

**CUYAHOGA COUNTY, OHIO
CHILD ABUSE AND NEGLECT
MEMORANDUM OF UNDERSTANDING**



Revised
9/22

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Introduction

Law enforcement officers and child protection specialists ("CPS") share a common and important role: determine if child abuse or neglect has occurred, who is responsible, and what actions are necessary to protect the child. In Cuyahoga County, both groups work to ensure the child's immediate physical safety and to minimize the effects of trauma associated with abuse and neglect, including limiting the number of times a child is interviewed. Positive and collaborative interaction between law enforcement and CPS promotes better outcomes for children.

The State of Ohio requires the Cuyahoga County Division of Children & Family Services ("CCDCFS") and law enforcement agencies to coordinate investigations and share information. As CPS and police are often the first responders to an incident, they are able to set the tone for an efficient and thoughtful investigation that may ultimately involve professionals from many disciplines. This *Memorandum of Understanding* ("MoU") delineates the roles and responsibilities of each official and agency in assessing or investigating cases of child abuse or neglect in Cuyahoga County.

Working as a team, all who respond to allegations of abuse and neglect can help **assure safety** and **reduce trauma**, the two most important outcomes for our children.

OVERVIEW

LEGAL AUTHORITY

The MoU is required by section 2151.4220 of the Ohio Revised Code (ORC) and section 5101:2-33-26 of the Ohio Administrative Code (OAC).

PURPOSE

The MoU sets forth the expected and normal operating procedures to be employed by all concerned officials in the execution of their respective responsibilities regarding child abuse or neglect with respect to the following sections of the ORC:

1. ORC 2151.421 – Duty to report child abuse or neglect; investigation and follow-up procedures
2. ORC 2919.21(C) – Nonsupport or contributing to nonsupport of dependents
3. ORC 2919.22 (B)(1) – Endangering children
4. ORC 2919.23 (B) – Interference with custody
5. ORC 2919.24 - Contributing to unruliness or delinquency of a child

Ohio Revised Code section 2151.4220 requires the following signatories to this MoU:

REQUIRED SUBSCRIBERS

- A juvenile judge or the juvenile judge's representative selected by the juvenile judges or, if they are unable to do so for any reason, the juvenile judge who is senior in point of service or the senior juvenile judge's representative upon the judge's review and approval (for example, Administrative Juvenile Judge);
- The county peace officer (The Cuyahoga County Sheriff);
- All chief municipal peace officers within the County;
- Other law enforcement officers handling child abuse and neglect cases in the County;
- The prosecuting attorney of the County;
- If the public children services agency is not the County department of job and family services, the county department of job and family services;
- The county humane society; and,
- If the public children services agency participated in the execution of a memorandum of understanding under section 2151.426 of the Revised Code establishing a children's advocacy center, each

participating member of the children's advocacy center established by the memorandum.

The Division of Children and Family Services (CCDCFS), which is the Public Children Services Agency (PCSA) serving Cuyahoga County, Ohio, shall also be a signatory.

CCDCFS and a subscriber may agree to attach an addendum to this MoU to expand on their working relationship and to assist with the way they conduct joint investigations.

Ohio Administrative Code (OAC) section 5101:2-33-26 requires that this MoU be amended when any individual serving as a required signatory/subscriber (in the bullet points above) changes. It shall be the responsibility of the newly appointed signatory/subscriber to inform the Director of CCDCFS of the change. CCDCFS shall then initiate a required amendment of this MoU.

The primary goals of the MoU are:

GOALS

- To ensure the prompt reporting of all incidents of suspected child abuse and/or neglect, including human trafficking
- To conduct comprehensive and coordinated investigations of suspected child abuse or neglect, including human trafficking
- To eliminate all unnecessary interviews of children who are the subject of reports of child abuse or neglect
- To provide, when feasible, for only one interview of a child who is the subject of a report of child abuse or neglect.

ROLE OF MANDATED AND VOLUNTARY SIGNATORIES/SUBSCRIBERS

**Cuyahoga County
Juvenile Court**

The Juvenile Court provides for the care, protection, health, safety, and mental as well as physical development of children. The Court must protect the rights of the parties before it and ensure the provision of a timely, safe and permanent home for children. The health and safety of the children shall be paramount; however, children should remain in or return to their family environment whenever safely possible.

The Juvenile Court has exclusive jurisdiction to hear and decide cases concerning any child who is the subject of a complaint alleging abuse, neglect or dependency pursuant to ORC 2151. If the Court decides a child is abused, neglected or dependent at an adjudicatory hearing, the court shall proceed to hear evidence in order to determine the proper disposition. The Court may make any of the following dispositional orders:

- Dismiss the complaint
- Award legal custody to either parent or an appropriate person
- Place the child in protective supervision
- Commit the child to the temporary custody of the Cuyahoga County Division of Children & Family Services (CCDCFS)
- Commit the child to the permanent custody of the CCDCFS
- Place the child in the Planned Permanent Living Arrangement (PPLA) with the CCDCFS

The Cuyahoga County Juvenile Court has the jurisdiction over adults to hear and decide matters related to support and non-support of children, endangering of children, interference with custody, failing to send children to school, custody visitation between unmarried parents or interested third parties, and contributing to the unruliness or delinquency of children.

**Cuyahoga County
Division of Children
& Family Services**

CCDCFS is the agency required by the ORC and OAC to investigate all allegations of child abuse, neglect and dependency. It is responsible to:

- Receive and investigate referrals seven days a week, twenty-four hours a day
- Administer services to assess and ensure safety of children referred to the agency

	<ul style="list-style-type: none"> • Provide ongoing services to strengthen families while children are at home or in care • Provide independent living preparation • Make reasonable efforts to prevent the removal of an alleged or adjudicated abused, neglected, or dependent child from the child's home, eliminate the continued removal of the child from the child's home, or make it possible for the child to return home safely, except when not required by the court • Provide substitute care services for children until their parents can resume their responsibility or, if necessary, until a permanent adoptive home or alternative permanent family setting can be found for them
<p>Cuyahoga County Prosecutor's Office</p>	<p>The Cuyahoga County Prosecutor's Office will review cases for possible criminal prosecution in the appropriate Court of Cuyahoga County.</p> <p>The Office of the Cuyahoga County Prosecutor Children & Family Services Unit represents CCDCFS on issues including abuse, neglect, and dependency, filed in the Cuyahoga County Juvenile Court. Assistant Prosecutors are available 24 hours a day, 7 days a week to consult with CCDCFS about initiating legal proceedings.</p>
<p>County Peace Officer (Cuyahoga County Sheriff)</p>	<p>The Cuyahoga County Sheriff's Department mission as caretaker of the public's safety is dedicated to maintaining the trust and respect of those they serve by resolutely and aggressively enforcing the law and by committing themselves to the efficient and effective delivery of safety services. As agents of the community, they strive to provide appropriate custodial care along with programs that support the physical, spiritual and constitutional needs of individuals committed to their custody. They are required to work with the public children's service agency – CCDCFS – to assure reporting of abuse and neglect; coordinate interviews; eliminate unnecessary interviews; and, reduce trauma to children.</p>
<p>Chief Municipal Peace Officers and Law Enforcement</p>	<p>All municipal and other law enforcement entities in Cuyahoga County are required to respond to emergencies involving children. They are required to work with the public children's service agency – CCDCFS</p>

<p>Handling Abuse/Neglect Cases</p>	<p>– to assure reporting of abuse and neglect; coordinate interviews; eliminate unnecessary interviews; and, reduce trauma to children.</p>
<p>Cuyahoga County JFS</p>	<p>Cuyahoga Job and Family Services promotes economic self-sufficiency and personal responsibility for families and individuals by timely and accurately determining eligibility for a range of quality services that include Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Prevention, Retention, and Contingency (PRC), Child Care Assistance, and Work Programs, in accordance with Federal, State, and County regulations. In addition, the Cuyahoga County Child Care Licensing Unit licenses and monitors all Family Child Care Providers in Cuyahoga County.</p>
<p>Cuyahoga County Office of Child Support Services</p>	<p>Office of Child Support Services helps families by establishing, maintaining, and modifying child support orders. The office also assists with establishing paternity, locating absent parents, and assisting with enforcement for health insurance coverage. OCSS works to engage non-custodial parents in effective co-parenting opportunities and enhance their capacity to provide financial and emotional support for their children.</p>
<p>County Humane Society</p>	<p>Humane Society Agents of the Cleveland Animal Protective League, the county humane society of Cuyahoga County, are mandatory reporters of known or suspected child abuse and neglect.</p>
<p>Canopy Child Advocacy Center</p>	<p>Canopy's mission is to serve children and families affected by child abuse through a multi-disciplinary partnership focused on safety, healing, and well-being. We envision a community where children are safe, families are resilient, and those affected by child abuse are empowered to heal and thrive.</p> <p>Canopy's team includes several agencies that work in close collaboration to ensure a timely and appropriate response to the needs of children and families. Coordinated investigations are conducted through the center to arrange services that provide justice and healing. By arranging the investigation process in one location, this practice reduces trauma by ensuring that the child does not have to repeat their story.</p>

Canopy takes cases that are referred to them through CCDCFS or local law enforcement. In Canopy's child-friendly setting, the child shares their story with a trained interviewer. Members of the multi-disciplinary team are able to watch the interview live from another room. It is also recorded. This ensures the child only has to tell their story one, limiting re-traumatization.

Pediatricians and Sexual Assault Nurse Examiners (SANEs) perform medical exams is needed. They assess the health of the child and provide necessary treatment and reassurance.

Canopy also collaborates with mental health providers in the community to ensure all children and families in need receive mental health treatment.

Victim advocates support children and families who are navigating the process after experiencing or witnessing abuse. Advocacy support includes facilitating legal, medical, and social services. Victim advocates ensure that the rights of the child and family are being upheld.

STATEMENT OF EXEMPTION

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

**Cuyahoga
County
Division of
Children &
Family
Services**

The CCDCFS receives referrals/reports of suspected child abuse and neglect twenty-four hours a day, seven days a week.

Reports may be made by:

- Telephone to CCDCFS HOTLINE at **(216) 696-KIDS (216-696-5437)**.
- In person at Children and Family Services office:

Jane Edna Hunter Building
3955 Euclid Avenue
Cleveland, OH 44115
- Email: protecting-cuyahoga-kids@jfs.ohio.gov
- Website: <http://cfs.cuyahogacounty.us/en-us/Report-Child-Abuse-Neglect.aspx>
- Facebook:
<https://www.facebook.com/CuyahogaCountyDivisionofChildrenandFamilyServices/> Click on 'Contact us' to file a report.

**Law
Enforcement**

Calls may also be made to local law enforcement within the alleged victim's community. In general, jurisdiction exists where the incident is alleged to have occurred.

Emergencies should be reported by using 911.

After business hours and on weekends and holidays, the CCDCFS Hotline administers the **Adult Protective Services "Hotline"** for calls alleging the abuse, neglect and/or financial exploitation of disabled adults 18 – 60 and seniors over 60 years. Calls automatically roll over from the Cuyahoga County **Division of Senior & Adult Services Intake Referral line (216) 420-6700.**

**SYSTEM FOR RESPONDING TO AND INVESTIGATING REPORTS OF
CHILD ABUSE OR NEGLECT**

<p>Role of Child Welfare PCSA CCDCFS in an investigation</p>	<p>CCDCFS is required by the OAC (5101:2-36) to investigate all allegations of child abuse, neglect and dependency.</p> <p>The DCFS Hotline (216-696-KIDS) prioritizes abuse and neglect allegations according to the information received and the potential imminent risk of abuse and/or neglect. Our standards reflect the OAC, ORC and our mission: to assure that children at risk of abuse or neglect are protected and nurtured within a family and with the support of the community.</p>
<p>Hotline</p>	<p>Hotline staff will assign all "screened-in" reports (meaning, all those reports that meet our screening criteria and indicate intervention is necessary to assure a child's safety) a priority rating which prescribes the timeframe in which the investigation must be initiated:</p> <p>Emergency – A face-to-face contact with the child subject of the report (CSR) or alleged child victim (ACV) is initiated within one hour or less from the time the report is screened.</p> <p>Non-Emergency – A face-to-face contact with the CSR or ACV is initiated within twenty-four hours or less from the time the report is screened.</p> <ol style="list-style-type: none"> a. Based upon the allegations reported, there may be some situations in which a face-to-face or telephone contact with a principal of the report or collateral source, who has specific knowledge of the child's current condition and can provide current information about the child's safety, can be the initial contact. b. In these situations, there is a face-to-face contact with the ACV within seventy-two hours from the time the report is screened in to assess child safety and interview the ACV. <p>CCDCFS staff is available 24 hours a day to respond to incidents of abuse/neglect.</p>
<p>DCFS Role in an Emergency</p>	<p>An Emergency is defined as a situation where there is reason to believe that a child is threatened or alleged to be abused, neglected or dependent to an extent that the child is in immediate danger of serious harm (OAC 5101:2-1-01(B)(111)).</p> <p>Emergencies require the initiation of a face-to-face contact with the CSR or ACV within one hour of the receipt of the report.</p>

<p>Law Enforcement Protection of children</p>	<ul style="list-style-type: none"> • CCDCFS is removing a child from his or her family via an order of the court and the assistance of law enforcement is needed as CCDCFS has reason to believe the family will challenge the removal • CCDCFS must conduct an assessment/investigation at a known drug house • CCDCFS is working with a client who has a propensity toward violence and the assistance of law enforcement is needed to ensure the safety of all involved • CCDCFS is working with a family that has historically threatened to do harm to PCSA/CCDCFS staff <p>The law enforcement entity will follow its policies and determine what assistance it may provide in cases involving child safety and welfare. If law enforcement declines to honor a request from CCDCFS, then either party may request a meeting to discuss the particular situation.</p>
<p>Role of Law Enforcement in an Emergency</p>	<p>Law enforcement officials can protect children as permitted by:</p> <ul style="list-style-type: none"> • Juvenile Rules of Procedure 6 & 7 • ORC 2151.31 <p>A child may be taken into custody when law enforcement takes physical possession of a child and then delivers the child to a CCDCFS worker who has been authorized by CCDCFS to accept the child at 3955 Euclid Avenue, Cleveland Ohio. In such circumstances the law enforcement official will be requested to complete a CCDCFS form which provides information concerning the child and the circumstances which led the child to be in need of protection.</p> <p>In an effort to reduce a youth's exposure to trauma, officers shall consider the following:</p> <ol style="list-style-type: none"> a. Avoid handcuffing or arresting the parent in the presence of the youth. b. Allow arrested parents to comfort their children, explain what will happen next, and describe how the child will be cared for in his/her absence. c. Inquire whether an officer may return later to the home and arrange for the child's care in the parent's absence. <p>BEFORE a law enforcement officer uses Juvenile Rule 6 (JR6) and brings a child or teen to the Jane Edna Hunter Building they should consider the following options and consult with CCDCFS staff by calling (216) 696-KIDS PRIOR to transport/arrival.</p>

Harm to Self or Others – If a child has inflicted harm to self or has communicated a desire to harm themselves or others, officer should contact Mobile Crisis/Child Response Team.

Committed a Crime – If a child has committed a crime, officer should contact the Juvenile Detention Center to inquire if they meet the criteria for admission.

Parent Unable or Unwilling to Provide Care – If a parent is unable or unwilling to provide care, officer may work with non-custodial parent, family members, or other close contacts to explore options for safe, temporary care.

- Listen to all parties, including the child/teen.
- Let them know there could be other options other than CCDCFS custody if they are willing to help make a plan.
- Inform them what a JR6 entails, including an investigation, possible neglect complaint, required service completion, loss of government funds for children involved, mandated court involvement, and contained CCDCFS custody.

Always call the CCDCFS Hotline ((216) 696-KIDS) BEFORE initiating a JR6.

Law Enforcement shall utilize the Visor Card attached to this MoU for reference. See Appendix 1.

**SYSTEM OF CONSULTATION TO PROTECT CHILDREN
AND SHARING INVESTIGATIVE INFORMATION**

<p>Communication Among Subscribers</p>	<p>CCDCFS staff may contact law enforcement, the County Prosecutor or other subscribers as needed in matters which require their guidance, intervention or assistance to protect children.</p> <p>Subscribers/Signatories may contact CCDCFS in any way deemed most appropriate for their need:</p> <ul style="list-style-type: none"> • The CPS directly • The Community Relations Department (216) 432-CARE (2273) • The Hotline (216) 696-KIDS (5437) or 881- 5354, 881-5358, 881-5848, or 881-5849 • The assigned Supervisor, Senior Manager, Deputy Director • The CCDCFS Director <p>Effective communication requires professional courtesy and mutual respect among those working with children and their families. Contact information, chains of command, accountability and patience are tools that subscribers agree to share to make this MoU more effective.</p>
<p>CCDCFS Information Sharing (Required by ORC Section 2151.4221(B)(4))</p>	<p>ORC Section 2151.423 requires a public children services agency (CCDCFS) to disclose confidential information discovered during an investigation conducted pursuant to section ORC Section 2151.421 or ORC Section 2151.422 to any federal, state, or local government entity that needs the information to carry out its responsibilities to protect children from abuse or neglect.</p>
<p>Law Enforcement Information Sharing (Required by ORC Section 2151.4221(B)(5))</p>	<p>Law Enforcement will cooperate and share investigative information with CCDCFS. If CCDCFS and law enforcement have not completed a joint investigation, law enforcement will provide any investigative information and/or report(s) to CPS within 48 business hours of CPS request.</p> <p>Investigative information includes, but is not limited to, identifying and/or pertinent information about the family, the family members current or last known whereabouts, copies of filings to a court of competent jurisdiction, and copies of police reports.</p>
<p>Medium/Process of Information Sharing (Required</p>	<p>CCDCFS and the law enforcement subscribers/signatories shall share information, as described immediately above, over the phone, as requested, and/or through written correspondence and/or</p>

<p>by ORC Section 2151.4221(B)(6)</p> <p>Investigative information not to be disclosed with the public (Required by ORC Section 2151.4221(B)(7))</p>	<p>documentation. The written correspondence and/or documentation shall be submitted between CCDCFS and law enforcement through secure and encrypted e-mail.</p> <p>Subject to ORC Section 2151.421(I) and (N), as well as OAC Section 5101:2-33-21, all information regarding an investigation of child abuse or neglect shared between law enforcement and CCDCFS shall remain confidential and shall not be shared with the public or any other entity, except as otherwise required by law. See Appendix 2.</p> <p>Information and/or reports created by law enforcement shall remain the property of that law enforcement agency; information and/or reports created by CCDCFS shall remain the property of CCDCFS. Information received by one party from the other shall not be redistributed by the receiving party, unless specifically required by law.</p> <p>When CCDCFS provides law enforcement, or any other subscriber/signatory, with confidential child welfare information, pursuant to ORC Section 2151.423 and/or OAC Section 5101:2-33-21, it shall include the following notice:</p> <p>"The information provided is confidential and is not subject to disclosure pursuant to section 149.43 or 1347.08 of the Revised Code by the agency to whom the information was disclosed. Unauthorized dissemination of the contents of the information is in violation of section 2151.421 of the Revised Code. Anyone who permits or encourages unauthorized dissemination of the contents of the information violates section 2151.99 of the Revised Code and such a violation is a misdemeanor of the fourth degree."</p>
<p>Cross-Referrals Between CCDCFS and Law Enforcement</p>	<p>Pursuant to ORC Section 2151.421(E)(1), law enforcement shall refer a report of child abuse or neglect to CCDCFS upon receipt of such report.</p> <p>Pursuant to ORC Section 2151.421(E)(2), upon receipt of a report alleging child abuse or neglect, CCDCFS shall do all of the following:</p> <ol style="list-style-type: none"> 1) Comply with ORC Section 2151.422; 2) If the report alleges sexual abuse or other abuse covered by the Canopy CAC MoU, comply regarding the report with the protocol and procedures for referrals and investigations, with the coordinating activities, and with the authority or responsibility for performing or providing functions, activities, and services

stipulated in the interagency agreement entered into under section 2151.428 of the Revised Code relative to that center; and,

3) Unless an arrest is made at the time of the report that results in the appropriate law enforcement agency being contacted concerning the possible abuse or neglect of a child or the possible threat of abuse or neglect of a child, notify the appropriate law enforcement agency of the following:

- A report of abuse of a child;
- A report of neglect of a child - No later than seven calendar days after screening in reports of neglect if CCDCFS enacts a safety plan (in-home safety plan, out-of-home safety plan, or legally authorized removal) due to neglect during that timeframe unless an arrest is made at the time of the report that results in the appropriate law enforcement agency being contacted concerning the possible child neglect. Best practice would support notification of law enforcement when a safety plan is enacted after the first seven calendar days.

HANDLING AND COORDINATING JOINT INVESTIGATIONS

Timeliness Required

Each of the below described investigative processes and procedures shall attempt to ensure that the assistance of law enforcement is obtained timely in cases where child abuse or neglect is alleged in order to ensure child safety and conduct investigative activities within the maximum sixty-day timeframe afforded PCSAs to complete abuse/neglect assessment/investigations pursuant to Chapter 5101:2-36 of the Ohio Administrative Code.

Intra-familial Investigations Protocol

CCDCFS follows the requirements for conducting investigations of intra-familial child abuse or neglect described in OAC 5101:2-36-03. ***See Appendix 3.***

In cases which the CPS has made a referral to law enforcement prior to meeting with the alleged child victim (ACV), and a joint interview cannot be convened timely, the priority mandate must be met by the CPS in order to determine the potential safety threat.

The intent of the interview of the child is to:

- gather sufficient information to use in criminal prosecution as warranted
- identify risk to the child
- determine services the child and family may need

CCDCFS will cooperate and share investigative information with law enforcement as noted in the previous section of this MoU, as well as OAC Section 5101:2-33-21.

