

MDT Orientation Manual Template



Multidisciplinary Teams

Children's Advocacy Centers of Washington

1/1/2019

Please feel free to use all or portions of this customizable template to create an orientation manual for your team. If you have additional items that you think would be helpful for other CACs in the state, please send them to us at training@cacwa.org

DRAFT

Insert CAC Logo and/or logos of partner agencies

Click or tap here to enter text. Orientation Manual

Contents (enter page numbers)

WELCOME!
MISSION STATEMENT
HISTORY OF CLICK OR TAP HERE TO ENTER TEXT.
PROGRAMS AND SERVICES
OVERVIEW OF THE CAC MODEL
ROLE OF EACH MDT PARTNER
COUNTY PROTOCOL
MDT CONTACT LIST
CASE REVIEW
MEETING SCHEDULE
CONFIDENTIALITY
CONFLICT RESOLUTION
RESILIENCY
ANOTHER MEMBER OF OUR TEAM
ACRONYMS
APPENDIX
FORENSIC INTERVIEWS VERSUS MINIMAL FACTS INTERVIEWS
MEDICAL EVALUATIONS
WA STATE STATUTES
OUTCOME MEASUREMENT SYSTEM
ADDITIONAL RESOURCES

Welcome!

We are glad that you are joining our team! This manual is designed to provide you with some information about the CAC and Multidisciplinary Team. Your primary contact is:

Click or tap here to enter text.

Please feel free to contact them with any questions you have.

Mission Statement (add your mission statement here)

Click or tap here to enter text.

A Brief History of Click or tap here to enter text.

Enter a brief history of your CAC. When did it open? Was there a precipitating event that caused the professionals in the community to decide there was a need for a CAC? What were the significant benchmarks along the way?

Programs and Services (add a description of your programs and services)

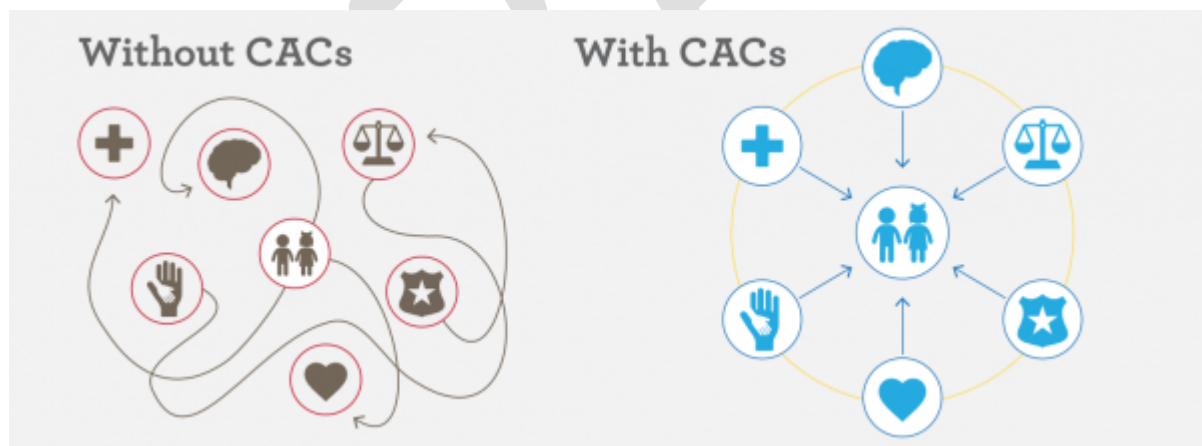
Click or tap here to enter text.

Overview of the CAC Model

The first Children's Advocacy Center (CAC) opened in Huntsville, Alabama in 1985 when a local prosecutor, Bud Cramer, decided that there had to be a better way to respond to children who had made a disclosure of sexual abuse. The system was fragmented, children and families were not receiving the support they needed, and children were potentially retraumatized by a process that was supposed to be helping them. He brought together key individuals from law enforcement, child protective services, criminal justice, medical, and mental health to develop a better approach. The CAC model uses a multidisciplinary team response, pulling the different disciplines involved with investigation, prosecution, advocacy and treatment together to provide seamless, comprehensive services to child victims. As word spread about the success of the model, the Huntsville team started training other communities and the model spread.

In 1990 Congress authorized the Victims of Child Abuse Act, which provided funding for Children's Advocacy Centers, regional training and technical assistance centers, and a national membership organization, National Children's Alliance. With the additional funding and the support of the model by the U.S. Department of Justice, CACs were developed across the country.

Today there are over 1000 CACs in the United States and the model is being replicated in 13 countries. The CAC model continues to evolve, incorporating evidence-based practices and procedures.

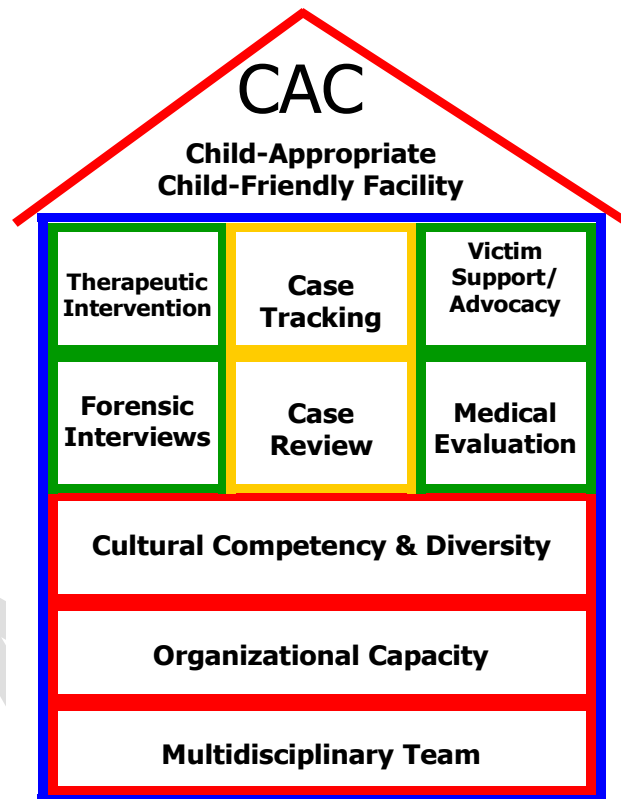


Ten Standards Create the Framework for the CAC Model

- Multidisciplinary Team
- Cultural Competency and Diversity
- Forensic Interviews
- Victim Support and Advocacy
- Medical Evaluation
- Mental Health – Therapeutic Intervention
- Case Review
- Case Tracking
- Organizational Capacity
- Child-Focused Facility - Child Appropriate and Friendly

