



**CLALLAM COUNTY
SEXUAL ASSAULT AND ABUSE
INVESTIGATION PROTOCOLS**

DOMESTIC VIOLENCE RESPONSE

**C-POD GUIDELINE FOR
FIRST RESPONDERS**

September 2023

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MISSION STATEMENT

To promote the safety of abused/neglected/trafficked children and adults within the community through an effective inter-disciplinary response.

INTRODUCTION

Each abuse/neglect/trafficking investigation case is a unique and complex process, and because investigators often have no control over events as they unfold, there can be no clear definition of the perfect investigation or interview. It is essential that investigators and clinicians have freedom to exercise judgment in individual cases, especially given their differing roles.

In situations where minimum standards are not met in an investigation, consideration should be given to the extenuating circumstances which gave rise to such non-compliance. In cases where the protocols have not been followed, no resulting inference shall be drawn doubting the truth of the charges filed.

In no case are these guidelines intended as legal authority for the admissibility or non-admissibility of evidence developed in the course of an investigation. Similarly, these guidelines should not be used as the basis for the dismissal of any charges or complaints arising from a report of abuse/neglect/trafficking.

These protocols shall be reviewed every two years under the leadership of the prosecuting attorney.

MANDATORY REPORTERS

Any Practitioner

County Coroner or Medical Examiner

Law Enforcement Officers

Professional School Personnel

Registered or Licensed Nurse

Social Service Counselor

Psychologist

Pharmacist

Employee of DCYF

Licensed/Certified Child Care Provider/Employees

DSHS Employees

Juvenile Probation Officers

Placement and Liaison Specialists

Responsible Living Skills Program Staff

HOPE Center Staff

State Family & Children's Ombuds or Volunteers

GAL's & CASA appointed under RCW 11, 13 or 26

Host Home Program

Fire and EMS

Domestic Violence\Sexual Assault Advocates

Administrative, academic or athletic department employees, including student employees, of institutions of higher education as defined by 28B.10.016 and of private institution of higher education.

Duties

If anyone noted above has reasonable cause to believe that a child has suffered abuse, they SHALL report such incident, or cause a report to be made, to the proper law enforcement agency or to the department as provided in RCW 26.44.040.

When any person, in their official supervisory capacity with a non-profit or for-profit organization, has reasonable cause to believe that a child has suffered abuse caused by a person over whom they regularly exercise supervisory authority, they shall report such incident, or cause a report to be made, to the proper law enforcement agency, provided that the person alleged to have caused the abuse or neglect is employed by, contracted by, or volunteers with the organization and coaches, trains, educates, or counsels a child or children or regularly has unsupervised access to a children as part of the employment, contract, or voluntary service. No one shall be required to report under this section when they obtain the information solely as a result of a privileged communication as provided in RCW 5.60.060.

The reporting requirement also applies to department of corrections personnel who, in the course of their employment, observe offenders or the children with whom the offenders are in contact.

If, as a result of observations or information received in the course of their employment, any department of corrections personnel has reasonable cause to believe that a child has suffered abuse or neglect, they shall report the incident, or cause a report to be made, to the proper law enforcement agency or to the department as provided in RCW 26.44.040.

The reporting requirement shall also apply to any adult who has reasonable cause to believe that a child who resides with them has suffered severe abuse, and is able or capable of making a report. For the purposes of this subsection, “severe abuse” means any of the following:

- Any single act of abuse that causes physical trauma of sufficient severity that, if left untreated, could cause death;
- Any single act of sexual abuse that causes significant bleeding, deep bruising, or significant external or internal swelling; or
- More than one act of physical abuse, each of which causes bleeding, deep bruising, significant external or internal swelling, bone fracture, or unconsciousness.

RCW 26.44.030(1)(d)

Clallam County Protocols and RCW 26.44.030((1)g) stipulate that a report should be made at the first opportunity, but in no case longer than 48 hours after there is reasonable cause to believe that the child has suffered abuse. The report must include the identity of the accused if known.

Any other person who has reasonable cause to believe that a child has suffered abuse may report such incident to the proper law enforcement agency and to the department of social and health services as provided in RCW 26.44.040.

ROLES
AND
RESPONSIBILITIES

School District Employees

School District Employees are mandated reporters of child abuse. Whenever a school employee has reasonable cause to believe that a child has suffered abuse, the school employee SHALL report the matter to local law enforcement or Child Protective Services (CPS). School District Employees can contact Law Enforcement Agencies through PENCOT at 360-417-4797. In addition, the School District Employee shall report such abuse or misconduct to the appropriate school administrator.

If a school district investigation is necessary concerning the situation, the school district shall coordinate its investigation with any law enforcement or CPS investigation so as not to interfere with or prejudice those investigations.

SCHOOL DISTRICT RESPONSIBILITIES

- Ensure that all employees are furnished with and will follow the protocol set forth in their internal procedure.

3421 Cape Flattery School District Policy Number

3421 Port Angeles School District Policy Number

3421P Sequim School District Policy Number

3421 Quillayute Valley School District Policy Number

No information available for Quileute School District

Must have a written policy regarding the district's role and responsibility relating to the prevention of child abuse and neglect. RCW 28A.230.080(1).

Must conduct training in child abuse reporting duties for school employees when hired and every three years thereafter. RCW 28A.400.317(2).

When a school employee has reasonable cause to believe that a child has suffered abuse, the school employee shall report the matter to local law enforcement or CPS.

If a school district employee has knowledge or reasonable cause to believe that a student has been a victim of physical abuse or sexual misconduct by another school employee, the school district employee SHALL report such abuse or misconduct to the appropriate school administrator. RCW 28A.400.317(1).

If a school administrator receives a report of a student being the victim of physical abuse or sexual misconduct by another school employee, the administrator SHALL cause a report to be made to the proper law enforcement agency if they have reasonable cause to believe that the misconduct has occurred as required under RCW 26.44.030. RCW 28A.400.317(1).

When law enforcement conducts interviews with victims on the school premises, school district employees will defer to law enforcement regarding the necessity for the school district employee to be present during the interview.

School District Employees will be allowed to be present at any interview of a victim that occurs on the school's premises if the victim so requests.

School districts must comply with the Family Educational and Privacy Rights ACT (FERPA), 20 U.S.C. § 1232g with regulations at 34 C.F.R. Part 99 when dealing with student's records.

Clallam County Prosecuting Attorney

The Clallam County Prosecuting Attorney is charged with prosecuting crimes occurring within Clallam County, except for misdemeanor offenses committed by adults within the County's incorporated cities, unless contracted to do so. For crimes occurring on Tribal Reservations within the County, the prosecutor's office prosecutes those crimes committed by non-Natives and may prosecute Native American Juveniles.

It is the sole responsibility of the prosecutor's office to determine what, if any, criminal charges will be filed against a suspect.

Per RCW 13.40.219, a juvenile offender arrested for prostitution or prostitution loitering receives a presumption that they meet the criteria for certification as a victim of a severe form of trafficked person as defined by section 7105 of title 22 of the US Code and is also a victim of commercial sexual abuse of a minor.

If a case involves multiple victims and/or multiple defendants, it is the sole responsibility of the prosecutor to determine the method and manner of prosecution, including, but not limited to, the order of the prosecution, the evidence to be used, the employment of various types of immunity, coordinating defense interviews of witnesses if requested by the witness, etc.

Whenever possible, after receiving a complete investigative report, the prosecutor will attempt to determine what charges are to be brought against a particular suspect within 30 days.

PROSECUTOR RESPONSIBILITIES

- Upon receiving report of adult or child abuse/neglect shall, within 5 days of making a charging decision, notify the victim, any person the victim requests, LE and CPS of the charging decision. RCW 26.44.030(6).
- Provide legal advice and legal support to the investigating LEA (RCW 36.27.020) and be available 24 hours a day to provide assistance to LE involved in sexual abuse/neglect/trafficking investigations.
- In all cases where charges are filed, the prosecutor, as a condition of the defendant's release (whether or not the defendant is released on his personal recognizance or bail is set), shall request that the court prohibit any contact between the victim and the defendant/respondent.
- Keep the victim, LE, CPS and the Advocate apprised of all court hearings and the results of same.
- Notify victim, LE, CPS, and the Advocate of any plea offer extended and whether accepted or rejected.
- After pre-trial hearing, notify victim, LE, CPS and Advocate if plea or trial.
- If plea, notify victim, LE, CPS and Advocate of plea and sentencing dates.
- If trial, notify victim, LE, CPS and Advocate of trial date.
- Determine if victim wishes a 3rd person be present during a pre-trial preparation interview.

- Schedule interviews with victim & witnesses to prepare for trial; advise LE, CPS, and Advocate of same.
- After trial, notify victim, LE, CPS and Advocate of verdict.
- Assist the victim in preparing for sentencing, including writing a Victim Impact Statement, and or speaking at sentencing, and answering any questions.
- After sentencing, notify victim, LE, CPS and Advocate of disposition of case and follow up with written disposition to LE.
- If offender is under age of 12 but at least 8, determine if case can be prosecuted or if offender is a sexually aggressive youth. RCW 26.44.160(1).
- If under RCW 9A.04.050, it is determined that an offender under the age of 12 is incapable of committing a crime and PC exists to believe that the child did commit the offense, prosecutor shall refer the child as a sexually aggressive youth to CPS providing CPS with an affidavit that PC exists to believe the child committed the acts but is incapable of committing a crime under RCW 9A.04.050. RCW 26.44.160 (2).
- Develop a written protocol for handling criminal adult and child abuse, online sexual exploitation of minors, child fatality, child neglect, adult and child sexual abuse investigations with the assistance of LE, CPS, Advocates, and any other local agency involved in the investigation of criminal abuse case. RCW 26.44.180(2) & 26.44.185(1).

