



**Turning Point Child Advocacy Center
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MULTIDISCIPLINARY TEAM PROTOCOL

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I. INTRODUCTION

PREFACE

This Protocol serves as a guide for our Child Advocacy Center's multidisciplinary team (MDT) to provide a multidisciplinary, coordinated systems approach to the investigation, prosecution and referral for treatment of child sexual, physical abuse and other child maltreatment cases.

Turning Point Child Advocacy Center (TPCAC) (*Formerly known as the Knox County Child Advocacy Center*) was established in 2002 and currently serves Knox, Warren and Henderson Counties. The TPCAC multidisciplinary team (MDT) is comprised of child protection workers, law enforcement investigators, social workers, medical professionals, prosecutors, therapists, and TPCAC staff. The agencies represented in the MDT clearly commit to the Child Advocacy Center (CAC) model for its MDT child abuse intervention response.¹ Each of the agencies involved in assisting child victims of abuse has a specific role in child abuse investigations. When we all work together, we form a coordinated, cooperative response to child abuse cases that greatly benefits the children in our communities. Our services are child-focused and trauma-informed.

STATUTORY BASIS & AUTHORITY

As provided in the Children's Advocacy Center Act, 55 ILCS 80/1 et. Seq., the governing board of Turning Point Child Advocacy Center (herein referred to as TPCAC) shall adopt, by a majority of the members, a written child abuse protocol, subject to revision at least annually or when changes are needed. The Protocol shall have current and updated signatories and shall be furnished to each participating agency and to CACI (Children's Advocacy Centers of Illinois). The Protocol is a written document outlining in detail the procedures to be used in investigating and prosecuting cases arising from alleged child sexual and physical abuse and in coordinating treatment referrals for the child victim(s) and their family (55 ILCS 80/3). The purpose of the protocol shall be to ensure coordination and cooperation, increase the efficiency and effectiveness of the involved agencies as well as minimize the trauma created for children and their families by the investigatory and judicial process. Additionally, the creation and use of the Protocol confirms compliance with the CAC Act (55 ILCS 80/4), as well as ensures effective treatment be made available to the children and their family. The Protocol is NOT limited to child sexual abuse cases, nor is it limited to cases in which the perpetrator is a caretaker. It is intended to apply to all offenses of child maltreatment, regardless of the status of the offender; as well as cases of children witnessing violence.

PARTNERING AGENCY COMMITMENTS

The TPCAC has commitments from all MDT partners for personnel from each agency to be involved in cases meeting the criteria set forth in Section III of this protocol.² Each partner has signed an Interagency Agreement and/or Memorandum of Understanding, outlining their guidelines for participating in this partnership.² All agencies agree to the commitments included below and agree to using and following the processes laid forth in this MDT Protocol. All MDT partners will abide by current and updated laws, regulations, and statutes pertaining to their individual disciplines.

¹ Full list of MDT agencies located on page 38

² All Interagency Agreements/ MOUs are on file with TPCAC and are available for review upon request

TURNING POINT CAC & MDT COMMITMENTS

We, as members of the Turning Point Child Advocacy Center MDT, agree to:

- Value the contribution of each team member for the success of the whole; we will show mutual respect for each other and loyalty to the absent.
- Recognize and respect individual roles and to understand each other's functions, without hiding behind them as an excuse for inactivity.
- Agree to attend and be active in team meetings and case reviews to improve coordination of services, to enhance our skill, and to move our relationship and team forward.
- Communicate in a direct and caring way, with effective conflict resolution and management, with the intention to progress.
- Have an open mindset for change and will not fall back on the excuse that "it's the way we've always done it".

This protocol stems from a cooperative agreement to coordinate local efforts to:

- Recognize the protection and best interests of each child will be foremost in all recommendations related to investigation, prosecution, treatment referrals and follow-up services.
- Enforce that each child and family have an inherent right to be treated with dignity.
- Develop and promote a comprehensive, multidisciplinary response to child victims of abuse which is designed to meet the needs of the victims and their non-offending family members.
- Hold the offender accountable for their actions.
- Provide the child victims and their non-offending family members with needed services to protect the child from further harm.
- Share information gained during investigations with appropriate MDT members in a timely manner.

II. ROLES OF MULTIDISCIPLINARY TEAM MEMBERS

To understand this protocol, it is important to define the role of each of the disciplines involved, and the scope of their responsibilities. TPCAC's goals are to support all aspects of the MDT, provide the staff necessary for case program management and provide a culturally appropriate, child-friendly space for victim interviews. All members of the MDT are mandated reporters. Clear boundaries shall be maintained between each function. Furthermore, if a team member serves multiple roles, clear boundaries shall be maintained when serving a dual role.

MDT Member Roles

In the context of this MDT protocol, agencies will have the following roles:

Law Enforcement

The role of the law enforcement agencies is to investigate allegations of child sexual abuse and/or assault, serious physical injury and other forms of child maltreatment. They conduct investigations, collect and preserve evidence, interview offenders and adult witnesses, present evidence to prosecutors for determination of criminal prosecution, arrest criminal offenders and testify in court as needed. They also assist DCFS in removing children from caregivers as needed to provide for the safety and well-being of the child(ren).

Illinois Department of Children and Family Services (DCFS)

The role of the Illinois Department of Children and Family Services is to investigate allegations of abuse/neglect and assess the safety of children. They are responsible for investigating all cases of physical and sexual abuse of children as well as other allegations of maltreatment of children in cases involving someone in a household or caretaking capacity. DCFS also investigates allegations of trafficking of children. Investigators will provide insight into the victim, victim's family, and perpetrator from past abuse reports and contacts. DCFS ensures the safety of the children by providing supportive services to child victims, their families or by making referrals for such services. They determine if there is a finding of abuse and neglect, create safety plans or take custody of children when required, and testify in juvenile or criminal court as needed.

Prosecution

The role of the State's Attorney's Office (SAO) is to work with the other team members to hold offenders accountable through use of the criminal and juvenile justice systems. The State's Attorney and/or Assistant State's Attorney(s) provides guidance on questions arising during investigations, consult on investigations of child maltreatment and evaluate evidence for possible criminal or juvenile prosecution. They attempt to bring each charged case to a conclusion that achieves justice for the victims, accountability for the perpetrators, and safety for the community. The SAO reviews the need for juvenile petitions for the children's protection and proceed, as they deem appropriate under law. Prosecutors inform the MDT on the direction the case is headed, upcoming court dates, assist with court preparation for the child victim, and keep caregivers apprised of what to expect next in the case.

Medical

The role of the medical providers is to ensure the health and safety of the child. This is done by providing medical examinations and evaluations as well as consultation related to medical records. The Pediatric Resource Center (PRC) is TPCAC's provider for specialized medical examinations for child abuse victims. Medical providers document findings and are available to consult with the team on the meaning of the examination results, consistency of wounds with statements of those involved, and additional information they may have learned during the examination.