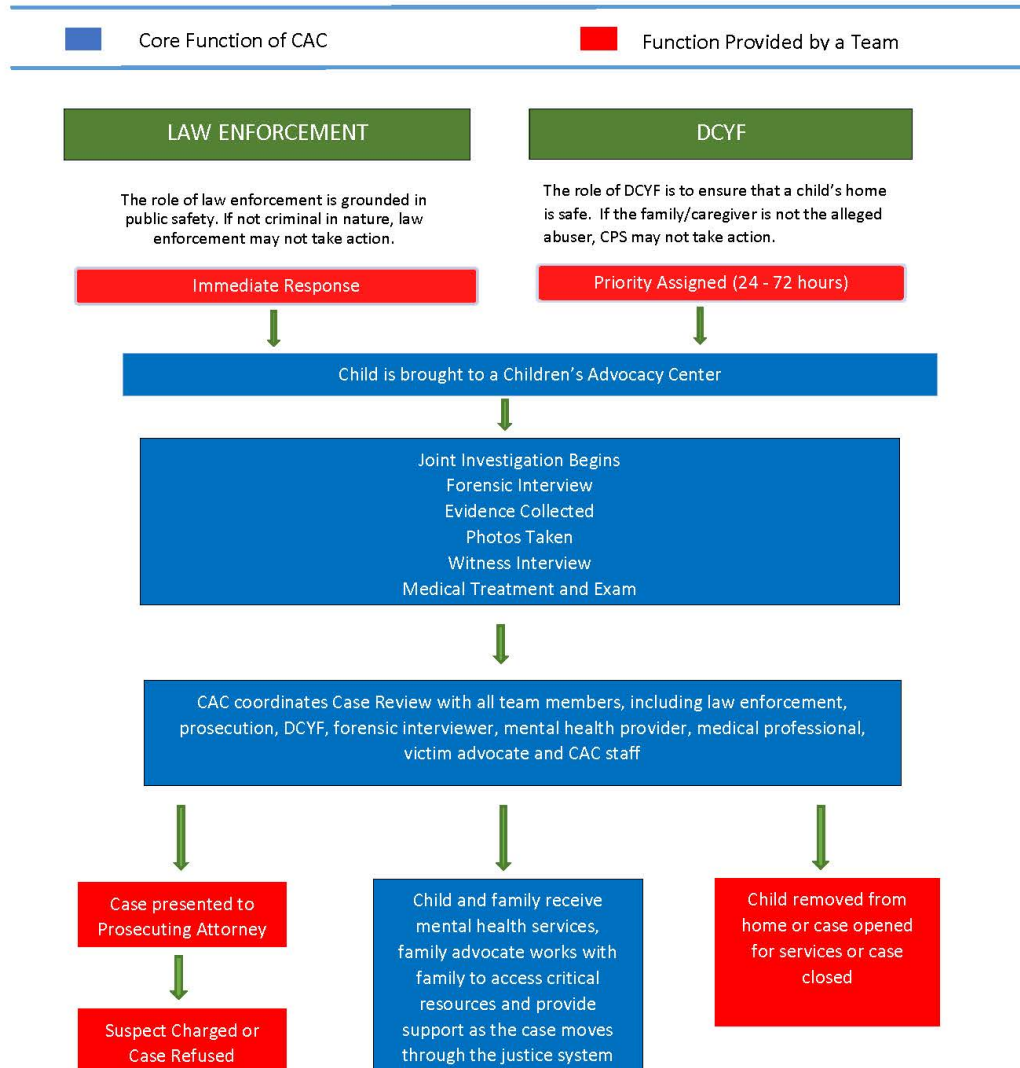
The multidisciplinary team is the foundation for the CAC model.

Accredited CACs go through a process of reaccreditation every five years and must show that they meet the criteria for each of these standards. National Children's Alliance, the membership and accrediting organization for CACs, revises the standards every five – seven years to reflect changes in the field and to incorporate evidence-based practices. Our next reaccreditation will be in [Click or tap here to enter text.](#)



DRAFT

HOW DOES THE CHILDREN'S ADVOCACY CENTER MODEL WORK?



The Role of Each MDT Partner

The [Click or tap here to enter text.](#) protocol outlines the roles and responsibilities of each member of the MDT. In summary:

Victim Advocate	Provides support and education to children and families throughout the life of the case.
Law Enforcement	Responds to reports of child abuse, investigates allegations in conjunction with Child Protective Services (DCYF), and makes arrests if appropriate. Only Law Enforcement can place children in custody without a court order.
Department of Children, Youth and Families	Responds to reports of child abuse, investigates allegations in conjunction with law enforcement, and works to ensure children are safe.
Assistant Attorney General	In civil dependency hearings, the Assistant Attorney General represents Child Protective Services and presents information regarding the safety of the child.
Forensic Interviewers	Interviews children who may have experienced abuse using an approved forensic interview model.
Medical Providers	Provides a non-invasive comprehensive physical examination of children with allegations or concerns about abuse.
Mental Health Providers	Provides trauma-focused evidence-based therapeutic services to children and their non-offending caregivers and siblings.
Prosecuting Attorney's Office	Reviews all cases with members of the MDT to guide the child abuse investigation and determines whether prosecution is appropriate. Prepares and tries the case in court.
Children's Advocacy Center	Provides a neutral location for children and families to receive the services they need to begin the process of healing. Convenes the multidisciplinary team.
MDT Facilitator	Facilitates the Multidisciplinary Team – may be on staff at the CAC or another partner.

(Add additional partners as appropriate to your county or community.)

Our County Protocol

(insert protocol)

DRAFT

Multidisciplinary Team Contact List

(Use this template or insert your own list – update as needed and redistribute this page)

[illegible]

Case Review

Multidisciplinary Meeting Time and Location

(add meeting date, time, and location including map)

How to Submit A Case for Review

(insert process and contact)

The purpose of Case Review (from NCA Standards for Accredited Members 2017)

Case review is the formal process that enables the MDT to monitor and assess its independent and collective effectiveness to ensure the safety and well-being of children and families. Case review serves multiple purposes:

- Experience and expertise of MDT members is shared and discussed
- Collaborative efforts are fostered
- Formal and information communications are promoted
Mutual support is provided
- Protocols and procedures are reviewed and,
- Informed, collective decisions are made

The process encourages mutual accountability and helps to assure that children's needs are met sensitively, effectively, and in a timely manner. Case review should occur at least once a month. Case review is intended to plan and monitor current cases and is not intended as a retrospective case study.

It is not meant to preempt ongoing discussions and ongoing discussions are not meant to take the place of formal case review.

Every CAC must implement a process and set of criteria for reviewing cases. Depending on the size of the CAC's jurisdiction or caseload, the method and timing of case review may vary to fit the unique needs of a CAC community. Some CACs review every case while other programs review only complex or problematic cases or cases involved in prosecution. Representatives from each core discipline must attend and/or provide input at case review. Confidentiality should be addressed in the written protocol or guidelines. State and/or federal law may govern information sharing among MDT members, including during case review.

Expectations of Team Members (if you have developed guiding principles or rules of working together for your team, enter them here. The list below is a suggestion.)

Members of the Multidisciplinary Team are expected to:

- Attend regularly and notify the team facilitator if unable to attend
- Notify the team facilitator of cases to bring to case review
- Be prepared - review the cases on the agenda and come prepared to speak about your involvement and appropriate information relevant to the case
- Participate – add your thoughts and guidance for the team. Even if this is not your case, you have experience and insights that can be of value to the team
- Keep the needs of the child foremost
- Be respectful – professionals may disagree, but everyone should be treated with respect, including fellow team members, victims, and their family or caregivers
- Understand the roles of team members and the limitations of their positions
- Ask clarifying questions rather than making declarative statements
- Keep humor appropriate – humor is a healthy part of being on a team, but it should not be at the expense of others
- Maintain confidentiality – what is said in the room stays in the room. You may take task notes but do not add information that was discussed in the MDT meeting into any case notes or documents
- Celebrate – healthy teams celebrate success and each other
- Debrief – there may be times when a team member or the team as a whole needs to debrief a case

Traits of Effective Teams:

- Communicate well with each other
- Focus on common goals and results
- Shared responsibility and accountability
- Offer each other support
- Recognize the value of diversity of experience and options
- Have good leadership/facilitation
- Are organized
- Celebrate and have fun

Confidentiality

Each team member is held to the confidentiality standards of their profession and can only share information that falls within those professional standards. At every team meeting, MDT members and any visitors sign a confidentiality statement. In addition, a description of how the team shares information and how confidentiality is respected is outlined on page (insert page

number) of our protocol. Team members can take task notes (i.e., call Nancy about medical evaluation) but are not to take case notes or include case notes in other documents or files.

