

SPECIAL CA/N PROCEDURES

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A. Restricted Cases

“Restricted” is a status that, when applied to a specific case, means access to the case material (written or automated data) is limited to designated individuals. Access to restricted cases is determined according to security levels assigned by County DHR Directors and SDHR supervisors.

1. Determining Restricted Status

Cases involving the following individuals shall be “restricted.”

- Current DHR employees (active, on leave, contract) and their immediate family members, and
- Children in DHR permanent custody (including those in non-finalized adoptive placements).

Cases involving close working associates of DHR may be restricted. County Directors are responsible for identifying specific individuals (e.g., doctors, teachers, Multi-Disciplinary Team members, QA committee members) in their county whose working relationship with the County Department may be adversely affected by case information being made available through county or statewide search. The restriction may also cover that person’s spouse or children.

2. Assigning Restricted Status

County Departments shall restrict appropriate cases during Central Registry (i.e., FACTS) data entry. FACTS Help Desk will apply the restriction to all reports received on these children prior to DHR being granted permanent custody. Child welfare staff shall complete the revised memorandum “Request To Restrict CA/N Reports On Child In DHR Permanent Custody” (Forms And Instructions) and give to a Mentor who shall notify the FACTS Help Desk to restrict these reports by submitting the form to FACTS Help Desk. A separate form must be completed for each child.

Case records (i.e., paper files) on restricted cases shall be stored in a secure location (e.g., locked drawer, locked file cabinet). County Departments shall develop local procedures for storage that ensure the case material is accessed only by designated individuals.

3. Removing Restricted Status

The restricted status shall be removed on cases involving current employees (and their immediate family members) after six (6) months of non-DHR employment. Other individuals’ restriction status may be removed at the County Director’s discretion by contacting the FACTS Help Desk. When the restricted status is removed, an individual’s record becomes available for county and statewide inquiry.

B. CA/N Reports Involving DHR Employees And Close Working Associates

When CA/N reports are received on DHR employees or close working associates (refer to *CA/N Intake*, section **IV.**, C. 1., for additional information), the County Director or designee shall work in partnership with another county DHR in close proximity to complete the CA/N assessment. If needed, SDHR Office of Child Protective Services (CPS) consultant may be contacted for assistance in determining who will conduct the CA/N assessment.

C. CA/N Reports Involving Children In DHR Permanent Custody

All CA/N reports involving children in DHR permanent custody shall be restricted and retain that status indefinitely. Reports received between the date permanent custody was awarded and the final placement date shall be restricted by the County Department. FACTS Help Desk will apply the restriction to all reports received on these children prior to DHR being granted permanent custody. Child welfare staff shall complete the revised memorandum “Request To Restrict CA/N Reports On Child In DHR Permanent Custody” (Forms And Instructions) and give to a Mentor who shall notify the FACTS Help Desk to restrict these reports by submitting the form to FACTS Help Desk. A separate form must be completed for each child.

When children have been placed in an adoptive home and report that they were abused or neglected while in a previous placement or in their birth parents’ home, the County Department receiving the report shall notify SDHR’s Office of Adoption. If multiple counties need to be involved in the CA/N assessment (e.g., adoptive home is in Mobile County and the child’s previous placement or birth parents’ home is in Madison County), an adoption consultant will serve as liaison between the counties. Child welfare staff in the county where the alleged incident occurred will enter the CA/N into the Central Registry under the child’s birth name, and the counties involved will work in partnership to complete the CA/N assessment. The child’s adoptive name shall not be entered into the Central Registry and there is to be no cross-referencing except by SDHR’s Office of Adoption.

When a current CA/N report is received on a child who has been placed for adoption, but the adoption is not finalized, child welfare staff in the county where the child currently lives will take the report using the child’s birth name, enter the report into the Central Registry as a restricted case, **and** complete the CA/N assessment. Refer to *Out-Of-Home Protocol* for additional information.

All inquiries, from any source, about CAN reports on children who are or were in DHR permanent custody must be referred to SDHR’s Office of Adoption.

D. Community Notification Act Regarding Adult Convicted Sex Offenders

The Alabama Sex Offender Registration and Community Notification Act (Act No 2011-640), Code of Alabama 1975, effective July 1, 2011, replaces Code of Alabama 1975 (§ 15-20-1 through 15-20-38).

§ 15-20-26 (c) provides that “no adult criminal sex offender shall establish a residence or any other living accommodation where a minor resides.” However, “an adult criminal sex offender

may reside with a minor if the adult criminal sex offender is the parent, grandparent, stepparent, sibling, or step sibling of the minor, unless one of the following conditions applies:

- (1) The adult criminal sex offender's parental rights have been or are in the process of being terminated as provided by law.
- (2) Any minor or adult child, grandchild, or stepchild of the adult criminal sex offender was a victim of a criminal sex offense committed by the adult criminal sex offender.
- (3) Any minor sharing a residence with the adult criminal sex offender at the time of the offense was a victim of a criminal sex offense committed by the adult criminal sex offender."
- (4) The adult criminal sex offender has at any time been convicted of any criminal sex offense that involved a child, regardless of whether the offender was related to or shared a residence with the victim. For purposes of this section the definition of "criminal sex offense involving a child" specifies that a child is under the age of 12 in order for this condition to apply [Code of Alabama 1975 § 15-20-21 (5)].

Furthermore, § 15-20-33 (a) provides that adult criminal sex offenders are covered by the Act for life.

An adult "criminal sex offender" is defined in § 15-20-21 (1) as "a person convicted of any of the criminal offenses identified in the law. These include, but are not limited to:

- a. Rape in the first or second degree (§ 13A-6-61 or 13A-6-62);
- b. Sodomy in the first or second degree (§13A-6-63 or 13A-6-64);
- c. Sexual torture (§ 13A-6-65.1);
- d. Sexual abuse in the first or second degree (§ 13A-6-66 or 13A-6-67);
- e. Enticing a child to enter a vehicle, room, house, office, or other place for immoral Purposes (§ 13A-6-69);
- f. Promoting prostitution in the first or second degree (§ 13A-12-111 or 13A-12-112);
- g. Violation of the Alabama Child Pornography Act (§ 13A-12-191, 13A-12-192, 13A-12-196, or 13A-12-197);
- h. Kidnapping of a minor, except by a parent, in the first or second degree (§ 13A-6-43 or § 13A-6-44);
- i. Incest (§ 13A-13-3) when the offender is an adult and the victim is a minor;
- j. Soliciting a child by computer for the purposes of committing a sexual act and transmitting obscene material to a child by computer (§ 13A-6-110 or 13A-6-111);
- k. Any solicitation, attempt, or conspiracy to commit any of the offenses listed in paragraphs a. to j., inclusive; and

- l. Any crime committed in any state or a federal, military, Indian, or a foreign country jurisdiction which, if it had been committed in this state under the current provisions of law, would constitute an offense listed in paragraphs a. to k., inclusive;
- m. Sexual abuse of a child less than 12 years old (§ 13A-6-69.1);
- n. A school employee having sexual contact with a student (§13A-6-82);
- o. Foster parent engaging in a sex act, having sexual contact, or soliciting a sex act or sex contact with a foster child as provided by (§13A-6-71); and
- p. A member of the clergy having sexual contact with an individual under age nineteen (19) or a protected person under age twenty-two (22) by (§13A-6-85).