Mental Health

The role of the mental health professional is to provide supportive services to victims and their non-offending families. This is established through assessment of psychological concerns and by providing appropriate trauma treatment to the victims/non-offending family upon the family's request. Monarch Trauma Counseling is the primary provider for specialized trauma counseling for the CAC's clients. Counselors will update the MDT on how the child is doing, safety concerns, quality of life for the child, progress made in sessions, and how supportive the victim's family has been. Counselors will also assist with court preparation for a child victim when needed.

Executive Director

The role of the TPCAC Executive Director is to handle all the administrative duties for TPCAC, from grant writing and budgeting to hiring, training and overseeing staff. The Executive Director also oversees CAC processes and day to day operations. The Executive Director is also trained to serve as TPCAC's back-up Forensic Interviewer or back-up Advocate as needed.

Forensic Interviewer

The role of the TPCAC Forensic Interviewer is to conduct interviews in cases meeting the criteria listed in Section III of this protocol. The Forensic Interviewer provides developmentally/culturally appropriate and legally defensible forensic interviews of children and adolescents. Forensic Interviews are provided to all children and adolescents who fit the case acceptance criteria listed in Section III of this protocol. If TPCAC's primary Forensic Interviewer is unavailable, TPCAC's back-up Forensic Interviewer will be utilized. If other MDT members have been trained in an NCA accepted Forensic Interviewing Protocol and have met ongoing training criteria, they may be used as the back-up interviewer.

MDT Coordinator

The role of the MDT Coordinator (MDTC) is to facilitate a coordinated approach in the investigation of child maltreatment by ensuring best practices for all CAC cases. The MDTC works closely with MDT members and other agency professionals who may be involved during the course of child maltreatment investigations. The MDT Coordinator is responsible for promoting healthy relationships among and providing training opportunities to MDT members and other community partners. The MDTC keeps the team apprised of any changes in NCA/CACI requirements, state or federal laws and coordinates and/or conducts MDT onboarding for all new MDT members. The MDTC is also schedules and facilitates Case Review.

Please note that currently at TPCAC the Forensic Interviewer and MDT Coordinator positions are combined with 1 staff member filling BOTH roles.

Victim Advocate

The role of the TPCAC Victim Advocate is to provide a range of advocacy services to child victims and their non-offending family members throughout the life of the case. The Advocate meets with non-offending caregivers to gather intake information, listen to concerns and explain the investigative and legal processes. The Advocate continues communication with the family, providing referrals, additional information and support when needed. The TPCAC Advocate works closely with the victim advocates in the State's Attorney's Offices to ensure consistent and coordinated services such as court advocacy and court preparation. The Advocate also provides medical advocacy, updates the victim and supportive family on their case and informs the client and/or their family either verbally or in writing of case closure.

Case Manager

The role of the TPCAC Case Manager is to ensure that information and updates on each case referred to TPCAC are logged in files and entered into our case tracking database. TPCAC uses Collaborate as our data collection and case tracking system. The Case Manager reviews files while entering the clients' information and updates into Collaborate and makes note of missing or incomplete information, updates still needed or referrals that need follow up. Case Manager then makes corrections or does follow up as needed with clients and/or providers.

Please note that currently at TPCAC the Advocate and Case Manager positions are combined with 1 staff member filling BOTH roles.

III. CASE ACCEPTANCE CRITERIA

NCA accreditation standards mandate that a minimum of 75% of all children that meet the CAC’s case acceptance criteria are being referred for a forensic interview and other services to a CAC. All MDT partners agree to refer cases meeting the criteria listed below to TPCAC for services. If TPCAC finds that less than 75% of child abuse cases are being referred, the Executive Director will schedule a supervisor meeting with MDT partners to determine why this is happening and attempt to correct this.

Case Acceptance Criteria

- All abuse cases that meet DCFS guidelines as indicated in Chart #1 below
- Any cases as listed in Chart #2 “Other cases fitting CAC referral Criteria” below
- Any other abuse cases against children between the ages of 2-17
- Any children less than 2 years old that experience incidents listed in Chart #1 below

Chart #1 - DCFS Allegations of maltreatment chart and investigation codes

Description	Abuse Allegation	Neglect Allegation
Physical Abuse Allegations		
Death	1	51
Head Injuries	2	52
Internal Injuries	4	54
Burns	5	55
Poison	6	56
Bone Fractures	9	59
Human Bites	12	62
Torture	16	
Cuts/ Welts/ Bruises	11	61
Substantial Risk of Physical Injury	10	60
Sexual Abuse Allegations		
Sexually Transmitted Diseases	18	
Sexual Penetration	19	
Sexual Exploitation	20	
Sexual Molestation	21	
Human Trafficking	40	90
Substantial Risk of Sexual Injury	22	

Chart #2 – Other Cases Fitting CAC Referral Criteria

Victims	Witnesses
Victims of Child Sexual Abuse Material (also known as child pornography)	Child witness(es) of Violent Crimes
Victims of Peer on Peer physical abuse i.e. teen dating violence	Child witness(es) to Domestic Violence
Victims of Peer on Peer sexual violence i.e. sexual assault in dating partners, friends or acquaintances	Child witness(es) to physical/ sexual abuse or assault
Courtesy Cases	
Courtesy cases in other jurisdictions when the child victim resides closer in proximity to TPCAC	Courtesy cases in other jurisdictions when the CAC from that jurisdiction has a conflict of interest

Other Case Referral Considerations

At the request of an MDT member, TPCAC may conduct forensic interviews on victims over the age of 18 due to the victim having a cognitive function delay or in consideration of the victim’s comfort level regardless of the presence of a cognitive function delay or other disability. The MDT will discuss these situations on a case-by case basis to determine appropriate action.

Other cases not complying with the above criteria may be referred on a case-by-case basis as determined appropriate by the TPCAC Executive Director, MDT Coordinator, or Forensic Interviewer.

Exclusions

- At no time will the alleged perpetrator be present at the CAC at the same time as the alleged victim.
- Registered sex offenders and/or registered violence against youth offenders are not permitted at the CAC when children are present.
- If the non-offending caregiver involved in the case is a former alleged perpetrator, registered sex offender and/or registered violence against youth offender, the case will be reviewed by the Executive Director to ensure proper precautions are met to uphold the safety and well-being of other children.
- If there is an alleged perpetrator risk assessment interview for a child under the age of 12, who may have initiated sexual behavior with another child, it will be conducted at a different time than the interview of the alleged victim. Families will be prepared to have a separate time for the children or to have others to help transport children back to school or home so there is no interaction between the alleged perpetrator and alleged victim at the CAC.
- Adults alleged to have engaged in sexual or other abusive behaviors with a child will not be interviewed at TPCAC.
- Considerations for these exceptions will be made on a case-by-case basis after consultation with the Executive Director.