Conflict Resolution

(if you have a policy/procedure for conflict resolution, enter it here)

Resiliency

Our CAC values a system that is trauma-informed and promotes resiliency. Resiliency is the capacity to recover quickly from a difficult situation. Developing and maintaining practices that build resiliency is important part of doing this work.

(insert resiliency plan here)

LOW IMPACT DEBRIEFING:



Four steps to protect you from being slimed, and to help ensure you don't traumatize your colleagues friends and family.

How do you debrief when you have heard or seen hard things?

Do you grab your closest colleague and tell them all the gory details?

Do your colleagues share graphic details with you over lunch or during meetings?

Helping Professionals often hear and see extremely difficult things in the course of their work. After a hard day, a normal reaction is to want to debrief with someone, to alleviate some of the burden of carrying what they have experienced. Debriefing is a natural and important process. The problem is that if debriefing isn't done properly it becomes "sliming" and can have negative consequences.

WHAT IS "SLIMING"?

At TEND we use the term sliming to describe the kind of debriefing that happens without warning or permission, and generally leaves the person receiving the information feeling as though they now carry the weight of this unnecessarily graphic or traumatic information. Sliming is contagious.

CONTAGION

Without realizing it, Helping Professionals can unwittingly spread traumatic stories vicariously among their colleagues, family and friends. It is common for Helpers to feel desensitized and often admit that they don't think of the secondary trauma that they pass along to the recipients of their debriefing. Some Helpers say that sharing the "gory" details is a normal part of their work. An important part of Low Impact Debriefing is to stop the contagion effect by not adding unnecessary details and thus not adding to the cumulative exposure to traumatic information.

TYPES OF DEBRIEFING

1. THE INFORMAL DEBRIEF

These happen in casual way, in a colleague's office at the end of a long day, in the staff lunchroom, the police cruiser, during the drive home or with family and friends.

Warning: Informal debriefs can evolve in a way where the listener doesn't have a choice in receiving this information. The result of these types of debriefs can be that the listener feels that they are being slimed rather than taking part in a debriefing process.

Solution: Use the 4 steps of Low Impact Debriefing

2. THE FORMAL DEBRIEF

A scheduled meeting, sometimes referred to as peer consultation, supervision or critical incident stress debriefing.

Warning: The challenge of formal debriefing is the lack of immediacy and limited or poor supervision. When a Helper has heard something disturbing during a clinical day, they usually need to debrief right away. Crisis work is so live and immediate that Helping Professionals rely on informal debriefing instead - grabbing the closest trusted colleague to unload on.

"Helpers who bear witness to many stories of abuse and violence notice that their own beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material."

Karen Saakvitne and
Laurie Ann Pearlman,
Trauma and the Therapist (1995).

What is a "Helping Professional"?

At TEND we say that a Helping Professional is someone whose job it is to care for others, physically, psychologically, intellectually, emotionally or spiritually. These professions include (but are not limited to) medicine, nursing, psychotherapy, counseling, social work, education, life coaching, law, criminal justice, first response, ministry.

LOW IMPACT DEBRIEFING: THE STEPS



1. SELF AWARENESS

Have you ever shocked or horrified friends or family with a work story that you thought was benign or even funny? Helping Professionals can become desensitized to the trauma and loss that they are exposed to daily. Be aware of the stories you tell and the level of detail you provide when telling a story. Are all the details really necessary? Can you give a "Coles notes" or abbreviated version?



2. FAIR WARNING

If you had to call your sister to tell her that your grandfather has passed away, you would likely start the phone call with "I have some bad news" or "You better sit down". This allows the listener to brace themselves to hear the story. Allow your listener to prepare and brace themselves by starting with "I would like to debrief a difficult situation with you and the story involves traumatic content."



3. CONSENT

Once you have warned the listener, then ask for consent. This can be as simple as something like: "I would like to debrief something with you, is this a good time?" or "I heard something really hard today, could I talk to you about it?"

The listener then has a chance to decline, or to qualify what they are able/ready to hear.



4. LIMITED DISCLOSURE

Once you have received consent from your colleague, decide how much to share, starting with the least traumatic information, and gradually progressing as needed. You may end up not needing to share the most graphic details.

"When Helping Professionals hear and see difficult things, a normal reaction is to want to debrief with someone, the problem is that we are often debriefing ourselves all over each other..."

Françoise Mathieu,
M.Ed., CCC., RP,
Co-Executive Director,
TEND

As Helping Professionals, we have made a decision to do the work we do which can include hearing and seeing very difficult things. At TEND, we believe that it is important to understand and practice self-care techniques like Low Impact Debriefing. We also believe It is equally important to be good stewards of the stories we hear, and responsibly practice Low Impact Debriefing to protect our colleagues, friends and families.



If you have a facility dog you might want to add a section here:

Another Member of the Team – (insert dog name)

Facility dogs are a valuable member of the team. They help put children at ease and provide comfort during the child's visit to the center and in court. These are specially trained dogs and it is important to remember that when they are at the CAC or in court, they are working. Please check with (name of handler) to learn more about how (name of dog) fits into the CAC process and the rules around use of the dog and how best to engage.

DRAFT

Common Acronyms and Terms (add acronyms specific to your team)

APRN	Advanced Practice Registered Nurse
CAC	Children's Advocacy Center
CACWA	Children's Advocacy Centers of Washington
CSA	Child Sexual Abuse
CSEC	Commercial Sexual Exploitation of Children
CVF	Crime Victim's Fund – funds to support services to individual victims
DCYF	Division of Children, Youth and Families
DV	Domestic violence
FI	Forensic Interview
LE	Law Enforcement
ME or MED	Medical Evaluation
MDT	multidisciplinary team
NCA	National Children's Alliance
OVCA	Office of Victims of Crime
PA	Prosecuting Attorney
PA	Physical Abuse
P-SANE	Pediatric Sexual Assault Nurse Practitioner
SANE	Sexual Assault Nurse Practitioner
VA	Victim Advocate
VOCA	Victims of Crime Act
VOCCA	Victims of Child Abuse Act
WRCAC	Western Regional CAC

Appendix

Forensic Interviews

Medical Evaluations

Washington State Statutes

Outcome Measurement System

Additional Resources

DRAFT

Forensic Interviews

Often one of the first services a child receives through our CAC is a forensic interview. This is a structured conversation with the child designed to elicit information about the allegations of abuse. Children's Advocacy Centers provide a neutral, child-focused setting for these interviews. One of the goals of the CAC model is to reduce the number of times a child must tell their story. By conducting an interview by a trained forensic interviewer and observed by professionals with investigative duties related to the case, the number of times a child must repeat the information is reduced.

Forensic interviews are conducted by specially trained professionals in a manner that is developmentally sensitive, legally sound, and non-leading. Although there are several approved models used to conduct forensic interviews, our CAC uses the (insert model name here).

Regardless of the model, all forensic interviews have the same three components:

- Initial rapport building state, which includes introductions, and age- and content-appropriate explanation of how the interview is documented, who is observing the interview, a review of instructions, and the importance of telling the truth.
- Substantive phase, which includes obtaining a narrative description and details about the event as well as clarification. Alternative hypotheses may be tested if appropriate.
- Closure phase, where the socio-emotional needs of the child are addressed, transitioning to non-substantive topics and allowing the child to ask questions. A discussion regarding safety and/or education may occur during this phase.