When a County Department receives notice that a convicted sex offender has moved into a residence in the county, all County Department files (i.e., paper and automated) shall be cleared to determine if there is any information that indicates the individual is residing in the home with a child under age eighteen (18).

If the County Department learns, from any source, that a convicted sex offender (adult or juvenile) is living in the home where a child under age eighteen (18) resides, regardless of whether or not the offender is exempt from the Act's residency requirements, the County Department shall complete a CA/N report using the "other risk of serious harm" allegation. Both law enforcement and the District Attorney's office shall be notified immediately. The county shall conduct a CA/N assessment to determine child safety and the risk of serious harm to any children residing in the home. Protective services, including court intervention, shall be provided as needed.

E. Community Notification Act Regarding Adjudicated Juvenile Sexual Offenders

The Alabama Sex Offender Registration and Community Notification Act (Act No 2011-640), Code of Alabama 1975, is also applicable to juvenile sexual offenders. A juvenile sex offender is defined in § 15-20-21 (7) as an individual adjudicated delinquent of a criminal sex offense.

A juvenile sex offender age fourteen (14) or older at the time of the sex offense is subject to registration and notification if adjudicated delinquent for any of the following sex offenses:

1. rape in the first degree (§ 13A-6-61);
2. sodomy in the first degree (§ 13A-6-63);
3. sexual abuse in the first degree (§ 13A-6-66);
4. sexual torture (§ 13A-6-65.1);
5. any offense committed in any other jurisdiction which, if it had been committed in this state under the current provisions of law, would constitute an offense listed in subdivisions (1) to (4);

6. any offense committed in this state or any other jurisdiction, compatible to or more severe than aggravated sexual abuse as described in 18 U.S.C. § 2241 (a) or (b); and any attempt or conspiracy to commit any one of the offenses listed in subdivisions (1) to (6).

Upon release or upon adjudication of delinquency if the juvenile sexual offender is not committed, a juvenile sexual offender adjudicated delinquent of any of the above listed sex offenses on or after July 1, 2011, shall be subject to registration and notification for life. The juvenile sex offender and the parent, custodian (e.g. child welfare staff if custody vested in DHR) or guardian will register with law enforcement in each county in which the juvenile sex offender resides or intends to reside immediately (e.g., within 3 business days). This requirement shall also be applicable to a juvenile sex offender/youthful offender entering the state to establish residence. **Failure to provide registration information is a Class C Felony.**

Note: If adjudicated prior to July 1, 2011, the juvenile sex offender shall be subject to registration and notification for ten (10) years [§ 15-20-33 (b)] from the date of last release from the offense.

The adjudicated juvenile sexual offender is prohibited from:

- establishing a residence or establishing other living accommodations, or applying for, accepting or maintaining employment vocation or volunteer within 2,000 feet of a school, or child care facility. A child care facility includes both DHR licensed and approved facilities including foster parents as well as statutory exempt facilities like church day care programs.
- applying for, accepting or maintaining employment/vocation/volunteer within 500 feet of a playground/park/athletic field/facility/business where principal purpose is to care/educate/entertain children; and
- changing his/her name (adult or juvenile) unless incident to a change in marital status/religion.

When a County Department receives notice that an adjudicated juvenile sexual offender has moved into a residence in the county, all County Department files (i.e., paper and automated) shall be cleared to determine if there is any information that indicates the individual is residing in the home with a child under age eighteen (18).

If the County Department learns, from any source, that an adjudicated juvenile sexual offender is residing in the home where a child under the age of eighteen (18) resides, regardless of whether or not the offender is in compliance with the Act's notification/residency requirements, the County Department shall complete a CA/N report using the "other risk of serious harm" allegation, to determine child safety and the threat of serious harm to any children residing in the home. Both law enforcement and the District Attorney's office shall be notified immediately. Protective services, including court intervention, shall be provided as needed.

F. Medical Neglect Of Handicapped Infants Under One Year of Age

The medical neglect referenced in this section involves the withholding of medically indicated treatment from infants solely on the basis of their present or anticipated mental or physical impairment. When DHR receives these reports, child welfare staff shall take the following actions.

- Begin the CA/N assessment immediately.
- Petition the court to have medical records produced if DHR is denied access.
- Notify SDHR's Office of Child Protective Services about the petition as soon as it has been filed.

The assessment guidelines and evaluation process described in the following sections apply to these reports and shall also be applied to situations involving:

- other severely disabled children when DHR is called upon to intervene, on behalf of the child, in the proposed medical treatment plan, and
- children in DHR custody or planning responsibility who are over age one (1) and have a life-threatening medical condition.

1. Guidelines For Assessing Treatment Decisions

"Withholding medically indicated treatment" is defined as failure to respond to an infant's life-threatening conditions by providing treatment (including appropriate nutrition, hydration and medication) which, in the treating physician's reasonable medical judgment, will most likely be effective in ameliorating or correcting all life-threatening conditions.

"Infant" is defined as any child less than one year (1) of age. The reference to one year of age does not imply that treatment should be changed or discontinued when an infant reaches one year of age, or to affect or limit proper medical care standards for children over one year of age.

"Reasonable medical judgment" is defined as medical judgment that would be made by a reasonably prudent physician who is knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved.

In addition to infants less than one (1) year of age, the standards set forth in the definition of "withholding medically indicated treatment" must be consulted during CA/N assessments involving any medical treatment issues for children over age one (1) when the children have been continuously hospitalized since birth, born extremely prematurely, or have a long-term disability. In all such cases, the children must be provided appropriate nutrition, hydration and medication.

Treatment to ameliorate or correct all life-threatening conditions may be withheld in the following situations:

- Child is chronically and irreversibly comatose; or
- Treatment would merely prolong death, would not be effective in ameliorating or correcting all life-threatening conditions, or would otherwise be futile in terms of the child's survival; or
- The treatment itself, under such circumstances, would be inhumane.