Specific Investigations

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CCDCFS follows the requirements for conducting specialized assessments/investigations, also known as child abuse or neglect investigations in "out-of-home care" settings, as described in OAC 5101:2-36-04. ***See Appendix 4.***

Out of Home Care

"Out-of-Home Care setting" is defined in OAC Section 5101:2-1-01(B)(208) as "a detention facility, shelter facility, foster home, pre-finalized adoptive placement, certified foster home, approved foster care, organization, certified organization, child care center, type A family day-care home, type B family day-care home, group home, institution, state institution, residential facility, residential care facility, residential camp, day camp, hospital, medical clinic, children's

<p>Specific Investigations -- Third Party</p>	<p>residential center, public or nonpublic school, or respite home that is responsible for the care, physical custody, or control of a child.”</p> <p>The CCDCFs Special Investigations Unit investigates reports of alleged abuse or neglect in out-of-home care settings. We share information about these investigations with subscribers to the MoU and others as permitted pursuant to OAC 5101:2-33-21.</p> <p>As set forth in OAC Section 5101:2-36-08(C)(1), a law enforcement agency may serve as the third party to an assessment/investigation of child abuse or neglect. CCDCFs shall request the assistance of law enforcement as the third party if the child abuse or neglect report alleges a criminal offense.</p> <p>However, as provided in OAC Section 5101:2-36-08(G), law enforcement may decline to serve as a third party to investigations of child abuse or neglect. In such instances, CCDCFs will be responsible for conducting the assessment/investigation, and is responsible for having procedures in place to address the conflict of interest and ensure completion of the assessment/investigation.</p>
<p>Specific Investigations -- Child deaths</p>	<p>Upon notification of the death of a child due to suspected child abuse or neglect CCDCFs will notify law enforcement within 1 hour of its knowledge of the child’s death.</p> <p>CCDCFs will perform its duties pursuant to OAC 5101:2-42-89 as required.</p> <p>The CPS will develop an action plan to:</p> <ul style="list-style-type: none"> • notify law enforcement within 1 hour of its knowledge of the child’s death • contact the parent, guardian or custodian, either within 1 hour of its knowledge of the child’s death if temporary custody or PPLA, or as appropriate if permanent custody • assess the need for protection of siblings • review the case record • assist with funeral arrangements, if requested, if temporary custody or PPLA • assume responsibility for funeral arrangements, if permanent custody • complete and submit ODJFS 01987 • provide other supportive services to the family

<p>Specific Investigations -- Missing Children and Human Trafficking</p>	<p>Cases including missing children and those suspected of human trafficking require a joint assessment/investigation with law enforcement. CCDCFS will cross refer to law enforcement.</p> <p>CCDCFS will immediately, or in no case later than 24 hours, contact the following agencies if it suspects a child known to it has been reported missing:</p> <ul style="list-style-type: none"> • Law enforcement • The National Center for Missing and Exploited Children (NCMEC) <p>Law enforcement shall do the following:</p> <ol style="list-style-type: none"> 1) Enter the case/child information into the National Crime Information Center (NCIC) database 2) Call the Ohio Attorney General's Office at (800) 325-5604 to request that information about the case/child be posted on the Ohio Missing Persons website <p>The Cuyahoga Regional Human Trafficking Task Force (CRHTTF) will be the lead agency in all Human Trafficking cases. The Cuyahoga County Sheriff's Department is the lead agency of the CRHTTF which is comprised of federal, state, and local law enforcement agencies that investigate both sex and labor trafficking cases. Call the CRHTTF at (216) 443-6085 to report a child suspected of being a victim of human trafficking.</p> <p>Each investigation will include a statement of assurance as to how the Agency will ensure the child's safety and not compromise the child protective assessment/investigation while concurrently assisting law enforcement with the criminal investigation.</p>
<p>Specific Investigations -- Alleged Withholding</p>	<p>The OAC 5101:2-36-07 cites specialized procedures for handling allegations involving withholding appropriate nutrition, hydration, medication, or medically indicated treatment from disabled infants with life-threatening conditions.</p> <p>These cases require a particular response due to the potential lethality of the circumstances. The procedures involve CCDCFS's Medical Investigation Unit (MIU), coordination with medical providers and will involve law enforcement, as necessary. See Appendix 5.</p>
<p>Specific Investigations</p>	<p>CCDCFS will consult with the Prosecutor or report to law enforcement information regarding individuals who may aid, abet, encourage,</p>

<p>-- Dependent, Neglected, Unruly</p>	<p>induce or contribute to a child or ward of the Juvenile Court becoming a dependent or neglected child, becoming an unruly or delinquent child or leaving the custody of any person, department or public or private institution without the legal consent of that person, department, or institution.</p>
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INTERVIEWING THE CHILD WHO IS THE SUBJECT OF THE REPORT

<p>Joint Interviews</p>	<p>One of the primary goals of this MoU is to eliminate unnecessary interviews of children who are the subject of a report of suspected child abuse or neglect and to provide, when feasible, for only one interview of the child(ren). Joint interviews need to be done in a safe, neutral, child-appropriate setting.</p> <p>CCDCFS and law enforcement will follow the interviewing guidelines (including methods to be used in interviewing the child who is the subject of the report; standards and procedures addressing the categories of persons who may interview the child who is the subject of the report; and, a system for the elimination of all unnecessary interviews of a child who is the subject of the report) adopted in the Canopy Child Advocacy Center Memorandum of Understanding, attached hereto as Appendix 6, and incorporated herein by reference.</p>
<p>Parental Consent</p>	<p>CCDCFS will interview the alleged child victim (ACV) with parental consent, unless one of the following exigent circumstances exists:</p> <ul style="list-style-type: none"> • There is credible information indicating the child is in immediate danger of serious harm; • There is credible information indicating that the child will be in immediate danger of serious harm upon return home from school or other locations away from his or her home; • There is credible information indicating that the child may be intimidated from discussing the alleged abuse or neglect in his or her home; • The child requests to be interviewed at school or another location due to one of the circumstances listed above.
<p>Siblings</p>	<p>CCDCFS will not interview the siblings of an ACV, who themselves were not named as an ACV, at school or other locations away from their</p>

home, without parental consent, unless there are exigent circumstances as outlined above.

Additionally, if an ACV provides information during an interview that indicates a sibling might be in immediate danger of serious harm, or that the sibling could provide information regarding immediate danger of serious harm to the ACV, the interview of the sibling who was not identified as an ACV may commence without parental consent.

STANDARDS AND PROCEDURES FOR REMOVING AND PLACING CHILDREN ON AN EMERGENCY AND NON-EMERGENCY BASIS

<p>Removal of a child from parents or other</p>	<p>When removal of the child from the care and control of his parents or other person is necessary, CCDCFS will ask the parents to cooperate and contribute to a safety plan for the child. If necessary, CCDCFS will seek custody when necessary in accordance with Ohio law. See Appendix 7.</p> <p>When an emergency requires immediate response CCDCFS will take necessary action and use best efforts to collaborate with law enforcement, the Cuyahoga County Prosecutor’s Office, the Cuyahoga County Juvenile Court and medical providers to secure and ensure the child’s immediate safety.</p>
<p>Imminent Risk of Harm</p>	<p>If there is a need to obtain an emergency order of custody to protect a child from imminent risk of serious physical or emotional harm, CCDCFS will follow the following protocol:</p> <p>During Business Hours:</p> <ul style="list-style-type: none"> • Conduct CCDCFS required Team Decision Making Meeting/staffing; • Consult with Assistant Prosecuting Attorney assigned to CCDCFS; • Prepare to present emergency circumstances to Court; • Notify parents or guardians of time and place of hearing; <p>During Non-Business Hours:</p> <p>The Agency will seek a telephonic Ex Parte Order from Juvenile Court.</p> <ul style="list-style-type: none"> • If possible, CCDCFS will conduct a Team Decision Making Meeting/staffing; • CCDCFS will consult with Assistant Prosecuting Attorney assigned to CCDCFS; • Participate in judicial proceeding. <p>An ex parte order may be granted if the Juvenile Court determines that immediate action is required to protect the child’s best interest and</p>

Law Enforcement	<p>welfare. If the court issues an ex parte emergency order, a hearing will be held the next business day or as otherwise required by court order.</p> <p>CCDCFS shall request the assistance of a law enforcement officer or a duly authorized officer of the court, if exigent circumstances requiring immediate intervention exist, and time does not permit obtaining a court order.</p> <p>Law Enforcement may take custody of a child as permitted by Juvenile Rules of Procedure 6 & 7, and ORC 2151.31.</p>
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NOTIFYING THE COUNTY PROSECUTING ATTORNEY

Failure to report	CCDCFS shall notify the Cuyahoga County Prosecutor or City Law Director when any mandated reporter of child abuse or neglect fails to report suspected or known child abuse or neglect.
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Unauthorized dissemination of information	CCDCFS shall notify the Cuyahoga County Prosecutor or City Law Director when there is unauthorized dissemination of confidential child information as required by OAC 5101:2-33-21(D).
Contributing to dependency	CCDCFS will consult with the Cuyahoga County Prosecutor and report to law enforcement information regarding individuals who may aid, abet, encourage, induce or contribute to a child or ward of the Court, becoming a dependent or neglected child, becoming an unruly or delinquent child or leaving the custody of any person, department or institution without legal consent.

TRAINING AND CONFLICT RESOLUTION

Training

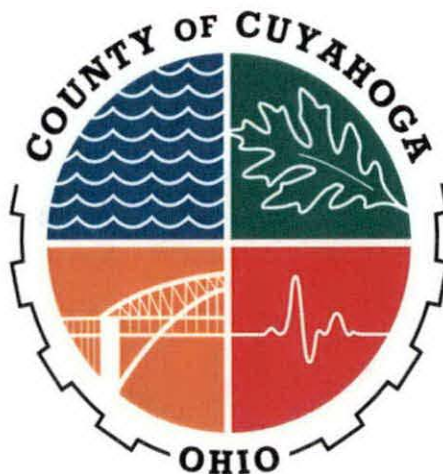
Cross-system training is to be provided to and a plan developed by all signatories of this MOU to ensure parties understand the mission and goals identified in this MOU and are clear about the roles and responsibilities of each agency. Periodic training events will be coordinated by CCDCFS as the lead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

Conflict Resolution

When a conflict occurs among county partners, the effect is often broader than the individuals directly involved in the dispute. As disputes are often inevitable, this MOU must set forth the local process by which disputes will be resolved so as not to disrupt program effectiveness. As the mandated agency responsible for the provisions of child protective services, the ultimate decision on how to handle abuse/neglect investigations lies with CCDCFS. Every effort will be made to take into account other subscribers' requests and concerns relating to services.

Criminal investigations and prosecution remain the responsibility of the Prosecuting Attorney and appropriate law enforcement agencies. CCDCFS will assist these agencies but in no way interfere or jeopardize a criminal investigation or prosecution. For cases which come before the Court as it relates to decisions and orders, the Court's rulings are final.

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



SIGNATURE

The following subscribers/signatories have agreed to this MoU either in writing or electronically. All subscribers/signatories agree that this transaction can be conducted by electronic means. By signing below, the subscribers/signatories agree that this MoU, upon ODJFS' determination of compliance and Cuyahoga County Council's approval by resolution, shall be effective and supersede any previous MoU.

Cuyahoga County, Ohio

By David Merriman
David Merriman, HHS Director

Date 11/01/2022

By Jacqueline Fletcher
Jacqueline Fletcher, Interim DCFS Director

Date 11/01/22

Municipality

(SIGNATURE PAGES TO FOLLOW)

NOTE

The Ohio Administrative Code (OAC) requires that this MoU is amended when an individual serving as a required subscriber/signatory changes. CCDCFS will obtain the signatures and forward to all, however, it is the responsibility of the newly appointed subscriber to inform the Director of CCDCFS.

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality _____

Print Name _____

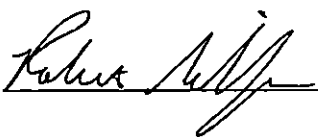
Signature _____

Date _____

Revised September 2022

Bay Village Police Department

Print Name: ROBERT GILLESPIE

Signature: 

Date: 10/31/22

Beachwood Police Department

Print Name: Katherine McLaughlin

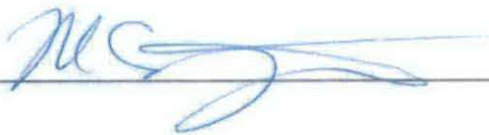
Signature: Katherine McLaughlin

Date: 11/2/22

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality BEDFORD P.D.

Print Name MARTIN STAMPLE CHIEF of POLICE

Signature 

Date 11-7-22

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality City of Bedford Heights

Print Name Chief Michael Marotta

Signature Chief Michael Marotta

Date 12-7-22

Revised September 2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality Village of Bentleyville

Print Name GABE BARONE

Signature G. Barone

Date 11-15-2022

Revised September 2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality Berea

Print Name Chief Dan Clark

Signature 

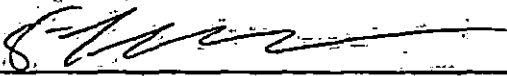
Date 11-10-22

Revised September 2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality VILLAGE OF BRATTONVILLE

Print Name CHIEF CHARLES LOBELLO

Signature 

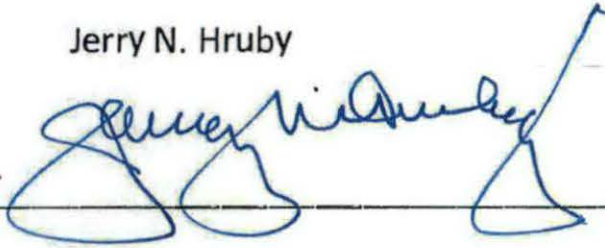
Date 12/6/2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality City of Brecksville

Print Name Jerry N. Hruby

Signature _____



Date _____

11.15.2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality _____ Broadview Heights _____

Print Name _____ Steven Raiff _____

Signature _____ *St. Raiff* *Chris at home* _____

Date _____ August 9, 2023 _____

Revised September 2022

Brook Park Police Department

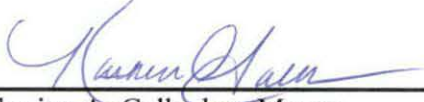
Print Name: Edward Powers III

Signature: 

Date: 11-2-2022

Brooklyn Police Department

Approved by



Katherine A. Gallagher Mayor

Date November 3rd 2022

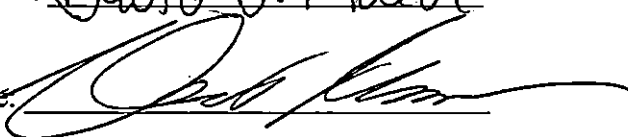


Police Chief Scott Mielke

Date November 3rd 2022

Brooklyn Heights Police Department

Print Name: David J. Meade

Signature: 

Date: 10/26/22

Canopy Child Advocacy Center

Print Name: Jennifer Johnson

Signature: Jennifer Johnson

Date: 12/6/22

Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding

Municipality Case Western Reserve University

Print Name Paul Owen

Signature Paul Owen

Date 08/20/2023

Revised September 2022

CCDCFS – Jacqueline Fletcher

Print Name Jacqueline Fletcher

Signature *Jacqueline Fletcher*

Date 10/24/2022



**Cuyahoga County, Ohio Law Enforcement and Division of
Children and Family Services Child Abuse and Neglect**

Memorandum of Understanding

Municipality/Government Agency

Cuyahoga Job and Family Services

Print Name

Kevin Gowan

Signature

[Handwritten Signature]

Date

8-15-2023

Village of Chagrin Falls Police Department

Print Name Amber Dacek

Signature *Amber Dacek*

Date 11/17/2022



**Cuyahoga County, Ohio Law Enforcement and Division of
Children and Family Services Child Abuse and Neglect**

Memorandum of Understanding

Municipality/Government Agency

Cleveland Division of Police

Print Name Dornat A. Drummond

Signature *Dornat A. Drummond*

Date August 8, 2023

Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding

Municipality CUYAHOGA COUNTY

Print Name SHARON A. HARVEY
PRESIDENT + CEO

Joseph G. Dell'Anno
CHIEF INVESTIGATOR

Signature [Signature] | [Signature]

Date 11/8/2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality CLEVELAND METROPOLITAN SCHOOL DISTRICT

Print Name LAMONT D. DODSON

Signature Lamont D. Dodson

Date 1-18-2023

By: Deon McCaulley

Deon McCaulley

Chief,

Cleveland Clinic Police Department

Date: 11-10-22

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality CLEVELAND HEIGHTS POLICE

CHRISTOPHER M. BRITTON, CHIEF OF POLICE
City of Cleveland Heights, Ohio

Print Name _____

Signature CM Britton

Date 11/7/2022

Revised September 2022

Cleveland
Metroparks

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality Fairview Park

Print Name Chief Kelly J. Stillman

Signature Kelly J. Stillman

Date 8/11/2023

Revised September 2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality Cleveland Rape Crisis Center

Print Name Sondra Miller

Signature *Sondra Miller*

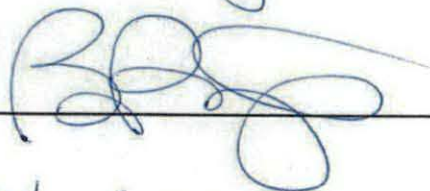
Date November 7, 2022

Revised September 2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality Cleveland State University Police Dept.

Print Name Beverly J. Pettrey; Chief of Police

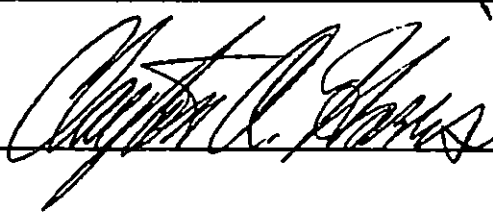
Signature  _____

Date 9/1/2023

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality Cuyahoga Community College

Print Name Clayton A. Harris

Signature 

Date 8/29/2023



**Cuyahoga County, Ohio Law Enforcement and Division of
Children and Family Services Child Abuse and Neglect
Memorandum of Understanding**

Municipality/Government Agency

Cuyahoga County Court of Common Pleas, Juvenile Division

Print Name Timothy McDevitt - Court Administrator

Signature

Timothy McDevitt

Date

5/5/23

Revised September 2022



**Cuyahoga County, Ohio Law Enforcement and Division of
Children and Family Services Child Abuse and Neglect
Memorandum of Understanding**

Municipality/Government Agency: Cuyahoga County Prosecutor's Office

Print Name: Michael C. O'Malley

Signature _____

Date: September 7, 2023

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality Cuyahoga County (Dept. Public Safety & Justice Services)

Print Name Brandy Carney, Director

Signature 

Date 12.14.22



**Cuyahoga County, Ohio Law Enforcement and Division of
Children and Family Services Child Abuse and Neglect
Memorandum of Understanding**

Municipality/Government Agency

CUYAHOGA COUNTY SHERIFF'S DEPARTMENT

Print Name HAROLD A. PRETEL

Signature *Harold A. Pretel*, SHERIFF

Date 8-9-2023

Revised September 2022

Cuyahoga County, Ohio Child Abuse and Neglect Memorandum of Understanding

Municipality Village of Cuyahoga Heights Police Department

Print Name Brian D. Sturgill - Chief of Police

Signature *Chief B. Sturgill*

Date November 17, 2022

Revised September 2022



Cuyahoga Heights Police

BRIAN STURGILL
Chief of Police

5480 Grant Avenue
Cuyahoga Heights, Ohio 44125

P: 216-640-2045
F: 216-883-4832
B.Sturgill@Cuyahogaheights.com

Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding

Municipality Cuyahoga Metropolitan Housing Authority Police Department

Print Name Andrés González, Chief

Signature  _____

Date December 6, 2022

Revised September 2022

Cuyahoga County Regional Human Trafficking Task Force

Print Name: LARRY HANCOCKMAN
TASK FORCE DIRECTOR

Signature: 

Date: 11/3/2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality East Cleveland Police Department

Print Name Brian J. Gerhard, Chief of Police

Signature 

Date August 8, 2023

Revised September 2022

Euclid Police Department

Print Name: SCOTT MEYER, CHIEF

Signature: 

Date: 10-21-22

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality __Fairview Park Police

Print Name __Chief Paul D. Shepard

Signature Chief P.D. Shepard

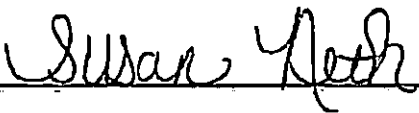
Date __August 9, 2023

Revised September 2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality Cuyahoga County - Ohio

Print Name Susan Neth, Executive Director

Signature 

Date 11/14/2022

Revised September 2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality Garfield Heights Police Dept

Print Name Chief Mark Kaye

Signature 

Date 8/10/2023

Gates Mills Police Department

Print Name: Donna "Gee" Minicello

Signature: 

Date: 10/25/22

Glenwillow Police Department

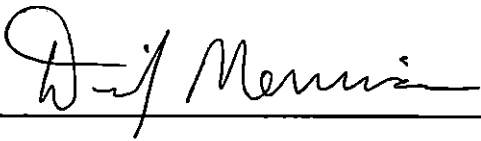
Print Name: CHIEF GREG CURTIN

Signature: Chief Greg Curtin

Date: NOVEMBER 3RD 2022

HHS – David Merriman

Print Name David Merriman


Signature 

Date 10/24/2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality Highland Heights

Print Name Dennis Matejcic (Chief of Police)

Signature 

Date 08-09-2023

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality Village of Highland Hills Police Department

Print Name Mark Campbell, Chief of Police

Signature 

Date 08/10/2023

Revised September 2022

Hunting Valley Police Department

Print Name: CHIEF MICHAEL CANNON

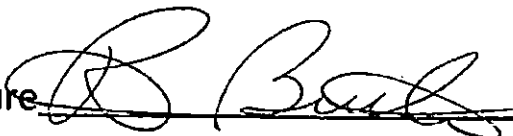
Signature: Chf Michael Cannon

Date: 10/18/2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality Independence

Print Name Robert Butler

Signature 

Date 11/15/2022

Revised September 2022

Lakewood Police Department

Print Name: CHIEF KEVIN KAUCHERK


Signature: Chief Kevin Kaucher

Date: 11/8/22

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality The Village of Linndale Police Department

Print Name Shane Slater

Signature Sgt.  #17


Date 9-7-23

Revised September 2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality LYNDHURST POLICE DEPARTMENT

Print Name PATRICK A. RHODE

Signature 

Date 12/15/2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality ___Maple Heights Police Department_____


Print Name_____Todd Hansen, Police Chief_____

Signature_____  _____

Date_____December 7, 2022_____

Mayfield Heights Police Department

Print Name: Anthony Mele

Signature: 

Date: 10/20/2022

MAYFIELD HEIGHTS POLICE DEPARTMENT



Anthony Mele


CHIEF OF POLICE

6154 Mayfield Road
Mayfield Heights, Ohio 44124
(440) 442-2323 EXT. 386
anthonymele@mayfieldheights.org

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality MAYFIELD VILLAGE Police Dept.

Print Name CHIEF PAUL MATIAS

Signature 

Date 12/12/2022



**Cuyahoga County, Ohio Law Enforcement and Division of
Children and Family Services Child Abuse and Neglect**

Memorandum of Understanding

Municipality/Government Agency

MetroHealth P.D.