Forensic interviews are viewed by individuals who have an investigative purpose, at a minimum, law enforcement and CPS. In our CAC, that is done by (insert information).

During the course of the interview, observers are also able to discretely pose questions or share observations with the interviewer as needed.

The interview is recorded, and copies are given to the law enforcement jurisdiction conducting the investigation.

Forensic Interviews versus Minimal Facts Interviews

First Responders play a critical role in keeping children safe. First Responders conduct minimal facts interviews that gather information on who is involved, what happened, where and when it took place and whether there were witnesses. This information is gathered from the non-offending caregiver and/or other adults with information, if possible, so the child does not have

to be interviewed in the field. The First Responder can help the family understand the role of the CAC and services provided.

Minimal Facts Interviews (taken from the South Carolina Chapter of CACs)

When interviewing a child or youth under the age of 18:

Assess whether the child is safe and/or needs immediate medical attention. **If a child is injured, sick, or a sexual assault incident occurred within the last 72 hours, seek immediate medical attention.**

Gather information from the reporter or a non-offending adult, if possible, and outside of the child's hearing. At a minimum:

- Name, ages, and current location of the victim(s) and suspect(s)
- Type of abuse and how the reporter or non-offending adult learned of it
- Where it happened (which jurisdiction)
- When the abuse most recently happened
- Any witnesses to the event(s)

Medical Evaluations in Children's Advocacy Centers

Accreditation Standard: Specialized Medical Evaluation and Treatment Services Are Available to All CAC Clients As Part of a Multidisciplinary Team Response.



Initial Training Standards—one or more must be met:



Child Abuse Pediatrics Sub-board eligibility or certification, or

Physicians, Advanced Practice Nurses and Physician's Assistants must have a minimum of 16 hours formal didactic training in medical evaluation of child sexual abuse, or

A SANE without advanced practitioner training must have a minimum of 40 hours of coursework specific to medical evaluation of child abuse plus a competency-based clinical preceptorship with an experienced provider in a clinical setting where the SANE can demonstrate competency in performing exams.

Ongoing education: 8 contact hours in child abuse every two years.

Check List

- ✓ Educate team members, staff, child and caregiver about the nature of the exam.
- ✓ Outline the circumstances for a medical evaluation and the process in your protocols.
- ✓ Share findings with team members.
- ✓ Document medical findings by written and photo documentation.
- ✓ Develop a linkage agreement with any off-site providers.

50% of all exams deemed abnormal or diagnostic of trauma must be reviewed by an advanced medical consultant.

Why Medical Evaluations Matter

Team members are sometimes reluctant to refer children for medical evaluations because they feel it will be traumatic or that there is no investigative value.

When done correctly, the medical evaluation is not traumatic to the child.

It provides reassurance to the child and caregiver that can help with their emotional healing.

Reveals other medical problems that may need to be addressed.

Differentiates medical findings that indicate abuse from those that may be related to other medical conditions.

Identifies, documents, diagnoses, and addresses medical conditions related to abuse.

Specialized medical evaluations are to be available at the CAC or off-site and must be available to all CAC clients regardless of ability to pay.



Washington State Statutes

In Washington State there are several statutes that relate to the work of Children's Advocacy Centers and Multidisciplinary Teams.

RCW [26.44.175](#)

Multidisciplinary child protection teams—Information sharing—Confidentiality—Immunity from liability.

(1) The legislature finds that the purpose of multidisciplinary child protection teams as described in RCW [26.44.180](#) (1) and (2) is to ensure the protection and well-being of the child and to advance and coordinate the prompt investigation of suspected cases of child abuse or neglect to reduce the trauma of any child victim.

(2)(a) When a case as described in RCW [26.44.180](#) (1) or (2) is referred to the team, records pertaining to the case must be made available to team members. Any member of the team may use or disclose records made available by the team members under this subsection only as necessary for the performance of the member's duties as a member of the multidisciplinary child protection team.

(b) Team members may share information about criminal child abuse investigations and case planning following such investigations with other participants in the multidisciplinary coordination to the extent necessary to protect a child from abuse or neglect. This section is not intended to permit, direct, or compel team members to share information if sharing would constitute a violation of their professional ethical obligations or disclose privileged communications as described in RCW [5.60.060](#), or if sharing is otherwise impermissible under chapter [13.50](#) RCW or other applicable statutes.

(3)(a) Every member of the multidisciplinary child protection team who receives information or records regarding children and families in his or her capacity as a member of the team is subject to the same privacy and confidentiality obligations and confidentiality penalties as the person disclosing or providing the information or records. The information or records obtained by any team member must be maintained in a manner that ensures the maximum protection of privacy and confidentiality rights.

(b) Multidisciplinary child protection team members must execute a confidentiality agreement every year.

(c) This section must not be construed to restrict guarantees of confidentiality provided under state or federal law.

(4) As convened by the county prosecutor, or his or her designee, a multidisciplinary child protection team should meet regularly, at least monthly, unless the needs and resources of each team dictate less frequent meetings. Team meetings are closed to the public and are not subject to chapter [42.30](#) RCW.

(5) Information and records communicated or provided to the multidisciplinary child protection team members by all providers and agencies, as well as information and records created in the course of a child abuse or neglect case investigation, are deemed private and

confidential and are protected from discovery and disclosure by all applicable statutory and common law protections. Existing civil and criminal penalties apply to the inappropriate disclosure of information held by team members. To the extent that the records communicated or provided are confidential under RCW [13.50.100](#), these records may only be further released as authorized by RCW [13.50.100](#) or other applicable law.

(6) Any person who presented information before the multidisciplinary child protection team or who is a team member may testify as to matters within the person's knowledge. However, in a civil or criminal proceeding, such person or team member may not be questioned about opinions formed as a result of the case consultation meetings.

(7) Any multidisciplinary child protection team member whose action in facilitating the exchange and sharing of information in serving any child in the course of the member's profession, specialties, interests, or occupation, for the purpose of ensuring the safety of the child and the community and providing early intervention to avert more serious problems, is immune from any civil liability arising out of any good faith act relevant to participation on the team that might otherwise be incurred or imposed under this section. In a proceeding regarding immunity from liability, there is a rebuttable presumption of good faith.

RCW [26.44.180](#)

Multidisciplinary child protection teams—Investigation of child sexual abuse, online sexual exploitation and commercial sexual exploitation of minors, child fatality, child physical abuse, and criminal child neglect cases—Protocols.

(1) Each agency involved in investigating child sexual abuse, online sexual exploitation and commercial sexual exploitation of minors, as well as investigations of child fatality, child physical abuse, and criminal child neglect cases, shall document its role in handling cases and how it will coordinate with other local agencies or systems and shall adopt a local protocol based on the state guidelines. The department and local law enforcement agencies may include other agencies and systems that are involved with child sexual abuse victims in the multidisciplinary coordination.

(2)(a) Each county shall develop a written protocol for handling investigations of criminal child sexual abuse, online sexual exploitation and commercial sexual exploitation of minors, and child fatality, child physical abuse, and criminal child neglect cases. The protocol shall address the coordination of such criminal investigations among multidisciplinary child protection team members, identified as representatives from the prosecutor's office, law enforcement, children's protective services, children's advocacy centers where available, local advocacy groups, community sexual assault programs as defined in RCW [70.125.030](#), licensed physical and mental health practitioners that are involved with child sexual abuse victims, and any other local agency involved in such criminal investigations, including those investigations involving multiple victims and multiple offenders. The protocol shall be developed by the prosecuting attorney with the assistance of the agencies referenced in this subsection.