During the course of the CA/N assessment, child welfare staff shall consult with the Infant Care Review Committee (at the medical facility where the infant is a patient, if the facility has one) for information, and obtain written recommendations regarding the appropriate course of medical treatment and whether DHR intervention is necessary to ensure that treatment is provided.

If the facility does not have an Infant Care Review Committee and the County Department has an operational Multi-Disciplinary Team, consult the team for information and written recommendations. Note: Appropriate medical experts (e.g., neonatologist, pediatric neurologist, pediatrician, immunologist) should be added to the team when reviewing these cases.

In counties where there is no Infant Care Review Committee or operational Multi-Disciplinary Team, child welfare staff **must** consult an independent specialist for written recommendations.

2. Multi-Disciplinary Team's Evaluation Process

The Multi-Disciplinary Team will review the child's current and prospective medical treatment plans. The review shall include, but is not limited to, the following:

- diagnosis;
- nutrition and hydration;
- medication;
- life-support equipment;
- resuscitation;
- surgery;
- diagnostic tests; and
- prognosis.

The team shall consider the perspective and opinions of the treating physician, the parents/legal custodians and other relatives when making its recommendation. The team shall issue a written recommendation to DHR on the appropriate course of medical treatment and whether DHR intervention is necessary to ensure that treatment is provided.

3. Decisions Regarding Continued DHR Intervention

The written recommendation of the Infant Care Review Committee, Multi-Disciplinary Team, or independent specialist shall be reviewed by staff from the appropriate county DHR, Office of Child Protective Services, and SDHR Legal. These persons will decide whether to accept, modify, or reject the recommendation.

County Departments shall file a petition for the court to review or intervene in the treatment decision when **any** of the following conditions are present.

- (1) There is a difference of opinion between **any** or all of the following:
 - treating physician;
 - Infant Care Review Committee, Multi-Disciplinary Team, or independent specialist;
 - Parents/legal custodians;
 - DHR.
- (2) The parents/legal custodians refuse or fail to make any treatment decision.
- (3) The child is in DHR's legal custody.

The court will normally give preference to the views of parents, legal guardians or relatives who have significant attachments to the child. DHR bears the burden of proof and must present clear and convincing evidence that the parents'/legal custodians' view is not in the child's best interest.

If the preceding conditions are not present, child welfare staff shall document (in the case record) all concerned parties' agreement to the treatment plan and no further action is necessary.

G. Case Management Procedures When Families Move

Refer to *Transfer of Cases* policy when families move to another county or state while CA/N assessments are being conducted or on-going services are being provided. *Transfer of Cases* policy also addresses exceptions to transferring case responsibility.

H. Protective Service Alerts

Protective service alerts shall be used in case situations where a child's/family's exact whereabouts are unknown and child welfare staff's opinion is that further harm may come to the child unless protective services are provided. Alerts are completed on the DHR-FCS-1597 and submitted with the "Cover Memo For Child Protective Services Alert" (refer to Forms And Instructions). Alerts must contain the following information:

- Name(s) of the state(s) to receive the alert;
- Identifying information on the children and family members (e.g., names, birth dates, ethnicity, gender, social security numbers);
- Brief description of the child/family situation and DHR's concerns;
- Child's/family's suspected destination (if known) and action requested if the child/family is located (e.g., provide protective services, take child into protective custody);
- child's legal status and a copy of the court order if DHR holds custody; and
- name, address and phone number of DHR contact person if the child/family is located.

Alerts to county DHR offices within Alabama may be sent directly to the appropriate office(s). Alerts to other states must be routed through SDHR's Office of Interstate Compact on the Placement of Children (ICPC). The ICPC Office will submit the alert to the other state(s). If assistance is needed with protective service alerts involving other states, contact your ICPC consultant.

I. Reports Involving Other States

DHR may receive CA/N reports where an incident occurred in another state but the child allegedly abused/neglected resides in Alabama. DHR has jurisdiction to investigate out-of-state incidents of alleged abuse/neglect involving the following:

- children in the Department's custody and the abuse/neglect is committed out-of-state by Alabama foster parents, others authorized to care for children in DHR custody; other individuals (non-caregiver), and
- Alabama children **not** in DHR custody who are allegedly abused/neglected in another state.

Out-of state allegations of abuse/neglect of a child that resides in Alabama shall be entered in FACTS (Family, Adult, and Children Tracking System) and completed in accordance with *CA/N Assessment* policy. Child welfare supervisors shall contact SDHR's Office of Child Protective Services if there is any question about whether a case needs to be entered into the Central Registry.

Residency is defined for dependency proceedings in the **Code of Alabama, 1975** § 12-15-302 (d) thusly “county where the child resides means the county in which the child and legal custodian have established legal residence or have resided for six or more months of a calendar year. (This term shall not include placements by a state department or agency).” (Act 2008-277, § 16).

Note: Establishing a legal residence is evidenced by where one pays utility bills, has registered to vote, pays rent, etc.

County Departments shall request the other state’s assistance with interviewing pertinent individuals residing in their state and to provide written documentation of those interviews. Upon completion of the investigation, including due process, DHR staff are authorized to enter investigative findings into the Central Registry as “indicated” or “not indicated” [Code of Alabama 1975 § 26-14-8 (a)]. A code of “unable to complete” may be entered if for some reason the investigation may not be completed per policy requirements.

County Departments may receive requests from other states for assistance in completing CA/N assessments when incidents occur in the other state and the person allegedly responsible for abuse/neglect (PAR) lives in Alabama. County Departments shall provide the requested assistance and may handle the situation as an out-of-town inquiry (OTI), information and referral (I&R) or the case may be opened on FACTS (Family, Adult, and Children Tracking System). These cases (requests) are not entered into Alabama’s Central Registry as abuse/neglect reports.

Reports may also be received where a CA/N incident occurred in Alabama, but the child lives in another state. County Departments are responsible for conducting these CA/N assessments and shall request the other state’s assistance with interviewing pertinent individuals who reside in the other state. These reports shall be entered into the Central Registry.

J. Reports Involving Multiple County Departments

Counties shall work in partnership to complete CA/N assessments on CA/N reports that involve multiple counties (e.g., incident occurred in one county and the person allegedly responsible for abuse/neglect lives in another county). Generally, the county where the children currently live shall maintain case management responsibility for the CA/N assessment and other counties may be requested to conduct interviews with pertinent individuals residing in their county and to provide written documentation of those interviews.