FORKS CITY ATTORNEY

- Upon receiving report of child abuse/neglect shall, within 5 days of making a charging decision, notify the victim, any person the victim requests, LE and CPS of the charging decision. RCW 26.44.030(6).
- Provide legal advice and legal support to the investigating LEA (RCW 36.27.020) and be available 24 hours a day to provide assistance to LE involved in child sexual abuse/neglect investigations.
- In all cases where charges are filed, the prosecutor, as a condition of the defendant's release (whether or not the defendant is released on his personal recognizance or bail is set), shall request that the court prohibit any contact between the victim and the defendant/respondent.
- Keep the victim, LE, CPS and the Advocate apprised of all court hearings and the results of same.
- Notify victim, LE, CPS, and the Advocate of any plea offer extended and whether accepted or rejected.
- After pre-trial hearing, notify victim, LE, CPS and Advocate if plea or trial.
- If plea, notify victim, LE, CPS and Advocate of plea and sentencing dates.
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- Schedule interviews with victim & witnesses to prepare for trial; advise LE, CPS, and Advocate of same.
- After trial, notify victim, LE, CPS and Advocate of verdict.
- Assist the victim in preparing for sentencing, including writing a Victim Impact Statement, and or speaking at sentencing, and answering any questions.
- After sentencing, notify victim, LE, CPS and Advocate of disposition of case and follow up with written disposition to LE.

Law Enforcement

Participating law enforcement agencies include the following and such other agency/agencies as may adopt the protocols by signature of the corresponding chief law enforcement officer:

Clallam County Sheriff's Department

Forks Police Department

Lower Elwha Public Safety

La Push Public Safety

Port Angeles Police Department

Sequim Police Department

Law Enforcement Responsibilities

It is the sole responsibility of law enforcement to conduct criminal investigations. Criminal investigations include follow-up requests made by the prosecuting attorney office.

When it appears that a crime may have occurred within the jurisdiction of two or more separate agencies (i.e., the Port Angeles Police Department and the Clallam County Sheriff's Office), the agencies shall make every effort to reduce duplication of efforts, minimize trauma to victim(s) and their families, and safeguard the constitutional rights of all individuals. In such a situation, the supervisor of the investigating units shall coordinate and determine how the investigation will be handled and which agency shall be responsible for what phase or part of the investigation, including, but not limited to, who will conduct, observe and document interviews. The investigating agencies should include the prosecutor in such a meeting. The prosecutor will be responsible for resolving disputes should that be necessary.

- Must investigate all allegations of alleged abuse/neglect to determine if a crime has been committed & provide CPS with report. RCW 26.44.050.
- LE shall report suspected abuse/neglect/trafficking in writing to the prosecutor as soon as practical for appropriate action when the investigation reveals that a crime may have been committed. LE shall notify CPS of all reports received and their dispositions; they shall also notify CPS within 24 hours of receiving a report where a child's welfare is endangered from abuse/neglect/trafficking/sexual abuse (RCW 26.44.030(5)).
- When possible, LE will conduct interviews when reports of alleged abuse/neglect/trafficking are received. If it appears necessary, obtain a warrant to interview the child. If there is a question as to whether a warrant is necessary, consult a prosecutor.
- In order to conduct forensic interviews, LE should be current with the corresponding training requirements and tools (such as the *Washington State Child Interviewing: Quick Reference* guidelines). Utilize the most up to date Washington Forensic Interview Guideline currently updated March 2022.
- ***When conducting these interviews (adults or children), LE are expected to utilize the Child Advocacy Center (CAC) whenever practicable. If it is not practicable, LE needs to be able to articulate the reasons for not utilizing the CAC. LE should be familiar and follow the CAC protocols and procedures and notify members of the MDT of the time of the interviews as early as is reasonable so their representatives can respond and observe.***

- LE Notify parent of the interview at the earliest possible point in the investigation without jeopardizing the safety of the child or the course of the investigation. RCW 26.44.030 (15)(a)(i).
- Make reasonable efforts to accommodate child or adult's wishes to have a third person present. RCW 26.44.030(15)(a)(i).
- Make a near verbatim written record of the disclosure interview within 15 days of the interview. Every employee who conducts an interview of any person involved in an allegation of abuse/neglect/trafficking SHALL retain his/her original written records or notes setting forth the content of the interview unless the notes were entered into the electronic system operated by the department which is designed for storage, retrieval, and preservation of such records. RCW 26.44.035(3)(4).
- May take child into custody without court order if there is probable cause to believe the child is neglected/abused/trafficking and that the child would be injured or could not be taken into custody if it were necessary to first obtain a court order pursuant to RCW 13.34.050. RCW 26.44.050
- If child is taken into custody, LE shall leave written protective custody notification with parent or in residence of parent if no parent present giving reasons for removal of child from home and phone number of CPS. RCW 26.44.110.
- Should photograph adult or child for purpose of providing documentary evidence of the physical condition of the adult or child. RCW 26.44.050.

- Shall take the child into custody if physician or hospital administrator has reasonable cause to believe child would be imminent danger if left in present company LE shall release the child to CPS. RCW 26.44.056(2).
- If LE has detained or has taken a juvenile under the age of 18 into custody as a suspect, LE must put the juvenile in touch with the Youth Access to Counsel hot line (877-578-233) before interviewing the youth. **The only person allowed to waive the youth right to remain silent is the attorney on that phone call.** Procedures have been put in place on how this is to work. If you have questions please contact the juvenile prosecutor, Tracey Lassus. PENCOM should have her on-call number if after hours. Or call prosecutor's office if during work hours. RCW 13.40.740
- Not participate as an investigator of alleged abuse concerning child for whom the LEO is, or has been parent, guardian, or foster parent, guardian, or foster parent or a close friend of victim's family or suspect(s). RCW 26.44.190.
- Make every reasonable effort to provide a written statement of the rights of the child victim enumerated in RCW 7.69A.030(1-10) to include name, address & phone number of a local crime victim/witness program. RCW 7.69A.030(11).
- **IT WILL BE LAW ENFORCEMENT'S RESPONSIBILITY TO NOTIFY CPS OF ANY CHILD FATALITY AS SOON AS POSSIBLE AND WITHIN 24 HOURS**

EMS & FIRE DISTRICT PERSONNEL

EMS is responsible for responding to requests for medical help from victims of abuse/neglect/trafficking, with the primary role to preserve life, treat illness, injury and transport to appropriate medical care facilities. In addition, EMS personnel **will attempt** to maintain potential crime scenes for investigation until LE arrives. EMS will provide necessary information to receiving health care providers, law enforcement, and the county coroner in case of abuse/neglect/trafficking/fatalities.

Emergency Medical Services or Fire Department Response

1. EMS will respond to calls for serious physical abuse & child death as per Northwest Region EMS operating procedures for EMS response.
2. EMS has a primary role to preserve life, but will disturb the crime scene as little as possible.
3. Victims will be treated & transported as per the Northwest Region protocol for EMS providers.
4. Scene will be maintained & secured to the best of EMS's ability until LE can arrive. EMS will utilize one path in & out of the potential crime scene.
5. Prior to Law Enforcement's arrival EMS will attempt to prevent others from entering the crime scene or removing or disturbing anything from the crime scene.
6. Law Enforcement will immediately be notified through PENCOS. EMS will identify potential witnesses and document any statements made.

7. EMS will wear their uniform of protective clothing to shield both scene and responder.
8. EMS will leave the area “as is” prior to Law Enforcement Investigation. EMS personnel are not to clean, flush the toilet, change the heating conditions or remove the garbage or trash.
9. EMS will wait until Law Enforcement arrives to report observations before leaving the scene when reasonable. (If not possible to wait, contact Law Enforcement through PENCOR & provide contact information for all EMS personnel on scene).
11. All necessary information, including initial dispatch, scene findings, medical/incident history, treatment provided, & patient response to treatment will be given to the receiving physician.
12. In cases where the patient is not transported & determined to be dead via standards set forth by the Northwest Region protocol, EMS personnel will notify Law Enforcement and the Coroner.

13. **In cases where there is a fatality, EMS will leave the victim(s) where found; EMS will not remove the body.**
14. Attempt to keep all family members & personnel out of the scene area once the fatality has been determined. **If this is not possible, do not leave a family member alone with a dead body.**
15. In cases where a child has died or there is suspected child abuse or neglect, all personnel on scene shall fill out a supplemental report and/or a SUIDI report as soon as possible to note any **changes in the scene.**
16. EMS will document any statements made & the setting of the area.
17. All parties involved will follow HIPPA rules when dealing with protected health information.
18. In cases where EMS personnel suspect child abuse or neglect is taking place, CPS and Law Enforcement will be contacted.

CPS Intake 1-866-764-2233 (LE press 9)

**WHEN THE CORONER/DEPUTY
CORONER IS ON SCENE AND
PRONOUNCES DEATH,
THE CORONER WILL TAKE
JURISDICTION OF THE BODY AND IT
WILL NOT BE MOVED/TRANSPORTED
BY EMS.**

**THE CORONER WILL ASSUME
LIABILITY IN SUCH CASES.**

RCW 68.50.010

Child Protective Services/FAR

Child Protective Services (CPS) is part of the Division of Children, Youth and Families (DCYF) within the Department of Social and Health Services. The primary function of CPS is to protect children. CPS receives and assesses referrals regarding child abuse and neglect, and performs comprehensive assessments of risk.