(b) County protocol for handling investigations of online sexual exploitation and commercial sexual exploitation of minors must be implemented by July 1, 2021.

(3) Local protocols under this section shall be adopted and in place by July 1, 2000, and shall be submitted to the legislature prior to that date. Beginning on July 28, 2019, local protocols under subsection (1) of this section must be reviewed every two years to determine whether modifications are needed.

RCW [5.60.060](#)

Who is disqualified—Privileged communications.

(1) A spouse or domestic partner shall not be examined for or against his or her spouse or domestic partner, without the consent of the spouse or domestic partner; nor can either during marriage or during the domestic partnership or afterward, be without the consent of the other, examined as to any communication made by one to the other during the marriage or the domestic partnership. But this exception shall not apply to a civil action or proceeding by one against the other, nor to a criminal action or proceeding for a crime committed by one against the other, nor to a criminal action or proceeding against a spouse or domestic partner if the marriage or the domestic partnership occurred subsequent to the filing of formal charges against the defendant, nor to a criminal action or proceeding for a crime committed by said spouse or domestic partner against any child of whom said spouse or domestic partner is the parent or guardian, nor to a proceeding under chapter [71.05](#) or [71.09](#) RCW: PROVIDED, That the spouse or the domestic partner of a person sought to be detained under chapter [71.05](#) or [71.09](#) RCW may not be compelled to testify and shall be so informed by the court prior to being called as a witness.

(2)(a) An attorney or counselor shall not, without the consent of his or her client, be examined as to any communication made by the client to him or her, or his or her advice given thereon in the course of professional employment.

(b) A parent or guardian of a minor child arrested on a criminal charge may not be examined as to a communication between the child and his or her attorney if the communication was made in the presence of the parent or guardian. This privilege does not extend to communications made prior to the arrest.

(3) A member of the clergy, a Christian Science practitioner listed in the Christian Science Journal, or a priest shall not, without the consent of a person making the confession or sacred confidence, be examined as to any confession or sacred confidence made to him or her in his or her professional character, in the course of discipline enjoined by the church to which he or she belongs.

(4) Subject to the limitations under RCW [71.05.360](#) (8) and (9), a physician or surgeon or osteopathic physician or surgeon or podiatric physician or surgeon shall not, without the consent of his or her patient, be examined in a civil action as to any information acquired in attending such patient, which was necessary to enable him or her to prescribe or act for the patient, except as follows:

(a) In any judicial proceedings regarding a child's injury, neglect, or sexual abuse or the cause thereof; and

(b) Ninety days after filing an action for personal injuries or wrongful death, the claimant shall be deemed to waive the physician-patient privilege. Waiver of the physician-patient privilege for any one physician or condition constitutes a waiver of the privilege as to all physicians or conditions, subject to such limitations as a court may impose pursuant to court rules.

(5) A public officer shall not be examined as a witness as to communications made to him or her in official confidence, when the public interest would suffer by the disclosure.

(6)(a) A peer support group counselor shall not, without consent of the first responder or jail staff person making the communication, be compelled to testify about any communication made to the counselor by the first responder or jail staff person while receiving counseling. The counselor must be designated as such by the agency employing the first responder or jail staff person prior to the incident that results in counseling. The privilege only applies when the communication was made to the counselor while acting in his or her capacity as a peer support group counselor. The privilege does not apply if the counselor was an initial responding first responder or jail staff person, a witness, or a party to the incident which prompted the delivery of peer support group counseling services to the first responder or jail staff person.

(b) For purposes of this section:

(i) "First responder" means:

(A) A law enforcement officer;

(B) A limited authority law enforcement officer;

(C) A firefighter;

(D) An emergency services dispatcher or recordkeeper;

(E) Emergency medical personnel, as licensed or certified by this state; or

(F) A member or former member of the Washington national guard acting in an emergency response capacity pursuant to chapter [38.52](#) RCW.

(ii) "Law enforcement officer" means a general authority Washington peace officer as defined in RCW [10.93.020](#);

(iii) "Limited authority law enforcement officer" means a limited authority Washington peace officer as defined in RCW [10.93.020](#) who is employed by the department of corrections, state parks and recreation commission, department of natural resources, liquor and cannabis board, or Washington state gambling commission; and

(iv) "Peer support group counselor" means:

(A) A first responder or jail staff person or a civilian employee of a first responder entity or agency, local jail, or state agency who has received training to provide emotional and moral support and counseling to a first responder or jail staff person who needs those services as a result of an incident in which the first responder or jail staff person was involved while acting in his or her official capacity; or

(B) A nonemployee counselor who has been designated by the first responder entity or agency, local jail, or state agency to provide emotional and moral support and counseling to a first responder or jail staff person who needs those services as a result of an incident in which the first responder or jail staff person was involved while acting in his or her official capacity.

(7) A sexual assault advocate may not, without the consent of the victim, be examined as to any communication made between the victim and the sexual assault advocate.

(a) For purposes of this section, "sexual assault advocate" means the employee or volunteer from a community sexual assault program or underserved populations provider, victim assistance unit, program, or association, that provides information, medical or legal advocacy, counseling, or support to victims of sexual assault, who is designated by the victim to accompany the victim to the hospital or other health care facility and to proceedings concerning the alleged assault, including police and prosecution interviews and court proceedings.

(b) A sexual assault advocate may disclose a confidential communication without the consent of the victim if failure to disclose is likely to result in a clear, imminent risk of serious physical injury or death of the victim or another person. Any sexual assault advocate participating in good faith in the disclosing of records and communications under this section shall have immunity from any liability, civil, criminal, or otherwise, that might result from the action. In any proceeding, civil or criminal, arising out of a disclosure under this section, the good faith of the sexual assault advocate who disclosed the confidential communication shall be presumed.

(8) A domestic violence advocate may not, without the consent of the victim, be examined as to any communication between the victim and the domestic violence advocate.

(a) For purposes of this section, "domestic violence advocate" means an employee or supervised volunteer from a community-based domestic violence program or human services program that provides information, advocacy, counseling, crisis intervention, emergency shelter, or support to victims of domestic violence and who is not employed by, or under the direct supervision of, a law enforcement agency, a prosecutor's office, or the child protective services section of the department of social and health services as defined in [*RCW 26.44.020](#).

(b) A domestic violence advocate may disclose a confidential communication without the consent of the victim if failure to disclose is likely to result in a clear, imminent risk of serious physical injury or death of the victim or another person. This section does not relieve a domestic violence advocate from the requirement to report or cause to be reported an incident under [RCW 26.44.030](#)(1) or to disclose relevant records relating to a child as required by [**RCW 26.44.030](#)(14). Any domestic violence advocate participating in good faith in the disclosing of communications under this subsection is immune from liability, civil, criminal, or otherwise, that might result from the action. In any proceeding, civil or criminal, arising out of a disclosure under this subsection, the good faith of the domestic violence advocate who disclosed the confidential communication shall be presumed.

(9) A mental health counselor, independent clinical social worker, or marriage and family therapist licensed under chapter [18.225](#) RCW may not disclose, or be compelled to testify about, any information acquired from persons consulting the individual in a professional capacity when the information was necessary to enable the individual to render professional services to those persons except:

(a) With the written authorization of that person or, in the case of death or disability, the person's personal representative;

(b) If the person waives the privilege by bringing charges against the mental health counselor licensed under chapter [18.225](#) RCW;

(c) In response to a subpoena from the secretary of health. The secretary may subpoena only records related to a complaint or report under RCW [18.130.050](#);

(d) As required under chapter [26.44](#) or [74.34](#) RCW or RCW [71.05.360](#) (8) and (9); or

(e) To any individual if the mental health counselor, independent clinical social worker, or marriage and family therapist licensed under chapter [18.225](#) RCW reasonably believes that disclosure will avoid or minimize an imminent danger to the health or safety of the individual or any other individual; however, there is no obligation on the part of the provider to so disclose.