Child welfare staff in the County Department where the intake information is received shall enter that information into FACTS. Alabama statutes designate the Department to receive reports of alleged abuse/neglect and not specific counties in which children may live. If the children identified in the intake information currently live in another county, child welfare staff shall immediately contact child welfare staff in county where the children currently live in order to provide the intake information within sufficient time for initial child contact timeframes to be met; to determine which county will conduct which interviews when individuals pertinent to the report reside in multiple counties; and determine to whom the intake information must be transferred. The information must be transferred by a supervisor and may be completed prior to

or following the creation of a case. Refer to the *FACTS Quick Reference Guide*, sections on *Transferring a CPS or AANE Intake to Another County* or *Transferring a Case to Another County*.

The County Department receiving the CA/N report shall also provide notification of the allegations to the District Attorney's office and law enforcement in the county where the incident occurred.

The County Department where the children live is responsible for:

- completing Central Registry data entry for the CA/N assessment; and
- submitting completed CA/N assessments to the District Attorney's office and law enforcement in the county where the incident occurred.

Note: If counties need assistance in determining which county will conduct specific CA/N assessment functions, the County Department where the children live shall contact the Office of Child Protective Services for assistance.

K. Reports Involving "Groups" Of Children In Out-Of-Home Settings

The following procedures shall be applied to incidents occurring in out-of-home settings.

- Separate CA/N assessments shall be conducted for all children in DHR custody or planning responsibility who reside in foster family home settings, regardless of the allegations.
- Separate CA/N assessments shall be conducted for each child when CA/N reports involve "multiple" incidents and the allegations are unique to each child.
- A single CA/N assessment shall be conducted for a group of children when the report involves "collective" incidents (i.e., allegations are the same for all the children).

L. Multiple Reports Received On The Same Children

When multiple CA/N reports involving the same children/incidents/allegations are received from different reporters, the first report received serves as the basis for the CA/N assessment, and subsequent reports are documented as collateral contacts. When multiple CA/N reports are received on the same children and the allegations are different, separate CA/N assessments shall be conducted. If a disposition has not been reached on the original CA/N report, assessment of the additional allegations may be documented using an FACTS case activity note on the original report.

M. New Information On Prior CA/Ns With “Unable To Complete” Dispositions

When new information is received that allows for completion of a CA/N assessment that had previously been disposed of as “unable to complete,” child welfare staff shall follow one of the steps below.

1. If the new information is received **prior to** the original timeframe for completion (i.e., 120 days from the original report date if the report was received prior to 9/1/02, 90 days from the original report date if the report was received on or after 9/1/02), and 60 days from the original report date if the report was received on or after 3/1/17), contact the FACTS Help Desk and request that the original report be re-opened. The FACTS Help will delete the closure approval which changes the Referral Disposition to “pending”, and the report is reassigned to the County Department. Child welfare staff shall complete the CA/N assessment.

OR

2. If the new information is received **after** the original timeframe for completion (i.e., 120 days from the original report date if the report was received prior to 9/1/02, 90 days from the original report date if the report was received on or after 9/1/02), and 60 days from the original report date if the report was received on or after 3/1/17), create a new CA/N Intake and CA/N Assessment on FACTS. Complete a narrative entry in both reports that references the other report and associates the new information to the original “Unable To Complete” report.

N. Updating Completed CA/Ns In FACTS With New Information

New information received on completed CA/N assessments must be entered into the Central Registry. When new information must be added to an original CA/N report on FACTS, child welfare staff shall follow one of the steps below, depending on the specific case situation.

1. When the new information does not change the disposition and the CA/N assessment is closed on FACTS, child welfare staff must notify the county mentor and request that the CA/N assessment be put into pending status. It is the responsibility of the county mentor to request that the FACTS Help Desk put the CA/N assessment into pending status. The FACTS Help Desk will place the original CA/N assessment into pending status, notify the county office of the status change, and county child welfare staff shall enter the new information into FACTS. Because the pending status reopens the CA/N assessment, the county supervisor shall enter the new information and immediately close the CA/N assessment.

OR

2. If a court finds or other compelling evidence or information (e.g., DNA, confession) substantiates, for the same incident involved in the original CA/N report, that abuse/neglect occurred and that finding changes DHR’s disposition, persons responsible for the abuse/neglect must receive written notice of the disposition’s change and their

entitlement to due process. Child welfare staff must also enter documentation of the change into the CA/N report's narrative on FACTS. If the investigation is closed, child welfare staff must notify the FACTS county mentor and request that the CA/N assessment be put into pending status. It is the responsibility of the county mentor to request that the FACTS Help Desk put the CA/N assessment into pending status. The FACTS Help Desk will place the original CA/N report into "pending" status, notify the county office of the status change, and the county supervisor will make the appropriate change to the disposition.

OR

3. If the child victim reveals new information later (e.g., 120 days, 6 months, etc.) on the same incident during therapy on a report entered on FACTS with a "not indicated" disposition and the new information changes the "not indicated" finding to "indicated", child welfare staff will contact the FACTS county mentor who will then contact the FACTS Help Desk and request the CA/N assessment be put into pending status. Persons responsible for the abuse/neglect (PARAN) must be advised in writing that the investigation has been reopened due to new information received, sent a new disposition letter once the reopened investigation has been completed, and offer as appropriate a CA/N hearing or administrative record review. Because the new disposition letter is not in FACTS, the letter advising the PARAN that the case has been reopened must be a county originated letter. The FACTS Help Desk will place the original CA/N report into "pending" status, notify the county office of the status change, and the county supervisor will make the appropriate change to the disposition.

O Referral Of Infants And Toddlers (under 36 months) To Alabama Early Intervention Services (AEIS)

Child welfare staff, under provisions in Child Abuse Prevention Act (CAPTA), shall refer all infants and toddlers from birth to 36 months, with indicated abuse/neglect reports received on or after June 25, 2004 to AEIS. AEIS, a division of Alabama Department of Rehabilitation Services, is funded under Part C of the Individuals with Disabilities Education Act (IDEA). Early Intervention Services identifies through evaluation infants and toddlers with a twenty five percent delay in the major areas of development (e.g., physical, social, adaptive, cognitive, or communication skills) and provides early intervention supports and services to eligible children.

AEIS-DHR CAPTA referral form is required for all children who meet eligibility requirements (i.e., must be under 36 months at time of indicated disposition). FACTS will generate the AEIS-DHR CAPTA Referral Form (DHR-FCS-2121) from case participant information for children under 36 months with an indicated disposition. Due process requirements must be completed for the person allegedly responsible for abuse/neglect before disposing of a CA/N assessment and before sending the DHR-FCS-2121 to Child Find. Referrals should be sent directly to the attention of ADRS/EI, 602 South Lawrence Street, Montgomery, Alabama 36104, or faxed to (334) 293-7393.