Although CPS receives reports of abuse and neglect, CPS must also report incidents of child abuse and neglect to law enforcement agencies when it finds that there is reasonable cause to believe that such an incident of abuse or neglect has occurred.

Upon receiving report of incident of alleged child abuse/neglect, **should** report such incident to the proper law enforcement agency **immediately** but no later than **24 hours**;

Upon receiving a report of alleged abuse/neglect that screen in by the department, it will either result in an investigation or a family assessment. RCW 26.44.030(12)(a).

The department will use their tools to either assign the case to investigation or family assessment. This is based on imminent danger, level of risk, previous reports, and age of alleged victim. RCW 26.44.030(12)(b)(i).

If the subject family refuses the initial assessment the department will conduct a full investigation. RCW 26.44.030 (12)(b)(iv).

The department will conduct an investigation, and not a family assessment, in response to an allegation if it is believed that the child's health, safety, and welfare will be seriously endangered, not limited to sexual abuse or sexual exploitation. RCW 26.44.030(12)(b)(vi)(A).

“Seriously endangered” means poses a serious threat of substantial harm to a child; conduct involves a criminal offense where the child is a victim or the child is abandoned as defined in RCW 13.34.030. RCW 26.44.030(12)(b)(vi)(B-D).

The report to LE will come through telephone contact made by CPS to dispatch for the appropriate referral to LE.

CPS RESPONSIBILITIES/FAR

- ***The Department Must*** provide written report to proper law enforcement agency within **5 days** of oral report;
- Make reasonable efforts to learn:
 - Name
 - Address
 - Phone Number

of each person making report of alleged child abuse/neglect assuring appropriate confidentiality of identity of person(s) reporting same.

- Shall notify proper LEA of all complaints of child abuse/neglect. RCW 26.44.030(4).
- If case referred to CPS by licensed physician on the basis of expert medical opinion that child abuse/neglect has occurred and child's safety will be seriously endangered if returned home, shall file a dependency petition unless a second licensed physician of the parents' choice believe that the first expert opinion is incorrect. RCW 26.44.030(8).
- Upon receiving report of alleged abuse/neglect, may interview children. RCW 26.44.030(15)(a)(i).
- **UTILIZE THE CHILD ADVOCACY CENTER (CAC) WHEN CONDUCTING YOUR INTERVIEWS. BE FAMILIAR AND FOLLOW THE CAC PROTOCOLS AND PROCEDURES. NOTIFY A PROSECUTOR OF THE TIME OF INTERVIEW TO ALLOW THEM TO BE PRESENT.**
- **UTILIZE THE MOST UP-TO-DATE WA FORENSIC INTERVIEW GUIDELINES CURRENTLY UPDATED MARCH 2022.**
- **FORENSIC INTERVIEWERS NEED TO BE UP TO DATE ON THEIR TRAINING REQUIREMENTS.**

- Notify parent of the interview at the earliest possible point in the investigation without jeopardizing the safety of the child or the course of the investigation. RCW 26.44.030(15)(a)(i).
- Make reasonable efforts to accommodate adult or child's wishes to have 3rd person present. RCW 26.44.030(15)(a)(i).
- Shall maintain investigation records and conduct timely and periodic reviews of all cases constituting abuse/neglect while maintaining a log of screened-out non-abuse cases. RCW 26.44.030(18)(a)
- Shall use a risk assessment process when investigating alleged child abuse/neglect referrals. RCW 26.44.030(19).
- Make reasonable efforts to learn name, address & phone number of each person making report of abuse/neglect and assure appropriate confidentiality of the ID of reporting parties. RCW 26.44.030(11).
- Upon learning that another agency has also responded to the complaint, notify the other agency of your presence and **coordinate the investigation**, keeping each other apprised of progress. RCW 26.44.035(1).
- Make a written record, near verbatim of the disclosure interview within 15 days of the interview, retain original written notes & maintain same of all incidents of suspected child abuse/neglect reported. RCW 26.44.035(2)(3)(4).
- Upon receipt of report of possible abuse/neglect, DSHS must investigate and provide CPS with report in accordance with RCW 74.13 & where necessary refer such report to court. RCW 26.44.050.
- May photograph the child to prove physical condition of the child. RCW 26.44.050.

- Notify the parent, guardian, or legal custodian of the child of the allegations of child abuse/neglect against them at the earliest possible point in the investigation if it does not jeopardize the safety or protection of the child or jeopardize the integrity of the investigation. Once the investigation is completed, the perpetrator shall be notified of the department's findings. RCW 26.44.100(2).
- If child taken into protective custody by law enforcement or pursuant to court order under RCW 13.34.062, take reasonable steps to advise the parents immediately, regardless of time of day, that the child has been taken into protective custody & the reasons why, along with general information, about the child's placement complying with RCW 13.34.060. RCW 26.44.115.
- Shall investigate any referrals from Prosecutor that allege that a child is a sexually aggressive youth and may offer appropriate services/treatment to youth and parents per RCW 74.13.075. If parents refuse to accept or fail to obtain appropriate treatment or services under circumstances that indicate the refusal or failure is child abuse/neglect, dependency action may be pursued as provided in RCW 13.34. RCW 26.44.160(3)

THE CHILD ADVOCACY CENTER (CAC)

The **CAC** provides a child-friendly, trauma informed, safe and neutral location in which law enforcement and child protective investigators may conduct and observe interviews with children and adults who are victims of crimes, and where the child, non-offending family members and adults may receive support, crisis intervention and referrals for mental health and medical treatment. The **CAC** model's main objective is to reduce trauma to victims by bringing all disciplines together and sharing information more efficiently to minimize duplication.

The **CAC's multidisciplinary team (MDT)** is made up of law enforcement, child protective services, prosecutors, advocates, mental health, and medical disciplines. The MDT meets regularly to communicate and collaborate on physical and sexual abuses cases. Cases are reviewed from the victim's initial disclosure through investigation, treatment and prosecution. Communication within the MDT reduces duplication and mistakes and keeps the survivors from falling through the cracks.

A forensic interview is a process where a child or an adult is given the opportunity to make a statement about what happened in a safe, supportive environment. They are questioned in a legally-sound, developmentally appropriate manner by a **trained professional**. Members of the MDT that have jurisdiction over the case may observe the interview as it is taking place. Interviews are recorded, which reduces the number of times children or adults need to be interviewed. This reduces the likelihood of trauma to the survivor. Information gathered in the forensic interview is used to help make decisions about protection, prosecution, and treatment.

Conducting forensic interviews with child crime victims in a CAC is considered best practice.

BEYOND BEING BEST PRACTICE, PROSECUTION WANTS TO VIEW AS MANY VICTIM/WITNESS INTERVIEWS AS POSSIBLE SO THEY NEED TO BE DONE IN THE CAC ABSENT SOME EMERGENT NEED.

CAC is a child advocacy center, but best practice also finds interviewing adults in a safe, neutral, trauma informed location is best practice. So, if at all possible recommendation is that adult survivors of sexual abuse or serious physical assault be interviewed at the **CAC** following the same protocols above.

Attorney General's Office

As the attorney for state government, the Office of Attorney General represents the Department of Social and Health Services (including Division of Children, Youth and Families, Department of Early Learning and Division of Licensed Resources) in legal proceedings. The local Assistant Attorneys General are responsible for representing their clients in cases originating in Clallam County, including dependency and termination proceedings.

ATTORNEY GENERAL RESPONSIBILITIES

Review, discuss and file dependency petitions from Division of Children, Youth and Families. Represent the Department of Social and Health Services in hearings pertaining to the filed dependency petitions and termination of parental rights.

Division of Licensed Resources

The Division of Licensed Resources (DLR) is responsible for investigating abuse/neglect occurring in state licensed homes/facilities.

Community Based Advocates

Victims and their families shall be given the opportunity to have a community-based advocate for support at the hospital or other health care facilities and at any proceedings concerning any alleged assault. This support may include, but is not limited to, the presence of a community-based advocate at medical appointments, law enforcement interviews, prosecutor interviews, defense interviews, and any court proceedings. RCW 70.125.060

ADVOCATE RESPONSIBILITIES

- As soon as possible but not later than 48 hours, make appropriate reports to LE and/or CPS if an allegation of child abuse/neglect is received including identity of accused if known. RCW 26.44.030(1)(a),(e).
- Provide confidential support and advocacy to victims of and families of victims of abuse during investigation, prosecution and as long as desired by the victim or victim's family.
- Offer crisis support and referral services.
- Accompany victim to interviews if requested.
- Refer victim to counseling as may be appropriate.

VICTIM WITNESS ASSISTANTS IN PROSECUTOR'S OFFICE

The victim witness coordinator in the prosecutor's office will ordinarily be present at victim interviews and court proceedings. Their presence, however, does not preclude a community advocate from being present if the victim wishes, as community-based advocates roles are different.