(10) An individual who acts as a sponsor providing guidance, emotional support, and counseling in an individualized manner to a person participating in an alcohol or drug addiction recovery fellowship may not testify in any civil action or proceeding about any communication made by the person participating in the addiction recovery fellowship to the individual who acts as a sponsor except with the written authorization of that person or, in the case of death or disability, the person's personal representative.

RCW [70.125.030](#)

Definitions.

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Community sexual assault program" means a community-based social service agency that is qualified to provide and provides core services to victims of sexual assault.

(2) "Core services" means those services that are victim-centered community-based advocacy responses to alleviate the impact of sexual assault, as delineated in the Washington state sexual assault services plan of 1995 and its subsequent revisions.

(3) "Department" means the department of commerce.

(4) "Law enforcement agencies" means police and sheriff's departments and tribal law enforcement departments or agencies of this state.

(5) "Personal representative" means a friend, relative, attorney, or employee or volunteer from a community sexual assault program or specialized treatment service provider.

(6) "Services for underserved populations" means culturally relevant victim-centered community-based advocacy responses to alleviate the impact of sexual assault, as delineated in the Washington state sexual assault services plan of 1995 and its subsequent revisions.

(7) "Sexual assault" means one or more of the following:

(a) Rape or rape of a child;

(b) Assault with intent to commit rape or rape of a child;

(c) Incest or indecent liberties;

(d) Child molestation;

(e) Sexual misconduct with a minor;

- (f) Custodial sexual misconduct;
- (g) Crimes with a sexual motivation;
- (h) Sexual exploitation or commercial sex abuse of a minor;
- (i) Promoting prostitution; or
- (j) An attempt to commit any of the aforementioned offenses.

(8) "Specialized services" means those services intended to alleviate the impact of sexual assault, as delineated in the Washington state sexual assault services plan of 1995 and its subsequent revisions.

(9) "Victim" means any person who suffers physical, emotional, financial, and psychological impact as a proximate result of a sexual assault.

RCW [26.44.186](#)

Child forensic interview recordings disclosed in a criminal or civil proceeding subject to protective order—Civil penalties and sanctions.

(1) Any and all audio and video recordings of child forensic interviews disclosed in a criminal or civil proceeding must be subject to a protective order, or other such order, unless the court finds good cause that the interview should not be subject to such an order. The protective order shall include the following: (a) That the recording be used only for the purposes of conducting the party's side of the case, unless otherwise agreed by the parties or ordered by the court; (b) that the recording not be copied, photographed, duplicated, or otherwise reproduced except as a written transcript that does not reveal the identity of the child; (c) that the recording not be given, displayed, or in any way provided to a third party, except as permitted in (d) or (e) of this subsection or as necessary at trial; (d) that the recording remain in the exclusive custody of the attorneys, their employees, or agents, including expert witnesses retained by either party, who shall be provided a copy of the protective order; (e) that, if the party is not represented by an attorney, the party, their employees, and agents, including expert witnesses, shall not be given a copy of the recording but shall be given reasonable access to view the recording by the custodian of the recording; and (f) that upon termination of representation or upon disposition of the matter at the trial court level, attorneys and other custodians of recordings promptly return all copies of the recording.

(2) A violation of a court order pursuant to this section is subject to a civil penalty of up to ten thousand dollars, in addition to any other appropriate sanction by the court.

(3) Nothing in this section is intended to restrict the ability of the department or law enforcement to share child welfare information as authorized or required by state or federal law.

RCW [26.44.187](#)

Child forensic interviews—Audio/video recordings exempt from disclosure under public records act—Court order required for disclosure.

Any and all audio and video recordings of child forensic interviews as defined in this chapter are exempt from disclosure under the public records act, chapter [42.56](#) RCW. Such recordings are confidential under chapter [13.50](#) RCW and federal law and may only be disclosed pursuant to a court order entered upon a showing of good cause and with advance notice to the child's parent, guardian, or legal custodian. However, if the child is an emancipated minor or has attained the age of majority as defined in RCW [26.28.010](#), advance notice must be to the child. Failure to disclose an audio or video recording of a child forensic interview as defined in this chapter is not grounds for penalties or other sanctions available under chapter [42.56](#) RCW or RCW [13.50.100](#)(10). Nothing in this section is intended to restrict the ability of the department or law enforcement to share child welfare information as authorized or required by state or federal law.

RCW [26.44.188](#)

Finding—Intent—Restrictions on dissemination of child forensic interview recordings.

The legislature recognizes an inherent privacy interest that a child has with respect to the child's recorded voice and image when describing the highly sensitive details of abuse or neglect upon the child as defined in RCW [26.44.020](#). The legislature further finds that reasonable restrictions on the dissemination of these recordings can accommodate both privacy interests and due process. To that end, the legislature intends to exempt these recordings from dissemination under the public records act and provide additional sanction authority for violations of protective orders that set forth such terms and conditions as are necessary to protect the privacy of the child.

RCW [26.44.190](#)

Investigation of child abuse or neglect—Participation by law enforcement officer.

A law enforcement agency shall not allow a law enforcement officer to participate as an investigator in the investigation of alleged abuse or neglect concerning a child for whom the law enforcement officer is, or has been, a parent, guardian, or foster parent. This section is not intended to limit the authority or duty of a law enforcement officer to report, testify, or be examined as authorized or required by this chapter, or to perform other official duties as a law enforcement officer.

RCW [70.125.060](#)

Personal representative may accompany victim during treatment or proceedings.

If the victim of a sexual assault so desires, a personal representative of the victim's choice may accompany the victim to the hospital or other health care facility, and to proceedings concerning the alleged assault, including police and prosecution interviews and court proceedings.

RCW [26.44.030](#)

Reports—Duty and authority to make—Duty of receiving agency—Duty to notify—Case planning and consultation—Penalty for unauthorized exchange of information—Filing dependency petitions—Investigations—Interviews of children—Records—Risk assessment process.

(1)(a) When any practitioner, county coroner or medical examiner, law enforcement officer, professional school personnel, registered or licensed nurse, social service counselor, psychologist, pharmacist, employee of the department of children, youth, and families, licensed or certified child care providers or their employees, employee of the department of social and health services, juvenile probation officer, placement and liaison specialist, responsible living skills program staff, HOPE center staff, state family and children's ombuds or any volunteer in the ombuds's office, or host home program has reasonable cause to believe that a child has suffered abuse or neglect, he or she 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](#).

(b) When any person, in his or her official supervisory capacity with a nonprofit or for-profit organization, has reasonable cause to believe that a child has suffered abuse or neglect caused by a person over whom he or she regularly exercises supervisory authority, he or she 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 child or children as part of the employment, contract, or voluntary service. No one shall be required to report under this section when he or she obtains the information solely as a result of a privileged communication as provided in RCW [5.60.060](#).

Nothing in this subsection (1)(b) shall limit a person's duty to report under (a) of this subsection.

For the purposes of this subsection, the following definitions apply:

(i) "Official supervisory capacity" means a position, status, or role created, recognized, or designated by any nonprofit or for-profit organization, either for financial gain or without financial gain, whose scope includes, but is not limited to, overseeing, directing, or managing

another person who is employed by, contracted by, or volunteers with the nonprofit or for-profit organization.

