer in the presence of the PO or with the verification of the PO, or the JPO may make disclosure of the juvenile's offense to the probationer's direct supervisor. As with disclosure to schools, effort should be made to limit the extent of such disclosure.

The JPO will make the Judicial Officer aware of the juvenile's employment through all reports to the Court. Disclosure is to be documented in Contact Notes.

Disclosure to Churches, Service Organizations, etc., will be handled in the same manner.

Disclosure to Persons in a Chaperone capacity:

When a sex offender attempts to function in society according to norms of age appropriate behaviors and social activities, every effort will be made to accommodate this as a socially desirable behavior. A specialized Chaperone Contract has been created to allow disclosure and supervision for such activities as sleep-overs, Scouting activities, camp outs, Church retreats, etc. It is important to note that this is done only with the knowledge and consent of the juvenile and family.

**MARICOPA COUNTY JUVENILE PROBATION DEPARTMENT
PROTOCOL FOR THE PROCESSING OF JUVENILE SEXUAL OFFENSES**

POLYGRAPH

The Maricopa County Juvenile Probation Department does permit the use of the polygraph with juvenile sex offenders for two specific purposes:

1. The first is to gather as much information as possible regarding the offender's sexual misbehavior. The polygraph can be performed prior to the Disposition Hearing, if there is a specific Court order permitting it.
2. The second use of a polygraph is for the purpose of "maintenance". In other words, a polygraph can assist in verifying the juvenile's compliance with terms of probation, (i.e. no subsequent contact with younger children). The polygraph can be performed any time after the Disposition Hearing with the sanction of term #6 of the Addendum to terms of Probation. Several of the sex offender-specific placements (DMR and AYA) utilize polygraphs as a standard component to their programs.

The JPO's are well trained and aware that the polygraph is not considered to be as accurate with children under the age of 12.

The JPO will communicate to the polygrapher the topics to be addressed in the examination. The polygrapher will formulate the actual questions.

The policy of this unit is to only use the results of polygraphs as an aid to treatment. Results will not be used as the basis of a VOP petition. However, the information will be shared in court reports and with the provider of treatment services. If disclosure of new victims is one of the results, CPS will be notified. If the juvenile is in residential treatment and the disclosure involves a victim also at that facility, AOC and the agency will be notified.

The probation department contracts with the provider, Tom Ezell, for polygraph services. This service is accessed in the same manner as counseling. The Service Authorization code is 177 under the AOC contracts.

Definitions of Abuse

The following material was adapted by the Interagency Council from CPS training materials. This material is intended simply to provide guidelines and is not to be considered legal advice. Emphasis has been added in some sections.

“Abuse” per A.R.S. 8-201 means the infliction of or allowing of physical injury, impairment of bodily function, or disfigurement or the infliction of or allowing another person to cause serious emotional damage as evidence by severe anxiety, depression, withdrawal or untoward aggressive behavior and which emotional damage is diagnosed by a medical doctor or psychologist pursuant to section 8-821 and is caused by the acts or omissions of an individual having care, custody and control of a child. Abuse shall include inflicting or allowing sexual abuse pursuant to section 13-1404, sexual conduct with a minor pursuant to section 13-1405, sexual assault pursuant to section 13-1406, molestation of a child pursuant to section 13-1410, commercial sexual exploitation of a minor pursuant to section 13-3552, sexual exploitation of a minor pursuant to 13-3553, incest pursuant to section 13-3608 or child prostitution pursuant to section 13-3212.

PHYSICAL ABUSE

“PHYSICAL INJURY” per A.R.S. 13-3623 means the impairment of physical condition and includes any:

- | | |
|----------------------|--|
| a. skin bruising | g. burns |
| b. pressure sores | h. fracture of any bone |
| c. bleeding | i. subdural hematoma |
| d. failure to thrive | j. soft tissue swelling |
| e. malnutrition | k. injury to any internal organ |
| f. dehydration | l. physical condition which imperils health or welfare |
-

“SERIOUS PHYSICAL INJURY” means physical injury which creates:

- a reasonable risk of death or
- that causes serious or permanent disfigurement,
- serious impairment of health or
- loss or protracted impairment of the function of any bodily limb or organ.