MEDICAL

MEDICAL EVALUATIONS, EVIDENCE AND TREATMENT

A specialized medical exam may be appropriate in cases where abuse has been reported. Medical/forensic examination for abuse may be appropriate for children and adults in both emergent and non-emergent situations. These examinations may include an interview for the purpose of taking a medical history as well as a physical exam. The medical exam is appropriate whether the contact included “penetration”. The purposes of the exam include but are not limited to, identifying, and treating physical injury, documenting signs and/or symptoms, providing confirmation or alternative diagnosis to the suspected abuse. Where physical evidence is present, the person conducting the physical/medical exam is expected to collect that evidence.

****The following is a guideline for conducting the medical-legal examination and collecting forensic evidence for **children of all genders age 12 and younger when there is a report or concern of sexual abuse or assault. The evidence collection window is 120 hours for pre-pubertal children.****

LE should triage the decision with medical providers available, either Lower Elwha Klallam SANE program or St. Michael's SANE Program in Silverdale to determine what kind of exam should be performed: a screening exam, an acute exam, or a comprehensive exam based on the specific facts of the case. This discussion should be noted in LE reports.

****The following is a guideline for conducting the medical-legal examination and collecting forensic evidence for **adolescents of all genders and adults when there is a report or concern of sexual abuse or assault. The evidence collection window is 120 hours for post-pubertal children.****

LE should triage the decision with medical providers available for adolescents, either Lower Elwha Klallam SANE or St. Michael's SANE in Silverdale. As for adults, LE should triage with medical providers St. Michael's SANE in Silverdale, Mary Bridge Sexual Assault Clinic in Tacoma, Harborview Medical Center, or Olympic Medical Center. This triage will determine what type of exam will be appropriate: screening, acute, or comprehensive. This discussion should be noted in the LE reports.

Responsibility of Medical Professionals

Initial reports of child abuse made to medical professional shall be immediately reported to the appropriate LEA or CPS. Medical professionals will share alleged victim(s) medical reports with the proper LEA when such reports are necessary to the investigation, or to ensure the safety of the child, or when a medical release from child's parent or guardian is presented. RCW 70.02.050.

Peer/Expert Review

If there is a request for a second opinion in a sexual assault case by any party, it is recommended that the victim be evaluated by the SANE examiner at St. Michael's SANE program in Silverdale or by the Harborview Sexual Assault Center patient care coordinator.

Medical Documentation

Injuries concerning abuse should be documented as thoroughly as possible with consideration given for photo documentation and use of body maps. In sexual assault cases, photo colposcopy for sexual abuse is **NOT REQUIRED** but may be appropriate. Adequate photography may be performed with a digital camera with attention given to maintaining chain of evidence.

MEDICAL PERSONNEL RESPONSIBILITIES

- Conduct forensic medical examination in accordance with medical protocol.
- Obtain medical history from patient.
- Document physical findings that substantiate concerns.
- Maintain reports resulting from examination and provide, upon request, to LE, CPS, the prosecutor and the AGO.
- Provide samples collected from the examination to LE.
- Maintain records of the medical history (recorded or written) of the patient and provide copies to LE, CPS, prosecutor, and AGO.

An administrator of a hospital/similar institution, or any physician licensed in the State of Washington, may detain a child without consent of a person legally responsible for the child whether or not medical treatment is required, if the circumstances/conditions of the child are such that the medical professional has reasonable cause to believe that permitting the child to continue in their place of residence or in the care and custody of the person legally responsible for the child's care would present an imminent danger to that child's safety. The administrator/physician shall notify the appropriate LEA and/or CPS as soon as possible and in no case longer than 72 hours.

RCW 26.44.056(1).

INVESTIGATION

TRAINING AND QUALIFICATIONS

RCW 43.101.224 & RCW 43.101.272 indicates that there shall be on going specialized training for individuals responsible for investigating sexual abuse. Law enforcement agencies shall send those persons within the department responsible for forensically interviewing victims of sexual assault to the training designed by the Washington State Criminal Justice Training Commission, Washington Associations of Prosecuting Attorneys, Washington Association of Sheriffs and Police Chiefs, and Department of Social and Health Services. (Training consistent with RCW 43.101.224 and 74.14B.010 & RCW 43.101.272). These individuals are required to attend at least two peer review a year and other on-going training and be familiar with updated best practices.

It is recommended that forensic interviews of victims and child witnesses occur at the CAC. Interviewers need to follow the protocols of the CAC which requires them to be up to date on their training.

INITIAL REPORT CONTENTS

RCW 96.44.040

The initial report should contain the following information:

1. Name, address and age of victim.
2. Name(s), address(es), telephone numbers of minor's guardians.
3. The Probable Cause statement **will not** list juvenile victims, juvenile witnesses or adult sexual assault victims full names. RCW 7.69A.030(4) Probable Cause statement **must** use initials and DOB when referencing to juvenile victims, juvenile witnesses, or adult sexual assault victims.

This does not apply to juvenile suspects names – USE THEIR FULL NAME.

1. The nature and extent of the alleged abuse or neglect.
2. Any evidence of previous injuries of abuse or neglect, including the nature and extent of the same.
3. Any other facts or information that may be helpful in establishing the cause of extent of the victim's death, injuries, neglect, abuse, and the identity of the perpetrator(s).
4. Facts alleging abuse or neglect.
5. Confirmation that other agencies have been notified including date and time of such notification.

RESPONSIBILITY FOR INVESTIGATION

It is important to make distinctions between agencies because of differing responsibilities. These distinctions will enhance cooperation, assure coordination, minimize interference, and reduce the number of interviews the victim must endure.

Any time there are allegations of sexual assault, abuse or neglect, a crime may have been committed. The proper LEA will **always** assume the lead in such investigations.

The LEA will keep the other agencies informed of the investigation status and progress. CPS/DLR will participate in the investigation when requested by LE pursuant to RCW 26.44 and RCW 13.34.

While the term investigation is used throughout the protocols and the statutes, it is important to note that it has different meaning when referring to CPS/DLR than referring to LE.

LE is the primary investigating agency in all cases of alleged sexual abuse of children and adults. CPS/DLR and LE shall cooperate in the investigation of cases in which the alleged perpetrator is a household, family member, works in a licensed foster care facility, works in a licensed daycare facility, or is a foster parent. However, even in the case of a cooperative investigation, care should be taken that primary interviews of victims, witnesses and perpetrators are performed by appropriately trained LEOs.

CPS/DLR shall provide assistance to LE upon request when advised, residential placement is needed, or a child in temporary or protective custody needs medical attention or treatment.

LE shall provide assistance to CPS/DLR in cases of alleged child abuse or neglect cases where a crime may have been committed, whenever there is a risk of assault, threats have been made, or there is a risk of abuse from anyone either directly or peripherally involved, and in cases where the child needs to be placed in protective custody.

LE or CPS/DLR will immediately initiate an investigation whenever there is the indication that the child is at risk of further abuse, neglect, or harm to prevent the child from being removed from the jurisdiction, and to prevent the loss of testimony or evidence.

In the following rare circumstances, the initial investigation may be delayed when:

1. An immediate response will increase the risk to the child,
2. It is necessary in order to coordinate joint initial investigations.
3. it is necessary to establish an appropriate location and time for the initial interviews of the child and others. The **CAC** should be utilized for interviews whenever possible.

INVESTIGATIVE PROCEDURES

When LEOs take the initial report from victim(s), witness(es), or mandatory reports they must:

1. **Immediately** contact their supervisor and advise of the report.
2. Assess the risk to the victim and witness(es) and determine if placement is necessary. LE with specialized training will be assigned to allegations of sexual assault.
3. Notify CPS as soon as possible if a child is involved in the report, or if their participation is required.
4. The proper LEO shall notify the prosecutor's office as soon as possible regarding the investigation.
5. The LEO, the prosecutor, and CPS worker assigned to the case shall coordinate to ensure assistance can be provided to the child as needed.

The LEO shall check available LE records and CPS records regarding past contacts with the family. LE and CPS shall share any relevant information to the investigation.

SUSPECT & WITNESS INTERVIEWS

Whenever possible LE shall always attempt to interview all suspects and witnesses. A complete interview shall be conducted of any person to whom the initial report of abuse or neglect was made to determine facts relevant to the investigation.

In cases where CPS and DLR are involved and required to interview a parent or guardian who is also a suspect, each agency, whenever possible, will coordinate with the appropriate LEA regarding the interview. CPS and DLR will seek to avoid interference with the criminal investigation.

VICTIM INTERVIEWS

This protocol applies only to investigative interviews, and not other statements made by the victim to other people.

1. Interviews of victims are often the primary source of information in sexual assault crimes. With investigative interviews, care should be taken to conduct a thorough open-minded and sound interview that enhances free recall. These forensic interviews should always be conducted in person, and whenever practicable at the **CAC. If the interview is not conducted at the CAC the interview should be video and audio recorded.**

LEA shall assume the primary responsibility for conducting investigative interviews of sexual assault victims. In cases where the alleged perpetrator is a household member CPS should be informed an interview has taken place. LEO shall notify the prosecutor's office and the CPS worker of the pending interview at the CAC so they may be present if they choose.

2. Persons who conduct investigative interviews should make themselves aware of a victim's developmental level. If the victim is a child, they need to be able to question the child in an appropriate age and developmental level. If the victim is an adult and they have special needs, the interviewer needs to be able to question them appropriately within their cognitive level.
3. Investigative interview of adults and children with obvious and significant developmental delays pose challenges. These interviews should be conducted by someone who has received specialized training. However, an interview conducted by investigator without specialized training does not preclude the use of such an interview for evidentiary purposes.