Print Name

Frank Bova

Signature

[Handwritten Signature]

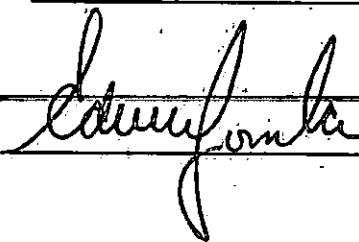
Date

8-15-23

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality Middleburg Heights

Print Name EDWARD TOMBA

Signature 

Date 1-20-23

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality MORELAND HILLS

Print Name KEVIN WYANT

Signature Chief Kevin Wyant

Date 11/15/22

Revised September 2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality: Newburgh Heights

Print Name: John T. Majoy, Chief of Police

Signature _____



Date: December 8, 2022

Revised September 2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality North Olmsted

Print Name Bob Wagner

Signature Bob Wagner

Date 12/5/22

Revised September 2022

Cuyahoga County, Ohio Child Abuse and Neglect Memorandum of Understanding

Municipality North Randall P. D.

Print Name Cherie Whitted

Signature Capt. C Whitted

Date 9/8/2023

Revised September 2022

Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding

Municipality North Royalton

Print Name Keith Tarase

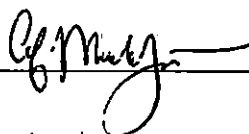
Signature CHIEF 

Date November 8, 2022

Revised September 2022

Oakwood Village Police Department

Print Name: MARK A. GARRATT


Signature: 

Date: 10/28/22

Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding

Municipality OLMSTED FALLS

Print Name ODIS ROGERS


Signature 

Date 12-7-2022

Cuyahoga County, Ohio Child Abuse and Neglect Memorandum of Understanding

Municipality Olmsted Township Police Department

Print Name Chief Mark Adam

Signature 

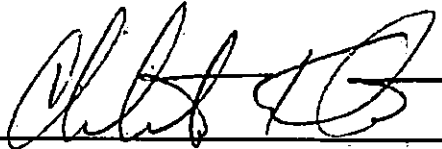
Date 08/08/2023

Revised September 2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality ORANGE VILLAGE

Print Name CHRISTOPHER KOSTURA (CHIEF)

Signature 

Date 12/9/22

Parma Police Department

Print Name: John Porec

Signature: 

Date: 11-1-2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality PARMA HEIGHTS POLICE DEPARTMENT

Print Name CHIEF STEVE SCHARSCHMIDT

Signature 

Date NOVEMBER 15, 2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality Pepper Pike

Print Name Karl Dietz


Signature 

Date 8/16/2023

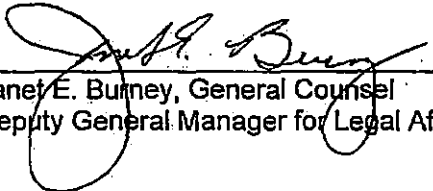
Revised September 2022

MOU – Cuyahoga County and GCRTA

Greater Cleveland Regional Transit Authority

BY: 
NAME: India L. Birdsong Terry
TITLE: General Manager, Chief Executive Officer
DATE: 11/21/22

APPROVED AS TO LEGAL FORM AND CORRECTNESS: AA

BY: 
Janet E. Burney, General Counsel
Deputy General Manager for Legal Affairs

Richmond Heights Police Department

Print Name: Thomas Wetzel Chief of Police

Signature: Thomas Wetzel

Date: OCT 21, 22

Rocky River Police Department

Print Name: Pamela E. Bobst

Signature: Pamela E. Bobst

Date: 1-30-23

FIRST READING: 12.19.22
SECOND READING: 1.9.23
THIRD READING: 1.23.23

ORDINANCE NO. 87-22
BY: THOMAS J. HUNT

AN EMERGENCY ORDINANCE AUTHORIZING THE MAYOR TO ENTER INTO A MEMORANDUM OF UNDERSTANDING BETWEEN CUYAHOGA COUNTY DIVISION OF CHILDREN & FAMILY SERVICES ("CCDCFS") AND THE CITY OF ROCKY RIVER POLICE DEPARTMENT REGARDING REPORTING AND INVESTIGATIONS OF ABUSE AND NEGLECT, ATTACHED HERETO AS EXHIBIT A

WHEREAS: The City of Rocky River Police Department desires to enter into a Memorandum of Understanding with the Cuyahoga County Division of Children and Family Services ("CCDCFS") for the purpose of agreeing to comply with the protocol that provides for prompt reporting and investigations of abuse and neglect; and

WHEREAS: by entering into this memorandum of understanding the Rocky River Police Department joins other law enforcement agencies operating under the terms and conditions of the Memorandum of Understanding attached as Exhibit A; and


WHEREAS: the Rocky River City Council deems it to be in the best interest of the City to authorize the Mayor to enter into the Memorandum of Understanding.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF ROCKY RIVER, COUNTY OF CUYAHOGA, STATE OF OHIO:

SECTION 1. - That the Mayor be and she is hereby authorized to enter into a Memorandum of Understanding between the Cuyahoga County Division of Children and Family Services and the Rocky River Police Department regarding the protocol for reporting and investigations of abuse and neglect according to the terms and conditions in Exhibit A attached.

SECTION 2. - That this Ordinance is hereby declared to be an emergency measure, necessary for the immediate preservation of public peace, health and safety, and for the further reason that it is appropriate for the Rocky River Police Department to join other law enforcement agencies in this regard, and provided it receives the affirmative vote of two-thirds (2/3) of all members elected to Council, it shall take effect and be in force immediately upon its passage and approval by the Mayor; otherwise it shall take effect and be in force from and after the earliest period allowed by law.

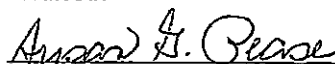
PASSED: January 23rd, 2023



JAMES W. MORAN
President of Council

PRESENTED TO MAYOR: January 23rd, 2023

APPROVED: January 23rd, 2023

ATTEST:



SUSAN G. PEASE


PAMELA E. BOBST
Mayor

City of Rocky River } ss
County of Cuyahoga }
I, the undersigned clerk of the council of the city of Rocky River, Ohio, do hereby certify that the foregoing is a true and correct copy of ordinance no. 87-22, adopted by the council of said city on the 23rd day of January, 2023, that the publication of such ordinance has been made and certified of record according to law, that no proceedings looking to a referendum upon such ordinance have been taken, that such ordinance and the certificate of publication thereof, are of record and ordinance record no. 87-22.

I, the undersigned clerk of council of the city of Rocky River, State of Ohio, do hereby certify that publication of the foregoing ordinance was duly made by posting a true copy thereof in the lobby of the Rocky River City Hall, in accordance with the charter of Rocky River, commencing on the 23rd day of January, 2023.


Clerk of Council of the City of Rocky River, Ohio

IN WITNESS WHEREOF, I HAVE HERETOBY SUBSCRIBED MY NAME AND AFFIXED MY OFFICIAL SEAL THIS 23rd DAY OF JANUARY, 2023.

SUSAN G. PEASE
CLERK OF COUNCIL OF THE CITY OF ROCKY RIVER, OHIO

Seven Hills Police Department

Print Name: CHIEF MICHAEL SALLOUM


Signature: CHIEF M. SALLOUM

Date: 11-7-2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality SHAKER HEIGHTS POLICE DEPARTMENT

Print Name JEFFREY N. DeMUTH, CHIEF OF POLICE

Signature _____


Date NOVEMBER 7, 2022

Revised September 2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality Solon Police Dept.

Print Name Richard A. Tonelli

Signature 

Date 12/7/2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality South Euclid Police Department

Print Name Joseph Mays Chief of Police

Signature *Joseph Mays*

Date December 7, 2022

Revised September 2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

~~Municipality~~ Southwest General Police Department

Print Name Chief Tristan Harker

Signature 

Date 12/7/22


**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

St. Vincent Charity Community Health Center

Municipality _____

Daniel J. Woodrow

Print Name _____

Signature  _____

August 31, 2023

Date _____

Strongsville Police Department

Print Name: MARK Fender

Signature: Mark Fender

Date: 11-1-2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality University Circle Police DEPARTMENT

Print Name THOMAS Wetzel CHIEF OF POLICE

Signature Thomas Wetzel

Date AUG 9, 23

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality University Heights Police Department

Print Name Dustin Rogers, Chief of Police

Signature 

Date August 29, 2023

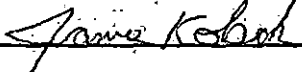
Revised September 2022

Cuyahoga County, Ohio Child Abuse and Neglect Memorandum of Understanding

University Hospitals Cleveland Medical Center Police Department ("UHCMC PD") acknowledges receipt of the Cuyahoga County Ohio Child Abuse and Neglect Memorandum of Understanding ("MOU") and agrees to comply with the MOU subject to the Authorizing Agreement between the City of Cleveland and University Hospitals Cleveland Medical Center, Inc., and applicable State and Federal laws, including but not limited to, the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended and The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009.

Municipality - University Hospitals Cleveland, Ohio

Print Name -James Kobak

Signature 

Date – September 22, 2023

Revised September 2022



SIGNATURE

The following subscribers/signatories have agreed to this MoU either in writing or electronically. All subscribers/signatories agree that this transaction can be conducted by electronic means. By signing below, the subscribers/signatories agree that this MoU, upon ODJFS' determination of compliance and Cuyahoga County Council's approval by resolution, shall be effective and supersede any previous MoU.

Cuyahoga County, Ohio

By _____ Date _____
David Merriman, HHS Director

By _____ Date _____
Jacqueline Fletcher, Interim DCFS Director

Municipality VALLEY VIEW

(SIGNATURE PAGES TO FOLLOW)

Chief Scott 10/26/2022

NOTE

The Ohio Administrative Code (OAC) requires that this MoU is amended when an individual serving as a required subscriber/signatory changes. CCDCFS will obtain the signatures and forward to all, however, it is the responsibility of the newly appointed subscriber to inform the Director of CCDCFS.

TRAINING AND CONFLICT RESOLUTION

Training

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

Conflict Resolution

When a conflict occurs among county partners, the effect is often broader than the individuals directly involved in the dispute. As disputes are often inevitable, this MOU must set forth the local process by which disputes will be resolved so as not to disrupt program effectiveness. As the mandated agency responsible for the provisions of child protective services, the ultimate decision on how to handle abuse/neglect investigations lies with CCDCFS. Every effort will be made to take into account other subscribers' requests and concerns relating to services.

Criminal investigations and prosecution remain the responsibility of the Prosecuting Attorney and appropriate law enforcement agencies. CCDCFS will assist these agencies but in no way interfere or jeopardize a criminal investigation or prosecution. For cases which come before the Court as it relates to decisions and orders, the Court's rulings are final.

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

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality Village of Walton Hills

Print Name Detective Thomas Koth

Signature Det. *TK* Koth

Date 11/08/2022

Revised September 2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality WARRENSVILLE HEIGHTS P.D.

Print Name WESLEY F. HAYNES

Signature 


Date 8/16/2023

Revised September 2022

**Cuyahoga County, Ohio Child Abuse and Neglect
Memorandum of Understanding**

Municipality WESTLAKE POLICE

Print Name KEVIN BIELORUS

Signature 

Date 11-14-22

Revised September 2022

Woodmere Police Department

Print Name: Sheila Mason

Signature: 

Date: October 21, 2022



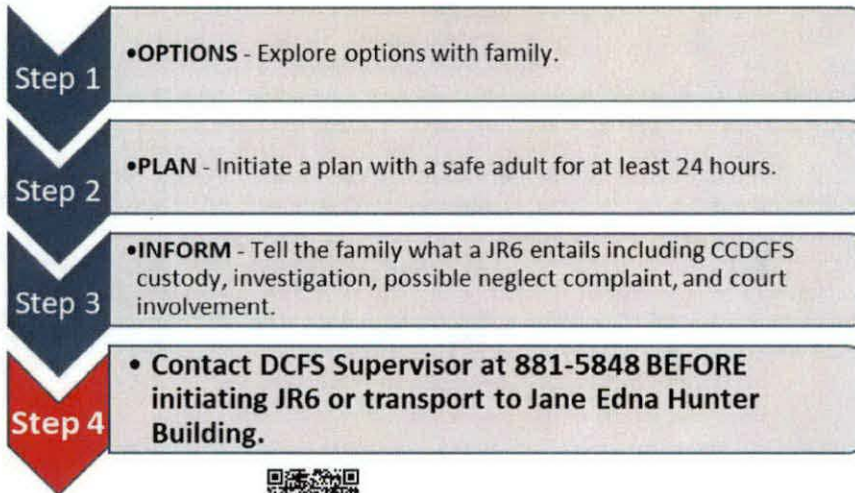
696-KIDS (5437) HOTLINE for CHILD ABUSE AND NEGLECT:

- Physical abuse and neglect
- Young children home alone
- Sexual abuse
- Suspicious child deaths
- Domestic violence in the home with child present

TEEN/PARENT CRISIS:

- Risk of Harm to Self or Others – Contact Mobile Crisis Child Response Team: **216-623-6888**
- Youth committed a delinquent or criminal act – Contact Detention Center: **216-443-8400**
- Parents unable or unwilling to care for child – Work with family, friends, neighbors to locate a safe, temporary option. Perhaps a cooling off period.

Before You Drive to DCFS



Scan this QR code to access
online resources

More Resources 

Resources for Police and Families

24/7 Emergency Child Placement Hotline Supervisor

216-881-5848

Access to The Centers & Providence House for short-term emergency childcare for children in DCFS custody

Domestic Violence & Child Advocacy Center

216-391-HELP (4357)

Assess and offer shelter to battered women

Witness Victim Center

216-443-7345

Services for victims and witnesses of crime

Cleveland Rape Crisis Center

216-619-6192

24/7 Hotline for crisis counseling and assistance

Frontline Mobile Crisis Child Response Team

216-623-6888

24/7 Crisis and psychiatric services

Project CALM, Applewood

216-459-9827

Low-risk misdemeanors, mental and behavioral health needs

Westhaven Youth Shelter

216-941-0063

24/7 Emergency teen shelter

Bellefaire Missing & Runaway Youth

216-570-8010

24/7 Homeless and missing youth hotline

First Call for Help

211 or 216-436-2000

United Way Social service resources

Senior & Adult Services

216-420-6700

Adult protective services for abuse, neglect & exploitation

APL Animal abuse and cruelty hotline

216-377-1630

APPENDIX 2

OAC Ann. 5101:2-33-21

This document is current through updates effective July 1, 2022.

OH - Ohio Administrative Code > 5101:2 Division of Social Services > Chapter 5101:2-33 Administrative Requirements

5101:2-33-21. Confidentiality and dissemination of child welfare information.

- (A) Each referral, assessment/investigation and provision of services related to reports of child abuse, neglect, dependency, or family in need of services (FINS) is confidential. Information contained in the statewide automated child welfare information system (SACWIS) is confidential pursuant to section 5101.131 of the Revised Code. This information may be shared only when dissemination is authorized by this rule.
- (B) If any information is disseminated, the public children services agency (PCSA) shall notify the receiver of the information that all of the following apply:
- (1) The information is confidential and is not subject to disclosure pursuant to section 149.43 or 1347.08 of the Revised Code by the agency to whom the information was disclosed.
 - (2) Unauthorized dissemination of the contents of the information is in violation of section 2151.421 of the Revised Code.
 - (3) Anyone who permits or encourages unauthorized dissemination of the contents of the information violates section 2151.99 of the Revised Code and such a violation is a misdemeanor of the fourth degree.
- (C) The PCSA shall document in SACWIS that the dissemination of information occurred. Documentation shall include a summary of all of the following:
- (1) The specific information disseminated.
 - (2) The date the information was disseminated.
 - (3) The agency, organization, or individual to whom the information was disseminated.
 - (4) The reason for the dissemination of information.
 - (5) If required, written authorization to disseminate information pursuant to paragraphs (H) and (R) of this rule.
- (D) When any person commits, causes, permits, or encourages unauthorized dissemination of information, the PCSA shall give written notification of such unauthorized dissemination to the county prosecutor or city director of law and the Ohio department of job and family services (ODJFS). A copy of the written notification shall be maintained in the case record.
- (E) The PCSA shall not release the identities of the referent/reporter, and any person providing information during the course of an assessment/investigation shall remain confidential. The identities of these individuals shall not be released or affirmed by the PCSA to any party without the written consent of the individual(s) involved, except to those individuals outlined in paragraph (F) of this rule.
- (F) The PCSA shall release child welfare information to the following persons or entities:
- (1) ODJFS staff with supervisory responsibility in the administration of Ohio's child welfare program.

- (2) Law enforcement officials who are investigating a report of child abuse or neglect or that a person violated section 2921.14 of the Revised Code by knowingly making or causing another person to make a false report.
 - (3) The county prosecutor who is investigating a report of child abuse or neglect or that a person violated section 2921.14 of the Revised Code by knowingly making or causing another person to make a false report.
 - (4) Any PCSA or children services agency (CSA) assessing/investigating a child abuse or neglect report involving a principal of the case.
 - (5) The court, for the purpose of the issuance of a subpoena to the referent/reporter.
- (G) The PCSA shall promptly disseminate all information determined to be relevant, except as specified in paragraph (E) of this rule, to any federal, state, or local governmental entity, or any agent of such entity, with a need for such information in order to carry out its responsibilities under law to protect children from abuse and neglect including but not limited to:
- (1) Law enforcement officials, as set forth in the child abuse and neglect memorandum of understanding, to investigate a PCSA report of child abuse or neglect, a report of a missing child, or a report that a person has violated section 2921.14 of the Revised Code, by knowingly making or causing another person to make a false report of child abuse or neglect.
 - (2) The county prosecutor, to provide legal advice or initiate legal action on behalf of an alleged child victim; and to prosecute any person who has violated section 2921.14 of the Revised Code, by knowingly making or causing another person to make a false report of child abuse or neglect.
 - (3) A guardian ad litem or court appointed special advocate pursuant to section 2151.281 of the Revised Code and the *Ohio rules of superintendence rule 48*.
 - (4) Any PCSA or CSA as defined in rule [5101:2-1-01 of the Administrative Code](#), which is currently assessing/investigating a report of child abuse or neglect involving a principal of the case or providing services to a principal of the case. In an emergency situation, the requested information may be released by telephone to a verified representative of a CSA. The PCSA releasing information will verify the identity, job title and authority/job duties of the CSA representative prior to releasing any information. All of the following information shall be released:
 - (a) The name and role of each principal of the case registered in any prior report.
 - (b) The date, allegation and disposition of each report or allegation.
 - (c) The name and telephone number of the county PCSA that conducted an assessment/investigation or provided services for each report.
 - (5) A coroner, to assist in the evaluation of a child's death due to alleged child abuse and/or neglect.
 - (6) Child abuse and neglect multidisciplinary team members, for consultation regarding investigative findings or the development and monitoring of a case plan.
 - (7) Public service providers working with a parent, guardian, custodian or caretaker or children of the family about whom the information is being provided, including but not limited to:
 - (a) Probation officers and caseworkers employed by the court, adult parole authority, rehabilitation and corrections, or the department of youth services.
 - (b) Employees of the local county boards of developmental disabilities and employees of the local county boards of alcohol drug addiction and mental health.
 - (8) A school administrator or designee for any child in the custody of the PCSA pursuant to rule [5101:2-42-90 of the Administrative Code](#) and the Every Student Succeeds Act of 2015, [20 U.S.C. 6311\(g\)\(1\)\(E\)](#).

- (9) The licensing and supervising authorities of a public or non-public out-of-home care setting in which child abuse or neglect is alleged to have occurred.
- (10) The approving authority of a kinship care setting in which child abuse or neglect is alleged to have occurred.
- (11) Administrators of public out-of-home care settings in which child abuse or neglect is alleged to have occurred including but not limited to:
- (a) Psychiatric hospitals managed by the Ohio department of mental health.
 - (b) Institutions managed by county courts for unruly or delinquent children.
 - (c) Institutions managed by the Ohio department of youth services.
 - (d) Institutions or programs managed by the Ohio department of developmental disabilities or local boards of developmental disabilities.
- (12) Child abuse citizen review boards upon request.
- (13) A child fatality review board recognized by the Ohio department of health, upon request except when a county prosecutor intends to prosecute or a judge prohibits release according to procedures contained in sections 5153.171, 5153.172 and 5153.173 of the Revised Code.
- (14) A grand jury or court, as ordered.
- (15) A children's advocacy center, as set forth in the PCSA child abuse and neglect memorandum of understanding, to comply with the protocols and procedures for receiving referrals and conducting investigations, to coordinate activities, and to provide services for reports alleging sexual abuse or other types of abuse.
- (16) A CDJFS, for child care licensure pursuant to section 5153.175 of the Revised Code and for joint planning and sharing of information pursuant to rule [5101.2-33-28 of the Administrative Code](#).
- (H) Except as specified in paragraph (E) of this rule or if disclosure would jeopardize a criminal investigation or proceeding, the PCSA shall promptly disseminate all information it determines to be relevant to an individual or agency, with written authorization from the PCSA director or designee, when it is believed to be in the best interest of any of the following:
- (1) An alleged child victim, a child subject of the report, the family, or the caretaker.
 - (2) Any child residing within, or participating in an activity conducted by an out-of-home care setting when necessary to protect children in that setting.
 - (3) A child who is an alleged perpetrator.
- (I) Upon receiving a request for disclosure to the public regarding the findings or information about a case of child abuse or neglect which has resulted in either a child fatality or a near fatality that, as certified by a physician, placed the child in serious or critical condition, the PCSA shall prohibit disclosure of such information if it is determined by the PCSA that any of the following would occur:
- (1) Harm to the child or the child's family.
 - (2) Jeopardize a criminal investigation or proceeding.
 - (3) Interfere with the protection of those who report child abuse or neglect.
- (J) If the PCSA has determined to disclose to the public information pursuant to paragraph (I) of this rule, the PCSA shall provide all of the following:
- (1) The cause of and circumstances regarding the fatality or near fatality.
 - (2) The age and gender of the child.