NEGLECT

“NEGLECT OR NEGLECTED” means the inability or unwillingness of a **PARENT, GUARDIAN OR CUSTODIAN** of a child to provide that child with supervision, food, clothing, shelter or medical care **IF** that inability or unwillingness **CAUSES SUBSTANTIAL RISK OF HARM** to the child’s health or welfare, except if the inability of a parent or guardian to provide services to meet the needs of a child with a disability or chronic illness is solely the result of the unavailability of reasonable services.

“Substantial Risk of Harm” means actual, tangible and measurable harm or risk of harm to the child which may include physical, emotional, medical, sexual or other types of harm to the child.

SEXUAL ABUSE

SEXUAL ABUSE (A.R.S. § 13-1404) A person commits sexual abuse by intentionally or knowingly engaging in sexual **CONTACT** with any person fifteen **or more years of age without the consent** of that person, **or** with any person who is **under fifteen** years of age if the **sexual CONTACT involves only the female breast**.

SEXUAL CONDUCT WITH A MINOR (A.R.S. § 13-1405) A person commits sexual **CONDUCT** with a minor by intentionally or knowingly engaging in **sexual intercourse or oral sexual CONTACT with any person who is under eighteen** years of age. (This statute has been interpreted by the courts to include attempts to engage in this behavior, even if the attempt is only verbal.)

SEXUAL ASSAULT (A.R.S. § 13-1406) A person commits sexual assault by intentionally or knowingly engaging in **sexual intercourse or oral sexual CONTACT with any person without consent** of such person.

MOLESTATION OF A CHILD (A.R.S. § 13-1410) A person commits molestation of a child by intentionally or knowingly engaging in or causing a person to engage in sexual contact, except sexual contact with the female breast, with a child under fifteen years of age.

CHILD PROSTITUTION (A.R.S. § 13-3212) A person commits child prostitution by knowingly:

1. Causing any minor to engage in prostitution;
2. Using a minor for purposes of prostitution;
3. Permitting a minor under such person’s custody or control to engage in prostitution;
4. Receiving any benefit for or on account of procuring or placing a minor in any place or in the charge or custody of any person for the purposes of prostitution;

5. Receiving any benefit pursuant to an agreement to participate in the proceeds of prostitution of a minor;
 6. Financing, managing, supervising, controlling, or owning, either alone or in association with others, prostitution activity involving a minor;
 7. Transporting or financing the transportation of any minor through or across this state with the intent that such minor engage in prostitution.
-

COMMERCIAL SEXUAL EXPLOITATION OF A MINOR (A.R.S. § 13-3552) A person commits commercial sexual exploitation of a minor by knowingly:

1. Using, employing, persuading, enticing, inducing, or coercing a minor to engage in or assist others to engage in exploitive exhibition or other sexual **CONDUCT** for the purpose of producing any depiction or live act depicting such conduct;
 2. Using, employing, persuading, enticing, or coercing a minor to expose the genitals or anus or areola or nipple of the female breast for financial or commercial gain;
 3. Permitting a minor under such person's custody or control to engage in or assist others to engage in exploitive exhibition or other sexual **CONDUCT** for the purpose of producing any visual depiction or live act depicting such conduct;
 4. Transporting or financing the transportation of any minor through or across this state with the intent that such minor engage in prostitution, exploitive exhibition or other sexual **CONDUCT** for the purpose of producing a visual depiction or live act depicting such conduct.
-

SEXUAL EXPLOITATION OF A MINOR (A.R.S. § 13-3553) A person commits sexual exploitation of a minor by knowingly:

1. Recording, filming, photographing, developing, or duplicating any visual depiction in which a minor is engaged in exploitive exhibition or other sexual **CONDUCT**;
 2. Distributing, transporting, exhibiting, receiving, selling, purchasing, electronically transmitting, possessing, or exchanging any visual depiction in which a minor is engaged in exploitive exhibition or other sexual **CONDUCT**.
-

INCEST (A.R.S. § 13-3608) Persons who are eighteen **or more years of age** and are **within the degree of consanguinity** within which marriages are **declared by law to be incestuous** and void, who knowingly intermarry with each other, or who knowingly commit fornication or adultery with each other.