When the investigator has these types of interviews it is especially important to involve the prosecutor, therapist, and other members of the **CAC MDT** if appropriate.

For every interview, the focus, reliability, and the admissibility of the interview should be based on the interview and the evidence.

Under every circumstance, interviews shall be conducted in a manner that will elicit reliable information while minimizing the use of leading questions that could change or contaminate the child's memory of the event. This does not mean that the appropriate use of leading questions is prohibited or that leading questions necessarily change or contaminate a child's memory.

It must be remembered that interviews conducted by medical personnel, CPS, and DLR are conducted for purposes other than potential criminal prosecution and thus are not subject to these guidelines. **However, medical, CPS, and DLR personnel should familiarize themselves with the guidelines and follow them whenever possible to avoid unnecessary contamination of law enforcement investigations.**

4. Documentation of investigative interviews should be accurate and detailed. Interviews shall be recorded, preferably video recorded and at minimum audio recorded. Recorded interviews should be transcribed at the request of the prosecution. The recording of the interviews should be sent with the initial referral to the prosecutor's office. Original recordings of the interview shall be kept in evidence in accordance with the procedures of the investigating agency.
5. In situations where a spontaneous statement is made to LEO and in other situations where a recording is not feasible, the LEO shall document in a near-verbatim manner the statements of the child, as well as the circumstances under which the statement was made, including when and where the statement was made, who was present, and any statements or questions initiated by any other person who was present. This documentation shall be contemporaneous or as near to contemporaneous as circumstances practically allow.
6. Investigative interviews shall be conducted with consideration given to the emotional comfort of the victim. There will be times when interviews must be done in a field setting or under circumstances that are less than optimal. In such situations, every effort should be made to make the victim feel comfortable, safe and protected. Interviews, therefore, **SHALL** be conducted away from the alleged perpetrator, away from any location where the alleged abuse occurred, and away from any antagonistic/non-supportive person.

7. Children of the perpetrator and other household members **should** be interviewed **privately** to determine if they have been a victim of or have any knowledge of abuse to other victims. These interviews should be conducted in such a manner to avoid undue trauma to other potential victims and avoid contamination of potential victim(s) and/or witnesses.
8. When the interview concerns a child, guardians of the child need to be notified as soon as possible without jeopardizing the safety of the child or the investigation. Interviews of children may be conducted without parental notification or consent when necessary to protect the integrity of the investigation when the suspect is a parent or household member, the suspect is an adult with an intimate relationship with the other parent, the non-suspect parent is antagonistic and/or unsupportive of the child and/or the investigation. LEO may need to consider obtaining a search warrant to interview the child if necessary.
9. If the victim wishes to have a third party present during the interview, the interviewer shall make reasonable efforts to accommodate the victim's wishes as is required by RCW by 70.125.060, unless the victim objects to the presence of a third party and/or the third party will jeopardize the integrity of the investigation, or the third party interferes or injects themselves into the interview in such a manner as to jeopardize the integrity of the interview.

METHODS OF PROTECTING VICTIMS

The safety and well-being of the victim should receive priority during any investigation of abuse. All reasonable steps should be taken to prevent unnecessary trauma to the victim during an investigation. Every effort will be made to minimize the number of interviews.

When investigating abuse of children, LEO shall take or cause a child to be taken into protective custody without a court order if there is probable cause to believe that the child is abused or neglected and that child will be injured or could not be taken into custody if it were first necessary to obtain a court order (RCW 26.44.050).

Children shall be taken into protective custody when the child victim has been abused or exploited and there is reason to believe that the parent(s) or guardian(s) may flee the jurisdiction with the child, there is specific evidence that the parents' anger or discomfort about the report and investigation may result in retaliation against the child, or the person(s) with whom the child resides have been arrested for any reason.

**THE DECISION TO PLACE CHILDREN IN PROTECTIVE CUSTODY
RESTS SOLELY WITH LAW ENFORCEMENT OFFICERS.**

When a child is taken into protective custody, a referral shall be made to CPS. Under RCW 26.44.030(4)(5), LEO must make a referral within 24 hours if the child's welfare is endangered. Under RCW 13.34.060(1), a child taken into custody without a court order shall immediately be placed in shelter care. CPS must file a dependency petition and secure a shelter care hearing within 72 hours (excluding Saturdays, Sundays and holidays) after a child has been taken into custody by LE.

LE shall ensure that when needed a victim receives appropriate medical examination and treatment. If a sexual assault appears to have occurred within 120 hours of the report, law enforcement SHALL consult with a physician or person trained in conducting forensic examinations to evaluate whether or not a medical exam should be conducted on the victim.

LE shall inform the victim that they are entitled to have a community based advocate contacted and present during the investigation.

Triage Medical Evaluations

Lower Elwha S'Klallam SANE Program-Port Angeles (pediatrics)

360-452-6252 (during office hours)

541-526-9256 (after hours)

Forks Community Hospital-Forks (adolescent/adult)

360-374-6271

St. Michaels-Silverdale (pediatrics & adolescent/adult)

360-337-8115

Mary Bridge Sexual Assault Clinic-Tacoma

253-403-1478 (pediatrics & adolescent/adult)

Harborview Medical Center-Seattle

206-744-9430 (pediatrics & adolescent/adult)

Child Protection Medical Consultants

206-987-2000

Consent for Care

The parent/guardian must sign consent for medical care for abuse evaluations for children under 14 years of age. If there is significant concern of abuse within the previous 72 hours, and the parent/guardian is unavailable or unwilling to sign for care, LE will be notified, and the child will be placed in protective custody.

WASHINGTON STATE SEXUAL ABUSE MEDICAL EVALUATION RECOMMENDED GUIDELINE 2017 (latest update)

The type of exam will vary according to the patient's needs, the medical setting, and the expertise of the examiner. If you are a LEO then you need to communicate with the appropriate medical triage provider and determine what criteria the victim fits and help arrange/refer for an ACUTE Exam (commonly known as a SANE Exam).

Acute Exams are indicated when there has been:

- A clear report of Sexual Contact or Witnessed Sexual Contact **AND**
- The contact occurred within 120 hours

Additional Reasons that an ACUTE Exam beyond 120 hours may be warranted are:

- Active Vaginal or Rectal Bleeding of unknown etiology and concern for high-risk situation, e.g. abduction.
- Penetrating vaginal or anal injury without adequate history

Prior to the exam the following information and requests to the victim and/or family member:

- Do not bathe.
- Estimate wait time.
- How long the exam may take.
- If clothing has not been collected bring from the incident with them.
- Bring a change of clothes to wear after the exam.
- Bring a support person to the hospital if they desire.
- Inform them evidence collection will occur.

Medical provider should have rape kit onsite (no referred to as Sexual Assault Kit-SAK).

If a rape kit is used in the examination of the victim, LE MUST take the rape kit into evidence pursuant to RCW 5.70.040. LE MUST submit the rape kit to the Washington State Crime Lab within 30 days of receipt if the victim wishes to proceed.

Additionally, LE will obtain copies of pertinent medical history of the victim(s) medical records, photographs, records relating to examination, and treatment for the abuse.

COMPLEX CASES

PRODECURES FOR THE INVESTIGATION OF COMPLEX CASES

As a general rule, complex cases mean a case involving at least three victims, a case with multiple perpetrators, a case where there are potential victims who have not disclosed, or a case where crimes have occurred in multiple jurisdictions.

Upon receipt of a complaint involving a complex case, the investigating agency who received the complaint shall convene a team within 24 hours of the initial complaint. The team SHALL consist of the following members:

1. A prosecutor or deputy prosecutor with experience in the type of case.
2. A LEO from each LEA involved.
3. A supervisor from the investigative unit from each LEA involved.
4. A CPS representative.
5. A community-based advocate as needed to offer services to the victims.
6. Medical Consult by phone if available, 206-987-2000.

The team shall be advised of the nature of the complaint and the facts which cause it to be classified as a complex case.

LE, community-based advocates, and CPS shall immediately coordinate any immediate action required to take a child(ren) out of harm's way and adult victims.

The Prosecutor shall assign a lead prosecutor to handle the case. Each LEA shall choose a supervising investigator to supervise the responsibilities of their agency. The team may be supplemented as necessary or desirable with other personnel as needed.

The lead prosecutor and the supervising investigator, in conjunction with CPS, from each agency shall assign and coordinate responsibilities for their respective agency, including the determination of which LEA shall take the lead role in the investigation. If this cannot be determined through the agreement of the parties, the prosecutor shall have the authority to make the decision.

If the prosecutor believes it necessary, a representative of the AGOs, DLRs, and any other agency or group shall also attend the team meetings. The prosecutor and prosecutor's victim witness coordinator shall be responsible for explaining the investigative and prosecutorial process to victims and for disseminating information to the media.

The team shall also discuss and determine whether additional personnel are required, the role and tasks of each individual involved in the investigation, identify persons to be interviewed, determine the order in which to conduct interviews, which agencies will conduct them, where they will occur, tentatively determine whether third parties may be present, devise procedures to minimize contamination of potential victim(s)/witness(es) such as who will contact them, what they are told, if the use of multiple interviewers is advisable, and procedures to eliminate or minimize contacts between potential witnesses and between investigators until such time as interviews have been completed.