- (3) Information describing and the findings of any previous reports of child abuse or neglect assessment/investigations that are pertinent to the child abuse or neglect that led to the fatality or near fatality.
- (4) Any services provided by the PCSA on behalf of the child that are pertinent to the child abuse or neglect that led to the fatality or near fatality.
- (5) Any actions, including but not limited to court filings, removals or implementation of safety plans on behalf of the child that are pertinent to the child abuse or neglect that led to the fatality or near fatality.
- (K) Upon request, the PCSA shall promptly disseminate to a mandated reporter, who makes a report of child abuse or neglect, information pursuant to section 2151.421 of the Revised Code.
- (1) Whether the PCSA has initiated an investigation.
 - (2) Whether the PCSA is continuing to investigate.
 - (3) Whether the PCSA is otherwise involved with the child who is the subject of the report.
 - (4) The general status of the health and safety of the child who is the subject of the report.
 - (5) Whether the report has resulted in the filing of a complaint in juvenile court or of criminal charges in another court.
- (L) The PCSA shall promptly disseminate all information it determines to be relevant to the principals of the case, in accordance with [Chapter 5101:2-36 of the Administrative Code](#), to inform them of the following:
- (1) Each allegation contained in the report.
 - (2) All report dispositions resulting from the assessment/investigation.
 - (3) All case decisions resulting from the alternative response assessment.
- (M) The PCSA shall promptly disseminate all information determined to be relevant, except as specified in paragraph (E) of this rule, to all of the following persons or entities:
- (1) The non-custodial parent of the alleged child victim or child subject of the report, and children being provided services by the PCSA when the PCSA believes such sharing would be in the best interest of the child.
 - (2) A physician, for the diagnostic assessment of a child where there is reason to believe the child may be a victim of abuse or neglect.
 - (3) A private service provider, for diagnostic evaluations of and service provision to the alleged child victim or child subject of the report and his family.
 - (4) The administrator of a non-public out-of-home care setting in which child abuse or neglect is alleged to have occurred.
 - (5) A foster, relative and non-relative caregiver, as required by rule [5101:2-42-90 of the Administrative Code](#).
 - (6) The superintendent of public instruction, pursuant to section 5153.176 of the Revised Code, when the report involves a person who holds a license issued by the state board of education where the agency has determined that child abuse or neglect occurred and that abuse or neglect is related to the person's duties and responsibilities under the license.
- (N) The PCSA shall utilize information outlined in paragraph (O) of this rule obtained from the alleged perpetrator search within SACWIS for the purpose of a background check for any of the following:
- (1) Foster care licensure, pursuant to Chapters 5101:2-5 and 5101:2-7 of the Administrative Code.
 - (2) An adoption homestudy, pursuant to Chapter 5101:2-48 of the Administrative Code.

(3) A relative or non-relative caregiver approval for placement, pursuant to rule [5101:2-42-18 of the Administrative Code](#).

(O) The PCSA shall consider reports that meet the following criteria when the information is being used for a background check in accordance with paragraphs (N) and (G)(16) of this rule:

- (1)** Substantiated reports where the subject of the search was the alleged perpetrator.
- (2)** Indicated reports where the subject of the search was the alleged perpetrator.

(P) If releasing information pursuant to paragraphs (N) and (G)(16) of this rule, the PCSA shall not release any information pertaining to an unsubstantiated report or an alternative response report.

(Q) The PCSA shall refer any individual who inquires whether his or her name has been placed or remains within SACWIS as the alleged perpetrator of child abuse and/or neglect to ODJFS. An individual may submit a request to ODJFS. The request must contain the following:

- (1)** The individual's full name, including maiden and any other names utilized; address; date of birth and social security number.
- (2)** A copy of two of the following forms of identification, with at least one containing the individual's social security number:
 - (a)** Social security card.
 - (b)** Driver license.
 - (c)** State identification card.
 - (d)** Birth certificate.
 - (e)** Passport or travel visa.

(R) At his or her sole discretion, a PCSA director or designee may disseminate information to a researcher in the area of child welfare, if the information is determined to be relevant to the researcher, and the results of the research will be beneficial to the county PCSA in administering child welfare programs/services. Authorization of the dissemination shall be documented. No direct access to SACWIS or any other state of Ohio database shall be requested by or on behalf of, nor approved for or granted to, any researcher pursuant to rule [5101:2-33-70 of the Administrative Code](#). The PCSA shall disclose only the minimum information needed by the researcher to perform the study, and, prior to disseminating information to any researcher, the PCSA shall require the researcher to sign an agreement which addresses all of the following:

- (1)** The researcher shall not disseminate confidential information containing names or data by which any individual or out-of-home care setting could be identified or deductively inferred.
- (2)** The PCSA shall review the research prior to its dissemination or publication to ensure that the research is void of names or data by which any individual or out-of-home care setting could be identified or deductively inferred.
- (3)** The researcher shall accept liability for unauthorized dissemination of information.

APPENDIX 3

OAC Ann. 5101:2-36-03

This document is current through updates effective July 1, 2022.

**OH - Ohio Administrative Code > 5101:2 Division of Social Services > Chapter 5101:2-36
Screening and Investigation**

5101:2-36-03. PCSA requirements for intra-familial child abuse and/or neglect assessment/investigations.

- (A) A public children services agency (PCSA) shall conduct an intra-familial child abuse and/or neglect assessment/investigation in response to a child abuse and/or neglect report if one or more of the following applies:
- (1) The alleged perpetrator is a member of the alleged child victim's family.
 - (2) The alleged perpetrator is known to the family or child and has had access to the alleged child victim, whether or not the access was known or authorized by the child's parent, guardian or custodian.
 - (3) The alleged perpetrator is involved in daily or regular care for the alleged child victim, excluding a person responsible for the care of a child in an out-of-home care setting.
- (B) An intra-familial assessment/investigation shall involve a third party if a principal named in the report poses a conflict of interest for the PCSA pursuant to rule [5101:2-36-08 of the Administrative Code](#).
- (C) The PCSA may request the assistance of law enforcement during an assessment/investigation if one or more of the following situations exist and the reason for contacting law enforcement is documented in the case record:
- (1) The agency has reason to believe that the child is in immediate danger of serious harm.
 - (2) The agency has reason to believe that the worker is, or will be, in danger of harm.
 - (3) The agency has reason to believe that a crime is being committed, or has been committed against a child.
 - (4) The assistance of law enforcement needs to be invoked in accordance with the county child abuse and neglect memorandum of understanding.
- (D) The PCSA shall initiate the screened in child abuse and/or neglect report in accordance with the following:
- (1) For an emergency report, attempt a face-to-face contact with the alleged child victim within one hour from the time the referral was screened in, to assess child safety and interview the alleged child victim.
 - (2) For all other reports, attempt a face-to-face contact or complete a telephone contact within twenty-four hours from the time the referral was screened in, with a principal of the report or collateral source who has knowledge of the alleged child victim's current condition, and can provide current information about the child's safety.
 - (3) If face-to-face contact with the alleged child victim was not attempted within the twenty-four hour time frame, an attempt of face-to-face contact with the alleged child victim shall be made within seventy-two hours from the time the report was screened in to assess child safety and interview the alleged child victim.

- (E)** The PCSA shall document in the case record the date, time, and with whom the assessment/investigation was initiated.
- (F)** The PCSA shall complete the JFS 01401 "Comprehensive Assessment Planning Model - I.S., Safety Assessment" (rev. 2/2006) pursuant to rule [5101-2-37-01 of the Administrative Code](#).
- (1)** The PCSA shall attempt face-to-face contact with the alleged child victim and a parent, guardian, custodian, or caregiver within the first four working days from the date the report was screened in as an abuse or neglect report.
- (2)** If the PCSA's attempt to complete face-to-face contact pursuant to paragraph (F)(1) of this rule is unsuccessful, the PCSA shall attempt at least one additional face-to-face contact within the first four working days from the date the referral was screened in as a report.
- (G)** If the attempted face-to-face contacts with the alleged child victim, as specified in paragraphs (D) and (F) of this rule are unsuccessful, the PCSA shall, at a minimum, continue making attempts for face-to-face contact at least every five working days until the child is seen or until the PCSA is required to make a report disposition pursuant to paragraph (V) or (W) of this rule.
- (H)** The PCSA shall not interview the alleged child victim or his or her siblings without parental consent, unless one of the following exigent circumstances exists:
- (1)** There is credible information indicating the child is in immediate danger of serious harm.
- (2)** There is credible information indicating that the child will be in immediate danger of serious harm upon return home from school or other locations away from his or her home.
- (3)** There is credible information indicating that the child may be intimidated from discussing the alleged abuse or neglect in his or her home.
- (4)** The child requests to be interviewed at school or another location due to one of the circumstances listed in this paragraph.
- (I)** Should an alleged child victim provide information during an interview that indicates a sibling might be in immediate danger of serious harm or that the sibling could provide information regarding immediate danger of serious harm to the alleged child victim, the interview of the sibling who was not identified as an alleged child victim may commence without parental consent.
- (J)** The specific facts necessitating that investigative interviews of a child be conducted without parental consent must be documented in the case record.
- (K)** If a child is interviewed without parental consent, then the same day, the PCSA shall attempt a face-to-face contact or complete a telephone contact with the child's parent, guardian, or custodian to inform them that an interview of the child occurred and provide the specific facts necessitating the child be contacted without parental consent.
- (L)** If the attempt to contact the child's custodian pursuant to paragraph (K) of this rule is unsuccessful, the PCSA shall continue to attempt to complete face-to-face contact with the child's parent, guardian or custodian once every five working days until contact is made with the child's parent, guardian, or custodian, or until the PCSA is required to make a case disposition pursuant to paragraphs (V) and (W) of this rule.
- (M)** The PCSA shall conduct and document face-to-face interviews with each child residing within the home of the alleged child victim. If possible each child should be interviewed separately and apart from the alleged perpetrator. The purpose of the interviews is to:
- (1)** Evaluate each child's condition.
- (2)** Determine if each child is safe.
- (3)** Obtain each child's explanation regarding the allegations contained in the report.
- (N)** The PCSA need not interview a child if it is documented in the case record that:

- (1) The child does not have sufficient verbal skills, or
 - (2) Additional interviewing would be detrimental to the child, unless requested by the lead PCSA pursuant to paragraph (BB) or (CC) of this rule.
- (O) The PCSA shall conduct and document face-to-face interviews with the alleged perpetrator and all adults residing in the home of the alleged child victim, unless law enforcement or the county prosecutor will interview the alleged perpetrator pursuant to the procedures delineated in the county child abuse and neglect memorandum of understanding, in order to:
- (1) Assess his or her knowledge of the allegation.
 - (2) Observe the interaction between the alleged child victim and caretaker.
 - (3) Obtain relevant information regarding the safety and risk to the child.
- (P) The PCSA shall advise the alleged perpetrator of the allegations made against him or her at the time of the initial contact with the person. The initial contact between the PCSA and the alleged perpetrator of the report includes the first face-to-face or telephone contact, whichever occurs first, if information is gathered as part of the assessment/investigation process.
- (Q) The PCSA shall conduct and document face-to-face or telephone interviews with any person identified as a possible source of information during the assessment/investigation to obtain relevant information regarding the safety of and risk to the child. The PCSA shall exercise discretion in the selection of collateral sources to protect the family's right to privacy.
- (R) The PCSA shall take any other actions necessary to assess safety and risk to the child. These actions may include, but are not limited to:
- (1) Taking photographs of areas of trauma on the child's body.
 - (2) Taking photographs of the child's environment with the parent, guardian, or custodian's consent.
 - (3) Attempting to secure a medical examination or psychological evaluation or both of the child with consent of the child's parent, guardian, or custodian or with a court order.
 - (4) Attempting to secure any relevant records, including but not limited to school, mental health, and medical records.
- (S) For all reports involving an infant identified as affected by legal or illegal substance abuse or withdrawal symptoms resulting from prenatal or postnatal substance exposure pursuant to rule [5101:2-1-01 of the Administrative Code](#) the PCSA shall:
- (1) Ensure the plan of safe care has been developed.
 - (2) Ensure the plan of safe care addresses the safety needs of the infant.
 - (3) Ensure the plan of safe care addresses the health and substance use disorder treatment needs of the affected family or caregiver.
- (T) At any time the PCSA determines a child to be in immediate danger of serious harm, the PCSA shall follow procedures outlined in rule [5101:2-37-02 of the Administrative Code](#).
- (U) If the PCSA determines supportive services are necessary, the supportive services shall be made available to the child, his or her parent, guardian, or custodian during all of the following pursuant to procedures established in rule [5101:2-40-02 of the Administrative Code](#):
- (1) The safety planning process.
 - (2) The assessment/investigation process.
- (V) The PCSA shall complete the report disposition and arrive at a final case decision by completing the JFS 01400 "Comprehensive Assessment Planning Model - I.S., Family Assessment" (rev. 7/2006) no later than forty-five days from the date the PCSA screened in the referral as a child abuse and/or neglect report.

The PCSA may extend the time frame by a maximum of fifteen days if information needed to determine the report disposition and final case decision cannot be obtained within forty-five days and the reasons are documented in the case record pursuant to rule [5101:2-36-11 of the Administrative Code](#).

(W) When the child abuse and/or neglect report involves a principal of the report who is currently receiving ongoing protective services from the PCSA, the PCSA shall complete the report disposition by completing the JFS 01402 "Comprehensive Assessment Planning Model - I.S., Ongoing Case Assessment/Investigation" (rev. 7/2006).

(1) The JFS 01402 shall be completed no later than forty-five days from the date the PCSA screened in the referral as a child abuse and/or neglect report.

(2) The PCSA may extend the time frame by a maximum of fifteen days if information needed to determine the report disposition cannot be obtained within forty-five days and the reasons are documented in the case record pursuant to rule [5101:2-36-11 of the Administrative Code](#).

(X) The PCSA shall not waive the completion of the report disposition.

(Y) The PCSA shall request assistance from the county prosecutor, the PCSA's legal counsel, and/or the court if refused access to the alleged child victim or any records necessary to conduct the assessment/investigation.

(Z) The PCSA shall have an interpreter present for all interviews if the PCSA has determined that a principal of the report has a language or any other impairment that causes a barrier in communication, including but not limited to a principal of the report who is deaf or hearing impaired, limited English proficiency or is developmentally delayed.

(AA) Within two working days of completion of the assessment/investigation, the PCSA shall do all of the following as applicable:

(1) Notify the child, unless the child is not of an age or developmental capacity to understand; and the child's parent, guardian, or custodian of the report disposition and final case decision.

(2) Notify the alleged perpetrator in writing of the report disposition; the right to appeal; and the method by which the alleged perpetrator may appeal the disposition as outlined in rule [5101:2-33-20 of the Administrative Code](#).

(3) Refer all children under the age of three to "Help Me Grow" for early intervention services if there is in a substantiated report of child abuse or neglect regardless of the child's role in the report.

(4) Refer any infant who has been born and identified as affected by legal or illegal substance abuse or withdrawal symptoms or fetal alcohol spectrum disorder resulting from prenatal drug exposure to "Help Me Grow."

(5) Notify all participants involved in the plan of safe care of the final case decision. The final decision includes whether the case will be transferred for ongoing PCSA services, closed and referral made to community services, or closed. The following plan of safe care participants shall be notified:

(a) Parents, guardians, custodians or other caregivers for the infant.

(b) Health care providers involved in the delivery or care of the infant.

(c) Collaborating professional partners and agencies involved in caring for the infant and family.

(6) Notify the child's non-custodial parent, who holds residual parental rights to the child and maintains an ongoing relationship through visitation with the child and/or payment of child support, of the receipt of the report, the report disposition, and the case decision.

(7) Document in the case record, the date and method of notification to the principals of the report of the above listed activities.

(BB) If two or more Ohio PCSAs are involved in an assessment/investigation the lead county shall be determined by the following criteria:

- (1) The PCSA located within the county where a juvenile court has issued a protective supervision order.
 - (2) The PCSA located within the county where the custodial parent, legal guardian, legal custodian of the alleged child victim resides.
 - (3) If an order of shared parenting has been issued and a residential parent has not been designated by the court, the PCSA located within the county of residence of the custodian who has physical care of the alleged child victim at the time the incident occurred.
- (CC) If a report of child abuse and neglect involves a child who is living in a shelter for victims of domestic violence or a homeless shelter, the PCSA that received the report shall do one of the following:
- (1) Determine if the child was brought to the shelter pursuant to an agreement with a shelter in another county. If a determination is made that there was an agreement in place, the PCSA from the county from which the child was brought shall lead the assessment/investigation and provide the required supportive services or petition the court for custody of the child, if necessary.
 - (2) Lead the assessment/investigation if a determination is made that the child was not brought to the shelter under an agreement with a shelter in another county. If two or more PCSAs are involved, all PCSAs shall be responsible for following procedures outlined in this rule.
 - (3) Commence the assessment/investigation if a determination cannot be made immediately if an agreement is in effect.
- (DD) If requested by the lead PCSA, either verbally or in writing, the non-lead PCSA located in a non-contiguous county shall conduct interviews of any principals of the report and collateral sources presently located within its jurisdiction to provide the lead agency with the information necessary to complete the JFS 01401, JFS 01400, and/or JFS 01402 within the time frames outlined in this rule. All PCSAs involved shall document the request in the case record.
- (EE) The PCSA shall follow procedures set forth in rule [5101:2-36-07 of the Administrative Code](#) if the report involves alleged withholding of medically indicated treatment from a disabled infant with life-threatening conditions.
- (FF) The assessment/investigation documentation and any materials obtained as a result of the assessment/investigation shall be maintained in the case record. If any information gathering activity cannot be completed, justification and the written approval of the director or the designee shall be filed in the case record in accordance with rule [5101:2-36-11 of the Administrative Code](#).

APPENDIX 4

OAC Ann. 5101:2-36-04

This document is current through updates effective July 1, 2022.

**OH - Ohio Administrative Code > 5101:2 Division of Social Services > Chapter 5101:2-36
Screening and Investigation**

5101:2-36-04. PCSA requirements for conducting a specialized assessment/investigation.

- (A) The public children services agency (PCSA) shall conduct a specialized assessment/investigation if the child abuse or neglect report involves an alleged perpetrator who meets one or more of the following criteria:
- (1) Is a person responsible for the alleged child victim's care in an out-of-home care setting as defined in rule [5101.2-1-01 of the Administrative Code](#).
 - (2) Is a person responsible for the alleged child victim's care in out-of-home care as defined in section 2151.011 of the Revised Code.
 - (3) Has access to the alleged child victim by virtue of his/her employment by or affiliation to an organization as defined in section 2151.011 of the Revised Code.
 - (4) Has access to the alleged child victim through placement in an out of home care setting.
- (B) A specialized assessment/investigation shall require a third party if a principal named in the report poses a conflict of interest for the PCSA pursuant to rule [5101.2-36-08 of the Administrative Code](#).
- (C) If a specialized assessment/investigation of an abuse and/or neglect report involves multiple alleged child victims from multiple cases, the PCSA shall complete a separate assessment/investigation for each case. The completion of the JFS 01403, "Specialized Assessment Investigation" (rev. 2/2006) is required for each case.
- (D) The PCSA shall initiate the screened in child abuse and/or neglect report in accordance with the following:
- (1) For an emergency report, attempt a face-to-face contact with the alleged child victim within one hour from the time the referral was screened in, to assess child safety and interview the alleged child victim.
 - (2) For all other reports, attempt a face-to-face contact or complete a telephone contact within twenty-four hours from the time the referral was screened in, with a principal of the report or collateral source who has knowledge of the alleged child victim's current condition, and can provide current information about the child's safety.
- (E) If face-to-face contact with the alleged child victim was not completed within the twenty-four hour time frame, an attempt of face-to-face contact with the alleged child victim shall be made within seventy-two hours from the time the report was screened in to assess child safety and interview the alleged child victim.
- (F) The PCSA shall document in the case record the date, time, and with whom the specialized assessment/investigation was initiated.
- (G) If the attempted face-to-face contact with the alleged child victim, as specified in paragraphs (D) and (E) of this rule is unsuccessful, the PCSA shall continue to make attempts for face-to-face contact, every five working days until the child is seen or until the PCSA is required to make a report disposition pursuant to paragraph (U) of this rule.

(H) If a child abuse and/or neglect report involves an alleged child victim, or the sibling of an alleged child victim who was not named as an alleged child victim, who is not in the custody of a PCSA or PCPA, the PCSA shall not interview the child without parental consent unless one of the following exigent circumstances exists:

- (1)** There is credible information indicating the child is in immediate danger of serious harm.
- (2)** There is credible information indicating that the child will be in immediate danger of serious harm upon return home from school or other locations away from home.
- (3)** There is credible information indicating that the child may be intimidated from discussing the alleged abuse or neglect in his or her home.
- (4)** The child requests to be interviewed at school or another location due to one of the circumstances listed in this paragraph.

(I) Should an alleged child victim provide information during an interview that indicates a sibling might be in immediate danger of serious harm or that the sibling could provide information regarding immediate danger of serious harm to the alleged child victim, the interview of the sibling who was not identified as an alleged child victim may commence without parental consent.

(J) The specific facts necessitating that assessment/investigative interviews of a child be conducted without parental consent must be documented in the case record.

(K) If an alleged child victim or sibling is interviewed without parental consent, then the same day, the PCSA shall attempt a face-to-face or complete a telephone contact with the alleged child victim's parent, guardian, or custodian to inform them that an interview of their child occurred.

(1) If the attempt to contact the child's custodian pursuant to this paragraph is unsuccessful, the PCSA shall continue to attempt to contact the child's parent, guardian or custodian once every five working days until contact is made with the child's parent, guardian, or custodian, or until the PCSA makes a report disposition pursuant to paragraph (U) of this rule.

(2) The PCSA shall document in the case record the date and time of the contact, or attempted contacts.

(L) If the PCSA conducts a specialized assessment/investigation, the PCSA shall:

(1) Within twenty-four hours of the screening decision contact the out-of-home care setting or organization administrative officer, director, or other chief administrative officer, or if the administrative officer, director or other chief administrative officer is alleged to be the perpetrator, the board of directors, county commissioners, or law enforcement as applicable in order to:

- (a)** Share information regarding the report.
- (b)** Discuss what actions have been taken to protect the alleged child victim.
- (c)** Provide information about the assessment/investigation activities that will follow.

(2) No later than the next working day from the date the referral was screened in as a child abuse and/or neglect report, inform the parent(s), guardian, or custodian of the alleged child victim that a report of abuse and/or neglect involving his or her child is being assessed/investigated and of the allegations contained within the report.

(3) No later than the next working day from the date the referral was screened in as a child abuse and/or neglect report, contact licensing and supervising authorities, as appropriate, to share information.

(4) Attempt to coordinate the interview of the alleged child victim if another agency is required by statute or administrative rule to conduct its own assessment/investigation to minimize the number of interviews of the child.