Additional Definitions:

1. "Sexual contact" means any direct or indirect touching, fondling, or manipulating of any part of the genitals, anus or female breast by any part of the body or by any object or causing a person to engage in such conduct.
2. "Without consent" includes any of the following:

- a. The victim is coerced by the immediate use or threatened use of force against a person or property;
 - b. The victim is incapable of consent by reason of mental disorder, mental defect, drugs, alcohol, sleep, or any other similar impairment of cognition and such condition is known or should have reasonably been known to the defendant;
 - c. The victim is intentionally deceived as to the nature of the act;
 - d. The victim is intentionally deceived to erroneously believe that the person is the victim's spouse.
- 3. "Spouse" means any person who is legally married and cohabiting.
- 4. "Sexual intercourse" means penetration into the penis, vulva, or anus by any part of the body or by any object or masturbatory contact with the penis or vulva.
- 5. "Oral sexual contact" means oral contact with the penis, vulva or anus.
 - a. "Exploitive exhibition" means the actual or simulated exhibition of the genitals or pubic or rectal areas or any person for the purpose of sexual stimulation of the viewer.
 - b. "Producing" means financing, directing, manufacturing, issuing, publishing, or advertising for pecuniary gain.
- 6. "Sexual conduct" means actual or simulated:
 - a. Sexual intercourse including genital-genital, oral-genital, anal-genital or oral-anal, whether between persons of the same or opposite sex;
 - b. Penetration of the vagina or rectum by any object except one does as part of a recognized medical procedure;
 - c. Sexual bestiality;
 - d. Masturbation for the purposes of the sexual stimulation of the viewer;
 - e. Sadoomasochistic abuse for the purpose of sexual stimulation of the viewer;
 - f. Defecation or urination for the purpose of sexual stimulation of the viewer.
- 7. "Simulated" means any depicting of the genitals or rectal areas that give the appearance of sexual contact or incipient sexual conduct.
- 8. "Visual depiction" includes each visual image that is contained in an undeveloped film, videotape or photograph or data stored in any form and that is capable of conversion into a visual image.
- 9. "Prostitution" means engaging in or agreeing or offering to engage in sexual conduct with any person under a fee arrangement with that person or any other person.
- 10. "Sexual conduct" means sexual contact, sexual intercourse, or oral sexual contact, or sadoomasochistic abuse.

11. "Sadomasochistic abuse" means flagellation or torture by or upon a person who is nude or clad in undergarments or in revealing or bizarre costume or the condition of being fettered, bound or otherwise physically restrained on the part of one so clothed.

EMOTIONAL ABUSE

A.R.S. § 8-821 permits a CPS Specialist or peace officer to take temporary custody of a child who is suffering serious emotional damage which can **ONLY BE DIAGNOSED by a medical doctor or psychologist**. The child shall be immediately examined and after the examination the child shall be released to the custody of the parent, guardian, or custodian unless the examination reveals abuse.