MULTI-JURISDICTIONAL REPORTING PROCEDURES

Where the victim of abuse resided in one jurisdiction and has been abused in another jurisdiction, a report **SHALL** be made to CPS and LE where the victim is currently residing. This will ensure the safety and protection of the victim and allow the appropriate agency to initiate or assist in the investigation. A report shall be made to the local LEA. The local LEAD shall report the abuse to the LEA in the jurisdiction where the abuse occurred and to CPS. This procedure will ensure coordination of the investigation and enhance the evidence gathering process. Reports to CPS and LE **SHALL** be exchanged between CPS and LE in all involved jurisdictions.

AGENCIES IN OTHER JURISDICTIONS WILLING TO ASSIST

The Kitsap County Prosecuting Attorney's Office and the Kitsap County Sheriff's Office have qualified persons who are trained and experienced in the investigation and prosecution of abuse cases and are willing to help with technical assistance should it be necessary.

Kitsap County Sheriff's Office
Detective Division
360-337-5610

Kitsap County Prosecuting Attorney
360-337-7174

INFORMATION SHARING

LE, prosecutors, AGO, CPS, DLR, Division of Early Learning, School Districts, EMS and community-based advocates shall share appropriate information with each other as authorized by statute. Information sharing can minimize repetitive investigative interviews, prevent unnecessary duplication, and overlap of efforts.

CASE DISPOSITION AND CLOSURE

When a LEA believes that it has fully investigated a case, it shall determine whether there is sufficient evidence to believe a crime has been committed and take appropriate action. Where there is sufficient evidence, the case shall be referred to the prosecutor's office. LE shall arrest the suspect when necessary: to protect the victim and/or community, to preclude removal of a child victim from their home, to prevent the flight of the perpetrator, to prevent the continued abuse. This does not necessarily mean that the investigation has been completed. LE may continue to investigate, and the prosecutor may request further information or investigation.

Whenever possible, the prosecutor will determine if and what charges should be filed within 30 days of receiving the referral. Prosecution should occur where there is sufficient admissible evidence to prove guilt beyond a reasonable doubt. Once a charging decision has been made, the prosecutor's office shall attempt to notify the victim and the referring LEA within 5 business days.

Having received a referral for sexual abuse pursuant to RCW 26.44, the prosecutor shall notify the victim or appropriate parent or guardian or other person the victim requests, and the local office of DCYF of the decision to charge or decline to charge a crime within 5 days of making the decision. CPS will investigate, provide services, close cases in accordance with these protocols, the guidelines set out in the RCWs and WACs, and the specific guidelines set forth in DCYF policies and procedures manual. The AGO will represent DCYF in dependency and terminations and close cases when a permanency plan is achieved.

**CHILDREN/YOUTH AND
DOMESTIC VIOLENCE
RESPONSE**

Compliments of:

King County Sheriff's Office

**King County Dept. of
Community and Health Services**

King County Prosecuting Attorney

**Seattle & King County Public Health
Region Four, Washington State Dept. of
Social & Health Services**

This booklet provides guidelines for officers responding to domestic violence incidents where children are present. The checklist is intended to assist officers by highlighting common investigative steps. The guidelines in this booklet will not always be applicable in their entirety because of differing circumstances.

Children & Domestic Violence Checklist **(Investigative Guidelines)**

1. Upon arrival at scene:

- Locate children, determine their whereabouts.
- Identify each child by name, sex, and age.
- Determine child's proximity/involvement with incident.

2. Check on child's well being & physical condition.

- Note child's demeanor and emotional state.
- Note any evidence of injury.

3. Provide reassurance/support to the child(ren).

- Identify yourself and explain your role.
- Talk to each child in a safe place away from suspect, victim, and siblings.
- Try to get the child(ren) to relax.
- Tell the child(ren) that you are there for their safety.
- Tell the child(ren) that the violence is not their fault.

4. Talk to the child(ren). Ask simple non-leading questions.

If the first responder is not comfortable interviewing a child under the age of 12 years, please call a trained child interviewer from your department and ask them to respond to the scene and do the interview. If the first responder is comfortable interviewing the child, follow the guidelines as closely as possible and thoroughly document the interview.

- Get down on your knees or sit to face the child.
- Do not force the child to talk.
- Ask "Why do you think I am here?"

- Ask “Tell me what happened.”
- Ask “What did you see or hear?”
- Ask “Has this ever happened before?”
- Ask the child if they were hurt during the incident.
- If child or caregiver reports injury, call EMS for assessment.

5. Assess for risks of imminent harm to child(ren).

- Determine if perpetrator has violated any court order in effect for the child.
- Determine if domestic violence has increased in frequency and intensity.
- Assess perpetrator for lethality indicators such as display/use lethal weapon(s) at the scene, threatening suicide or homicide, hostage taking or stalking, inflicting severe violence when using alcohol/drugs and/or an untreated psychosis or mental health disorder.
- Determine if child(ren) can remain safely at scene.

6. Determine if need for protective custody.

- Consider protective custody when probable cause exists that the child(ren) would suffer further abuse/neglect if left at scene.

7. Child(ren) and family resources.

- Offer Child(ren) a DV booklet.
- Give DV Protection Act victim’s right form & available resources.

8. Completing incident report/DV supplemental report.

- Document child’s name, age, location, level of fear, and risk of imminent harm on the DV supplemental report.
- Indicate if child is a witness or a victim in the incident report.
- Describe the nature of the assaults or threats.
- Describe and document the child’s involvement with the incident.

- Document child's demeanor and emotional state.
- Record what the child saw/heard at the scene.
- Document any assistance/referrals given, or CPS reports.
- Document EMS assistance and names of EMS personnel.
- Document acts of violence and threats to kill the child and others.

9. Telephone CPS immediately to triage child/youth's safety needs at the DV scene when:

- The child is assaulted or injured during the DV incident.
- Perpetrator violates child NCO and/or protection order.
- Discharge of a firearm or use of a lethal weapon in the child's presence.
- The child expresses fear that perpetrator will kill or injure someone in the home.
- Perpetrator displays a pattern of lethality indicators (See section 5). The child remains at high risk of severe injury or death if perpetrator has access to the child.
- The child's parent/caretaker cannot safely care for the child(due to injury, substance abuse use, mental health disorder, etc.) and **law enforcement** places child into protective custody.

10. Must make CPS referral within 24 hours when the child/youth is at risk of substantial harm from DV.

Examples may include:

- Perpetrator interference with child/youth's attempts to report DV.
- Perpetrator throws object that could hit or injure the child (reckless endangerment).
- Child in physical jeopardy during assault or destruction of property (child gets caught in DV cross-fire but not injured or child attempts to intervene in DV).
- Perpetrator forces/coerces child to participate in the DV.

- Perpetrator displays firearm or lethal weapon in child's presence.
- DV patterns escalating in severity or frequency in last 90 days.
- Child/Youth is witnessing or forced to participate with perpetrator in killing or torturing of a family pet.

11. **Should consider a CPS referral when the child may be at risk or harm.** When in doubt, contact your supervisor, call CPS intake or FAX report to CPS.

- Child experience changes in patterns from exposure to repeated DV incidents (such as sleep deprivation, increased aggressive behaviors, wetting the bed, chronic fear, anxiety or depression).
- Perpetrator interferes with the provision of the child's minimal needs of food, shelter, health or safety.

Examples may include:

- *Perpetrator acts in a cruel, humiliating, and dehumanizing manner to child at DV scene.*
- *Perpetrator blames child for the DV.*
- *Perpetrator has a history of abuse to children.*

Child Neglect

LE will make every effort to obtain the following items of evidentiary value:

- State of child(ren)'s health & physical development.
- Physical hazards in the home, including exposed wiring, presence of illegal substances, child's ability to sustain injury from items such as cleaning supplies, controlled substances, etc.
- Photograph/videotape home/scene.
- Determine who has custody of child(ren).
- Adequacy of supervision.
- Provisions for basic needs, including nutrition, medical & dental care.
- Extent of emotional harm to child(ren).
- Caretaker(s) parenting abilities, including signs of mental or physical impairment/substance used/abuse.
- Presence of food (spoiled/rotten/type & quantity)/other indications child(ren) are not being properly fed.
- Identification of other children/adults in home.
- Medical records.
- School records.

Physical Abuse of Child.

LE will make every effort to obtain the following items of evidentiary value:

- Photographs of injuries & location on body of child(ren) sustained injury.
- What causative factors are present? Photograph & seize item(s) used to inflict injury.
- Presence of any defensive injuries.
- ID of all individuals who had access to child(ren) during time frame injuries were sustained.
- Statement(s) from child(ren), caretaker(s), & witness(es).
- Medical release(s) signed by guardian.
- Measurement(s) such as distance from top of changing table to floor where parent says child accidentally fell.
- Documentation of child characteristics, to include age, physical/mental/emotional delays, fear of caretaker or home environment, etc.
- Documentation of caretaker/parental characteristics (such as victimization of other children, mental/physical/emotional impairment, substance use/abuse, history of DV assaultive behavior, etc.).
- If child(ren) sustained burns, determine if it's a dry or wet burn; document water heater setting, shape of burn; photograph & seize item(s) deemed capable of causing burn.
- Record information re: child(ren)s' height, location or light fixtures/light bulbs, etc.
- Recent observations of child(ren) (vomiting, feeding problems, lethargy, irritability, impaired consciousness, etc.);
- Child(ren)s' developmental level;
- State of child(ren)s clothing;

- Presence of visible injur(ies);
- Recent phone calls made;
- Seize blood evidence;
- Measurements, diagrams, photographs;
- Temperature, inside & out;
- Points of entry;
- Sleeping arrangements;
- Contents of toilet;
- Contents of baby bottle(s);
- Contents of garbage cans & waste baskets;
- Condition of there child (ren);
- Evidence of motive (soiled underwear, bedding, diapers, medications, etc.);
- Instruments of discipline.