IV. INVESTIGATION PROCEDURES

Right to a Forensic Interview - In accordance with 725 ILCS 115/3.5

Section 3.5 states: “Every child reported to the Department of Children and Family Services or law enforcement to be a victim of sexual assault or sexual abuse whose case is accepted by either agency for investigation has the right to have that child’s forensic interview conducted by a forensic interviewer from a children’s advocacy center accredited according to the Children’s Advocacy Center Act and serving the child’s area or jurisdiction where the incident(s) occurred, when such service is accessible based on the CAC’s available resources. This right may be asserted by the child or the child’s parent or guardian informing the investigating personnel at the Department of Children and Family Services or the law enforcement agency that the parent or guardian wants the child to have the child’s interview conducted by the children’s advocacy center. Each local CAC protocol will outline a process to address situations in which it is deemed not possible for a forensic interview to occur, to ensure a trauma-informed response with follow up services from the CAC.”

As such, it will be standard practice to obtain any available information from the child’s parent, guardian, or other reporting adult when possible. In cases where no responsible adult with knowledge is present, Law Enforcement and/or DCFS investigators will interact with said victim only enough to determine if a report is to be made and to inform the child that the CAC will be contacted so they can meet with a specially trained interviewer to avoid having to repeat themselves. In these cases, it is critical for DCFS investigators and Law Enforcement to communicate to gather pertinent information prior to risking a possible second minimal facts interview with the child.

In cases where a forensic interview is not possible due to a child’s age, ability or circumstances of the situation, or if a child or family choose not to be interviewed, MDT partners should still offer a referral to TPCAC for other services. This referral can be offered at any point throughout the life of the case.

Under no circumstances should DCFS or Law Enforcement refuse to refer a child to TPCAC should the child or caregiver request a CAC interview as this would violate the child’s rights.

Case Referral Process

Cases come to TPCAC through a variety of sources including law enforcement, child protective services, prosecutors and medical or mental health care providers. TPCAC staff will screen cases to ensure that they meet the criteria established in Section III of this protocol. If a case falls under the “Other Case Referral Considerations” of Section III of this protocol, TPCAC staff will decide if a forensic interview is appropriate. TPCAC will communicate with all MDT partners in an effort to ensure all disciplines involved in each case are informed of and involved in the scheduling of interviews. All reports will be coordinated with an appropriate law enforcement agency for law enforcement assignment and child protective services for an appropriate investigator assignment.

The process for referring cases to the CAC involves the cooperation and coordination of DCFS and law enforcement to avoid duplication.

To schedule an interview, call the CAC at 309-344-8416 (office) or 309-368-6332 (cell).

Interviews will be scheduled within 72 hours or as soon as possible, based on the needs of the child, family, investigators, and case. During scheduling, TPCAC staff should establish if the case designates an emergency response by utilizing the following TPCAC Emergency Criteria:

- The alleged offender is living in the home and there is no known protector or plan of protection for the child; or
- The alleged offense took place within 72 hours OR evidence is believed to exist, even if the alleged offender is NOT in the home; or
- The alleged child victim is admitted to the hospital or received medical treatment.

Information Needed at Scheduling

In addition to the police report and/or CANTS report, the investigator/detective may be asked to provide the following information to the TPCAC for scheduling purposes:

- Name(s) of the child victim(s) – Including aliases, preferred names/nicknames the child goes by
- Demographic information of the child victim(s) – Age/ DOB/ Gender/ Race
- Disabilities the child may have – including physical, intellectual and/ or mental health issues. Specific diagnosis/ IEPs/ tools used to assist child such as communication devices etc. are helpful
- Alleged perpetrator's information – Including name, aliases, relationship to the child, age, DOB, race, gender
- Location of the alleged incident(s)
- Location of the child's residence
- Information about the safety of the child currently
- Who is bringing the child to the interview – Name, relationship, phone number
- Other team members involved – DCFS/LE investigators if known and State's Attorney
- Whether the child is a ward of the State – requires paperwork filled out by DCFS

Other Factors to Consider

- Child is being pressured to recant or there is strong reason to believe that the child will recant if the interview is delayed
- The alleged offender is a flight risk
- There is a potential for numerous victims or offenders
- The allegations include manufacturing of child pornography

While it is crucial to conduct forensic interviews as soon after the initial disclosure of abuse, or after witnessing violence as possible, it is even more important to consider the best interests of the child. Children who are frightened, hungry, overly fatigued, suffering from shock, or still processing their traumatic experiences may not be effective reporters in a forensic interview.

Referrals to TPCAC

DCFS - Report Originates Through DCFS Hotline

When a report is received at the DCFS field office, the DCFS supervisor will assign the report to an investigator. The investigator will then determine, based on Section III of this protocol, if the report meets the case acceptance criteria for referral to TPCAC. If the case DOES meet the criteria for referral the following steps will occur:

1. The investigator contacts TPCAC via phone or email to schedule an interview. TPCAC staff will confirm the case meets referral criteria and collect the information needed to schedule the interview.
2. TPCAC staff will try to ascertain the jurisdiction and corresponding law enforcement agency involved while talking to the DCFS investigator. *(If the law enforcement investigator assigned to the case is known, DCFS investigator should attempt to contact them to ask their availability for attendance at the interview prior to calling TPCAC.)*
3. TPCAC and DCFS will schedule the interview for a date/time that works best for the family as well as the team members involved.
4. The DCFS investigator or supervisor will email the CANTS report to the Forensic Interviewer. The Forensic Interviewer will share the report with the Advocate so the advocate has the necessary information for the client file.
5. TPCAC will send out a calendar invite to involved MDT members. The invite will include the date and time of the interview, demographic information about victim and offender, and a brief overview of the allegation.
6. The Advocate at TPCAC will begin a client file for each of the children to be interviewed.
7. Prior to the interview or within 72 hours of the referral (whichever is earliest) the Advocate will call the child's caregiver to discuss the CAC process, gather any other information needed for the appointment and answer any questions from the child and/or caregiver.

Law Enforcement - Report Originates Through Law Enforcement

When Law Enforcement responds to any case that meets the criteria set forth in Section III of this protocol, they will refer that case to TPCAC. In many of these cases patrol officers are the first to respond, the case then transfers to investigations. While TPCAC works primarily with the investigations division of law enforcement agencies, we will take referrals from ANY officers employed by our partner law enforcement agencies, including but not limited to, patrol officers, school resource officers, investigators and special task force members. If the case DOES meet the criteria for referral, the following steps will occur:

1. The officer/investigator contacts TPCAC via phone or email to schedule an interview. TPCAC staff will confirm the case meets referral criteria and collect the information needed to schedule the interview.
2. TPCAC staff will want to ascertain if DCFS is on the case or should be on the case as well as law enforcement. *(If the officer/investigator calling already knows DCFS is on the case the officer/investigator should attempt to contact them to ask their availability for attendance at the interview prior to calling TPCAC.)*
3. If it is unknown if DCFS has been called and circumstances are such that a DCFS hotline call is in order, law enforcement will make the hotline call according to mandated reporting requirements and policies at their own department.