(5) Conduct and document face-to-face interviews with the alleged child victim to:

- (a) Evaluate the alleged child victim's condition.
 - (b) Determine whether the child is safe.
 - (c) Obtain the alleged child victim's explanation regarding the allegations contained in the report.
- (6)** Conduct and document all face-to-face interviews with the alleged perpetrator, unless law enforcement or the county prosecutor will interview the alleged perpetrator pursuant to the procedures delineated in the county child abuse and neglect memorandum of understanding, in order to assess his or her knowledge of the allegation.
- (7)** Advise the alleged perpetrator of the allegations made against him or her at the time of the initial contact with the person. The initial contact between the PCSA and the alleged perpetrator of the report includes the first face-to-face or telephone contact, whichever occurs first, if information is gathered as part of the assessment/investigation process.
- (8)** Conduct and document face-to-face or telephone interviews with any person identified as a possible source of information during the assessment/investigation to obtain relevant information regarding the safety of and risk to the child. The PCSA shall exercise discretion in the selection of collateral sources to protect the privacy of the principals of the report.
- (9)** As appropriate, conduct and document all face-to-face interviews with the parent, guardian, or custodian and/or caretaker of the alleged child victim to gather relevant information regarding the parent, guardian, or custodian and/or caretaker's ability to keep the child safe and identify what, if any, services are needed by the family.
- (10)** Attempt to secure any relevant records necessary to assess safety and risk to the child, including but not limited to school, mental health, medical, incident reports in an out-of-home care setting.
- (11)** Take any other actions necessary to assess safety and risk to the child. These actions may include, but are not limited to:
- (a) Taking photographs of areas of trauma on the child's body.
 - (b) Taking photographs of the child's environment with the consent of the out-of-home setting administrator.
 - (c) Securing a medical examination or psychological evaluation, or both, of the child with the consent of the child's parent, guardian, or custodian or with a court order.
- (M)** The PCSA need not interview a child if it is documented in the case record that does not have to interview an alleged child victim if the PCSA determines that:
- (1) The child does not have sufficient verbal skills, or
 - (2) Additional interviewing would be detrimental to the child, unless requested by the lead PCSA pursuant to paragraphs (R) and (Z) of this rule.
- (N)** At any time the PCSA determines a child is in immediate danger of serious harm, the PCSA shall follow procedures outlined in rule [5101:2-37-02](#) or [5101:2-39-03 of the Administrative Code](#).
- (O)** If the PCSA determines supportive services are necessary, the supportive services shall be made available to the child, his or her parent, guardian, or custodian during all of the following pursuant to procedures established in rule [5101:2-40-02 of the Administrative Code](#):
- (1) The safety planning process.
 - (2) The assessment/investigation process.
- (P)** The PCSA shall request assistance from the county prosecutor, the PCSA's legal counsel, or the court if refused access to the alleged child victim or any records necessary to conduct the specialized assessment/investigation.

(Q) The PCSA shall have an interpreter present for all interviews if the PCSA has determined that a principal of the report has a language or any other impairment that causes a barrier in communication, including but not limited to a principal of the report who is deaf or hearing impaired, has limited English proficiency or is developmentally delayed.

(R) If two or more Ohio PCSAs are involved in an assessment/investigation the lead county shall be determined by the following criteria:

(1) The PCSA located within the county where a juvenile court has issued a protective supervision order.

(2) The PCSA located within the county where the custodial parent, legal guardian, legal custodian of the alleged child victim resides.

(3) If an order of shared parenting has been issued, and a residential parent has not been designated by the court, the PCSA located within the county of residence of the custodian who has physical care of the alleged child victim at the time the incident occurred.

(S) If requested by the lead PCSA, either verbally or in writing, the non-lead PCSA located in a non-contiguous county shall conduct interviews of any principals of the report and collateral sources presently located within its jurisdiction to provide the lead agency with the information necessary to complete the JFS 01403 within the time frames outlined in this rule. All PCSAs involved shall document the request in the case record.

(T) For all reports involving an infant identified as affected by legal or illegal substance abuse or withdrawal symptoms resulting from prenatal or postnatal substance exposure pursuant to rule [5101:2-1-01 of the Administrative Code](#), the PCSA shall:

(1) Ensure the plan of safe care has been developed.

(2) Ensure the plan of safe care addresses the safety needs of the infant.

(3) Ensure the plan of safe care addresses the health and substance use disorder treatment needs of the affected family or caregiver.

(U) The PCSA shall complete the report disposition and arrive at a final case decision by completing the JFS 01403 no later than forty-five days from the date the PCSA screened in the referral as a child abuse and neglect report. The PCSA may extend the time frame by a maximum of fifteen days if information needed to determine the report disposition and final case decision cannot be obtained within forty-five days and the reasons are documented in the case record pursuant to rule [5101:2-36-11 of the Administrative Code](#).

(V) Investigative activities conducted independently by other agencies do not relieve the PCSA of its responsibility for concluding an assessment/investigation in accordance with this rule. The PCSA shall not waive the completion of the report disposition.

(W) Within two working days of completion of the JFS 01403, the PCSA shall do all of the following as applicable:

(1) Notify the child, unless the child is not of an age or developmental capacity to understand, and the child's parent, guardian, or custodian of the report disposition and the final case decision.

(2) Notify the alleged perpetrator in writing of the report disposition; the right to appeal, and the method by which the alleged perpetrator may appeal the disposition as outlined in rule [5101:2-33-20 of the Administrative Code](#).

(3) Refer all children under the age of three to "Help Me Grow" for early intervention services if there is a substantiated report of child abuse or neglect regardless of the child's role in the report.

(4) Refer any infant who has been born and identified as affected by legal or illegal substance abuse or withdrawal symptoms or fetal alcohol spectrum disorder resulting from prenatal drug exposure to "Help Me Grow."

(5) Notify all participants involved in the plan of safe care of the final case decision. The final decision includes whether the case will be transferred for ongoing PCSA services, closed and referral made to community services, or closed. The following plan of safe care participants shall be notified:

- (a)** Parents, guardians, custodians or other caregivers for the infant.
- (b)** Health care providers involved in the delivery or care of the infant.
- (c)** Collaborating professional partners and agencies involved in caring for the infant and family.

(6) Notify the child's non-custodial parent, who holds residual parental rights to the child and maintains an ongoing relationship through visitation with the child and/or payment of child support, of the receipt of the report, the report disposition, and the case decision.

(7) Document in the case record, the date and method of notification to the principals of the report of the above listed activities.

(X) No later than three working days from the date of the completion of the report disposition, the PCSA shall provide written notification of the report disposition to the following entities, as applicable, in accordance with rules [5101:2-33-21](#) and [5101:2-36-12 of the Administrative Code](#):

- (1)** Administrator, director, or other chief administrator of the out-of-home care setting or organization.
- (2)** The owner or governing board of the out-of-home care setting or organization.
- (3)** The appropriate licensing and supervising authorities of the out-of-home care setting or organization.

(Y) The PCSA shall not provide witness statements, police reports, or other investigative reports to the out-of-home care setting or organization described in paragraph (X) of this rule.

(Z) If a report of child abuse and neglect involves a child who is living in a shelter for victims of domestic violence or a homeless shelter, the PCSA that received the report shall do one of the following:

- (1)** Determine if the child was brought to the shelter pursuant to an agreement with a shelter in another county. If a determination is made that there was an agreement in place, the PCSA from the county from which the child was brought shall lead the assessment/investigation and provide the required supportive services or petition the court for custody of the child, if necessary.
- (2)** Lead the assessment/investigation if a determination is made that the child was not brought to the shelter under an agreement with a shelter in another county. If two or more PCSAs are involved, all PCSAs shall be responsible for following procedures outlined in this rule.
- (3)** Commence the assessment/investigation if a determination cannot be made immediately if an agreement is in effect.

(AA) The assessment/investigation documentation and any materials obtained as a result of the assessment/investigation shall be maintained in the case record. If any information gathering activity cannot be completed, justification and the written approval of the director or the designee shall be filed in the case record in accordance with rule [5101:2-36-11 of the Administrative Code](#).

APPENDIX 5

OAC Ann. 5101:2-36-07

This document is current through updates effective July 1, 2022.

**OH - Ohio Administrative Code > 5101:2 Division of Social Services > Chapter 5101:2-36
Screening and Investigation**

5101:2-36-07. PCSA requirement for conducting an assessment/investigation of the alleged withholding of medically indicated treatment from a disabled infant with life-threatening conditions.

- (A) The public children services agency (PCSA) shall conduct an assessment/investigation if a neglect report alleges the withholding of medically indicated treatment from a disabled infant with a life-threatening condition.
- (1) The withholding of medically indicated treatment is the refusal to provide appropriate nutrition, hydration, medication or other medically indicated treatment from a disabled infant with a life-threatening condition.
 - (2) Medically indicated treatment includes the medical care most likely to relieve, or correct, the life-threatening condition. Nutrition, hydration, and medication, as appropriate for the infant's needs, are medically indicated for all disabled infants; as well as, the completion of appropriate evaluations or consultations necessary to assure that sufficient information has been gathered to make informed medical decisions on behalf of the disabled infant.
 - (3) In determining whether treatment is medically indicated, reasonable medical judgments made by a prudent physician, or treatment team, knowledgeable about the case and its treatment possibilities are considered. The opinions about the infant's future "quality of life" are not to bear on whether or not a treatment is judged to be medically indicated. Medically indicated treatment does not include the failure to provide treatment to a disabled infant if the treating physician's medical judgment identifies any of the following:
 - (a) The disabled infant is chronically and irreversibly comatose.
 - (b) The provision of the treatment is futile and will prolong dying.
 - (c) The provision of the treatment would not be effective in ameliorating or correcting all of the disabled infant's life threatening conditions.
 - (d) The provision of such treatment to the disabled infant is inhumane.
- (B) The PCSA shall initiate the screened in medical neglect report in accordance with the following:
- (1) Complete face-to-face or telephone contact with the health care facility's administrator, or designee, within one hour from the time the referral was screened in as a report.
 - (2) Obtain the following information from the health care facility's administrator, or designee, regarding the current condition of the disabled infant, including but not limited to:
 - (a) The physical location of the disabled infant within the hospital, e.g., emergency room, neonatal intensive care unit, labor and delivery, sixth floor, etc.
 - (b) The disabled infant's age.
 - (c) The disabled infant's diagnoses or diagnosis and the prognosis.
 - (d) The medical condition requiring treatment.

- (e) The immediate actions necessary to keep the disabled infant alive.
 - (f) Whether or not the withholding of life-sustaining treatment has been recommended.
 - (g) Whether or not the withholding of life-sustaining treatment has been implemented.
 - (h) Whether or not the parent, guardian, or custodian has refused to consent to life-sustaining treatment.
 - (i) Whether or not the hospital chose to sustain life-supporting care for the immediate future, preceding ninety-six hours from the date and time the PCSA initiated the report, while the assessment/investigation is underway.
 - (j) Whether or not sustenance (food or water, whether given orally or through an intravenous or nasogastric tube) or medication is being denied.
- (C) The PCSA shall document in the case record the date, time, and with whom the assessment/investigation was initiated.
- (D) The PCSA shall involve a qualified medical consultant within twenty-four hours from the time the referral was screened in as a report to assist in the evaluation of the disabled infant's medical information, including medical records, obtained during the preliminary medical assessment.
- (E) If the PCSA determines the child to be in immediate danger of serious harm, the PCSA shall follow procedures outlined in rule [5101.2-37-02 of the Administrative Code](#).
- (F) The PCSA shall pursue any legal remedies, including the initiation of legal proceedings in a court of competent jurisdiction, to provide medical care or treatment for a child if such care or treatment is necessary to prevent or remedy serious harm to the child or to prevent the withholding of medically indicated treatment from a disabled infant with a life-threatening condition.
- (G) The PCSA shall attempt a face-to-face contact in order to conduct an interview with the alleged disabled infant's parent, guardian, or custodian no later than twenty-four hours from the time the referral was screened in as a report. The purpose of the interview is to:
- (1) Inform the parent, guardian, or custodian that a neglect report alleging the withholding of medically indicated treatment to a disabled infant has been accepted by the PCSA.
 - (2) Inform the parent guardian, or custodian of the purpose of the assessment/investigation.
 - (3) Seek parental consent for medically indicated treatment, if applicable.
 - (4) Confirm parent, guardian, or custodian's name and identifying information.
 - (5) Determine if parent, guardian, or custodian agrees on the course of action to be followed.
 - (6) Determine if the parent, guardian, or custodian was presented with all treatment options by the medical treatment team.
 - (7) Determine if the prognosis of the disabled infant was presented to the parent, guardian, or custodian.
 - (8) Assess if the parent, guardian, or custodian understands the information provided by the medical treatment team.
 - (9) Determine the nature and degree of parental involvement in the decision to deny treatment or sustenance to the alleged child victim, if applicable.
 - (10) Assess if appropriate counseling services have been made available to the parent, guardian, or custodian.
 - (11) Refer the parent, guardian, or custodian to appropriate counseling services, if applicable.
 - (12) Determine if the parent, guardian, or custodian was provided information to facilitate access to available services for disabled persons and family members.

- (13)** Assist the parent, guardian, or custodian in accessing needed services, if applicable.
 - (14)** Determine if the parent, guardian, or custodian participated in the hospital review process.
 - (15)** Determine if the parent, guardian, or custodian was provided with or has access to the results of the hospital review process.
- (H)** If the attempted face-to-face contact with the disabled infant's parent, guardian, or custodian as specified in paragraph (G) of this rule is unsuccessful, the PCSA shall continue making attempts of face-to-face contact at least every five working days until face-to-face contact occurs or until the PCSA is required to make a report disposition pursuant to paragraph (O) of this rule.
- (I)** The PCSA shall complete the JFS 01401 "Comprehensive Assessment Planning Model - I.S., Safety Assessment" (rev. 2/2006) pursuant to rule [5101:2-37-01 of the Administrative Code](#) within four working days from the date the report was screened in.
- (J)** The PCSA shall document in the case record the date and time of the contact, or attempted contacts.
- (K)** The PCSA shall, in cooperation with the medical consultant, conduct and document interviews with the attending physician and health care facility staff. The purpose of the interviews is to:
- (1)** Determine the measures that the health care facility staff attending to the disabled infant has taken to provide medically indicated treatment to the disabled infant.
 - (2)** Determine whether or not the disabled infant's attending physician, with the consent of the disabled infant's parent, guardian or custodian will sustain needed life-supporting care for twenty-four hours while the PCSA continues the assessment/investigation.
 - (3)** Determine if any of the following conditions of and risk to the disabled infant were concluded by the attending physician's and/or staff's assessment:
 - (a)** The disabled infant is chronically and irreversibly comatose.
 - (b)** The provision of medical treatment will merely prolong dying, not be effective in ameliorating or correcting all of the disabled infant's life-threatening conditions, or otherwise be futile in terms of the survival of the disabled infant.
 - (c)** The provision of medical treatment will be virtually futile in terms of the survival of the disabled infant and the treatment itself under such circumstances will be inhumane.
 - (4)** Verify if plans have been made to convene a meeting of the health care facility review committee or to adopt the recommendations of the appropriate health care facility review committee, and the meeting has been held.
 - (5)** Confirm the disabled infant's age.
 - (6)** Confirm the disabled infant's diagnoses or diagnosis.
 - (7)** Determine if the disabled infant's life is endangered.
 - (8)** Determine if the withholding of life-sustaining treatment is recommended.
 - (9)** Determine if the withholding of life-sustaining treatment is implemented.
 - (a)** Identify the treatment necessary for the disabled infant's life or health being denied.
 - (b)** Determine if sustenance (food or water, whether given orally or through an intravenous or nasogastric tube) or medication is being denied.
 - (10)** Determine if the parent, guardian, or custodian refused to consent to life-sustaining treatment.
 - (11)** Determine if the hospital will sustain life-supporting care for the immediate future while the PCSA's assessment/investigation is conducted, if applicable.
 - (12)** Identify the treatment or sustenance being provided to the disabled infant, if applicable.

- (13) Determine if there is consensus regarding the medical diagnoses among the treatment team.
- (14) Document and identify if there were/have been any differing opinions among the treatment team.
- (15) Document the names of all medical consultants involved including their qualifications/credentials.
- (16) Determine which members of the treatment team discussed the case with the parent, guardian, or custodian.
- (17) Determine if a hospital review process occurred.
 - (a) If applicable, document the review process.
 - (b) If applicable, document the recommendations.
- (L) The PCSA shall conduct and document all face-to-face interviews with the alleged perpetrator, unless law enforcement or the county prosecutor or medical consultant will interview the alleged perpetrator pursuant to the procedures delineated in the county child abuse and neglect memorandum of understanding, in order to assess his or her knowledge of the allegation.
- (M) The PCSA shall advise the alleged perpetrator of the allegations made against him or her at the time of the initial contact. The initial contact between the PCSA and the alleged perpetrator of the report includes the first face-to-face or telephone contact, whichever occurs first, if information is gathered as part of the assessment/investigation process.
- (N) The PCSA shall conduct and document face-to-face or telephone interviews with any person identified as a possible source of information during the assessment/investigation to obtain relevant information regarding the safety of and risk to the child. The PCSA shall exercise discretion in the selection of collateral sources to protect the privacy of the principals of the report.
- (O) The PCSA shall complete the report disposition and arrive at a final case decision by completing the JFS 01400 "Comprehensive Assessment Planning Model - I.S., Family Assessment" (rev. 7/2006) no later than forty-five days from the date the PCSA screened in the referral as a child abuse and/or neglect report. The PCSA may extend the time frame by a maximum of fifteen days if information needed to determine the report disposition and final case decision cannot be obtained within forty-five days and the reasons are documented in the case record pursuant to rule [5101:2-36-11 of the Administrative Code](#).
- (P) The PCSA shall not waive the completion of the report disposition.
- (Q) The PCSA shall have an interpreter present for all interviews if the PCSA has determined that a principal of the report has a language or any other impairment that causes a barrier in communication, including but not limited to a principal of the report who is deaf or hearing impaired, limited English proficiency or is developmentally delayed.
- (R) Within two working days of completion of the assessment/investigation, the PCSA shall notify the alleged perpetrator in writing of the report disposition and the right to appeal the disposition pursuant to rule [5101:2-33-20 of the Administrative Code](#).
- (S) Within two working days from the date of the completion of the report disposition, the PCSA shall notify the disabled infant's parent(s) in writing of the report disposition and case decision.
- (T) No later than three working days from the date of the completion of the report disposition, the PCSA shall provide written notification of the report disposition to the following entities, as applicable, in accordance with rules [5101:2-33-21](#) and [5101:2-36-12 of the Administrative Code](#).
 - (1) Administrator, director, or other chief administrator of the health care facility.
 - (2) The owner or governing board of the health care facility.
 - (3) The appropriate licensing and supervising authorities of the health care facility.

(U) The PCSA shall notify law enforcement if it is determined that the attending physician failed to provide medically indicated treatment or failed to inform the disabled infant's parent, guardian, or custodian of the available treatment options.

(V) The PCSA shall maintain all materials obtained as a result of the assessment/investigation in the case record.

APPENDIX 6



**Memorandum of Understanding,
Interagency Agreement & Protocol**



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Cleveland/Cuyahoga Child Advocacy Center Dba CANOPY Child Advocacy Center
Memorandum of Understanding, Interagency Agreement & Protocol 9.19.18

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Cleveland/Cuyahoga Child Advocacy Center DbA CANOPY Child Advocacy Center

MEMORANDUM OF UNDERSTANDING

WHEREAS the undersigned parties represent all the disciplines of the CANOPY Child Advocacy Center multidisciplinary team and the communities served by CANOPY Child Advocacy Center;

WHEREAS CANOPY Child Advocacy Center is pursuing the vision "a community where children are safe, families are resilient, and those affected by child abuse are empowered to heal and thrive";

WHEREAS the mission of the CANOPY Child Advocacy Center is "serve children and families affected by child abuse through a multi-disciplinary partnership focused on safety, healing, and well-being";

NOW THEREFORE, the parties hereby agree to:

1. Philosophy. Support the concept, philosophy and practice of a multidisciplinary approach to the investigation, prosecution and treatment of child sexual abuse and severe physical abuse cases.
2. Interagency Agreement and Protocol. Support the interagency agreement and protocol for the operation of the CANOPY Child Advocacy Center to the extent the terms and conditions do not conflict with its own institutional policies and procedures, operations, or legal requirements, with the understanding that the protocol is intended to serve as a guide to best practice services for the children and families of Cuyahoga County.
3. Right of Withdrawal. Agree that no party shall withdraw as a participant in this memorandum of understanding without first giving thirty days' notice in writing that is signed by the signatory on this memorandum of understanding and delivered by hand to the director of CANOPY Child Advocacy Center.
4. Funding. Agree that all parties will advise CANOPY Child Advocacy Center if they identify funding sources that may be of interest to CANOPY Child Advocacy Center.
5. Governance. This Agreement shall be governed by, and shall be construed and enforced in accordance with the laws of the State of Ohio. The Parties agree that the state and federal courts sitting in Ohio will have exclusive jurisdiction over any claim arising out of this Agreement, and each party consents to the exclusive jurisdiction of such courts. Parties hereby agree not to

challenge this Governing Law and Jurisdiction provision, and further agree not to attempt to remove any legal action outside of Cuyahoga County for any reason.

6. **Insurance.** During the performance of this Agreement, each party ("Insured") shall, as applicable, self-insure and/or maintain insurance: (a) reasonable in light of each party's respective obligations hereunder; (b) at all times consistent with industry standard; and (c) as required by law. Insured shall provide certificates of coverage evidencing compliance with these obligations to the other party upon reasonable request. Except to the extent that Insured is self-insured, (a) the insurance company(ies) providing the coverage described herein must have a rating of a least A- by A.M. Best Company, Inc., or a substantially equal rating (indicating excellent financial strength) by another nationally-recognized insurance rating organization, and (b) Insured agrees to additionally take one of the following actions as requested: (i) naming the other party as an additional insured; or (ii) structuring the insurance coverage such that other party must be provided at least thirty (30) days' advance written notice of the cancellation of the coverage by either Insured or the insurance carrier.
7. **Compliance.** In performing its obligations under this Agreement, each party will comply with, and will cause its affiliates, employees, and agents to comply with, the requirements of all applicable laws, rules, and regulations, including, without limitation, The Social Security Act, the federal Stark Law, the federal Anti-Kickback Statute, the federal False Claims Act, the federal Health Insurance Portability and Accountability Act (HIPAA), and all other applicable state and federal fraud and abuse laws and rules, as each of the foregoing may be amended from time to time. If any terms or conditions of this Agreement are determined by any court or by the Office of Inspector General of the Department of Health and Human Services to be contrary to any such statutes or regulations, the parties agree to promptly and in good faith confer and resolve any issues so as to make the performance of this Agreement consistent with all applicable statutes and regulations. In the event the parties are unable to agree to new or modified terms as required to bring the entire Agreement into compliance, either party may terminate this Agreement on thirty (30) days' written notice to the other party.
8. **Ineligibility.** Each party represents and warrants that neither it, nor any person providing services under this Agreement is or will become ineligible to participate in Federal health care programs or Federal procurement or nonprocurement programs, and has not been convicted of a criminal offense that could result in such party or individual becoming ineligible to participate in such programs. Each party will indemnify and hold the other harmless for any breach of this provision.
9. **Amendment.** No amendment, modification or change may be made to this agreement except by written instrument duly signed by each party.
10. **Entire Agreement.** The parties affirm no other terms or conditions of the Agreement not hereby otherwise modified or amended shall be negated or changed as a result of this agreement.