Child Fatalities

LE will make every effort to obtain the following items of evidentiary value:

- Location & position of body—photograph & videotape thoroughly before body is moved.
- Determination whether body moved by anyone?
- Whether CPR given.
- Presence of rigor/lividity.
- Document vehicles present.
- Limit access to scene—document demeanor of every one on scene.

- ❑ Crime scene log.
- ❑ Develop timeline.
- ❑ History of LE/CPS contact/prior death(s) of child(ren).
- ❑ Names of everyone who had access to child(ren) in past 72 hours.
- ❑ Who found child(ren).
- ❑ Who reported death.
- ❑ Separate everyone & interview separately.
- ❑ What child(ren) ate in past 24 hours.
- ❑ Preserve evidence (soiled diapers, bedding, clothing, drugs, item(s) that could be mechanism of injury/death or suggest mechanism of injury.
- ❑ Obtain all first responder(s) observations before they leave scene.
- ❑ Name of doctor(s) & last visit.
- ❑ Obtain medical release(s).
- ❑ Prescriptions (written & filled).
- ❑ Presence of over counter medications.
- ❑ Pre-existing medical conditions.

NOTIFY CPS IMMEDIATELY WHEN THERE IS A CHILD DEATH (this includes but is not limited to SIDS, accidental, homicide, expected) ALL CHILD DEATHS!!!

WHEN THE CORONER/DEPUTY CORONER IS ON SCENE AND PRONOUNCES DEATH, THE CORONER WILL TAKE JURISDICTION OF THE BODY AND IT WILL NOT BE MOVED/ TRANSPORTED BY EMS. THE CORONER WILL ASSUME RESPONSIBILITY IN SUCH CASES. RCW 68.50.010

******FIRST RESPONDERS******

**C-POD Guidelines for First Responders:
Child Deaths & Serious Physical Injury Cases**

These are only guidelines.

Not all information may be pertinent or available.

Follow local procedures & established protocols!

These guidelines provide a quick review of recommended approaches in cases where a child has died suddenly & unexpectedly, or sustained serious unexplained or suspicious physical injury. They list important considerations for 1st responders (especially CPS/DLR, Law Enforcement, and EMS/paramedics) during an immediate response to the scene where the child was injured or found. Determination of the cause of death or mechanism of injury will depend on the results of a complete investigation & medical evaluation. In addition to considering these suggestions, please note any other relevant information. Keep in mind: not all items apply in all cases – each situation is different & the appropriate response will vary depending upon available resources & the specific facts of the case.

Produced in 2006 by the WA State Criminal Justice Training Commission (CJTC) & funded by a DSHS Children's Justice Act grant, the C-POD Guidelines are based on a series of meetings held throughout WA State, facilitated by Patti Toth & Ilana Guttman, who also compiled the guidelines.

For additional resources & training information, go to the CJTC website at www.cjtc.state.wa.us or contact CJTC Program Manager Patti Toth at pthoth@cjtc.state.wa.us.

Beyond the C-POD Guidelines:

Improving Community Response to Child Fatalities and Serious Physical Abuse Cases

- Revise & expand scope of your *county* **Child Sexual Abuse Investigation Protocol** to address child fatalities & serious physical abuse cases; involve additional local professionals & agencies:
 - *EMS & Fire District personnel; Coroner or Medical Examiner; Medical providers: ER/Hospitals; Comm. Center/ 911 dispatchers;*
- Utilize a *multidisciplinary approach* to these investigations
- Use the **SUIDI form** (*Sudden Unexplained Infant Death Investigation*) for infant deaths
- Develop your own *checklists*: include pertinent local phone #s
- Participate in local **child death review** teams to plan follow-up investigations and de-brief

Collaboration

- *Ensure an **immediate, coordinated investigation** of ALL unexpected child deaths & serious injuries.*
- Immediately summons **EMS**
- Immediately call **Law Enforcement** to scene of injury or death (and to hospital if child has been transported)
- Immediately call **CPS** to scene(s): 1-888-713-6115 or after hours **800-562-5624**.....(*Law Enforcement: press "9"*)
- *Contact/notify other key players ASAP as appropriate:*
 - Special Unit Detective(s)
 - Medical Examiner/Coroner
 - Dept. of Licensed Resources (DLR):
 - *f daycare (licensed or unlicensed), etc.*

Child Protection Medical Consultants (free expert medical consultation): (Medical Child Abuse Expert) 206-987-2000

- WSP CSRT, Crime Lab (total station)
- Prosecutor; other involved agencies
- Tribal Authorities
- Language Interpreter
- Counselor/Clergy/Chaplain
- Animal Control/ Bldg. Inspector, etc.

Consider:

- Who may/may not have been alerted
- People necessary to ensure full investigation
- Cause of injury/death is often not immediately obvious

Exchange information:

- Observations of all 1st responders
- Contact information for all responders
- History of child, family, caregivers, residence, etc. (Any patterns?)

Clarify roles:

- Who needs what info, when & how?

Who has the expertise/training to...

- Manage the scene (lead)
- Gather/document information
- Interview witnesses (including children)
- Preserve evidence
- Assess ongoing safety of child(ren) in home
- Determine need for protective custody of child(ren), identify appropriate placement

PRESERVATION

Maintain scene as it was when child (or injury) was discovered until evidence is seized, is documented, and/or circumstances are demonstrated or reconstructed.

Strive first to preserve life:

1. Render all necessary medical aid
- Disturb scene as little as possible
 - Prevent others from disturbing evidence
 - Secure the scene - Keep everyone at scene(s) until all info. Gathered
 - Clearly identify how 1st responders enter/exit the scene (*limit contamination*)
 - Wear protective clothing to shield both scene and responder

Preserve information:

- Interview witnesses (on video); take photos (at scene of injury and at ER/Hospital if child there); and record detailed observations ASAP

Disturb scene as little as possible:

Don't move a clearly dead child.

Don't turn on/off appliances.

Don't allow garbage to be emptied.

Don't change clothes/diapers - if you do, keep the clothing / diaper.

Prevent anyone from destroying potential evidence:

Don't use or flush toilet or sink.

Don't unnecessarily step on/into sensitive areas.

Don't mop up fluids or clean anything (bedding, dishes, etc.)

Don't throw anything away at or from the scene.

Preserve all evidence at the scene:

- Consider multiple scenes: Where injury occurred, vehicle, ER, etc.
- Control/ minimize access to scene.
- ID witnesses - conduct thorough witness interviews ASAP.
- Take lots of photos/videos.
- Removal of anything requires lawful authority (search warrant, written consent, etc.)

OBSERVATION

Be aware and conscious of everything within the environment.

Use all your senses.

Suspend assumptions in order to absorb maximum amount of info.

- The child's location, position, observable injuries, physical state (e.g., skin temp./color, lividity, etc.).
- All people at the scene(s).
- Demeanor of witnesses.
- Outdoor and indoor environment.
- Caretaker explanation(s):
 - ◇ *Consistent with injuries and/or observations?*
 - ◇ *Contradictory statements to different people?*
- Objects at scene(s) - possibly involved in mechanism of injury.
- What's moved/changed? What's odd? What's missing?
- Cultural, religious and/or ethnic factors - remedies, language, etc.
- Who rendered what aid?
- Who is present/not? Other children?
- Where and with whom are they? Physical & emotional state(s)?
- Demeanor, utterances, actions.
- Requests (e.g., lawyer, translator, clergy, etc.)

- Impairments (visual, motor, auditory, etc.)
- Outdoor & indoor environment:
 - Configuration, order/disorder, cleanliness, noise.
 - Sleeping environment.
 - Ventilation; are windows & doors open or closed? (Un)locked?
 - Temperatures and hazards: Water, toxins, weather, etc.
 - Fluids/ odors/ discolorations.
 - Pets/animals & their condition(s).
 - Presence/lack/condition of/info from:
 - ◇ Bedding, food, drugs, meds, etc.
 - ◇ Appliances? On or off?
 - ◇ Computer screen, cell & other phones, answering machines
 - ◇ Vehicles - Note if/when (re)moved.

DOCUMENTATION

Immediately record everything about the scene, the child, and witnesses.

- Who first noted distress/injury- when, where, what - their actions?
- When & who called for assistance? Any delay? Who else was called?
- Identity & contact info. for all key players – present at scene or not
- Observations of/about everyone on scene and/or with child
- Everything said (including excited utterances): How, when, by whom?
- Create timeline before & after injury: *48 to 72 hours* (use a calendar)
- All who had contact with child
- Location(s) of child
- Events, behaviors, activities, medical issues (& changes in these)
- Food & medications ingested
- Sleep & awake time
- Full description/depiction of scene
- Caretakers' attitudes re: child
- Name, DOB, phone, current and prior names and addresses for:

- ◇ Children at scene, in family/facility
- ◇ Legal custodians/ all caretakers
- ◇ Primary & collateral witnesses: family neighbors, teachers, etc.