The legal definition of emotional abuse is contained in A.R.S. § 8-201. "...serious emotional damage as evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior and which emotional damage is **diagnosed by a medical doctor or psychologist** pursuant to section 8-821 **and which is CAUSED by the acts or omissions of an individual having care, custody and control of a child.**"

Maricopa County Law Enforcement Agencies & Phone Numbers

ASU East & Main Police Dept.....	480-965-3456
ASU West Police Dept.	602-543-3456
Avondale PD.....	623-932-3660
Buckeye PD.....	623-386-4421
Chandler PD.....	480-782-4130
El Mirage PD	623-933-1341
Gilbert PD	480-503-6500
Glendale PD	623-930-3000
Goodyear PD.....	623-932-1220
MCSO.....	602-256-1011
Mesa PD.....	480-644-2211
Paradise Valley PD.....	480-948-7410
Peoria PD	623-773-7061
Phoenix PD.....	602-262-6151
Scottsdale PD.....	480-312-5000
Surprise PD	623-583-1085 x3
Tempe PD	480-966-6211
Tolleson PD.....	623-936-7186
U.S. Air Force Office of Special Investigations	623-856-6821
Wickenburg PD.....	928-684-5411
Youngtown PD.....	623-974-366

Suspected Child Abuse/Neglect Report Form

Today's Date: _____

Circle Day of Week: **M** **Tu** **W** **Th** **F**

CHILD INFORMATION						
Last Name	First Name		Middle Name		AKA	
Social Security No.	Ethnicity	Date of Birth	Age	Grade	Height	Weight
Home Address		City		Zip	Home Phone	
COMPOSITION OF FAMILY (WHO LIVE IN HOUSEHOLD)						
Last Name	First Name	Gender	Relation to Student	Work Phone	Cell Phone / Pager No.	✓ If Alleged Perpetrator
ALLEGED PERPETRATOR(S) AND/OR WITNESS(ES) (IF NOT LISTED ABOVE)						
Last Name	First Name	Gender	Relation to Student	Address/Phone No.		✓ If Alleged Perpetrator

Nature of suspected abuse or neglect: (Check ☒ all that apply)
☐ Physical Abuse ☐ Sexual Abuse ☐ Neglect ☐ Other

How and when did school/agency become aware of the situation (include name of personnel who first learned of abuse).

What were the child's responses to the following four questions (use exact quotes and verbatim language).

- What happened? _____

- Who did it? _____
- When did it happen? _____
- Where did it happen? _____

Additional information volunteered by the child (use exact quotes and verbatim language whenever possible). **Note:** Please attach additional pages whenever needed.

Observation of the child's injury(ies) (if any): _____

Describe child's demeanor at time of disclosure and note recent changes observed: _____

Other information that might be helpful (such as the child's assessment of his/her risk): _____

<p>1. Contact Appropriate Police Agency: (List <input checked="" type="checkbox"/> agency contacted)</p>	<p>Contact made with:</p> <p><input type="checkbox"/> _____ Police Department () - Officer _____ Badge # _____ DR # _____</p>	<p>Other agency, if any, notified:</p> <p><input type="checkbox"/> _____ () - Officer _____ Badge # _____ DR # _____</p>
<p>2. Contact Child Protective Services (CPS):</p>	<p>1-888-767-2445 CPS Intake Worker _____ CPS Office Assigned _____ CPS Intake P.O. Box 44240 Phoenix, Arizona 85064-4240</p>	
<p>3. Within 72 hours of receiving report, mail a copy of this form to:</p>		

School/Agency Name _____

Address	City	Zip
Phone		
Name of Person Who Received Disclosure		
Name of Coordinator		

Signature(s) of person(s) completing this report:

Name/Title	Date
Name/Title	Date
Name/Title	Date
Name/Title	Date

Check ☒ those that apply and record child's physical injury(ies), including shape, size, type (letter), and color (number) as appropriate, on the diagrams of the child to show location of the injury(ies).

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> A = Burn | <input type="checkbox"/> B = Bruise | <input type="checkbox"/> C = Laceration | <input type="checkbox"/> D = Fracture | <input type="checkbox"/> E = Other |
| <input type="checkbox"/> 1 = Bright Red | <input type="checkbox"/> 2 = Purple | <input type="checkbox"/> 3 = Blue | <input type="checkbox"/> 4 = Green | <input type="checkbox"/> 5 = Yellow |