AEIS staff may contact the DHR caseworker for additional information needed to process the referral. Under Code of Alabama 1975 § 26-14-8 (c) (9) child welfare staff can share information with AEIS. Refer to *Child Protective Services Policies And Procedures, Central Registry, E. Use And Disclosure Of CA/N Information.*

Referrals to AEIS are documented in the service case record. Parental consent is not required when making referrals to AEIS but, the referral should be discussed with the parents or primary caregiver. AEIS assumes responsibility for obtaining written parental consent needed before AEIS can conduct an evaluation for referred infants/toddlers not in the custody of the Department. Child welfare staff shall pursue parental consent only when the referred infant/toddler is in the custody of the Department.

Note: Part C of Individuals with Disabilities Education Act (IDEA) recognizes foster parents as surrogate parents eligible to give written consent for evaluation when an infant/toddler is in foster care. Child welfare staff are not recognized as surrogate parents under Part C and therefore cannot give written parental consent for children in foster care even if DHR holds custody. In order to satisfy both AEIS and departmental consent requirements for children in our care both the foster parent and child welfare worker must sign the consent forms.

AEIS has seven district offices statewide. County Departments can contact the AEIS Child Find toll free hotline: 1-800-543-3098 to find out the location of the nearest AEIS district office.

P. Suspension Protocol for CA/N Reports

CA/N reports are sometimes received by DHR that will require a joint investigation by DHR and law enforcement (LEA) or require the assistance of an out-of-state agency (OSA) to complete. The following definitions shall be used when considering entering reports in FACTS under LEA/OSA.

- A. Law Enforcement Agency (LEA) is defined in Code of Alabama § 36-21-40 as “The state Department of Public Safety, The Alabama Board of Corrections, the police department of each incorporated city or town, the department of each sheriff of the state, including all deputy sheriffs, the Enforcement Division of the State Department of Conservation and Natural Resources and the Public Service Commission, and each public agency in the state charged with the enforcement of any laws and the officers or employees of which have power as such officials or employees to make arrests. The term does not include the National Guard or any military organization.”
- B. Out-of- State Agency (OSA) for purposes of this protocol is defined as an “agency in another state responsible for providing child protective services in that state.”

Note: This is the only definition of an “out-of-state agency” applicable when entering the OSA designation in FACTS. Do not suspend in FACTS for OSA if you are awaiting information from any other out-of-state agency.

Only the supervisor may document any data on the Suspension screen. This includes **suspension reason, request for suspension** as well as **approval of suspension**. **The worker is not to enter any information on the Suspension screen.**

Entry in FACTS using the LEA designation will be limited to the following situations:

- CA/Ns where DNA results are pending and DNA results will determine if the report is “indicated”, “not indicated”;
- CA/N involving child death and autopsy is being conducted; and
- a criminal case linked to the CA/N report is pending. Refer to *Child Protective Services Policies and Procedures, Due Process, III. Administrative Record Reviews, A. Administrative Record Reviews in Cases That Involve Criminal Prosecution.*

CA/Ns in LEA status in FACTS must be kept on the agenda of the local multi-disciplinary team or regular meetings of the child advocacy center and reviewed at least quarterly. FACTS narrative must be updated after each meeting to reflect the status (e.g., new developments or no changes) in the case status.

County Directors shall ensure that CA/Ns in LEA/OSA status is reviewed (access INVS 215 report) by appropriate supervisory staff at least quarterly to determine the appropriateness of continuation of the case in LEA/OSA status. Contact the Office of Child Protective Services at 334-242-9500 for guidance if you have questions about the LEA/OSA status of a particular case.

C. Suspension for Administrative Record Review or Administrative Hearing

Referrals may be suspended for Administrative Record Review or Administrative Hearing only after the PARAN has requested Administrative Record Review or Administrative Hearing and that date has been documented in FACTS. Only the supervisor may document any data on the Suspension screen. This includes **suspension reason, request for suspension** as well as **approval of suspension**. **The worker is not to enter any information on the suspension screen.**

Note: The County will use templates for the Indicated Letters To The PARAN until FACTS moves the letters from the Suspension Screen to the Due Process Screen.

Q. CA/N Reports Involving Child Sex Trafficking

1. Overview

Under federal law (Preventing Sex Trafficking and Strengthening Families Act, H.R. 4980) if a minor under the age of eighteen (18) has been recruited, enticed, harbored, transported, obtained, exploited, or maintained to engage in commercial sexual activity, a sexually explicit performance, or the production of pornography, then the minor is a

victim of sex trafficking. Any sexually exploited child under eighteen (18) is considered a victim of sex trafficking, even if there is no force, fraud or coercion.

Child sex trafficking victims, like other child victims, come from multiple racial and ethnic groups, socio economic backgrounds, and include both boys and girls. Victims may be U.S. citizens or children trafficked to the U.S. from all regions of the world.

Runaway and homeless youths as well as LGBTQ (lesbian, gay, bisexual, transgender, queer) youth are at particularly high risk for becoming victims, though some trafficked youths continue living at home and attending school. Traffickers often exploit victims by preying on their hopes to improve their lives or the lives of their families. Traffickers also kidnap victims and use physical force, violence, or psychological stress to control them and force them into sex trafficking.

The Department of Human Resources (DHR) is committed to the identification or, rescue and protection of, and providing services for children who have allegedly been victims of child sex trafficking. Victims rarely identify themselves as such and often come to the attention of the Department due to another form of abuse, neglect, or abandonment.

2. Applicable State Law (Code of Alabama)

Section 13A-6-152

Human trafficking in the first degree.

(a) A person commits the crime of human trafficking in the first degree if:

- (1) He or she knowingly subjects another person to labor servitude or sexual servitude.
- (2) He or she knowingly obtains, recruits, entices, solicits, induces, threatens, isolates, harbors, holds, restrains, transports, provides, or maintains any minor for the purpose of causing a minor to engage in sexual servitude.
- (3) He or she knowingly gives monetary consideration or any other thing of value to engage in any sexual conduct with a minor or an individual he or she believes to be a minor.

(b) For purposes of this section, it is not required that the defendant have knowledge of a minor victim's age, nor is reasonable mistake of age a defense to liability under this section.

(c) A corporation, or any other legal entity other than an individual, may be prosecuted for human trafficking in the first degree for an act or omission only if an agent of the corporation or entity performs the conduct which is an element of the crime while acting within the scope of his or her office or employment and on behalf of the corporation or entity, and the commission of the crime was either authorized, requested, commanded, performed, or within the scope of the person's

employment on behalf of the corporation or entity or constituted a pattern of conduct that an agent of the corporation or entity knew or should have known was occurring.