1st responders

Information and observations about child:

- Development stage; temperament
- Appearance, injuries, condition
- Daily routine & any differences
- Family & health status information
- Describe outdoor/indoor environment;
 - ◇ Measure, diagram, photos & videos
 - ◇ Area layout; sleeping conditions
 - ◇ Cleanliness, temperature, odors
 - ◇ Bedding, food, drugs/alcohol
 - ◇ Furniture, stairway(s), toys, etc.
- Obtain vital & accessible information:
 - ◇ EMS run sheets; crime scene log
 - ◇ Criminal records; 911 call logs
 - ◇ CPS records; licensed facility logs
 - ◇ Medical & search consent
 - ◇ Medical history & records

Gather evidence carefully and objectively.

Lay a foundation for determining what happened.

- Arrive as soon as possible
- Composed demeanor & approach:
 - ◊ Be calm - Acknowledge emotion, stress
 - ◊ Establish rapport
 - ◊ Ask comprehensive questions
- Call on a *pre-determined* multidisciplinary team ASAP:
EMS, Law Enforcement (LE), CPS, other local resources
- Ensure a quick response time - avoid leaving messages
- Follow established checklists/protocols (SUIDI, child abuse investigation, etc.)
- Consider prior experience & cases: What works/ doesn't?
- Don't assume innocence **or** culpability
- Treat every scene as a *potential* crime scene
- Demonstrate respect, sensitivity, neutrality: be non-judgmental
- Separate people and interview ASAP (*get specialized interview training*)
- Convey that a full, careful investigation is standard procedure
- Open, non-confrontational questions ("What happened?")
- Let people talk: record verbatim
- Photos/videos – record as much as possible! (*get equipment training*)

- Show scale in photos to indicate color and measurement
- **Ask witness(es) to describe & reconstruct what happened:** record w/ video (*possibly use doll*)
- Document any changes to child & scene (*e.g., body or items moved*)
- **LE:** If at all possible, attend & observe autopsy, collect relevant evidence

Responding to Sudden Unexpected Child Death or Serious Injury

- 1. Insure safety and provide medical aid as needed to save or assist the child**
- 2. If child is clearly dead, do not move the body**
 - ◇ Be careful not to destroy potential evidence
 - ◇ For an infant who has died, complete EMS portion of SUIDI Reporting Form
- 3. Make sure Law Enforcement has been notified (whether you stay at the scene or not)**
 - ◇ Provide your contact info to Law Enforcement
- 4. Document all adults and children present**
 - ◇ Include who has left
 - ◇ What they did and said; their appearance
 - ◇ Their reactions to child's death or injury
- 5. Document all statements and demeanor (emotional state) of speakers**
 - ◇ ASAP and verbatim
 - ◇ Explain your job is to provide medical aid
 - ◇ Ask for caretaker explanation; request details
 - ◇ Record observations of both words & actions

6. Document all your observations of the environment ASAP

- ◇ Focus all your senses on the surroundings
- ◇ Describe scene accurately & completely
- ◇ Possible mechanism of injury present?

7. Consider & record child's developmental level

- ◇ Compare reasonableness of history given regarding mechanism of injury to child's age & developmental abilities and scene observations

8. Know signs of possible abuse & neglect:

Physical abuse: Unexplained broken bones, bruises, black eyes, cuts, burns, welts; pattern injuries, bite marks; reports of injury received from an adult caretaker, etc.

Sexual abuse: Difficulty walking or sitting, inappropriate interest or knowledge of sexual acts, reports of inappropriate touching, etc.

Neglect: Obvious lack of hygiene; back of head flat; severe diaper rash; hungry; underweight; lack of food, formula or care; parent or child use of drugs or alcohol, etc.

9. Notify CPS to report any suspicion of abuse or neglect of any child present at the scene.

CPS 24 hour Central Intake: **800-562-5624**

Child Protection Medical Consultants—expert consultation:
206-987-2000

10. Participate in local multidisciplinary team (MDT) meetings to review child abuse cases

***Produced in 2006 by the WA State Criminal Justice Training
Commission (CJTC) with DSHS CJA funding***

*For additional resources & training information, consult
www.cjtc.state.wa.us or contact CJTC Program Manager*

Rick Bowen

rbowen@cjtc.state.wa.us

SUDDEN UNEXPLAINED INFANT DEATH INVESTIGATIONS

SUIDI* Pathologist Summary

Medical examiners consider this scene/case information critical to determining the cause & manner of death. It should be collected and presented to the forensic pathologist before the autopsy is conducted.

Does preliminary investigation indicate any of the following?

SLEEPING ENVIRONMENT

- **Asphyxia** (e.g., overlying, wedging, choking, nose/mouth obstruction, re-breathing, neck compression, immersion in water)
- **Shared sleeping surfaces** (with adults, children, pets)
- **Change in sleeping conditions** (e.g., unaccustomed stomach sleep position, location, or sleep surface)
- **Hyperthermia/hypothermia** (e.g., excessive wrapping, blankets, clothing, hot or cold environments)
- **Environmental hazards** (e.g., chemicals, drugs, carbon monoxide, noxious gases, devices)
- **Unsafe sleeping conditions** (e.g., couch/sofa, waterbed, stuffed toys, pillows, soft bedding)

INFANT HISTORY

- **Diet concerns** (e.g., solids introduction)
- **Recent hospitalization(s)**
- **Previous medical diagnosis**
- **History of acute life-threatening events** (ALTE's, e.g., apnea, seizures, difficulty breathing)
- **History of medical care without diagnosis**
- **Recent fall or other injury**
- **History of religious, cultural or ethnic remedies**
- **Cause of death due to natural causes other than SIDS** (e.g., birth defects, complications of preterm birth)

FAMILY IDENTIFICATION

- Prior sibling deaths
- Previous encounter(s) with police and/or social service agencies
- Request for organ and/or tissue donation
- Objection to autopsy

EXAM

- Pre-terminal resuscitative treatment rendered
- Death due to trauma (injury), poisoning, or intoxication

This information is from the CDC's Sudden Unexplained Infant Death Investigation (SUIDI) Reporting Form

INVESTIGATOR INSIGHTS

- Suspicious circumstances
- Other alerts for pathologist's attention

PHONE NUMBERS

WEST END

Forks Abuse:	360-374-2273
Forks (DCFS): Office Hours	888-713-6115
Forks (DCFS): After Hours	800-562-5624
MED CON:	206-987-2000
Forks PD:	360-374-2223
FBI: Agent Ted Halla	360-265-2887
Quileute Police Dept.	360-374-9020
Quileute Tribe New Beginning Advocacy Service	360-374-5110
Makah Police Dept.	360-645-2701
Makah Social Services	360-645-3254

EAST END

All Law Enforcement/After hours

Prosecutor/Coroner/Fire-EMS:

Dispatch-Pencom:	360-417-4797 or 360-417-2459
Lower Elwha Police Dept.	360-452-6759
Lower Elwha Family Advoc.	360-565-7257 ext.7453 360-460-1745 (24/7)
Lower Elwha Indian Child Welfare	360-565-7257 ext.7456
Lower Elwha Social Services Dir.	360-565-7257 ext.7451
Lower Elwha SANE Program	360-452-6252 (work hours) 541-526-9256 (after hours)
DSHS/CPS: During Office Hours	888-713-6115
DSHS/CPS: After Hours	800-562-5624
MED CON:	206-987-2000
Prosecutor: 0830-1630	360-417-2301
Healthy Families (24hr):	360-452 4357

ACRONYM KEY

AG	Attorney General
AGO	Attorney General's Office
C-POD	Child Physical injury or Death Guidelines
CAC	Child Advocacy Center
CAN	Child Abuse and Neglect
CASA	Court Appointed Special Advocate
CPS	Child Protective Services
DLR	Division of Licensed Resources
DSHS	Dept. of Social and Health Services
DV	Domestic Violence
EMS	Emergency Medical Services
GAL	Guardian ad Litem
LE	Law Enforcement
LEA	Law Enforcement Agency
LEO	Law Enforcement Officer
MDT	Multi Disciplinary Team
Med Con	Medical Consultant
NCO	No Contact Order
PC	Probable Cause
PENCOM	Law Enforcement Dispatch Center
RCW	Revised Code of Washington
SUIDI	Sudden Unexplained Infant Death Investigation

SPECIAL REQUIREMENTS

No law enforcement officer, CPS personnel, or prosecutor may participate in an investigation of alleged child abuse/neglect if they are or have been a parent, guardian, foster parent, or close personal friend of the alleged victim's family or suspect(s) family. In addition, no agency shall participate in the investigation of an employee of that agency who has been accused of or charged with child abuse/neglect.

REVIEW OF PROTOCOL IMPLEMENTATION

It is the responsibility of each agency to ensure that members of their agencies receive information about this protocol. The protocol team will meet quarterly for the purpose of reviewing the protocols and agency implementation, and to facilitate inter-agency communication and cooperation.

**WHEREFORE, THE FOLLOWING AGENCIES ARE SIGNATORIES
TO THIS PROTOCOL:**

Clallam County Prosecuting Attorney

Clallam County Sheriff's Department

Healthy Families

Forks City Attorney's Office

Forks Community Hospital

Forks Police Department

Lower Elwha Klallam Tribe

Mariposa House

Olympic Medical Physician's Pediatrics

Port Angeles City Attorney's Office

Port Angeles Fire Department

Port Angeles Police Department

Port Angeles School District

Sequim Police Department

Sequim City Attorney's Office

WA State Attorney General, Port Angeles Office

WA Div. Children & Family Services, Area Admin.