4. TPCAC and the officer/investigator will schedule the interview for a date/time that works best for the family as well as the team members involved.
5. The officer/investigator will email the police report to the Forensic Interviewer. The Forensic Interviewer will share the report with the advocate so the advocate has the necessary information for the client file.
6. TPCAC will send out a calendar invite to involved MDT members. The invite will include the date and time of the interview, demographic information about victim and offender, and a brief overview of the allegation.
7. The Advocate at TPCAC will begin a client file for each of the children to be interviewed.
8. Prior to the interview or within 72 hours of the referral (whichever is earliest) the Advocate will call the child's caregiver to discuss the CAC process, gather any other information needed for the appointment and answer any questions from the child and/or caregiver.

Information Only - Reports from DCFS

In some cases referrals may be brought to the attention of the CAC through DCFS "info-only" reports, which arise when there have been allegations that fit CAC criteria but not DCFS criteria. These reports come in via fax or email to the CAC. When these reports are received TPCAC staff will review the report to see if we have already been informed of the situation through DCFS or law enforcement. TPCAC staff will contact the law enforcement agency of jurisdiction (if known) to ask if they can follow up on the report. The amount of information on these reports varies greatly depending on the hotline call made. TPCAC will make every effort to consult MDT members to address each report as thoroughly as possible.

After Hours Response

TPCAC has an after hours cell phone for calls outside of regular business hours. It is answered 24 hours a day/7 days a week.

Non-Emergency Response

In all cases meeting TPCAC case acceptance criteria, received after regular business hours, the reporting agency will contact the TPCAC by calling the TPCAC office and letting the call roll over to the on-call phone or by calling the on-call phone directly. If the case meets TPCAC Criteria but not TPCAC Emergency Criteria, the staff member will inform the reporting person it does not meet emergency criteria and will schedule the case according to the steps in the previous sections (DCFS referrals/ Law Enforcement referrals) that apply.

Emergency Response

When cases meeting TPCAC Criteria are received by the DCFS Hotline or reported to Law Enforcement and are considered an "Emergency Response," and/or if it meets the center's Emergency Criteria, the following will occur:

1. The responding MDT member will contact the TPCAC on-call staff person by either calling the office and letting the call roll over to the on-call phone or by calling the on-call phone directly.

2. The MDT member and TPCAC on call staff person will discuss the situation and make a decision on how to respond to this emergency.
3. If it is decided to conduct a forensic interview at that time, the appropriate State's Attorney/Assistant State's Attorney will be notified, so they may choose to attend the interview.
4. The TPCAC staff person will attempt to contact the other MDT members who should be notified (i.e. if DCFS calls then TPCAC would attempt to contact law enforcement. If law enforcement calls then TPCAC would attempt to contact DCFS).
5. The TPCAC on-call staff member will notify the reporting person whether the team will be responding.
6. If the case is a reported **sexual abuse or sexual assault** and the offense took place in the previous 72 – 120 hours (3-5 days) a medical exam should be conducted at the hospital by one of the doctors specially trained in this field. **For assistance in what to tell the victim/caregiver such as where to go, what to expect, etc. Please feel free to ask TPCAC staff. We welcome any questions and are happy to talk to the victim/caregiver.**
7. If the case is a reported **physical abuse** case and there are injuries on the child, the injuries should be considered a priority and addressed to ensure the child is healthy enough for an interview.
8. For medical questions and/or advice the responding investigative team can also call **The Pediatric Resource Center 24 hour line at 309-624-9595**

Preparing the Family for their CAC appointment

DCFS and law enforcement agree follow best practices and not interview the child regarding the specific allegations prior to the CAC interview to maximize the integrity of the interview and reduce the child's trauma. If a child spontaneously discloses information, the investigator will document the details given by the child, but not ask to follow up questions.

DCFS and/or law enforcement who schedule the interview with the family will confirm the appointment with the child victim's family, provide directions to the CAC, arrange transportation if needed, ensure that a person with legal authority to consent for the child victim will be present, and ensure the alleged perpetrator is not present at the CAC.

The TPCAC Advocate will call the family prior to the interview to answer questions the family may have about their appointment. Any information obtained from the family during this initial call with the victim advocate is documented and shared with the MDT prior to the interview.

To prepare a family to come to TPCAC, let them know the CAC is a safe and child-friendly office. Encourage the family to provide love and support to their child, re-assure that the child is not in any trouble, and that the CAC is a place to tell the truth. Remind caregivers NOT to question the child.

V. FORENSIC INTERVIEWS

About Forensic Interviews

The National Children's Advocacy Center defines a forensic interview as a single session, recorded interview designed to elicit a child's unique information when there are concerns of possible maltreatment or when the child has witnessed violence against another person. The forensic interview conducted is to be developmentally appropriate, culturally responsive, legally sound, non-duplicative, non-leading, neutral, and of a fact-finding nature. Forensic interviews must be conducted by an appropriately trained, qualified, supervised professional who engages in ongoing professional development and engages in regular peer review.

Forensic Interviewer Qualifications

Forensic Interviewers employed by TPCAC or working with TPCAC, must have a Bachelor's degree and must pass a national background check conducted by DCFS. The interviewers employed and/or utilized by TPCAC, will be trained in an accredited and approved training under the National Children's Alliance (NCA) guidelines³. Training includes a minimum of 32 hours of forensic interviewing instruction and practice, evidence-supported interview protocol as well as pre- and post-testing. These forensic interview curriculums must be included on NCA's approved list. The interviewer must also attend at least 8 hours of continuing education every 2 years. Interviewers who conduct forensic interviews at TPCAC must participate in a structured forensic interviewer peer review a minimum of 2 times per year. Other MDT members who meet these qualifications and have met ongoing training criteria will be utilized for occasions when the TPCAC primary and/or backup TPCAC forensic interviewer is not available, and/or if another forensic interviewer is requested.

Procedures

Scheduling -

- MDT members should schedule interviews directly with TPCAC staff as outlined in Section IV in this protocol.
- No interview should be scheduled via voicemail. No interview is considered scheduled without a verbal confirmation or notification from a TPCAC staff member.
- Interviews are generally conducted by the primary Forensic Interviewer. If the primary TPCAC Forensic Interviewer is not available for a specific date/time, the back-up TPCAC Forensic Interviewer will be responsible for filling that role.

Conflict of Interest

- No interviewer will conduct an interview if it is deemed a conflict of interest. Such interviews will be referred to another interviewer or in some cases to another CAC. Each staff member is responsible for notifying the executive director if a conflict exists.