(d) Any person who obstructs, or attempts to obstruct, or in any way interferes with or prevents the enforcement of this section shall be guilty of a Class C felony.

(e) Human trafficking in the first degree is a Class A felony.

Section 13A-6-153 - Human trafficking in the second degree.

(a) A person commits the crime of human trafficking in the second degree if:

(1) A person knowingly benefits, financially or by receiving anything of value, from participation in a venture or engagement for the purpose of sexual servitude or labor servitude.

(2) A person knowingly recruits, entices, solicits, induces, harbors, transports, holds, restrains, provides, maintains, subjects, or obtains by any means another person for the purpose of labor servitude or sexual servitude.

(3) A corporation, or any other legal entity other than an individual, may be prosecuted for human trafficking in the second degree for an act or omission only if an agent of the corporation or entity performs the conduct which is an element of the crime while acting within the scope of his or her office or employment and on behalf of the corporation or entity, and the commission of the crime was either authorized, requested, commanded, performed, or within the scope of the person's employment on behalf of the corporation or entity or constituted a pattern of conduct that an agent of the corporation or entity knew or should have known was occurring.

(4) Any person who obstructs, or attempts to obstruct, or in any way interferes with or prevents the enforcement of this section shall be guilty of a Class A misdemeanor.

(b) Human trafficking in the second degree is a Class B felony.

3. Section 13A-6-151 - Definitions

The following are definitions of terms which child welfare workers may hear when working sex trafficking cases.

(1) Coercion: Any of the following:

a. Causing or threatening to cause physical injury or mental suffering to any person, physically restraining or confining any person, or threatening to physically restrain or confine any person or otherwise causing the person

performing or providing labor or services to believe that the person or another person will suffer physical injury or mental suffering.

- b. Implementing any scheme, plan, or pattern intended to cause a person to believe that failure to perform an act would result in physical injury, mental suffering, or physical restraint of any person.
- c. Destroying, concealing, removing, confiscating, or withholding from the person or another person, or threatening to destroy, conceal, remove, confiscate, or withhold from the person or another person, the person's or any person's actual or purported government records, immigration documents, identifying information, or personal or real property.
- d. Exposing or threatening to expose any fact or information that if revealed would tend to subject a person to criminal prosecution, criminal or immigration proceedings, hatred, contempt, or ridicule.
- e. Threatening to report the person or another person to immigration officials or to other law enforcement officials or otherwise blackmailing or extorting the person or another person.
- f. Controlling a person's access to a controlled substance, as the term is defined in Section 20-2-2.
- g. Rape or sodomy or threatened rape or sodomy of any person, as defined in Title 13A.

(2) Deception: Any of the following:

- a. Creating or confirming an impression of any existing fact or past event which is false and which the accused knows or believes to be false.
- b. Exerting financial control over the person or another person by placing the person or another person under the actor's control as a security or payment of debt, if the value of the services as reasonably assessed is not applied toward the liquidation of the debt or the length and nature of those services are not respectively limited and defined or the principal amount of the debt does not reasonably reflect the value of the items or services for which the debt was incurred or by preventing a person from acquiring information pertinent to the disposition of the debt, referenced in this paragraph.
- c. Promising benefits or the performance of services which the accused does not intend to be delivered. Evidence of failure to deliver benefits or perform services standing alone shall not be sufficient to authorize a conviction under this article.

- d. Using any scheme, plan, or pattern, whether overt or subtle, intended to cause any person to believe that, if the person did not perform such labor, services, acts, or performances, the person or another person would suffer physical injury or mental suffering.
- (3) Labor Servitude: Work or service of economic or financial value which is performed or provided by another person and is induced or obtained by coercion or deception.
- (4) Mental Suffering: A high degree of mental pain or emotional disturbances, such as distress, anxiety, public humiliation, or psychosomatic physical symptoms. It is more than mere disappointment, anger, resentment, wounded pride, or embarrassment and must be a direct result of the crime of human trafficking.
- (5) Minor: A person under the age of 19.
- (6) Physical Injury: Impairment of physical condition or substantial pain.
- (7) Sexual Conduct: Any of the following acts:
- a. Sexual intercourse. This term shall have its ordinary meaning and occurs upon a penetration, however slight; emission is not required.
 - b. Sexual contact. Any known touching for the purpose of sexual arousal, gratification, or abuse of the following:
 1. The sexual or other intimate parts of the victim by the actor.
 2. The sexual or other intimate part of the actor by the victim.
 3. The clothing covering the immediate area of the sexual or other intimate parts of the victim or actor.
 - c. Sexual explicit performances, meaning an act or show intended to arouse, satisfy the sexual desires of, or appeal to the prurient interests of patrons or viewers, whether public or private, live, photographed, recorded, videotaped, or projected over the Internet.
 - d. Commercial sex acts, meaning any sex act on account of which anything of value is given, promised to, or received, directly or indirectly, by any person.
- (8) Sexual Servitude: Any sexual conduct as defined in subdivision (3) of Section 14-11-30, for which anything of value is directly or indirectly given, promised to, or received by any person, which conduct is induced or obtained by coercion or deception from a person; **provided, however, that if the sexual conduct is with a minor, no coercion or deception is required.**

- (9) Trafficking Victim: Any person, including minors, subjected to labor servitude, sexual servitude, or involuntary servitude.

4. Sex Trafficking Indicators

Recognizing key indicators of sex trafficking is the first step in identifying victims. Though there is no standard indicator of a child sex trafficking victim, several indicators associated with child sex trafficking includes but is not limited to the following:

- lying about age/false ID
- inconsistencies in story
- has engaged in prostitution or commercial sex acts
- excess amount of cash in possession (reluctant to explain its source)
- hotel keys and key cards
- chronic runaway/homeless youth
- any mention of a pimp/boyfriend
- refers to employer/boyfriend using slang such as “Daddy

Not all of the indicators listed above are present in every sex trafficking situation, and the presence of any of the indicators is not necessarily proof of sex trafficking.

5. Intake

Child Protective Services becomes aware of child sex trafficking through reports from the community, law enforcement, the child, etc. Victims rarely identify themselves as such and often come to the attention of the Department due to another form of abuse, neglect, or abandonment; or a secondary crime such as truancy, loitering, disturbing the peace, theft, harassment or domestic violence. The following procedures shall be followed for any intake regarding a child alleged/suspected to be a victim of sex trafficking:

- Obtain detailed information as to why the reporter suspects child sex trafficking (e.g., child engaged in commercial sexual activity, sexually explicit performance, production of pornography, etc.). Reporters rarely use the term “trafficking” but by listening carefully to what a caller says, intake staff may pick up on language that could indicate possible sex trafficking.