Signatures

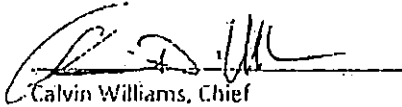
IN WITNESS THEREOF, the parties hereto have duly executed this agreement on this 12th day of OCTOBER 2018.



Michael O'Malley
Cuyahoga County Prosecutor

Signatures

IN WITNESS THEREOF, the parties hereto have duly executed this agreement on this 14 day of NOV. 2018.

A handwritten signature in black ink, appearing to read 'Calvin Williams', is written over a horizontal line.

Calvin Williams, Chief
Cleveland Division of Police

Signatures

IN WITNESS THEREOF, the parties hereto have duly executed this agreement on this 26 day of Sept 2018.



Walter Parfejewiec, Director
Cuyahoga County Health and Human Services

Signatures

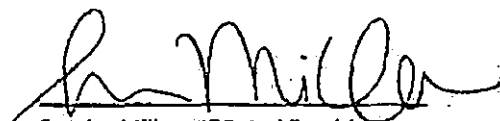
IN WITNESS THEREOF, the parties hereto have duly executed this agreement on this 19 day of Sept 2018.



Melissa Graves, CEO
Domestic Violence and Child Advocacy Center

Signatures

IN WITNESS THEREOF, the parties hereto have duly executed this agreement on this 24th day of September 2018.



Sondra Miller, CEO and President
Cleveland Rape Crisis Center

Signatures

IN WITNESS THEREOF, the parties hereto have duly executed this agreement on this 11th day of October 2018.



Susan Neth, CEO
FrontLine Service

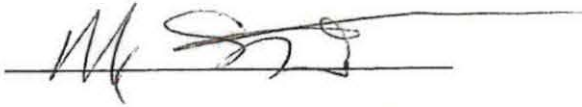
Signatures

IN WITNESS THEREOF, the parties hereto have duly executed this agreement on this 8th day of
July 2020.

~~AGENT~~ ~~THE~~ ~~MYSELF~~ ~~FINS~~
07.08.20
HAWOOD P.D.

Signatures

IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 26 day of ~~February~~ 2019.
February 2020



BEDFORD POLICE DEPARTMENT

MIKE STASK
EXECUTIVE LIEUTENANT
(440) 232-1234 (Emergency)

40) 735-6561
(440) 232-3408 (Det. Bureau)
(440) 439-1310 (Fax)

165 Center Rd.
Bedford, Ohio 44146
mstask@bedfordoh.gov

Signatures

IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 13th day of June 2019.



Katherine Gallagher, Mayor
City of Brooklyn

Approved as to legal form:



Law Director, City of Brooklyn

Signatures

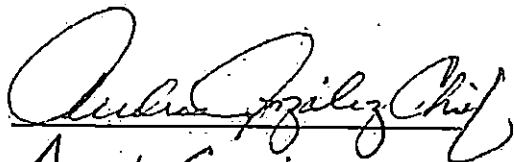
IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 10th day of June 2019.

[Handwritten Signature]

APPROVED AS TO LEGAL FORM
[Handwritten Signature]
DIRECTOR OF LAW
CITY OF CLEVELAND HEIGHTS, OHIO

Signatures

IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 23 day of AUGUST 2019.



ANDRÉS GONZÁLEZ, CHIEF

CUYAHOGA METROPOLITAN HOUSING AUTHORITY POLICE DEPARTMENT

Signatures

IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 22nd day of April 2019.

CE Pinkney
Clifford E. Pinkney,
SHERIFF

Signatures

IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 15th day of AUGUST 2019.

A handwritten signature in blue ink, appearing to be "M. J. [unclear]", written over a horizontal line. The signature is stylized and somewhat illegible.

Signatures

IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 16th day of April 2019.

Chris Roubey Bynum
GARFIELD HHS P.D.

Signatures

IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 18 day of OCTOBER 2019.

Chief Mendenhall, Gate Mills PD

Signatures

IN WITNESS THEREOF, the parties hereto have duly executed this agreement on this 21st day of October 2019.

Chief M. Meggers
Chief Glen Willow PD

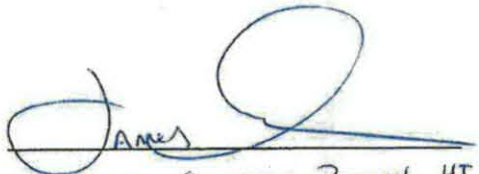
Signatures

IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 23rd day of December 2019.

James J. Cook - Chief of Police
Highland Heights,

Signatures

IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 19th day of JUNE 2019.


Director, Cayuga Regional HTTF

Signatures


IN WITNESS THEREOF, the parties hereto have duly executed this agreement on this 18th day of April 2019.

Chap Mitchell Cannon - HUNTING VALLEY RD

#3881

Signatures

IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 10 day of July, 2019. 2020



Chad Todd Hansen #183
MARLB. H.O. P.D.

Signatures

IN WITNESS THEREOF, the parties hereto have duly executed this agreement on this 19 day of September 2019.

Ray M. Wheeler
INDEPENDENCE P.R.

Signatures

IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 19th day of SEPTEMBER 2019.

Edmundson #700
CHIEF OF POLICE

Middleburg
HTA

Signatures

IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 2 day of MAY 2019.



Chief of Police

MAYFIELD HEIGHTS
POLICE DEPARTMENT

Signatures

IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 23RD day of SEPT. 2019.

Chief K. Wyatt
MORELAND HILLS P.D.

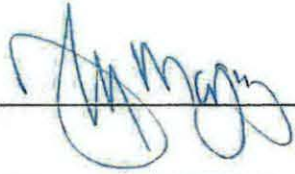
Signatures

IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 24th day of May 2019.

Chief Bob Wagner

Signatures

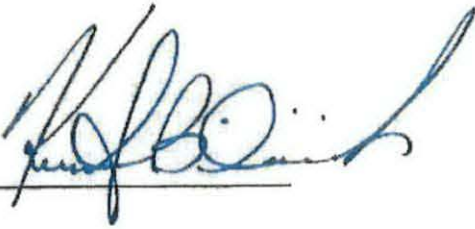
IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 1st day of November 2019.

A handwritten signature in blue ink, appearing to read "John T. Magry", written over a horizontal line.

Chief John T. Magry
Newburgh Heights Police Dept.


Signatures

IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 14 day of MAY 2019.

Chief 

Signatures


IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 7th day of
May 2019.



Mark Garratt, Chief of Police
Oakwood Village Police Department

Signatures

IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 26 day of April 2019.



Mark Fender Chief of Police
Strongsville Police Dept.

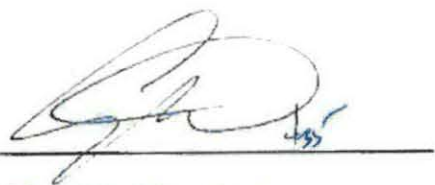
Signatures

IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 13th day of April 2019.

Chief Kevin Nietert
Chief Kevin Nietert
South Euclid PD

Signatures

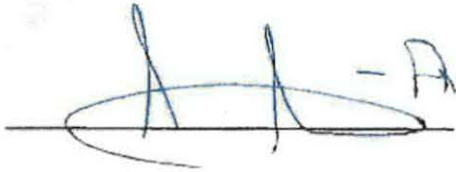
IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 27th day of June 2019.

A handwritten signature in black ink, appearing to read "Christopher Paul Vlandy", is written over a horizontal line. The signature is stylized and cursive.

CHRISTOPHER PAUL VLANDY
CHIEF OF POLICE
CITY OF SOLON POLICE DEPT.

Signatures

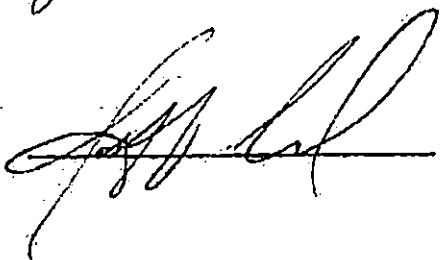
IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 31st day of JULY 2019.

 - ANNA HEIGHTS

**Memorandum of Understanding-Interagency Agreement and Protocol
CANOPY Child Advocacy Center**

Signatures

IN WITNESS THEREOF, the parties hereto have duly executed this agreement on this 4 day of June 2019.

A large, stylized handwritten signature in black ink, written over a horizontal line. The signature is cursive and appears to be the name of one of the parties to the agreement.

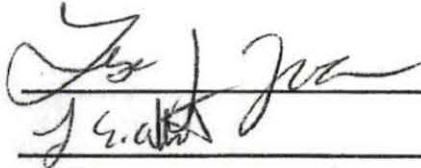
Signatures

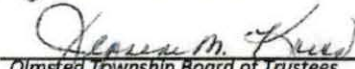
IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 19th day of SEPTEMBER 2019.

Edmund S. ... #100
CHIEF OF POLICE

Signatures

IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 14th day of August 2019.




Olmsted Township Board of Trustees


Olmsted Township Police Chief

Memorandum of Understanding-Interagency Agreement and Protocol
CANOPY Child Advocacy Center

IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 23 day of
September, 2019

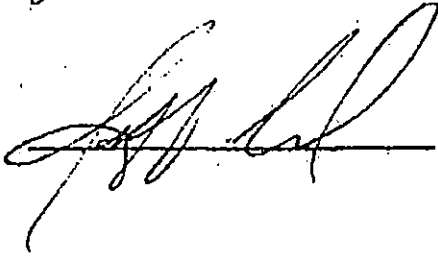


Chief Joseph M. Bobak
Chief of Police
City of Parma, Police Department

**Memorandum of Understanding-Interagency Agreement and Protocol
CANOPY Child Advocacy Center**

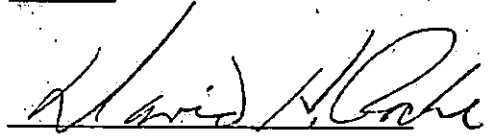
Signatures

IN WITNESS THEREOF, the parties hereto have duly executed this agreement on this 4 day of June 2019.

A large, stylized handwritten signature in black ink, written over a horizontal line. The signature is cursive and appears to be the name of a representative of one of the parties.

Signatures

IN WITNESS THEREOF, the parties hereto have duly executed this agreement on this 27th day of Jan 2021.

A handwritten signature in cursive script, appearing to read "David H. Roche". The signature is written in dark ink and is positioned above a horizontal line.

Mayor David H. Roche
City of Richmond Heights, Ohio

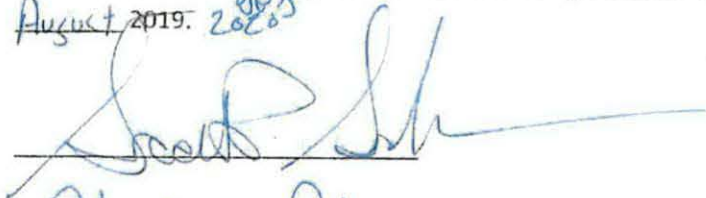
Signatures

IN WITNESS THEROF, the parties hereto have duly executed this agreement on this 24 day of
JANUARY 2020.

CHIEF MICHAEL SALLIUM
CHIEF MICHAEL SALLIUM
SEVEN HILLS PD

Signatures

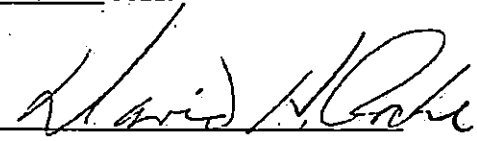
IN WITNESS THEREOF, the parties hereto have duly executed this agreement on this 3rd day of ~~August~~ ²⁰²⁰ 2019.

A handwritten signature in blue ink, appearing to read "Scott P. Gardner", written over a horizontal line.

Chief of Police
Scott P. Gardner

Signatures

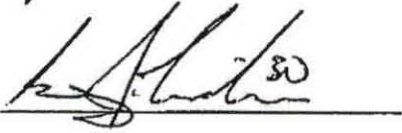
IN WITNESS THEREOF, the parties hereto have duly executed this agreement on this 27th day of Jan 2021.

A handwritten signature in black ink, appearing to read "David H. Roche". The signature is written in a cursive style with a horizontal line underneath it.

Mayor David H. Roche
City of Richmond Heights, Ohio

Signatures

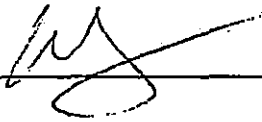
IN WITNESS THEREOF, the parties hereto have duly executed this agreement on this 7 day of Sept 2021.

A handwritten signature in blue ink, appearing to be "K. J. ...", written over a horizontal line.

Rocky River Police Chief

Signatures

IN WITNESS THEREOF, the parties hereto have duly executed this agreement on this 9th day of DECEMBER 2019.



A handwritten signature in black ink is written over a horizontal line. The signature is stylized and appears to consist of a large 'M' or 'W' followed by a loop and a long horizontal stroke extending to the right.

INTERAGENCY AGREEMENT

The mission of CANOPY Child Advocacy Center is to serve children and families affected by child abuse through a multi-disciplinary partnership focused on safety, healing, and well-being. We envision a community where children are safe, families are resilient, and those affected by child abuse are empowered to heal and thrive.

This interagency agreement addresses Cuyahoga County's commitment to maintain a collaborative, multidisciplinary team (MDT) response to the prevention, investigation, assessment, prosecution, and treatment of child abuse (see addendum for def.) cases in the Cuyahoga County community. The child abuse targeted in this protocol includes the abuse of a child under 18 years of age or a mentally or physically impaired person through the age of 21.

The following protocol is offered as a guide to the CANOPY and partner agencies; to ensure coordinated MDT response in child sexual and severe physical abuse cases, and as such is recognized the protocol cannot address every situation that may arise. In situations not specifically covered herein, good judgment, adherence to the MDT values of collaboration and communication, and consensus of the CANOPY MDT shall determine the course of action that is most appropriate. Nothing in this document shall be construed to erode the respective responsibilities of each participating agency.

CANOPY adopts the Child First Doctrine, initially created by Corner House, and it is central to the training of members of the MDT, and is essential to the operation and decision-making of the CANOPY MDT. The Child First doctrine states as follows:

The child is our first priority.

Not the needs of the family.

Not the child's "story".

Not the evidence.

Not the needs of the courts.

Not the needs of police,

Child protection, attorneys, etc.

The child is our first priority.

Ann Ahlquist and Bobby Ryan

PROTOCOL

MULTIDISCIPLINARY TEAM

The multidisciplinary team member agencies are:

- Cuyahoga County Division of Children and Family Services (CCDCFS)
- Cuyahoga County Prosecutor's Office
- Frontline Service (FLS)
- Cleveland Rape Crisis Center (CRCC)
- Domestic Violence and Child Advocacy Center (DVCAC)
- Cleveland Division of Police
- The MetroHealth System
- University Hospitals Cleveland Medical Center
- Cleveland Clinic Foundation

Law enforcement from any jurisdiction, individual treating medical and mental health providers from any agency, Guardians ad Litem and attorneys, probation officers, teachers and/or any other service providers for the client can be included in the MDT for a specific case.

MDT representation will vary by case but will always be assigned from the designated team of child protection specialists, medical and mental health professionals, prosecutors, and law enforcement officers; all of whom have been specially trained in child abuse assessment, investigation and treatment.

CANOPY collaborates whenever indicated to ensure that all children, families, and caregivers referred to CANOPY receive coordinated and collaborative services. Additionally, CANOPY and its respective MDT members and their organizations will work with other community organizations to provide education and awareness services for the prevention of child sexual abuse and severe physical abuse as needed.

All team members will treat every client, family, and caregiver with respect to cultural humility and in a trauma informed manner, and will exchange information consistent with legal, ethical and professional standards of practice.

The MDT agrees that whenever feasible and in the best interests of the client, all children will be interviewed at the center. When on-site interviews are not feasible, it is agreed that either the child protection specialists or the law enforcement officer assigned to the case will refer the case to CANOPY within 24 hours of the intake using the referral process contained in the protocol. CANOPY encourages all other referents to adhere to this as well.

The decision-making process during the assessment investigation and treatment of each case includes use of case review for total team input. The guiding principle is that each discipline must make decisions in accordance with internal procedures and mandates. Law enforcement, in collaboration with the prosecutor's office, has primary decision-making responsibility for evidence collection during the investigation.

The MDT seeks to achieve the following goals through CANOPY:

1. Promote safety and justice by removing barriers to resources for children, youth, and families impacted by child abuse.
2. Guarantee involvement of a highly skilled multidisciplinary team in child abuse cases.
3. Maximize the expertise of community responders.
4. Reduce re-victimization of children and youth.
5. Leverage resources and link individuals to comprehensive, culturally-relevant, and trauma-informed services.
6. Foster resiliency, recovery and facilitate long-term health and well-being.

The MDT, through shared values, commits to operating within a collaborative that is coordinated, supportive, accessible, informed, responsible, and accountable. The MDT agrees that clients and their families need the full support of the CANOPY regardless of how they initially sought assistance for the harm experienced. The MDT believes that to obtain and maintain a strong reputation in the community, it is imperative that from the start, the CANOPY is responsive, coordinated, and skilled in responding to all accepted cases.

REFERRALS

Case Acceptance Criteria

In Cuyahoga County, all reports of alleged child sexual and physical abuse are made to Cuyahoga County Division of Children and Family Services (CCDCFS) and/or law enforcement agencies. Referrals to CANOPY are made once the referral is determined to fit the following criteria:

Child either resides in Cuyahoga County or was present in Cuyahoga County when the alleged abuse occurred, is under 18 years of age or under 21 years of age if the individual has a sensory motor or cognitive disability, AND

- o Child has either disclosed allegations of sexual or physical abuse, OR
- o Child has physical symptoms suggestive of physical abuse, sexual abuse, sexually transmitted infection, injury to the genital area, and/or unexplained redness or soreness, OR
- o Child displays age inappropriate sexual behaviors, OR
- o Guardian, relative, teacher or other person in contact with the child has a reasonable suspicion that the child is the victim of sexual or severe physical abuse, OR
- o Child is a sibling or other child who has been in contact with the alleged abuser of any child satisfying any of the above criteria.

If law enforcement and child protective services screen a case out, decline or otherwise do not accept a case, a referral to CANOPY can be made by another referral source, including:

- community and hospital medical professionals
- schools
- community organizations
- concerned family or caregivers

Child abuse is defined as written in Chapter 2151.031 of the Ohio Revised Code. Child sexual abuse is defined as any offense that is codified under Chapter 2907 of the Ohio Revised Code.

On a case-by-case basis, CANOPY will accept referrals of children who witness abuse or violence, extreme neglect or are drug endangered, or cases outside of Cuyahoga County (courtesy assessments). The CANOPY Director makes case acceptance decisions.

All CANOPY staff and partners, are mandated reporters as per law and with guidance from internal policies, and as such any new disclosure of child sexual and physical abuse made to CANOPY staff and/or partners will be reported to CCDCFS.

Cases are referred to CANOPY for overall case coordination; including the forensic interview, medical services, mental health services, victim advocacy and support, prosecution involvement, case review and case tracking.

Referrals During Normal Office Hours

Initiating agency (CCDCFS or law enforcement) receives a report of alleged child sexual or severe physical abuse. Per internal agency procedure, cases are assigned to a child protection specialist or law enforcement officer.

Initiating agency contacts representative from a partner agency; CPS contacts appropriate law enforcement agency or law enforcement officer, calls the CPS hotline to make a referral. Initiating agency notifies CANOPY within 24 hours to schedule an interview and/or request case coordination services.

For referrals received from other sources, the referent contacts CANOPY and a CANOPY staff member completes an intake form with information obtained from the referent and/or the client or caregiver. The CANOPY staff is able to determine what services are needed from this form, and schedules these for the client and caregiver(s).

Referrals received that are accepted on a case by case basis, as listed above in referral section, are made by referent directly to CANOPY staff. CANOPY staff complete intake form and review request for services with CANOPY director who then consults with MDT as available and decides whether or not the case can

be accepted. If accepted, the CANOPY staff reaches out to the client and caregiver(s) and schedules all needed services and alerts the referent that the case has been accepted. If not accepted, the CANOPY director reaches out to the referent directly and offers alternative options for the client and caregiver(s).

Referrals During Evenings and Weekends

When a referral is received by CCDCFS through the child abuse hotline after daytime hours or by law enforcement through normal dispatch, the procedure is as follows:

- CCDCFS: if case is determined not to be an emergency, case is assigned to child protection specialist next business day and normal referral process applies.
- Law enforcement: uniformed officer responds to call, and if case is determined not to be an emergency then the officer generates report per internal agency procedure, case is assigned to be investigated on the next business day and normal referral process applies.
- All other referents: referent can leave a voicemail message on CANOPY's secured voicemail requesting services and a CANOPY staff contacts that referent the next business day and completes normal referral process

The guiding principle for referrals not deemed emergency is that the client is not interviewed by the first responder. The first responder's report is based on observations, the report of witnesses, any evidence at the scene that may be documented, and any notes on the child's behavior, unsolicited statements and condition. Trained multidisciplinary team members or CANOPY staff conduct the forensic interview as soon as possible at the center.

Emergency Referrals

On occasion, there may be emergency circumstances that require a client interview immediately. Law Enforcement or Child Protective Services are the only referents that may contact CANOPY for an emergency referral. The process for these referrals is as follows:

1. The agency that receives the initial referral will immediately contact the partner agency per internal policy to request worker assignment.
2. The assigned law enforcement officer or child protection specialist will notify CANOPY immediately for scheduling the client interview and case coordination services for emergency referrals during normal business hours and indicate the emergent need.
3. The officer or child protection specialist will notify the family liaison and/or CANOPY Director to assist with emergency referrals during evenings and weekends.

CANOPY staff and MDT members are available for any emergency referral when the MDT desires assistance with crisis intervention and support services for the client, family and caregivers, regardless of where the interview is conducted, including interviews at law enforcement offices, schools, and emergency rooms.

MDT member agencies agree that when an interview is conducted at a location other than CANOPY a referral will still be made to CANOPY for medical follow-up if not already received, victim advocacy services, mental health referrals, case review and case tracking purposes.

PARTNER ROLES AND RESPONSIBILITIES

Child protection specialists, law enforcement officers and medical providers jointly inform investigations for allegations of child abuse as mandated by Ohio Revised Code 2151.421. CANOPY serves clients, their families, and caregivers and is not an investigative agency.

CANOPY Partners will provide staffing and responsibilities as follows:

Cuyahoga County Division of Children and Family Services

The roles of the child protection specialists are:

- Investigate cases involving abuse and neglect of children,
- to provide care and protection for children which includes safety planning for the family system,
- to provide treatment and rehabilitative services to children and their families by linking them with appropriate services,
- to provide a developmentally appropriate risk and safety assessment,
- to interview all parties,
- to complete the investigation.

The role of the forensic interviewer is:

- to conduct a developmentally appropriate, trauma-informed, non-leading, non-duplicative recorded forensic interview for the purpose of determining what medical and mental health care an alleged child victim needs.