Location

- Interviews are conducted at our TPCAC office located at **139 S. Cherry St. Galesburg, IL 61401**. In critical or emergency cases when a child is admitted to a medical facility, and unable to come to TPCAC, there may be a need for a forensic interview at the hospital or other medical facility. If such circumstances occur the law

³For a complete list of training qualifications required for TPCAC staff positions see Appendix #1

enforcement and/or DCFS investigators and State's Attorney's Office involved will coordinate with TPCAC to make appropriate arrangements. These arrangements may include:

- A referral to another CAC that has remote interviewing capabilities for an interviewer to meet our team and TPCAC Advocate at the location for the interview.
- TPCAC Forensic Interviewer and Advocate to meet with the team on location and conduct an interview using an audio only recorder or other recording device.
- Using another MDT member who is trained in forensic interviewing, up to date on required trainings and available to attend to conduct the interview.

Attendance & Observation

- Only MDT members of TPCAC may observe the interview. No other collaborating agencies, such as rape crisis centers, domestic violence centers, the child's primary care physician or other mental health professional who is not on our MDT, may observe.
- MDT members with investigative responsibilities on a case must observe the forensic interview(s) in live/real time to ensure the necessary preparation, information sharing, and MDT/interviewer coordination throughout the interview and post-interview process.
- In situations where the investigator can not make it to a scheduled interview, they should contact TPCAC to either reschedule or let TPCAC know they will be sending someone in their place. This contact can be made via phone, text or email. The recorded interview will still be shared with the investigator.
- There must be at least one MDT member in attendance for the interviewer to conduct the forensic interview.
- In courtesy cases, law enforcement and/or DCFS from the jurisdiction referring the case to TPCAC may attend and observe the interview.
- The involved MDT members are asked to arrive 15 minutes prior to the interview to establish a mutual understanding of the necessary information to be covered. If necessary, the team members will meet briefly with the non-offending legal guardian(s) of the child to gather basic information. Since the child is waiting to be interviewed, this meeting should not exceed 15 minutes.
- All observers to the interview will sign in on the pre-, during and post- observation sign in sheet, which contains a confidentiality reminder, provided by TPCAC.
- If the child being interviewed is a Child in Care of DCFS and the allegations are related to the Family case, the Case Worker for Placement **may** be allowed to observe at the discretion of the MDT Team or executive director.
- If the child being interviewed has a Guardian ad Litem assigned to them AND the allegations are related to the GAL's case, the GAL may attend and observe at the discretion of the MDT Team or executive director.
- Interns – If the CAC has an intern or if an intern comes with an MDT member, they must sign a confidentiality agreement in addition to the sign in sheet at the interview. For a TPCAC intern, the confidentiality agreement they sign at the beginning of their internship applies to all interviews they observe, they must still sign the sign in sheet.
- No MDT member will interrupt the interview or enter the interview room while recording of the interview is in progress.

- MDT members should plan to stay after the interview for a post interview team meeting to discuss how the interview went, next steps and needed referrals.
- The observation room is available for MDT members to meet as well as to meet with parents/caregivers before and/or after the interview.
- **At no point are parents/guardians/non-offending caregivers allowed to observe the forensic interview of the child.**

Structure of the interview

- All TPCAC interviewers are trained in the ChildFirst interviewing protocol. ChildFirst uses a technique consisting of four parts:
 - 1) Rapport Building and Narrative Practice
 - 2) Transition to topic of Concern
 - 3) Explore Details
 - 4) Closure
- TPCAC interviewers may attend other NCA approved interview protocol trainings such as APSAC, Finding Words or Cornerhouse. Interviewers are encouraged but not required to attend these other training options.
- The interviewer will start the recording equipment prior to bringing the child into the interview room.
- While conducting the interview, only the interviewer and the child will be in the room (unless an interpreter is needed for communication purposes).
- During the interview the interviewer will leave the room for a “break” to meet with the MDT members observing the interview. The interviewer confers with the MDT members about gaps in the information, additional questions or information needed as well as if there is clarification needed on points already discussed in the interview.
- Upon completion of the interview the interviewer will return the child to the waiting room.
- The recording will be stopped once the child has been returned to the waiting room.
- A short post-interview conference involving MDT members or other investigators assigned to the case will take place immediately following the interview to discuss results, review facts and aspects of the interview that affect the investigation and/or service needs of the child.
- MDT members present may meet with the parents/caregivers of the child after the interview to discuss next steps in the investigation and suggest services and/or steps to take to ensure the safety and wellbeing of the child/family.

Interview Aids

The use of interview aids may be used as it is consistent with the nationally recognized forensic interview training model. These interview aids may include anatomical drawings and/or anatomical dolls. The interviewer may also take in a blank, unwritten notebook to take notes during the interview. Paper may be used by the child victim for drawing purposes that may be pertinent to the case, examples include the child drawing the layout of a house, bedroom, where people were positioned, etc. All relevant drawings, forms and written statements produced during the interview will be turned over to law enforcement and/or uploaded to Guardify to be included as documents in the investigation.

Interpreters

As the need presents itself, non-family member interpreters are utilized so that children are always interviewed in their native, or preferred language. These interpreters will be sourced from an approved list provided by DCFS and/or other local interpreters. These arrangements must be made during the scheduling of the interview based on the interpreter's availability to ensure the child's best interests and needs are being met. MDT members should work cooperatively to find an appropriate interpreter when needed. Interpreters should be properly certified. Interpreters and TPCAC staff will meet prior to the interview when possible to educate the interpreter about the interview process, answer questions and arrange how the seating in the interview room should be to be the most appropriate.

Communication Aids

For individuals with differing communication capabilities, communication aids may be utilized during the interview. These communication aids are to fit what the child's preferred method of communication is and must be addressed during the scheduling of the interview to ensure the child's best interests and needs are being met.

Comfort items

Comfort items that the child requires for communication, such as a weighted blanket or fidget toys are encouraged to be brought to the interview to meet the child's needs. If the child requires movement during the interview, the interviewer will accommodate unless the child's need for movement proves to be a danger to themselves or the interviewer.

Miscellaneous notes about the interview process

The observation room is not to be used for interviewing children.

Those with investigative responsibilities can not conduct forensic interviews for their own case.

Cell phone usage by staff is restricted to emergency use only during the interview. Cell phone usage by the child during the interview can be allowed in very limited circumstances, subject to approval from the interviewer and/or MDT members present.

If a case is initially declined by law enforcement, but a disclosure is made during an interview, it is the forensic interviewer's responsibility to inform the appropriate law enforcement investigator or supervisor. If a case initially does not meet DCFS criteria, but the child victim later discloses information that does meet DCFS criteria, it is the forensic interviewer's responsibility as a mandated reporter to call the DCFS hotline and make a report.

It is then the assigned DCFS Investigator's responsibility to coordinate with the assigned law enforcement on any information needed to avoid duplicity.

If one of the MDT members is not present for the forensic interview due to an unforeseen emergency, the MDT Coordinator will contact the MDT member by phone, text, or email to discuss the disclosure and the case plan developed in post-staffing. The interview will still be shared with the absent member.

The guiding principle of all forensic interviews conducted by TPCAC is the best interest of the child.

Expanded or Multi-Session Forensic Interviews

An expanded or multi-session forensic interview is a process that can be utilized when a single, traditional forensic interview will not meet a child's needs.