Note: Cases often come to the attention of the Department after regular work hours. County departments shall follow their after hour protocol policy (refer to *Child Protective Services, After Hour On Call Procedures*) when reports involving child sex trafficking are received after-hours.

- Assess intake information received and determine if it constitutes a valid report (refer to CA/N Intake, Analysis And Decision Making).
- The response time for sex trafficking allegations is immediate. Per *CA/N Intake* policy “**Immediate**” is defined as “as soon as possible after a report is received, but no later than twelve (12) hours from receipt of the intake information.
- Enter the sex trafficking allegation under the allegation screen in FACTS and submit to supervisor through FACTS for review/approval.
- Assignment by Supervisor through FACTS after approval, to CA/N investigative worker.

6. Investigation

- The Department **must** conduct a joint investigation involving a minor under the age of eighteen using the current multidisciplinary team approach with local Child Advocacy Centers (CAC), in every alleged sex trafficking case. Within twenty four (24) hours, DHR must refer an alleged sex trafficking case to the appropriate law enforcement agency having jurisdiction. Law enforcement where the sex trafficking incident occurred will be responsible for investigating the allegations jointly with DHR.

Child protective services are directed toward preventing or remedying the abuse/neglect of children who are unable to protect themselves. The focus of law enforcement is gathering information on the trafficker for the purpose of prosecution.

Throughout the investigation, the Department and law enforcement agencies should collaborate as appropriate and in accordance with the law. Sharing of reports, investigatory tools and information is strongly encouraged to assist the investigation of the criminal matter and the child protection proceeding. Per Code of Alabama 1975 § 26-14-8 (c) information may be disclosed “for investigation of child abuse or neglect by the police or other law enforcement agency.” For additional information on sharing CA/N information refer to *Child Protective Services, Central Registry, E. Use And Disclosure of CA/N Information*.

Note: Each county department per policy (refer to *Child Protective Services, General Policies And Procedures, C. Working Agreement With Law Enforcement*) shall have updated their written working agreement with law enforcement agencies (LEAs) to address county protocol for the joint investigation of child sex trafficking cases.

- Establish child's legal residence. If the child resides in another county the county where the child resides will be contacted and the child's legal county of residence will be required to provide case management services for the child. This may include obtaining an order of shelter care to place the child, as needed. If the county department where the trafficking occurred assumes case management responsibility and determines that the legal residence is different, case management responsibility will be transferred to the child's legal county of residence. If the child's legal county of residence is unknown and remains unknown, the county where the abuse occurred and the victim was recovered will assume full responsibility for the case.

If the alleged child victim is an immigrant from another country, the county where the child is located will assume case management responsibility. SDHR Legal shall be contacted regarding specific instructions on how to proceed.

- Follow policy in *Child Protective Services, CA/N Assessment, III. Information Collection Protocol* and the county working agreement with law enforcement when investigating the alleged abuse/neglect (CA/N) allegation.

Note: For a runaway/missing child in the custody or care of a county department, identified as a sex trafficking victim refer to *Out-of-Home Care Policies And Procedures, Sections Applicable To All Out-of-Home Care, J. Runaway/Missing Children*.

- Child welfare staff must follow the Departments protocol on medical examinations for sexual abuse allegations, including obtaining a specialized examination (i.e., preferably by a medical practitioner who specializes in child sexual abuse) within seventy two (72) hours of contact with the child. If a medical practitioner who specializes in sexual abuse medical examinations is not immediately available, the alleged child victim may need to be examined in the nearest hospital emergency room.

Note: In cases where out-of-home care is necessary, the alleged victim shall receive an EPSDT screening as soon as possible, and within 10 days of entry into care (refer to *Out-of-Home Care, V. Health/Medical Care*). The EPSDT screening should include a behavioral/mental health screening, which may reveal evidence of post-traumatic stress, substance use or abuse, including memory impairment, anxiety, depression, addictions, panic attacks, or phobias.

- Per Ala. Code §12-15-125 and § 12-15-306 law enforcement may take a minor into custody without a court order if the officer has reasonable grounds to believe that the child or minor is suffering from an illness or injury or is in immediate danger from the surroundings of the child or minor and that the immediate removal of the child or minor from those surroundings is necessary for the protection of the health and safety of the child or minor. According to Ala. Code § 12-15-306 the person removing the child shall immediately deliver the child to the Department of Human Resources. “Additionally, pursuant to Ala. Code § 26-4-6, law enforcement, a designated employee of DHR, a person in charge of a hospital or similar institution or any treating physician may take a child into protective custody if there is immediate danger. However, such official is required to immediately notify the court having jurisdiction of this action. The protective custody cannot exceed seventy two (72) hours. DHR is also required to be notified immediately in order that child-protective proceedings may be initiated.

DHR shall file a petition with the court seeking a court order granting protective custody of the alleged child victim when (a) there is reasonable cause to believe that the child is at substantial risk of harm or is in surroundings that present an imminent risk of harm and the child’s immediate removal from those surroundings is necessary to protect the child’s health and safety, (b) the circumstances warrant issuing an ex parte order pending the preliminary hearing, (c) consistent with the circumstances, reasonable efforts were made to prevent or eliminate the need for removal of the child, (d) no remedy other than protective custody is reasonably available to protect the child, and (e) continuing to reside in the home is contrary to the child’s welfare.

A summary removal (also known as shelter care) hearing must be held within seventy-two (72) hours of taking children into protective custody. This hearing determines if continued out-of-home care is needed. Refer to *Child Protective Services, Legal Proceedings, III. Dependency Proceedings, D. Hearings, 1. Summary Removal/Shelter Care.*

A minor allegedly abused or neglected placed by the court with DHR (i.e., temporary custody) may be placed in a licensed foster home, therapeutic foster home, with a relative, or in a residential treatment facility. Be aware that the minor may be looking for an opportunity to return as quickly as possible to the situation from which they were removed (Stockholm syndrome). Flight risk must be assessed. The placement setting should ensure the victim’s safety and allow the victim to be interviewed in an appropriate setting.

The child shall be placed in an appropriate placement, but child welfare staff must ensure that when assessing for placement with family that the family has had no involvement in the sex trafficking and that the trafficker will not have access to the child or that the child has no access to the trafficker. Do not place a child suspected of being a victim of sex trafficking with a parent, relative caregiver, or legal custodian if there is reasonable suspicion that the person in question is a trafficker or cannot protect the child.