(ii) "Organization" includes a sole proprietor, partnership, corporation, limited liability company, trust, association, financial institution, governmental entity, other than the federal government, and any other individual or group engaged in a trade, occupation, enterprise, governmental function, charitable function, or similar activity in this state whether or not the entity is operated as a nonprofit or for-profit entity.

(iii) "Reasonable cause" means a person witnesses or receives a credible written or oral report alleging abuse, including sexual contact, or neglect of a child.

(iv) "Regularly exercises supervisory authority" means to act in his or her official supervisory capacity on an ongoing or continuing basis with regards to a particular person.

(v) "Sexual contact" has the same meaning as in RCW [9A.44.010](#).

(c) 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 his or her employment, any department of corrections personnel has reasonable cause to believe that a child has suffered abuse or neglect, he or she 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](#).

(d) 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.

(e) The reporting requirement also applies to guardians ad litem, including court-appointed special advocates, appointed under Titles [11](#) and [13](#) RCW and this title, who in the course of their representation of children in these actions have reasonable cause to believe a child has been abused or neglected.

(f) The reporting requirement in (a) of this subsection also applies to administrative and academic or athletic department employees, including student employees, of institutions of higher education, as defined in RCW [28B.10.016](#), and of private institutions of higher education.

(g) The report must be made at the first opportunity, but in no case longer than forty-eight hours after there is reasonable cause to believe that the child has suffered abuse or neglect. The report must include the identity of the accused if known.

(2) The reporting requirement of subsection (1) of this section does not apply to the discovery of abuse or neglect that occurred during childhood if it is discovered after the child has become an adult. However, if there is reasonable cause to believe other children are or may be at risk of abuse or neglect by the accused, the reporting requirement of subsection (1) of this section does apply.

(3) Any other person who has reasonable cause to believe that a child has suffered abuse or neglect may report such incident to the proper law enforcement agency or to the department as provided in RCW [26.44.040](#).

(4) The department, upon receiving a report of an incident of alleged abuse or neglect pursuant to this chapter, involving a child who has died or has had physical injury or injuries inflicted upon him or her other than by accidental means or who has been subjected to alleged sexual abuse, shall report such incident to the proper law enforcement agency, including military law enforcement, if appropriate. In emergency cases, where the child's welfare is endangered, the department shall notify the proper law enforcement agency within twenty-four hours after a report is received by the department. In all other cases, the department shall notify the law enforcement agency within seventy-two hours after a report is received by the department. If the department makes an oral report, a written report must also be made to the proper law enforcement agency within five days thereafter.

(5) Any law enforcement agency receiving a report of an incident of alleged abuse or neglect pursuant to this chapter, involving a child who has died or has had physical injury or injuries inflicted upon him or her other than by accidental means, or who has been subjected to alleged sexual abuse, shall report such incident in writing as provided in RCW [26.44.040](#) to the proper county prosecutor or city attorney for appropriate action whenever the law enforcement agency's investigation reveals that a crime may have been committed. The law enforcement agency shall also notify the department of all reports received and the law enforcement agency's disposition of them. In emergency cases, where the child's welfare is endangered, the law enforcement agency shall notify the department within twenty-four hours. In all other cases, the law enforcement agency shall notify the department within seventy-two hours after a report is received by the law enforcement agency.

(6) Any county prosecutor or city attorney receiving a report under subsection (5) of this section shall notify the victim, any persons the victim requests, and the local office of the department, of the decision to charge or decline to charge a crime, within five days of making the decision.

(7) The department may conduct ongoing case planning and consultation with those persons or agencies required to report under this section, with consultants designated by the department, and with designated representatives of Washington Indian tribes if the client information exchanged is pertinent to cases currently receiving child protective services. Upon request, the department shall conduct such planning and consultation with those persons required to report under this section if the department determines it is in the best interests of the child. Information considered privileged by statute and not directly related to reports required by this section must not be divulged without a valid written waiver of the privilege.

(8) Any case referred to the department by a physician licensed under chapter [18.57](#) or [18.71](#) RCW on the basis of an expert medical opinion that child abuse, neglect, or sexual assault has occurred and that the child's safety will be seriously endangered if returned home, the department shall file a dependency petition unless a second licensed physician of the parents' choice believes that such expert medical opinion is incorrect. If the parents fail to designate a second physician, the department may make the selection. If a physician finds that a child has suffered abuse or neglect but that such abuse or neglect does not constitute imminent danger to the child's health or safety, and the department agrees with the physician's assessment, the

child may be left in the parents' home while the department proceeds with reasonable efforts to remedy parenting deficiencies.

(9) Persons or agencies exchanging information under subsection (7) of this section shall not further disseminate or release the information except as authorized by state or federal statute. Violation of this subsection is a misdemeanor.

(10) Upon receiving a report that a child is a candidate for foster care as defined in RCW [26.44.020](#), the department may provide prevention and family services and programs to the child's parents, guardian, or caregiver. The department may not be held civilly liable for the decision regarding whether to provide prevention and family services and programs, or for the provision of those services and programs, for a child determined to be a candidate for foster care.

(11) Upon receiving a report of alleged abuse or neglect, the department shall make reasonable efforts to learn the name, address, and telephone number of each person making a report of abuse or neglect under this section. The department shall provide assurances of appropriate confidentiality of the identification of persons reporting under this section. If the department is unable to learn the information required under this subsection, the department shall only investigate cases in which:

- (a) The department believes there is a serious threat of substantial harm to the child;
- (b) The report indicates conduct involving a criminal offense that has, or is about to occur, in which the child is the victim; or
- (c) The department has a prior founded report of abuse or neglect with regard to a member of the household that is within three years of receipt of the referral.

(12)(a) Upon receiving a report of alleged abuse or neglect, the department shall use one of the following discrete responses to reports of child abuse or neglect that are screened in and accepted for departmental response:

- (i) Investigation; or
 - (ii) Family assessment.
- (b) In making the response in (a) of this subsection the department shall:
- (i) Use a method by which to assign cases to investigation or family assessment which are based on an array of factors that may include the presence of: Imminent danger, level of risk, number of previous child abuse or neglect reports, or other presenting case characteristics, such as the type of alleged maltreatment and the age of the alleged victim. Age of the alleged victim shall not be used as the sole criterion for determining case assignment;
 - (ii) Allow for a change in response assignment based on new information that alters risk or safety level;
 - (iii) Allow families assigned to family assessment to choose to receive an investigation rather than a family assessment;
 - (iv) Provide a full investigation if a family refuses the initial family assessment;
 - (v) Provide voluntary services to families based on the results of the initial family assessment. If a family refuses voluntary services, and the department cannot identify specific facts related to risk or safety that warrant assignment to investigation under this chapter, and there is not a history of reports of child abuse or neglect related to the family, then the department must close the family assessment response case. However, if at any time the

department identifies risk or safety factors that warrant an investigation under this chapter, then the family assessment response case must be reassigned to investigation;

(vi) Conduct an investigation, and not a family assessment, in response to an allegation that, the department determines based on the intake assessment:

(A) Indicates a child's health, safety, and welfare will be seriously endangered if not taken into custody for reasons including, but not limited to, sexual abuse and sexual exploitation of the child as defined in this chapter;

(B) Poses a serious threat of substantial harm to a child;

(C) Constitutes conduct involving a criminal offense that has, or is about to occur, in which the child is the victim;

(D) The child is an abandoned child as defined in RCW [13.34.030](#);

(E) The child is an adjudicated dependent child as defined in RCW [13.34.030](#), or the child is in a facility that is licensed, operated, or certified for care of children by the department under chapter [74.15](#) RCW.