Expanded forensic interviews are nonduplicative and can be utilized when the child is part of one or more qualifying populations:

- Children with disabilities
- Young children
- Children with poly-victimization
- Children who have cognitive deficits
- Children who are emotionally unable to provide adequate information

Expanded interviews can be either planned or “on the fly” (meaning after the interview has been initiated, a traditional interview is converted to an expanded process when one or more of the above dynamics is identified). The MDT should take care to ensure the overall process is purposeful and conducted by a forensic interviewer trained in an expanded or multi-session process. Expanded interviews should be discussed by the MDT prior to an interview, and a plan should be in place if a child is identified as a candidate for an expanded interview after a traditional interview has begun. When necessary to conduct additional interviews, all subsequent interviews should be done by the same person who interviewed the child previously.

Introduction of Evidence During the Forensic Interview

When appropriate and keeping the best interest of the child in mind, the forensic interviewer can introduce appropriate evidence into an interview. If the evidence is deemed necessary, the interviewer will then bring out the evidence and use it in a victim-sensitive way to explore the allegations and elicit information from the child to help the child explain or discuss a situation. A meeting with the assigned MDT members and the forensic interviewer must happen before the interview to determine the necessity of introducing evidence into an interview. The Forensic Interviewer should have knowledge/training on how to properly introduce evidence in an interview. The Forensic Interviewer may also consult with the prosecutor regarding the evidence.

Youth with Problematic Sexual Behavior Interviews (YPSB)

Regarding Youth with Problematic Sexual Behaviors (YPSB), the TPCAC may interview such individuals if the investigating MDT deems necessary. YPSB shall be interviewed as potential victims and *only* after Law Enforcement and/or DCFS have completed their initial investigation and a team discussion has happened. The TPCAC Forensic Interviewer shall not interview YPSB before the initial investigation is complete to avoid the YPSB possibly incriminating themselves in the forensic interview.

Recording and Storage

All interviews conducted at the TPCAC will be recorded on the Liberty Interview Recording System to provide an accurate record of the child's statements and behavior, as well as the interview techniques and questions. When an interview is to be conducted, the equipment will be

turned on and tested in advance by the TPCAC Forensic Interviewer to ensure the proper functioning of the recording equipment prior to the interview. The recording shall begin just prior to the victim and interviewer entering the room. Once the interview starts, the equipment will continue to record until the interview is completed. At no time during the interview will anyone stop the recording. The recorded forensic interview media will serve as the full account of the forensic interview. The interview will remain on a back up hard drive at the TPCAC indefinitely.

Guardify

TPCAC uses Guardify for interview storage and sharing⁴. Following the interview, each interview as well as scans of relevant documents (anatomical drawings, child's drawing) will be uploaded to Guardify. Original, hard copies of scanned documents are turned over to law enforcement. If the investigating officer is not present, the documents are kept in the child's file, the officer can pick them up at a later date. Investigators receiving the documents will sign a "receipt of documents" form to be kept in the TPCAC client file. Interviews will be shared with MDT members assigned to the case. Law enforcement will have downloading capabilities of the file and will follow their respective evidence procedures for logging, storing, and destroying. Additional downloading capabilities may be given to the State's Attorney's Office for the purposes of criminal or juvenile proceedings. No downloadable copies of the digital media file will be produced without a court protective order unless requested from the State's Attorney's Office for court proceedings or DCFS subpoena for a DCFS appeal hearing.

Discovery Lead access

State's Attorney's Offices may designate a person or persons in their office to be the "Discovery Lead" in cases with TPCAC forensic interviews. These individuals may request to be added as "Discovery Lead" on specific cases as the need arises. No person requesting "Discovery Lead" status will be approved unless and until TPCAC receives approval or a request from the State's Attorney's Office. The Discovery Lead will be responsible for sharing Guardify access to the Forensic Interview with the defense attorney in the case.

Confidentiality of Interview

The integrity and confidentiality of the digital media files containing the forensic interview will be preserved and protected like all other pieces of evidence in an investigation. Individuals who have not requested access to view and/or download the forensic interview from TPCAC will not be allowed access to the digital media file. MDT members who receive access cannot share this access with anyone else, unless the person is the discovery lead for the State's Attorney's Office as discussed above. MDT members who are allowed viewing capabilities for these interviews will ensure they are in a confidential, private space when viewing the interview to ensure the integrity and confidentiality of the forensic interview is being preserved.

Transcription of Interview

Transcription of the interview by an outside transcription service will be at the discretion of law enforcement and the State's Attorney's Office. Any party requesting transcription of a recorded interview will be responsible for securing the transcription service and providing payment for that service.

⁴*For the complete guide to Guardify procedures see Appendix #2.*

Peer Review

After criminal or civil proceedings are concluded, recordings of interviews may be used for peer review. Peer review is a structured, professional, and confidential setting in which qualified professionals review and provide feedback on actual interviews. Peer reviews are necessary for any individual conducting forensic interviews to ensure that best practices are being upheld.

School Involvement

Under 105 ILCS 5/22-85, additional considerations are made for collaboration between TPCAC, the MDT and schools for cases involving sexual abuse by school personnel. For any sex abuse allegation involving school staff, faculty, administration, vendors or volunteers or other school personnel occurring on or off school grounds, during or not during a school activity, the following will apply:

- Any case reported and accepted for investigation will be referred to TPCAC for a forensic interview and other CAC services.
- TPCAC must coordinate the investigation of the alleged incident and services according to the MDT protocols. TPCAC will treat referrals of this nature in the same way we do all other referrals as laid out in this protocol.
- TPCAC will facilitate communication between the MDT members investigating the incident and the personnel conducting the school's investigation such as the school's Title IX Officer or school resource officer.
- The school involved **may not** interview the alleged victim. *This does not prohibit a school from requesting information from the victim or their parent/ guardian to ensure the safety and well-being of the victim at school during an investigation.*
- The school must inform investigators of any evidence they have gathered.
- The MDT must inform the school investigator(s) when the forensic interview is complete.
- If the MDT does not intend to interview the alleged victim, they must inform the school's investigator(s).
- If a forensic interview is not conducted within 15 days of opening the investigation, the school may inform the MDT that it's investigator(s) intend to interview the alleged victim.
- If the MDT is notified the school intends to interview the alleged victim, they have 10 days to conduct a forensic interview. If the interview is not conducted after 10 days, the school may proceed with their interview.
- School investigator(s) may view the forensic interview recording so as to eliminate the need to interview the victim more than once.
- Viewing of the interview by school investigator(s) will be done in the TPCAC office only. Viewing will be done in the presence of TPCAC staff or other MDT member to preserve confidentiality and integrity of the interview.
- Prior to viewing there must be MDT agreement to allow the viewing and TPCAC must receive informed consent from the child, if over 13 years old or their guardian if 12 and under.