If a child sex trafficking victim is returned home, child welfare staff must work with the child and family to ensure that the child is safe, will not return to trafficking and is receiving the appropriate services to assist in overcoming the trauma and the desire to return to trafficking. As each case is very different, child welfare staff must assess, along with the family and professionals treating the trauma, what is required to maintain the child safely in the community? At no time shall the child have access to the trafficker nor shall the trafficker have any access to the child.

- Schedule an initial forensic interview within ten (10) days. Any interviewing of the victim shall be coordinated with law enforcement. The forensic interview is the first step in interviewing the child to find out if he or she has been mistreated.

The extent of the initial forensic interview may be influenced by allegations being investigated, the ability to assess forensic interviewing resources and counties written working agreement with law enforcement.

One of the objectives of forensic interviewing is to reduce the number of times children are interviewed and thereby reduce additional trauma to the victim. Be aware that secondary forensic interviews may be needed. These secondary interviews are more in-depth and are usually conducted by specially trained professionals.

Interviews shall be conducted in a child-friendly, sensitive and safe environment, preferably at a Child Advocacy Center or other setting as deemed appropriate by the local Multi-Disciplinary Team. Safety is imperative and paramount (i.e., the alleged PARAN must not be given access to the alleged victim). A victim of sex trafficking will not disclose if he or she does not feel safe. It may take several continuing interviews to establish trust with a trafficking victim. Victims may not tell the truth as they may have been told by their trafficker that law enforcement will punish them, not help them. Rapport and trust are essential components of the forensic interview of a sex trafficking victim.

An interpreter should be used if the child was born in a country outside of the United States and does not speak fluent English. Interpreters should be independent, qualified, and reliable. The interpreter should have no connection with the trafficker, but the interpreter should have an understanding of trafficking. Children, adults at the scene should not be asked to interpret.

- Complete per *Individualized Service Plan Policy*, an initial ISP within thirty (30) days of the determination made that the case will be opened for on-going child welfare services. If an out-of-home care (e.g., foster care) removal occurs prior to the ISP's development, the team must meet within 72 hours of the removal to develop the initial ISP.

The initial ISP will be reviewed at a meeting of the child and family planning team (e.g., ISP team) within thirty (30) days of the date the initial ISP was developed. The team will determine if the current placement is the correct placement for the child and determine if additional services are needed as a result of any trauma or behavioral needs the child may have.

Thereafter, ISP reviews must occur at least every six months from the date of the initial ISP and more frequently as needed. Refer and staff case with the county Multi-Disciplinary team as soon as possible. Sex trafficking victims require specialized services to insure that they are treated properly to prevent recidivism. DHR is mandated to provide for the development and coordination of Multi-Disciplinary Child Protection Teams throughout Alabama to assist and supplement protective services for abused and neglected children (§26-16-50). The team will be able to determine the correct placement of the child and determine if additional services are needed as a result of any trauma or behavioral needs the child may have. After the initial referral case consultation shall take place at regular intervals. Refer to *Child Protective Services, Multi-Disciplinary Child Protection Teams*, for additional information.

Note: In assessing the need for specialized services, preference should be given to seeking a therapist that specializes in treating victims of child sex trafficking.

When a child in foster care is in the physical custody of his parents and in need of surgery or other medical treatment, the parents must give the necessary consent. When the County Department is awarded temporary custody of a child by court order; the Code of Alabama gives the Department full authority to make health and medical decisions without court approval. Refer to *Out-of-Home Care Policies And Procedures, V. Health/Medical Care, B. Ongoing Medical Care, 2. Authorization for Surgery or Other Medical Treatment, Emergency or Non-Emergency*.

7. Transfer of Cases Within County From Investigative Unit To Ongoing Unit

It is important that there be minimal disruption in the provision of on-going services to families of sex trafficking victims. Each county should develop a protocol for transferring sex trafficking cases between workers and units. The

following guidelines are recommended for transferring cases when counties have specialized caseloads.

- The case should have no known uncontrolled safety threats at the time of transfer.
- The sending unit should coordinate the case transfer with the receiving unit. Supervisors of both units should be directly involved and sign off on the case transfer.
- The family should be prepared for the transfer, including introduction of the new worker, whenever possible.
- All paperwork (e.g., ISP, narrative recording) should be up-to-date and completed based on the county's protocol for transferring cases.

Note: Refer to *Transfer of Cases* for policy and procedures when families move to another county or state while CA/N initial assessments are being conducted or on-going services are being provided and for exceptions to transferring case responsibility.

R. Investigations/In-Home Cases Involving Runaway/Missing/Sex Trafficking Children

Preventing Sex Trafficking and Strengthening Families Act, P.L. 117-348 requires agencies to report immediately to law enforcement and National Crime Information Center database and to the National Center for Missing and Exploited Children. It also authorizes and amends the Trafficking Victims Protection Act to include additional communication and details when title IV-E agencies report missing or abducted children to law enforcement and the National Center for Missing Children and Exploited Children.

The Department works in partnership with parents/caretakers to locate and assess the safety of any missing/runaway children from an active child protective service case or a case involving an investigation. If a child is suspected to be missing/runaway or involved in sex trafficking, the caseworker will request the parent/caretaker to contact law enforcement and file a missing person report. Some law enforcement jurisdictions may not be inclined to accept a missing report for a specified number of hours. However, Federal law requires that law enforcement take a report on a missing child and there be no wait time to take the report. In addition to law enforcement, parents/caretakers should contact the National Center for Missing & Exploited Children (NCMEC) within twenty-four hours of the child missing. The caseworker will provide the NCMEC hotline number (800-843-5678) to the parent/caretaker. The caseworker should ask the parent/caretaker to sign a release of information so the Department can obtain information, follow-up, and provide assistance as needed. The parent/caretaker should provide biographical information and photographs to law enforcement and NCMEC including the child's

physical features such as height, weight, sex, ethnicity, race, hair/eye color, piercings, tattoos, scars, and clothes worn. In addition, the child's pregnancy status, prescription medications, suicidal tendencies, vulnerability to being sex trafficked and any other health or risk factors, if known, should be given to law enforcement and NCMEC. The date and time the child ran or left home as well as any other helpful information that will assist in locating the runaway/missing child. Other information to provide may include possible method of travel (e.g., car, public transportation, on foot, etc.), type of missing occurrence (runaway, family abduction, non-family abduction, etc.), and any suspected destinations.

The caseworker will provide oversight of case management activities to ensure safety and well-being of the child; maintain regular contact with the parent/guardian, NCMEC and local law enforcement as needed and explore ongoing efforts to locate the child.

Note: Refer to *Out-of-Home Care Policy* Section titled Sections Applicable to All Out-of-Home Care for policy on children in out of home care (foster care, relative placement, etc.)