(c) In addition, the department may use a family assessment response to assess for and provide prevention and family services and programs, as defined in RCW [26.44.020](#), for the following children and their families, consistent with requirements under the federal family first prevention services act and this section:

(i) A child who is a candidate for foster care, as defined in RCW [26.44.020](#); and

(ii) A child who is in foster care and who is pregnant, parenting, or both.

(d) The department may not be held civilly liable for the decision to respond to an allegation of child abuse or neglect by using the family assessment response under this section unless the state or its officers, agents, or employees acted with reckless disregard.

(13)(a) For reports of alleged abuse or neglect that are accepted for investigation by the department, the investigation shall be conducted within time frames established by the department in rule. In no case shall the investigation extend longer than ninety days from the date the report is received, unless the investigation is being conducted under a written protocol pursuant to RCW [26.44.180](#) and a law enforcement agency or prosecuting attorney has determined that a longer investigation period is necessary. At the completion of the investigation, the department shall make a finding that the report of child abuse or neglect is founded or unfounded.

(b) If a court in a civil or criminal proceeding, considering the same facts or circumstances as are contained in the report being investigated by the department, makes a judicial finding by a preponderance of the evidence or higher that the subject of the pending investigation has abused or neglected the child, the department shall adopt the finding in its investigation.

(14) For reports of alleged abuse or neglect that are responded to through family assessment response, the department shall:

(a) Provide the family with a written explanation of the procedure for assessment of the child and the family and its purposes;

(b) Collaborate with the family to identify family strengths, resources, and service needs, and develop a service plan with the goal of reducing risk of harm to the child and improving or restoring family well-being;

(c) Complete the family assessment response within forty-five days of receiving the report except as follows:

(i) Upon parental agreement, the family assessment response period may be extended up to one hundred twenty days. The department's extension of the family assessment response period must be operated within the department's appropriations;

(ii) For cases in which the department elects to use a family assessment response as authorized under subsection (12)(c) of this section, and upon agreement of the child's parent, legal guardian, legal custodian, or relative placement, the family assessment response period may be extended up to one year. The department's extension of the family assessment response must be operated within the department's appropriations.

(d) Offer services to the family in a manner that makes it clear that acceptance of the services is voluntary;

(e) Implement the family assessment response in a consistent and cooperative manner;

(f) Have the parent or guardian agree to participate in services before services are initiated. The department shall inform the parents of their rights under family assessment response, all of their options, and the options the department has if the parents do not agree to participate in services.

(15)(a) In conducting an investigation or family assessment of alleged abuse or neglect, the department or law enforcement agency:

(i) May interview children. If the department determines that the response to the allegation will be family assessment response, the preferred practice is to request a parent's, guardian's, or custodian's permission to interview the child before conducting the child interview unless doing so would compromise the safety of the child or the integrity of the assessment. The interviews may be conducted on school premises, at day-care facilities, at the child's home, or at other suitable locations outside of the presence of parents. If the allegation is investigated, parental notification of the interview must occur at the earliest possible point in the investigation that will not jeopardize the safety or protection of the child or the course of the investigation. Prior to commencing the interview the department or law enforcement agency shall determine whether the child wishes a third party to be present for the interview and, if so, shall make reasonable efforts to accommodate the child's wishes. Unless the child objects, the department or law enforcement agency shall make reasonable efforts to include a third party in any interview so long as the presence of the third party will not jeopardize the course of the investigation; and

(ii) Shall have access to all relevant records of the child in the possession of mandated reporters and their employees.

(b) The Washington state school directors' association shall adopt a model policy addressing protocols when an interview, as authorized by this subsection, is conducted on school premises. In formulating its policy, the association shall consult with the department and the Washington association of sheriffs and police chiefs.

(16) If a report of alleged abuse or neglect is founded and constitutes the third founded report received by the department within the last twelve months involving the same child or family, the department shall promptly notify the office of the family and children's ombuds of the contents of the report. The department shall also notify the ombuds of the disposition of the report.

(17) In investigating and responding to allegations of child abuse and neglect, the department may conduct background checks as authorized by state and federal law.

(18)(a) The department shall maintain investigation records and conduct timely and periodic reviews of all founded cases of abuse and neglect. The department shall maintain a log of screened-out nonabusive cases.

(b) In the family assessment response, the department shall not make a finding as to whether child abuse or neglect occurred. No one shall be named as a perpetrator and no investigative finding shall be entered in the department's child abuse or neglect database.

(19) The department shall use a risk assessment process when investigating alleged child abuse and neglect referrals. The department shall present the risk factors at all hearings in which the placement of a dependent child is an issue. Substance abuse must be a risk factor.

(20) Upon receipt of a report of alleged abuse or neglect the law enforcement agency may arrange to interview the person making the report and any collateral sources to determine if any malice is involved in the reporting.

(21) Upon receiving a report of alleged abuse or neglect involving a child under the court's jurisdiction under chapter [13.34](#) RCW, the department shall promptly notify the child's guardian ad litem of the report's contents. The department shall also notify the guardian ad litem of the disposition of the report. For purposes of this subsection, "guardian ad litem" has the meaning provided in RCW [13.34.030](#).

(22) The department shall make efforts as soon as practicable to determine the military status of parents whose children are subject to abuse or neglect allegations. If the department determines that a parent or guardian is in the military, the department shall notify a department of defense family advocacy program that there is an allegation of abuse and neglect that is screened in and open for investigation that relates to that military parent or guardian.

(23) The department shall make available on its public web site a downloadable and printable poster that includes the reporting requirements included in this section. The poster must be no smaller than eight and one-half by eleven inches with all information on one side. The poster must be made available in both the English and Spanish languages. Organizations that include employees or volunteers subject to the reporting requirements of this section must clearly display this poster in a common area. At a minimum, this poster must include the following:

- (a) Who is required to report child abuse and neglect;
- (b) The standard of knowledge to justify a report;
- (c) The definition of reportable crimes;
- (d) Where to report suspected child abuse and neglect; and
- (e) What should be included in a report and the appropriate timing.

Outcome Measurement System (OMS)

(If you use OMS, insert information here)

OMS is a standardized survey that provides the opportunity for our CAC to measure our performance and also benchmark ourselves against the CAC field. Hundreds of centers across all 50 states (and a growing number of international locations) have used OMS to give families and team members a voice in the CAC process, which in turn allows centers to demonstrate their success and find areas for improvement. Our CAC participates in this process and as a member of the MDT you will be asked to participate in this survey. You are encouraged to be honest in your response as it will be helpful in ensuring that we are continually working toward providing the best possible services to our clients and team. You can, of course, provide input at any time and do not have to wait for the OMS survey to do so.

OMS is used by CACs to report on survey items designed to capture two measurable outcomes:

1. The CAC facilitates healing for children and caregivers.
2. The MDT approach results in more collaborative and efficient case investigations.

[Healing, Justice, & Trust](#) is a national report of OMS data.

Additional Resources

Suggested Additions and/or Handouts:

[Low-impact Debriefing](#)

[CSA Perpetrator](#)

[Efficacy of the CAC Model](#)

[Adolescence Disclosure of Sexual Abuse](#)

[Building A Better Case Review Together](#)

[10 Facts About Child Abuse](#)

Resources:

[Children's Advocacy Centers of Washington](#)

[National Child Traumatic Stress Network](#)

[National Children's Alliance](#)

[National Children's Advocacy Center](#)

[Western Regional CAC](#)

Add link to CAC website and social media pages

DRAFT