Each case falling into this category will be handled on a case-by-case basis. TPCAC will contact the school to act as a liaison between the school investigator(s) and the MDT. The school investigator(s) must call TPCAC directly to schedule viewing the interview.

Witness Interviews

TPCAC will conduct witness interviews of children in accordance with Section III of this Protocol. Interviews of adult witnesses are done by the investigating partners of the MDT. It's recommended that such interviews be a coordinated effort by DCFS and law enforcement to avoid duplication.

Offender Interviews

Adult offender interviews are not done at or by TPCAC.

VI. VICTIM ADVOCACY

About Victim Advocacy

Research shows that victim and/or parent/caregiver support is essential to not only reduce trauma, but to improve outcomes for children and family members. Victim advocacy involves supporting all children and families in navigating the various systems they encounter while involved with the Child Advocacy Center. The Advocate also has the role of Case Manager. The Advocate/Case Manager (ACM) explains options for specialized medical treatment and specialized trauma counseling, assesses issues such as housing or food insecurity, safety concerns, transportation issues and more. The ACM can provide state and local resources to the family to assist with their needs. The ACM gauges the child and family's response regarding participation in the investigation and prosecution and provides support that best fits the specific child and family.

Victim Advocate Qualifications

Victim Advocates employed at TPCAC must have a Bachelor's Degree and must pass a national background check. They are specifically trained to coordinate victim support and advocacy services to the clients served by the CAC⁵. The ACM is required to complete a minimum of 24 hours of instruction on topics relating to advocacy and mandated by NCA in their first year of employment as the Advocate. TPCAC's Advocate/Case Manager is also required to participate in continuing education and must attend trainings in the field of victim advocacy and child maltreatment for a minimum of 8 hours every two years.

Advocate Role and Responsibilities

The Advocate/Case Manager's (ACM) role begins when a case is first referred to TPCAC. The ACM follows the following process:

Process

- When a referral is received the ACM may assist in scheduling. The ACM may receive notice a referral has come in and the interview has already been scheduled.
- The ACM opens a case file for the child and caregiver. The process of logging services and information for a new case begins immediately upon referral.
- The ACM logs the scheduling call(s) and notes the date and time of the upcoming interview. The ACM consults with the staff member who took the referral to ensure all information is in the file.

⁵For a complete list of training qualifications required for TPCAC staff positions see Appendix #1

- Prior to the interview and/or within 72 hours of receiving the referral the ACM calls the person responsible for bringing the child to the interview. During the call the ACM confirms demographic information and name spellings as well as asks any questions to fill in gaps of information needed. The ACM provides support for the family, answers questions they may have and explains what to expect at the initial appointment.
- Any relevant information or updates the ACM receives from this call is passed on to the MDT members involved in case. This would include information ranging from unique needs of the child or concerns about the child's willingness to participate to the caregiver's concerns of safety or transportation issues and more.
- On the day of the interview the ACM meets with the family prior to the interview, confirms or finishes the intake form, goes over other case file paperwork and obtains required signatures. Once this is completed the ACM lets the team know to begin the interview.
- During the interview the ACM provides support to the caregiver in the waiting room.
- The ACM provides a folder of resources to the caregiver. The folder contains the standard resources and brochures as well as any specific additional resources the ACM might add after discussing the needs of the child/caregiver with the caregiver.
- After the interview the ACM makes referrals as needed. These may include a referral to Pediatric Resource Center for a specialized medical exam, to Monarch Trauma Counseling for mental health services and/or other referrals as needed.
- The ACM explains to the family the process for each of the referrals sent, such as who will be calling, where to go for the service and what to expect from the referral.
- The ACM performs follow-up calls to the child/caregiver approximately 2 – 5 days after the interview and routinely thereafter for the life of the case, to provide support, check on progress of referrals and give them updates about the case.
- The ACM attends case review meetings regularly to provide updates on how the child/family is doing, what services they are utilizing and how they are responding to their situation. At Case Review the ACM makes notes of any updates from other MDT members and any suggested services or assistance that might be useful to the family.
- The ACM provides the child/family with case updates and any resources the MDT discussed at Case Review.

Other responsibilities of the Advocate

- The ACM will attend court hearings with or on behalf of the Child victim.
- They will provide the State's Attorney's Office with information relevant to a child prior to a court hearing about that child.
- They will help coordinate and participate in court preparation with the State's Attorney's Office and the child's counselor.
- The ACM may coordinate case management meetings, via email, phone, or in person, with others providing victim advocacy services, like the Victim/Witness Coordinator at the State's Attorney's Office and Court Advocate from the local sexual assault program.

VII. PROSECUTION

TPCAC provides services to three counties, Knox, Warren and Henderson. The State's Attorney Offices from each of the counties are members of the MDT. The designated State's Attorney's

Offices (SAO) are available to anyone on the team who has questions or needs guidance during an investigation.

The State's Attorney or Assistant State's Attorney agrees to make best efforts to be present during the forensic interview to ensure information needed for prosecution efforts is clarified, and any questions for charging purposes are addressed.

The SAO will attend MDT case review to assist with investigations, questions, options, and updates on court cases to the extent allowed by applicable laws. During these communications, the SAO will advise the MDT on the course and direction of the investigation, what charges are possible considering the disclosure, whether the disclosure is sufficient to warrant charges, and continue reviewing and evaluating the evidence until a determination is made on the status of charges.

The SAO will follow the Victim's Bill of Rights and keep the TPCAC and the victim's family informed of all critical stages of the court proceedings. When making decisions in court that will impact the children involved, the SAO will ensure that they have gathered information about the children's safety and work together with the TPCAC Victim Advocate to conduct court preparation with the child victim and with any family members and any other MDT members who are expected to testify. They will prepare with the TPCAC Forensic Interviewer prior to court hearings, such as 115-10 motion hearings and trials. The SAO will keep up with best practices and trainings as well as consider the use of an expert witness to explain the dynamics of child abuse when presenting the case.

In addition to the attorneys in the State's Attorney's Offices, the Victim Advocates or Victim Witness Coordinators in those offices will coordinate services with TPCAC to ensure maximum support for children and/or families.

To prepare a child victim, SAO will consider the following:

- It is **important** to meet with the child witness prior to trial.
- It is **important** to meet with the child's family and court advocate prior to trial.
- Going over the types of questions with the child that will be asked at trial, *keeping in mind their age and developmental level*.
- Making the child aware of what types of questions the defense may ask about statements the child has made to others.