Board Governance:

- to appoint a member to the non-profit board of CANOPY every three years whom will fully adhere to the mission and vision of CANOPY and it's respective bylaws

Medical

- Cleveland Clinic Foundation is providing 2 half-day sessions of Pediatric SANE nursing,
- The MetroHealth System is providing 2 half day sessions of advanced medical consultant from the Alpha Clinic
- Rainbow Babies and Children's of University Hospitals Cleveland Medical Center is providing 3 half day sessions of nurse practitioner/advanced practice nursing from the CARE Clinic

The roles of the medical providers are:

- to review and obtain a medical history of the child,
- to determine whether a medical and/or forensic examination is necessary or appropriate,
- to conduct the examination and document any injuries both through a written report and with photographs,
- to order relevant lab testing,
- to make a diagnosis and report findings

Board Governance:

- to each appoint a member to the non-profit board of CANOPY annually whom will fully adhere to the mission and vision of CANOPY and it's respective bylaws

Law Enforcement

- Cleveland Division of Police staff assigned to cases received by CANOPY
- Additional law enforcement assigned to cases received by CANOPY

The roles of law enforcement are:

- to determine whether or not there is evidence that a crime has been committed,
- to determine whom the evidence indicates committed the crime,
- to collect evidence including the victim's statement through observing a developmentally appropriate interview of the child and/or completing an interview when necessary ; statements from other witnesses, document the scene with photographs; collect physical evidence,
- to present information to the prosecutor's office for decisions on prosecution.

Board Governance:

- Cleveland Division of Police to appoint a member to the non-profit board of CANOPY every three years whom will fully adhere to the mission and vision of CANOPY and it's respective bylaws

Cuyahoga County Prosecutor's Office

- Prosecutors assigned to cases received by CANOPY

The roles of prosecutors are:

- To determine whether there is enough evidence to sustain a conviction,
- To prepare all parties for trial presentation,
- To participate in the MDT meetings,
- To observe forensic interviews when appropriate.

Board Governance:

- to appoint a member to the non-profit board of CANOPY every three years whom will fully adhere to the mission and vision of CANOPY and it's respective bylaws

Victim Advocacy

- Domestic Violence and Child Advocacy Center will provide 1 full time Victim Advocate at minimum
- Cleveland Rape Crisis Center will provide 1 full time Victim Advocate at minimum

The roles of the victim advocates are:

- to act on behalf and in support of clients, their families, and/or their caregivers navigating the child abuse, legal and other systems (social services, medical, etc.) by ensuring that the child and families questions are answered, interests are represented, and rights are upheld,
- to provide the necessary continuity of care for children and families throughout the life of the case,

- to increase family engagement.

Board Governance:

- Domestic Violence and Child Advocacy Center will to appoint a member to the non-profit board of CANOPY every two years whom will fully adhere to the mission and vision of CANOPY and it's respective bylaws.
- Cleveland Rape Crisis Center will to appoint a member to the non-profit board of CANOPY every two years whom will fully adhere to the mission and vision of CANOPY and it's respective bylaws

Mental Health

- Domestic Violence and Child Advocacy Center will provide 1 full time Victim Advocate and 1 full time Therapist at minimum
- Cleveland Rape Crisis Center will provide 1 full time Victim Advocate and 1 full time Therapist at minimum
- Defending Childhood Initiative Central Intake Agency will provide staff to screen and assess referrals received from CANOPY clients

The role of the mental health providers are:

- to provide evidence based mental health services to CANOPY clients and their families

Board Governance:

- Frontline Service will to appoint a member to the non-profit board of CANOPY every two years whom will fully adhere to the mission and vision of CANOPY and it's respective bylaws

CANOPY maintains insurance related to worker's compensation, general liability including sex abuse and molestation, auto liability, professional liability, and cyber liability.

FACILITY

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

A key CANOPY service is the provision of a safe, accessible, neutral, family-friendly environment in which to conduct interviews. CANOPY has two rooms dedicated to this purpose, which are equipped with recording equipment. One room is also dedicated to observing interviews in progress, and another is available to observe interviews as needed if two are occurring at the same time within the facility.

In order to be physically and psychologically safe for child clients, CANOPY follows childcare facility standards to childproof the facility and does not permit known offenders on the premises.

If the suspected perpetrator accompanies a child, that individual is spoken with in the lobby of the facility and does not come through a locked door that separates the lobby from the remainder of the building. If, during the course of an interview, a child discloses that the parent/caregiver who

accompanied them to the interview is their offender, the child will be placed in a safe and secured setting until CCDCFS can make a determination of child safety.

INTAKE AND INFORMATION SHARING PROCEDURES

Upon referral to CANOPY, the family liaison obtains to basic demographic information about the client, family and caregiver, demographic information about the alleged offender, information about present involvement with any members of the MDT, information about the alleged incident of abuse, details about a safety plan if there is one in place, any preferences or needs related to scheduling and location of appointments, and any other special accommodations that the client, family, or caregiver may need and documents these things on an intake form. Any information related to these topics that can be obtained prior to speaking with the family/caregiver, either from the referent or other MDT members, is documented on this form and then confirmed to be most accurate with the family/caregiver when needed. Once complete, the family liaison then inputs this information into electronic record.

Cross reporting occurs between CCDCFS and law enforcement prior to interviews, in accordance with the referral/intake procedure, pursuant to the Ohio Revised Code and internal protocols:

Any special needs of the client, family, or caregiver, such as interpreter services, or accommodations for disabilities are arranged prior to the interview in coordination with MDT members. These needs are identified by the referent or the family and/or caregiver when the family liaison completes the intake and CANOPY staff, in consultation with MDT members, ensure these needs are met.

The history obtained from the intake that the family liaison completes is used in determining the extent of medical examinations and services provided. The assessment includes the medical examination if the medical professionals determine that the examination is necessary or family/caregiver requests an examination be performed.

Recordings are made of all interviews. The original recording is stored at CANOPY. Copies are provided to MDT team members when needed and retained per their agency requirements.

The medical report will be shared with CCDCFS and law enforcement if requested pursuant to their enforcement authority and subject to the applicable rules and regulations on the disclosure of protected health information.

CONFIDENTIALITY

The child and family/caregiver's right to privacy and confidentiality is extremely important and must be maintained within the context of information sharing among team members to provide a coordinated response for all cases referred to CANOPY. Each team member will maintain confidentiality on all information discussed, including but not limited to: identity of parties, nature of allegations, results of

examinations and treatment, and investigative findings. In general, all MDT members follow their respective agencies mandates for client confidentiality.

Additionally, CANOPY staff inform caregivers about team communication and have the caregiver sign the acknowledgment of CANOPY procedures, which includes consent for information sharing. The release form is valid only for a period of 365 days. If a release is needed after that time frame, a new Consent to Release/Obtain Information must be signed and any CANOPY staff can assist with obtaining this. The form is to be filled out in its entirety. A separate release is required for each family member on whom information is to be released and/or obtained. The client is informed that they may revoke their consent to release information at any time by informing any CANOPY staff. The staff person receiving the notification will document the request in the client's chart and ask the client to sign the appropriate line on the Consent to Release/Obtain form. This revocation does not prohibit any mandated reporting requirements of CANOPY or the respective agencies of which members of the MDT are employed.

Other ways in which confidentiality is reinforced include:

- Documents that are not part of the case clients' case file and contain client information are shredded. This includes scrap paper, phone messages, etc.
- CANOPY staff and MDT members only discuss cases in a manner that would not be overheard by others. Offices have doors to ensure clients will not be interrupted during their appointments and that private conversations will not be overheard.
- Outside of mandated reporting requirements, CANOPY staff do not confirm nor deny involvement with a client to any entity unless the client has signed Consent to Release/Obtain Information form.
- Students, staff, and volunteers are asked to sign a Confidentiality Agreement at the beginning of their tenure with CANOPY.
- The CANOPY Database is password protected and only authorized personnel are granted access to client sensitive information. The CANOPY director is responsible for assigning levels of access to information by user, within the database system.

FORENSIC INTERVIEWS

The interview of the child is conducted using developmentally appropriate, forensically sound interviewing techniques. All staff with interviewing responsibilities receive initial training and attend training annually to enhance their skills and increase the number of protocols/techniques available.

It is normal procedure for clients to be interviewed alone, with the caregiver(s) not present. There are times when clients will not separate from caregiver(s) or agree to be interviewed without their caregiver(s). In these situations, a caregiver is allowed in the interview room with the understanding that he or she may not speak or in any way interfere with the interview. Caregivers are not permitted to observe the interview unless they are in the room.

Non-MDT members are not allowed to observe interviews. The identified trained forensic interviewer is the only person (other than caregiver as explained above or interpreters when needed) allowed in the interview room the child.

Per CCDCFS rules, siblings and other children residing in the client's home must be assessed. Siblings and additional victim assessments may be conducted at CANOPY. If law enforcement determines there are other possible victims of abuse, interviews of those children occur per the protocol. Efforts are made to prevent possible cross contamination that could occur between related clients influencing one another when interviewed. These efforts include scheduling the interviews at different times, and/or ensuring that a victim advocate or family liaison is with the other clients that need to be interviewed and that they do not speak with one another prior to being interviewed.

Once the interview is complete investigative members of the MDT meet with client and/or involved caregiver. The MDT members will provide feedback to the client's caregiver on the interview and what the next steps are in the process. The victim advocate may participate in this discussion providing there is someone available to sit with the client. If no one is available, the advocate will stay with client, and immediately after the client and caregiver leaves CANOPY the MDT members and the advocate will have a brief post-assessment conference to discuss the results and plan for the purpose of intervention, treatment and case coordination.

The medical staff shall identify the need for medical services and the MDT shall identify the need for mental health service linkage at this stage. The medical professionals will utilize the history gathered in the interview and by the child protection specialist to determine the need for medical examination of the client. If mental-health services are indicated the child protection specialists will work with the family/caregiver to complete a Defending Childhood Initiative screening tool and subsequently obtain mental health services through this process. If the client does not meet criteria for the defending childhood initiative screening tool, CANOPY's family liaison or director will directly refer to therapists designated to provide CANOPY clients' mental health services.

At times, CANOPY conducts interviews of client's who are alleged to be sexually aggressive. When this occurs, no other interviews are scheduled one hour before or after the interview of the alleged sexually aggressive client, no other children are permitted on site at that interview time, and the sexually aggressive client is always observed while at CANOPY.

All interviews are recorded in the hope of reducing the number of times the client must speak about the traumatic event. The parent/caregiver and the client are advised of this prior to the interview. The parent/guardian signs an Acknowledgment of CANOPY Procedures, which outlines recording, medical examinations, team member observation and team communication. The original recording is stored at CANOPY.

Team members are able to observe interviews as they are conducted and can receive password protected copies of interviews upon request.

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The MDT agrees that to the extent possible all client interviews will be conducted at CANOPY.

The MDT recognizes that there are times when interviews must be conducted elsewhere due to client safety issues and/or due to the nature of an emergency. For those situations, CANOPY will still be notified either before the interview to provide crisis intervention and support services at the interview location, or within 24 hours after the interview to provide victim advocacy, mental health services as needed, medical examination as needed, and case coordination services.

SUSPECT INTERVIEWS

Alleged offender interviews are not conducted at CANOPY. These interviews typically are conducted at DCFS per their agency policy.

Under certain circumstances sexually aggressive clients may be interviewed at CANOPY. Decisions to complete these interviews are made by the CANOPY Director in consultation with the MDT, on a case-by-case basis.

VICTIM ADVOCACY SERVICES

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

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

- Attend meetings with the client and family
- Participate in case review and ongoing communication with the family throughout the life of the case

- Attend all court hearings with client and family; provide court preparation and support, coordinate with prosecutor's office and system based advocates
- Ensure that victims' rights under ORC 2930 and Marsy's Law are being adhered to by the MDT and other systems
- Assist with Victim of Crime Compensation applications
- Provide immediate crisis assessment and intervention if needed
- Serve as link to trauma informed Mental Health Services and assist families to stay engaged in services for long term healing of both the client and the family system as a whole
- Conduct risk assessment and safety plan (includes Domestic Violence screening of involved caregivers; assistance with protection orders)
- Provide education regarding the forensic interview and medical screening specifically
- Provide information about available resources in the community (such as housing, transportation, food, public assistance, and other services that address specific needs)
- Responsible for explaining confidentiality, information sharing within the team, and securing parent or guardian consent via the acknowledgment of CANOPY procedures form

Advocacy services are primarily provided by the victim advocates, however, other CANOPY staff may provide these services to clients as needed. Services are generally provided onsite at CANOPY, but staff can conduct home visits and meet with children and families at court or other safe locations as indicated by the family's needs. All CANOPY victim advocates are trained as advocates and obtain advocate credentials as soon as practicable upon hire, either from the National Organization for Victim Assistance and/or the Ohio Advocate Network.

MEDICAL SERVICES

CANOPY coordinates the multidisciplinary response to child abuse with the medical examinations of clients. The examinations occur at three Cuyahoga County health systems: Cleveland Clinic Foundation, The MetroHealth System and Rainbow Babies and Children's of University Hospitals Cleveland Medical Center. CANOPY also operates a medical suite which is rostered with clinicians of each of these health systems, including pediatric sexual assault nurse examiners (Pediatric SANE), nurse practitioner/advanced practice nursing (APN) and a child abuse pediatrician/advanced medical consultant.

CANOPY uses a guide of indications for the different types of medical examination of an abused client in accordance with protocol of the State of Ohio and national recommendations. The following types of medical examinations are provided at CANOPY:

1. Urgent Evaluation (Non-Acute Forensic Medical Examination)
2. Advanced Booking (Non-Acute and Non-Urgent Forensic Medical Examination)
3. Follow-up Evaluation

Rationale for medical examinations at the CANOPY medical suite

There are a variety of important reasons for medical evaluations of client to occur in a facility with the National Children's Alliance Child Advocacy Center model. These and include:

- a timely, specialized forensic medical examination performed by a medical specialist team that is co-located with the provision of the other involved disciplines' Investigative and therapeutic services
- medically evaluating, diagnosing and treating in an environment that has been purposefully designed to be more comfortable for traumatized clients
- obtaining and preserving medical evidence is closely integrated with other aspects of the forensic process
- involving specialist medical professionals in the Multidisciplinary Team can prevent defense claims of an insufficient evaluation
- medical professionals can prioritize good communication, such as participating in case-based meetings, writing thorough reports and statements for other agencies and for court, and through coordinated expert witness testimony in prosecutions
- the medical professional can avoid duplication of questions that potentially re-traumatize the client, as there is an opportunity for the medical professionals to view the specialized forensic interview live, on video recording, and/or receive a summary report
- inter-agency shared case information, process reviews, and coordinated planning among all involved multi agency professionals optimizes positive outcomes for clients, families, staff involved with the case.

Medical examinations at the CANOPY medical suite and affiliated sites

It is important for all of the types of medical examinations to be centrally coordinated by CANOPY for consistently effective MDT response. Acute emergency forensic medical exams are performed in local Emergency Departments and by a Pediatric SANE in conjunction with a Pediatric Emergency Room (PER) physician. There are multiple Cleveland area sites with SANE programs and on call rosters for these examinations. Subsequently, the medical suite at CANOPY will presently focus on providing non-acute, non-emergency evaluations.

The medical coordinator will follow CANOPY protocol to schedule appointments. The CANOPY medical coordinator is a full time position, employed by CANOPY, is on site at CANOPY five days per week, so that all medical examinations are coordinated by CANOPY for a consistently effective MDT response.

Referrals to CANOPY

Each health system will continue legally required mandated reporting to the public child protection services agency of the county of residence of the patient. Each health system will also continue internal referral processes to its respective team of specialized child abuse professionals. The collaborating health systems will each assign their own medical professional from their internal specialized teams that respond to child abuse to be a liaison and primary contact for the CANOPY medical coordinator in order to ensure openness, teamwork, and to meet each health systems' customer service needs.

CANOPY Medical Suite Operations that will be supported by the collaborating health systems

The medical suite at CANOPY is a collaborative effort of the three tertiary health systems with child abuse pediatrics and sexual assault nurse examiner staff and services. The medical suite operates up to the maximum 10 half day sessions per week and is supported directly and indirectly by the collaborating health systems. Direct support includes that of clinical staffing, performance of day to day clinical operations, providing information technology and related services, and the specialty functions of modern child abuse and sexual assault assessment service. Indirect support presently includes non-clinical staff support.

Operations:

A Clinic Operations Manager with responsibility over the CANOPY Medical Suite is a primary employee of one of the health systems. The clinic operations manager reports to a nurse supervisor in that health system. The terms for compensation and benefits of the Clinic Operations Manager will remain the responsibility of the employing health system. For this role, the Clinic Operations Manager works closely with the CANOPY Medical Director and CANOPY Center Director. The Clinic Operations Manager works with corresponding clinical support departments at their primary employer health system. These include but are not limited to the Nursing Department/Institute, Clinical Engineering, Facilities and Environmental Services. The Clinic Operations Manager may delegate some day to day operations responsibilities to the CANOPY Medical Coordinator and rostered clinical staff medical professionals as they determine appropriate.

Information technology and closely related services:

One of the health systems (which may or may not be the same as above) supports CANOPY by providing administration of the electronic medical record and closely associated functions. These include:

- EPIC electronic medical record
- Information technology equipment and maintenance
- Billing processing and compliance
- CLIA licensed laboratory collection supplies, chain of evidence courier, test processing and result reporting
- Point of Care Testing (POCT) license for urine pregnancy testing.

The Clinic Operations Manager and Medical Director and/or their representatives correspond and solve concerns and issues with the support of administering departments such as Information Services, Electronic Health Record services, Finance, Billing and Compliance, and Clinical Pathology / Laboratory Services.

Specialty functions:

One of the health systems (which may or may not be the same as above) supports state of the art medical practice of forensic medical examinations of abused children and young people by advising and facilitating CANOPY acquiring and maintaining the most recent highest quality forensic medical

examination technology. At the time of this writing, CANOPY in consultation with experts in the field has determined this to be the Cortex-Flo system and a digital camera.

Another specialty function of the CANOPY Medical Suite supported by the health systems is leading the medical suite personnel with regards to current issues and initiatives awareness, relationships with professional and policy experts in the fields of sexual assault nurse examinations and child abuse pediatrics at the local, state and national levels.

Rostered clinicians for CANOPY

The medical staff roster is subject to availability of trained and qualified medical personnel employed by the collaborating health systems. Initial levels are discussed in the Addendum to this Agreement. Tracking of the workload is done by the CANOPY Medical Coordinator with the supervision of the Clinical Operations Manager. If workload significantly increases or decreases, changes to composition and levels are considered. All medical staff, regardless of their primary employer are fully integrated into CANOPY and are trained to meet the clinical practice model of CANOPY.

Additional Services and Responsibilities of Medical Personnel to CANOPY and MDT
The Medical Director, Clinical Operations Manager, and Medical Coordinator will organize and participate on a sustained Medical Operations Committee. Each health system is ensured at least one clinical representative and also appoints at least one representative from hospital administration at the discretion of the CANOPY Center Director. At least one representative is appointed by the MDT at the discretion of the CANOPY Center Director. This committee will work to ensure continued cohesion amongst each health system and alignment to CANOPY's mission and vision. This committee will continue to meet regularly and work alongside CANOPY's larger advisory board and executive team until the full attainment of a Board of Directors for CANOPY.

A medical director meeting the 'advanced medical consultant' criteria of the NCA will be employed by one of the health systems. Presently, this director this role is being fulfilled by the Metrohealth System. The terms for compensation and benefits of the Medical Director shall remain the responsibility of the employing health system.

All CANOPY medical personnel are responsible for providing educational content to multidisciplinary trainings of CANOPY. When requested, they also help to facilitate provision of the child abuse prevention services and trainings offered by CANOPY member agencies to patients, families and staff of the collaborating hospital systems and other area health organizations.

Payment for medical evaluations at CANOPY

Forensic medical examinations, of both the 'Acute' and 'Non-Acute' varieties are available to all clients regardless of their Ohio County of residence or ability to pay. This is mandated by Ohio statute and administered through the Ohio Attorney General's Sexual Assault Forensic Examination (SAFE) program which provides reimbursement for the initial forensic medical evaluation performed by trained and

approved medical providers when the evaluation is in conjunction with child protective services and/or law enforcement investigations of alleged child abuse.

In the rare circumstance that a client is not determined to be eligible for payment from the Ohio Attorney General SAFE program, provisions will be made for CCDCFs to provide payment to the medical provider at the Medicaid rate when they have requested or would request a medical evaluation of a client that they are in custody of.

During the initial phase of CANOPY's operation hospitals are providing staff on an in-kind basis. Partners will re-evaluate this model and refine it as necessary. An alternative structure that has been used in some more fully developed CACs in other cities is one where the full cost of medical services being delivered at the CAC is quantified and then funded with an equal contribution from each medical institution. A billing system will be established and hospitals can then bill for services rendered and cover costs from pooled contributions. The billing process may be managed by CANOPY's fiscal function or managed through one of the hospital's billing departments.

MENTAL HEALTH SERVICES

CANOPY, in partnership with Cuyahoga County's Defending Childhood Initiative and mental health providers in the Cuyahoga County community, agree to work collaboratively to ensure that all clients and families in need of mental health treatment resulting from child sexual or severe physical abuse will receive trauma focused treatment in an expedient and professional manner from masters level or higher trained clinicians, trained in evidence based, trauma informed treatment modalities. The mental health partners in this protocol include, but are not limited to the following providers:

- Frontline Service
- Domestic Violence and Child Advocacy Center
- Cleveland Rape Crisis Center

Each mental health provider agrees to provide and maintain current information regarding sliding fee scales and insurances accepted, including Medicaid, to CANOPY so that mental health evaluation and treatment is available to all CANOPY clients regardless of ability to pay. Mental health records are the property of the mental health provider.

Clients that come to CANOPY that have involvement with CCDCFs will be referred to mental health services utilizing a system called Defending Childhood Initiative. This system is operated by Cuyahoga County and provides comprehensive, trauma informed mental health evaluation to those that are identified to be at the highest risk of experiencing symptoms of trauma. Defending Childhood Initiative has a central intake agency and this agency is the entity that provides the mental health evaluation and then links the client to a therapist that is trained in providing evidence based trauma treatment. When CCDCFs receives a client that meets the criteria for referral to CANOPY, they will also complete a Defending Childhood Initiative screening form. If the case meets criteria for the Defending Childhood

Initiative, the case will be referred to Defending Childhood Initiative's Central Intake Agency whom will begin outreach efforts immediately and complete a mental health evaluation. Upon completion of a mental health evaluation, the central intake agency then links the client to a mental health therapist either at Cleveland Rape Crisis Center or Domestic Violence and Child Advocacy Center. The central intake agency then completes a face to face meeting with the client and the therapist whom then begins providing ongoing trauma therapy to the client. An example of the Defending Childhood Initiative Screening forms are available at CANOPY.

Clients that come to CANOPY that are actively involved with CCDCFS and do not meet criteria for the Defending Childhood Initiative and clients that do not have any active involvement with CCDCFS but are still involved with CANOPY will be referred directly to trauma therapists at Cleveland Rape Crisis Center and Domestic Violence Child Advocacy Center.

If there is no availability for a CANOPY client to receive mental health services in a timely manner at Cleveland Rape Crisis Center or Domestic Violence and Child Advocacy Center or if the client requests a different therapist from another agency the victim advocate will ensure referral to a therapist through the Defending Childhood Initiative that is able to provide comprehensive trauma therapy. If the client is already working with a mental health therapist and prefers to address their trauma with that therapist, the victim advocate will ensure care coordination with the ongoing therapist. These therapists will be invited to participate in the MDT when they are involved directly with a case, on an as needed basis.

At all times, CANOPY utilizes a trauma informed care approach and all members of the MDT are in agreement with this. Therefore, client preference and choice is priority and will supersede any established protocols if necessary in regards to the attainment and provision of mental health treatment.

Mental health service providers are key members of CANOPY's multi-disciplinary team, therefore representation by at least one mental health provider at Case Review meetings is required. All mental health providers agree to attend meetings when invited to discuss specific cases.

In an effort to ensure that the best quality of services are provided to clients who have experiences sexual and severe physical abuse, Canopy and mental health providers agree to collaborate on cross training staff on topics of mutual interest.

CASE REVIEW

Members of the MDT with cases on the review list meet for case review at minimum, bi-weekly, at CANOPY.

Additionally, other service providers working with a client and family/caregiver can be invited to Case Review as warranted.

The family liaison is responsible for formulating the meeting agenda of cases to be reviewed. The agendas are electronically delivered in a secure manner to the MDT members 3 days prior to the meeting. Additionally, they may be delivered to other invited service providers when the agenda includes cases they are involved with. Everyone is required to sign the "Confidentiality Statement" at each meeting they attend.

Reviewed cases will be open cases, with charging decisions or court actions pending. Complex cases involving human trafficking, pornography, or multiple perpetrators, or cases where client safety is questioned will be given priority. Any case can be placed on the case review list if a team member requests it be included.

Due to the confidential nature of the meetings, the agendas and other paperwork associated with the meetings are not subject to disclosure through public records requests.

The purpose of Case Review is to share information so that appropriate, coordinated action plans and decisions, including service needs and referrals, are made on client sexual and severe physical abuse cases referred to CANOPY.

The family liaison or in his/her absence the victim advocates update electronic medical record with case status, action plan, and need, if any, for additional review. Additionally, the family liaison communicates any recommendations to absent team members.

Cases are reviewed repeatedly until all case resolution decisions are made. A case is considered closed to Case Review once all case resolution decisions are made and all referrals/linkages are secure.

CASE RESOLUTION

CANOPY case resolution decisions can occur at any point in the process but typically decision-making occurs at case review meetings which allows for input from the entire MDT. The MDT believes that consensus provides the best action plan for cases. Team members agree that law enforcement officers, and the Cuyahoga County Prosecutor's office have prosecution decisions in their respective cases, and CCDCFS requirements for client safety and substantiation of abuse guide case resolution decisions. The guiding principle, as stated throughout this Protocol, is that ongoing collaboration and open communication between team members and between disciplines promotes good decisions and provides best practice interventions for client and families.

CASE TRACKING

Case tracking is a core service provided by CANOPY to ensure that all referred cases are monitored throughout the investigation, treatment and prosecution processes, and that all linkages are documented.

CANOPY utilizes an electronic system that tracks the following:

- Client and family demographics
- Alleged perpetrator demographics, including relationship to the client
- Nature of abuse,
- Referral for medical exam
- Referral for mental health services
- CPS Case service disposition – case substantiated, client placed outside of home
- LE investigation outcome
- Victim Advocacy service provision
- Court disposition, criminal and/or juvenile – charges filed, conviction/adjudication, offender classification

A case is tracked until all services have been provided and there is case resolution.

The majority of case tracking data is captured at the point of referral, at the interview, and at Case Review meetings. CANOPY staff are responsible for all case tracking including data entry. The family liaison opens new cases and enters referral information. The forensic interviewer and clinic coordinator update the interview and medical tabs. Victim Advocates update the victim advocacy and other tabs including law enforcement, CPS and prosecution at each contact.

All team members provide updated information about case progress at case review and informally via email between meetings. The family liaison updates the database after every case review.

Information obtained through the Performance Measurement System, as required by grantors, is inputted by the family liaison.

MDT members not responsible for inputting information into the electronic medical record have read only access to all the electronic medical record information for cases that involve their agency. Prosecutors and CANOPY staff have access to all cases. Additionally, team member's supervisors and agency heads have read only access to electronic medical record cases that involve their staff.

The MDT values evaluation of CANOPY's performance and overall systemic impact, therefore additional data will be traced as determined by a data impact workgroup.

TRAINING PROTOCOL

CANOPY believes that all MDT members must have the necessary skills and training to provide best practice interventions for all clients and families served by CANOPY. To that end, the following are the standards and expectations for MDT training:

- All staff, client protection specialists, and law enforcement officers who conduct client interviews are required to have completed a minimum of one (1) training course on interviewing clients that includes training on child development. The preferred training curricula are the five (5) day training provided by Childhood Trust, Finding Words, the APSAC or NCAC model trainings or the full 5 days of Beyond the Silence. When child protection specialists or law enforcement officers

assigned to the MDT have not yet been trained, those staff agree that they will not interview a client and instead will defer to the MDT member who has completed the required training.

- Interviewing training is recommended for all other MDT members to promote sound understanding of the information gathering process.
- Team members and staff are required to attend a minimum of one (1) MDT training annually with the recommendation to attend at least two to three specialized trainings per year. The preferred training format is one (1) multi-day national or regional conference. CANOPY commits to allocating a portion of its annual budget to MDT training for representatives within the MDT.
- Mental health professionals participating on the team will be trained in trauma-focused interventions.
- Medical professionals participating on the team will meet all requirements for pediatric training and continuing education, including engagement in timely, ongoing peer review.
- CANOPY, in collaboration with MDT member agencies, will organize and provide at least one (1) topic-specific training annually.
- The MDT meets quarterly, outside of Case Review meetings, for the purpose of cross training, team development, peer review, and for discussion of any issues that affect team functioning. Team members sign up to present information of mutual interest to the Team on such topics as prosecution, testifying, medical diagnosis, mental health interventions, etc. Additionally, outside speakers are invited to present on topics of interest to the team including topics that enhance cultural humility and sensitivity.

RECORDS AND SUBPOENAS

All subpoenas and records requests of each discipline within the MDT are subject to the policies and procedures of each respective agency that employs members of the MDT.

For medical providers, subpoenas received to appear in court are forwarded to the Legal Department of the health system which is the provider's primary employer. Requests received from any other attorney for the Medical Report or other records are also forwarded to the same. If approved, an 'Outcome Certificate of Medical Records Custodian' is completed and the Medical Report or records are sent. The provider schedule of time worked for their primary employer is blocked for preparation for court and to attend court to provide testimony.

ADDENDUM

The CANOPY multidisciplinary team is able to operate as a team and utilize this approach when doing their respective work involving cases of child abuse that are presently received within their disciplines prior to having a physical structure. All members of the multidisciplinary team agree that utilizing a team approach and working to provide services in a smooth and timely manner is the best approach when working with their clients and therefore the following plan to provide services as a child advocacy center prior to having a physical structure is as follows:

Criteria Selection

First 6 to 9 months of operation, cases referred to CANOPY will be: client resides within the city of Cleveland, has been alleged to experience sexual abuse, and is 12 years old or younger. These referrals will only come from Cuyahoga County Division of Children and Family Services only.

First 9 months to 2 years, cases referred to CANOPY will be: client resides within Cuyahoga County, has been alleged to experience sexual abuse, and is 12 years old or younger. These referrals will come from CCDCFS and from law enforcement. At the discretion of the MDT members and Executive Director, additional referral sources may be accepted as capacity allows.

Post 2 years and beyond, cases referred to CANOPY will be: client resides within Cuyahoga County, has been alleged to experience severe physical abuse, extreme neglect, or sexual abuse, and is 17 years old or younger. Client is 21 years old or younger and has a sensory motor or cognitive disability, and meets all other criteria.

Procedures

CCDCFS child protection specialists will respond to reports of sexual abuse that are screened in through their abuse hotline. They respond to these reports by making contact with the family within 1 hour for emergencies and 24 hours for non-emergencies. At that initial contact, the CCDCFS child protection specialist explains to the client and family that there is a multidisciplinary team in place that includes individuals that they would have interaction with regarding their client and this circumstance. The child protection specialist then asks the client and family if they would be willing to participate in this multidisciplinary team process and if they are willing, obtains a consent to release information to share information with all members of the multidisciplinary team. The CCDCFS child protection specialist then completes a referral to CANOPY's executive director. The executive director and/or family liaison from CANOPY then reach out to the MDT members identified to be needed on the case and arrange an MDT meeting.

Victim Advocacy

The CANOPY director and/or family liaison then alert the CCDCFS child protection specialist of the name of a victim advocate to assign to the case, either from Cleveland Rape Crisis Center or from Domestic Violence and Child and Advocacy Center and also alerts the assigned advocate of the case referral information. The advocate then begins providing victim advocacy to the case.

Forensic Interview

The assigned victim advocate then reaches out to the client and family directly and assists with scheduling the forensic interview to be completed by CCDCFS child protection specialists that are trained in forensic interviewing skills and at their office or best location for the client and family. The victim advocate also then alerts any members of the MDT of when and where the forensic interview will be occurring, and requests their presence to observe the interview if they are able.

Mental Health

All processes for referral to mental health services will occur as written on page 25 of full MOU.

Medical Examination

The source of referrals to the CANOPY medical suite would initially be CCDCFS child protection specialists as per their screening protocol and the graduated increasing geographic catchment area as described elsewhere in this MOU. It is anticipated that CCDCFS child protection specialists will refer for medical examination immediately as they close their initial client and family assessment.

In time, referrals for medical examination would be contemporaneous from law enforcement officers as they cross-report to CCDCFS or provide a report to the MDT. Moreover, in time, referrals to the CANOPY medical suite would be opened to include directly from community medical professionals, schools, community organizations, concerned family as or even before they make their report of concern to child protective services.

During the first two years of operations of the CANOPY medical suite, clinicians rostered to provide services at CANOPY are provided their salaries and hourly professional wages by their respective primary employer health system. Their professional medical services are provided in kind for the community benefit of the development of CANOPY.

APPENDICES

A. Definitions

Appendix A

- *Human Trafficking*: the action or practice of illegally transporting people from one area to another, typically for the purposes of forced labor or commercial sexual exploitation
- *Client*: a child, youth, or any other persons receiving direct services provided to them by the child advocacy center
- *Caregiver*: person responsible for caring for a child, youth that is receiving direct services provided by the child advocacy center
- *Law enforcement*: any police officer, detective, or sheriff with legal jurisdiction to act in an organized manner to enforce the law by discovering, deterring, rehabilitating, or punishing people who violate the rules and norms governing that society.
- *MDT*: Multi-disciplinary team, group of professional workers who are members of different disciplines each providing specific services to the client and working together to ensure communication and effective provision of all that the client receives, comprehensively
- *SANE*: Sexual Assault Nurse Examiner
- *CAC*: Child Advocacy Center
- *Sexually Aggressive*: potentially violent behaviour focussed on gratifying sexual drives
- *Advanced Medical Consultant*: A Child Abuse Pediatrician, Physician or Advanced Practice Nurse who:

- a) Has met the minimum training outlined for a CAC provider (NCA Standards for Accredited Members 2017 Edition, Page 111).
- b) Has performed at least 100 child sexual abuse examinations
- c) Current in CQI requirements (continuing education and participation in expert review on their own cases)
- *Medical Coordinator*: CANOPY staff that assists with bringing the different elements of medical exams together to ensure efficiency or harmony with all hospital systems and CANOPY
- *HIPAA*: Health Insurance Portability and Accountability Act
- *SAFE program*: Sexual Assault Forensic Examination Program. The Ohio Attorney General's SAFE Program pays for the cost of a forensic examination and the antibiotic prophylaxis to prevent sexually transmitted infections
- *SAECK*: Sexual Assault Evidence Collection Kit
- *DFSAK*: Drug Facilitated Sexual Assault Kit
- *Forensic Medical Exam*: An exam by a specially trained health professional and is for health as well as to collect and preserve evidence
- *Medical Exam*: An assessment by a health professional for health purposes

ANNEXES

- A. CANOPY Medical Procedures and Protocols
- B. CANOPY Code of Regulations

APPENDIX 7

OAC Ann. 5101:2-39-01

This document is current through updates effective July 1, 2022.

OH - Ohio Administrative Code > 5101:2 Division of Social Services > Chapter 5101:2-39 Removals

5101:2-39-01. Removal of a child from the child's own home.

(A) If the public children services agency (PCSA) or private child placing agency (PCPA) has determined a child cannot be maintained safely through the implementation of voluntary safety planning, the PCSA or PCPA shall pursue removal of the child from the home.

(B) If a child has Indian heritage, tribal eligibility or tribal membership and is removed from the child's own home, the PCSA or PCPA shall act in accordance with procedures outlined in rules [5101:2-53-03](#) and [5101:2-53-06 of the Administrative Code](#).

(C) If removal of a child from the home is necessary, as determined by the PCSA or PCPA, the agency shall do one of the following:

- (1) File a complaint with the juvenile court with a motion requesting removal of the child.
 - (a) Provide the court with documentation of the provision of reasonable efforts to prevent removal or documentation identifying reasonable efforts are not required pursuant to paragraph (L) of this rule.
 - (b) Request the court make a determination of one of the following:
 - (i) Reasonable efforts to prevent removal were made through the provision of supportive services.
 - (ii) Reasonable efforts were not possible due to the urgent nature of the child's removal.
 - (iii) Reasonable efforts were not required pursuant to paragraph (L) of this rule.
- (2) Petition the court for an ex parte emergency order authorizing the continued placement of the child within twenty-four hours or the next business day from the date of the child's removal from the home.
- (3) Request the assistance of a law enforcement officer or a duly authorized officer of the court, if exigent circumstances requiring immediate intervention exist, and time does not permit obtaining a court order.

(D) Upon removal of the child, the PCSA or PCPA shall provide the child if age and developmentally appropriate and the child's custodial parent, non-custodial parent, guardian, or custodian with the following information and document the date and method of notification in the case record in accordance with rule [5101:2-33-23 of the Administrative Code](#):

- (1) Reason for the removal.
- (2) PCSA or PCPA name, telephone number, address, and name of person to contact regarding the case.
- (3) Visitation schedule prior to a journalized family case plan, inclusive of sibling visitation if not placed together.
- (4) Date, time, and place of court hearings, if applicable.

- (5) The name and telephone number of the employee designated by the court to provide the appointment of counsel to a custodial parent, non-custodial parent, guardian, or custodian who cannot afford to hire an attorney if known.
- (E) In the absence of the custodial parent, non-custodial parent, guardian, or custodian, the PCSA or PCPA shall provide or attempt to provide the custodial parent, non-custodial parent, guardian, or custodian with the information stated in paragraph (D) of this rule within twenty-four hours of the removal.
- (F) The PCSA or PCPA shall make reasonable efforts to place siblings in the same foster home, kinship home, or adoptive placement unless the PCSA or PCPA has documented that joint placement would be contrary to the safety or well-being of any of the siblings.
- (G) If siblings are not placed together the PCSA or PCPA shall do one of the following:
- (1) Develop a written visitation plan pursuant to rule [5101:2-38-05 of the Administrative Code](#).
 - (2) Develop a written visitation plan pursuant to rule [5101:2-38-07 of the Administrative Code](#).
- (H) The PCSA or PCPA shall do all of the following within thirty days after removal of a child from his or her custodial parent, non-custodial parent, guardian or custodian:
- (1) Exercise due diligence in identifying the following relatives and/or kin:
 - (a) All maternal and paternal grandparents.
 - (b) Individuals related by blood or adoption.
 - (c) A parent who has legal custody of the child's sibling including blood, half-blood, or adoption.
 - (d) Any non-relative adult the child or the child's parent, guardian, or custodian identifies as having a familiar relationship with the child and/or the family.
 - (2) Provide notice to all adult relatives and kin identified in paragraphs (H)(1)(a) to (H)(1)(d) of this rule specifying all of the following and documenting the date and method of notification in the case record in accordance with rule [5101:2-33-23 of the Administrative Code](#):
 - (a) The child has been or is being removed from the parents' custody.
 - (b) The options the relative or kin has to provide support for the child:
 - (i) Babysitting.
 - (ii) Companionship.
 - (iii) Emotional support.
 - (iv) Mentorship.
 - (v) Respite care.
 - (vi) Transportation.
 - (c) The options the relative or kin has to provide care and placement for the child including:
 - (i) The requirements to become a licensed foster caregiver in accordance with rule [5101:2-7-02 of the Administrative Code](#) and the additional services and supports available for children placed in a foster home.
 - (ii) Available kinship support in accordance with rule 5101:2-42-18.2 of the Administrative Code.
 - (d) The potential of legal permanency of the child if the parent, guardian, or custodian is unable to regain custody of the child removed.
 - (e) The failure to respond to the notification may impact the future ability to provide support, care, and placement of the child.

(3) Document in the case record if any adult relative or kin identified pursuant to paragraph (H)(1) of this rule has a history of family violence. The PCSA or PCPA is not required to notify adult relatives or kin with a history of family violence pursuant to paragraph (H)(2) of this rule.

(4) Provide information to relative or kin respondents in accordance with rule [5101:2-42-90 of the Administrative Code](#) and assess the respondents pursuant to rule [5101:2-42-18](#) or [5101:2-52-04 of the Administrative Code](#) to determine whether or not placement is approved. Upon placement of the child with an approved relative or kin, the PCSA or PCPA is not required to assess any other respondent; but shall keep a recorded list of the identified adult relatives and kin in the case record.

(I) Nothing in paragraph (H) of this rule shall preclude the PCSA or PCPA from identifying and notifying relatives or kin not expressly identified in paragraph (H) (1) of this rule, that the child has been or is being removed from the parents' custody.

(J) At any hearing on the continued placement of the child, the PCSA or PCPA shall provide the court with documentation and request the court make a determination of one of the following:

(1) Reasonable efforts have been made and continue to be made to make it possible for the child to safely return home through the provision of supportive services.

(2) Reasonable efforts were made and continuation of reasonable efforts to make it possible for the child to safely return home is inconsistent with the permanency plan for the child.

(K) The PCSA or PCPA shall provide the court with documentation and request the court make a judicial determination that reasonable efforts have been made to finalize the permanency plan in accordance with rule [5101:2-47-22 of the Administrative Code](#).

(L) Reasonable efforts to prevent removal or to return the child home are not required if the PCSA or PCPA finds the parent from whom the child was removed has:

(1) Been convicted of or pleaded guilty to one of the following:

(a) An offense under section 2903.01, 2903.02, or 2903.03 of the Revised Code or under an existing or former law of this state, another state, or the United States that is substantially equivalent to an offense described in those sections and the victim of the offense was a sibling of the child or the victim was another child who lived in the parent's household at the time of the offense;

(b) An offense under section 2903.11, 2903.12, or 2903.13 of the Revised Code or under an existing or former law of this state, any other state, or the United States that is substantially equivalent to an offense described in those sections and the victim of the offense is the child, a sibling of the child, or another child who lived in the parent's household at the time of the offense;

(c) An offense under division (B)(2) of section 2919.22 of the Revised Code or under an existing or former law of this state, any other state, or the United States that is substantially equivalent to the offense described in that section and the child, a sibling of the child, or another child who lived in the parent's household at the time of the offense is the victim of the offense;

(d) An offense under section 2907.02, 2907.03, 2907.04, 2907.05, or 2907.06 of the Revised Code or under an existing or former law of this state, any other state, or the United States that is substantially equivalent to an offense described in those sections and the victim of the offense is the child, a sibling of the child, or another child who lived in the parent's household at the time of the offense;

(e) An offense under sections 2905.32, 2907.21, and 2907.22 of the Revised Code or under an existing or former law of this state, any other state, or the United States that is substantially equivalent to the offense described in that section and the child, a sibling of the child, or another child who lived in the parent's household at the time of the offense is the victim of the offense;

- (f) A conspiracy or attempt to commit, or complicity to committing, an offense described in paragraph (L)(1)(a), (L)(1)(d), or (L)(1)(e) of this rule.
- (2) Been required to register with a sex offender registry in accordance with section 113(a) of the Adam Walsh Child Protection and Safety Act of 2006.
- (3) Repeatedly withheld medical treatment or food from the child if the parent has the means to provide the treatment or food. If the parent withholds medical treatment in order to treat the physical or mental illness or defect of the child by spiritual means through prayer alone, in accordance with the tenets of a recognized religious body, the agency shall comply with the requirements of division (A)(1) of section 2151.419 of the Revised Code.
- (4) Placed the child at substantial risk of harm two or more times due to alcohol or drug abuse and rejects treatment two or more times or refuses to participate in further treatment two or more times after a family case plan is developed pursuant to rule [5101:2-38-07](#) or [5101:2-38-05 of the Administrative Code](#) requiring treatment of the parent and is journalized as part of a dispositional order issued with respect to the child or an order is issued by any other court requiring such treatment of the parent.
- (5) Abandoned the child.
- (6) Had parental rights terminated pursuant to section 2151.353, 2151.414, or 2151.415 of the Revised Code with respect to a sibling of the child.
- (7) Deserted the child pursuant to section 2151.3515 of the Revised Code.
- (M) If the PCSA or PCPA removes a child from the home due to abuse, neglect or dependency and the family is a participant in Ohio works first (OWF), the PCSA or PCPA shall notify the county department of job and family services (CDJFS) of the child's removal according to procedures contained in the OWF county plan of cooperation.
- (N) At the end of each month for the first five months after the PCSA or PCPA takes the child into custody, the agency shall provide the CDJFS with the following information:
- (1) Whether or not the custodial parent, non-custodial parent, guardian, or custodian is cooperating with the family case plan prepared pursuant to rule [5101:2-38-05](#) or [5101:2-38-07 of the Administrative Code](#).
- (2) Whether or not the PCSA or PCPA is making reasonable efforts to return the child to the home of the OWF assistance group.
- (O) The PCSA or PCPA shall document all activities, notifications and copies of court documents required by this rule in the case record.