SAO should consider pre-trial motions or preparation with opposing counsel to minimize trauma to the child witness, such as:

- Ask for a no-contact order when filing a case whenever possible.
- Taking into consideration the best interest of the child prior to requesting continuances (725 ILCS 5/114-4(k)).
- Having child victims under the age of 13 testify via closed circuit television to minimize poly-victimization whenever possible (725 ILCS 5/106B-5)
- Altering the courtroom setup
- Use of support person for the child witness
- Use of a comfort item for the child witness
- Use of an age-appropriate, child-friendly oath

- Use of a non-threatening tone by attorneys when questioning the child witness
- Use of developmentally appropriate language when questioning the child witness

If the defendant is placed on probation, SAO will consider the following conditions for probation:

- The offender shall pay for the counseling of the victim if the court determines the defendant has the ability to pay (730 ILCS 5/5-5-3€).
- No contact with the child victim until recommended by the child's counselor.
- No unsupervised contact with any minors; no engagement in activities with minors.
- Treatment reports to be submitted to the court and probation officers.
- Defendants to satisfactorily complete the recommended treatment.

VIII. MEDICAL SERVICES

TPCAC has a linkage agreement with Pediatric Resource Center (PRC) to provide medical examinations to children who are suspected victims of child abuse and/or neglect. Examinations are available and accessible to CAC children regardless of their ability to pay. The Advocate, in coordination with other MDT member agencies and PRC, will work to assist in locating necessary funds to accomplish this, in the event this situation and need should arise. PRC staff are qualified to perform medical evaluations due to their specific child abuse training and pediatric experience. PRC staff have agreed to meet the NCA training standard that requires 8 hours of training every 2 years in the field of child abuse and provide documentation of their training when required. It is the responsibility of the Advocate/Case Manager or other TPCAC staff to make the necessary referral for the specialized medical examination, though any member of the MDT may make a referral to PRC, including but not limited to DCFS, law enforcement, and state's attorney's office. Upon acceptance of the referral and determination that a medical evaluation should be offered, PRC staff will coordinate scheduling with the appropriate caregiver. Every effort will be made to assist with transportation costs, if necessary, by TPCAC.

The purposes of a medical evaluation in suspected child abuse include:

- Help ensure the health, safety, and well-being of the child;
- Evaluate, diagnose, document, and address medical conditions resulting from abuse;
- Differentiate medical findings that are indicative of abuse from those which may be explained by other medical conditions;
- Diagnose, document, and address medical conditions unrelated to abuse;
- Assess the child for any developmental, emotional, or behavioral problems needing further evaluation and treatment and make referrals as necessary;
- Reassure and educate the child and family; and
- Refer for therapy to address trauma related to the abuse/assault, if not provided by another member of the MDT/CAC.

The linkage agreement provides for the following practices:

- Suspected child victims of sexual assault or abuse should be offered a complete medical examination by a health care provider trained in child maltreatment. PRC will consult with the MDT to assist in determining the need for an exam. A complete medical evaluation should be a health-related visit and not for the sole purpose of evidence collection. Findings

from the examination should be documented in writing according to medical standards. Photo-documentation should also be saved properly according to medical standards. All children who are suspected victims of child sexual abuse shall be referred to PRC for a medical evaluation.

- In the event an emergency arises where the child victim of a sexual or physical assault requires immediate medical attention, those needs will be met first. The timing, location, and provider of the medical evaluation should be chosen so that a skilled evaluation is conducted, acute injuries, and/or physical findings are documented photographically and in writing, and when indicated, trace evidence is collected and preserved. PRC medical providers are available 24/7 to assist with emergency case triage and services. Once the child is available to be interviewed, the protocol will then be followed. Reasons for an emergency or acute evaluation include, but are not limited to:
 - Medical intervention is needed emergently to assure the health and safety of the child
 - There is a possibility of forensic evidence collection:
 - Evidence collection should be offered up to 7 days post assault for all ages, or if the child victim was in the care of the alleged perpetrator in the last 7 days (SASETA 410 ILCS 70/1)
 - For children under 13 years of age, evidence collection has the most benefit if performed within 96 hours of the assault (SASETA 410 ILCS 70/1)
 - The need for emergency contraception (72 hours, possibly up to 120 hours, post assault)
 - The need for post-exposure prophylaxis for sexually transmitted infections (STI) including HIV (72 hours post assault)
 - The child complains of pain in the genital or anal area
 - There is evidence or complaint of anogenital bleeding or injury
- Suspected child victims of serious physical abuse should be offered a complete medical evaluation by a health care provider trained in child maltreatment. PRC will provide consultation to the investigative team to assist in determining the need for an exam. All children who are suspected victims of child physical abuse shall be referred to PRC for a medical evaluation. Selected indicators for identifying children in need of a medical examination due to physical abuse concerns include, but are not limited to:
 - Non-mobile children (not walking) with fractures
 - Non-mobile infants with bruising
 - Multiple fractures
 - Patterned injury
 - Head injuries such as skull fractures, intracranial hemorrhage
 - Abdominal trauma
 - Significant burns
 - Burns in non-verbal children
 - Strangulation or choking
 - Mobile children with excessive bruising or bruising to multiple planes of the body
 - Child torture

Regardless of prior medical care, a referral to PRC shall be made to ensure that the NCA Standards are met in that a medical evaluation is performed by a healthcare provider with the required training in child abuse. PRC staff are available for immediate consultation and resources to assess the medical examination, testing, and/or treatment needs of a child victim to avoid multiple examinations.

Per NCA Standards, 100 percent of findings that are deemed abnormal or diagnostic of trauma due to child sex abuse must undergo expert review by an advanced medical consultant. PRC meets this standard as PRC providers participate in expert review with an advanced medical consultant in 100 percent of exams regardless of the findings.

When the appropriately trained provider performs the examination, the child usually tolerates the examination well. In the CAC settings, the caregiver/child are introduced to the exam by non-medical personnel, usually the Advocate and sometimes MDT members. The Advocate shall notify the caregiver/child that a referral will be placed to PRC.

It is essential for MDT members and CAC staff to attend training regarding the nature and purpose of a medical evaluation and child maltreatment. PRC agrees to provide basic training on the purpose and nature of a medical examination during MDT meetings and as needed with MDT members. The CAC will publicize additional PRC training opportunities to CAC staff and MDT members, so all team members are able to seek thorough training on child medical examinations.

MDT members agree to refer all suspected cases of child abuse and/or neglect in Knox, Warren, and Henderson Counties to the CAC staff to refer them for a medical evaluation to ensure non-duplicative efforts of examinations, interviewing, and history taking.

PRC will share their findings with law enforcement, DCFS, and/or the CAC with appropriate authorization via phone, secure file transfer, and/or written report. PRC staff with appropriate medical training will also attend MDT meetings to share their findings and answer any questions about the exam, share information about the family, and note any statements made by the child or caregiver regarding the allegations or concerns about the child or family.

IX. MENTAL HEALTH INTERVENTIONS

TPCAC has a linkage agreement with Monarch Trauma Counseling Center, LLC (Monarch) to provide trauma-focused mental health services for child clients and non-offending caregivers. Referrals for counseling services are offered to all TPCAC clients, and services are accessible regardless of ability to pay. Trauma-informed counseling is utilized with TPCAC clients to address safety, support client functioning, and begin the process of healing.

In the CAC setting, the child client and non-offending caregiver are introduced to mental health services by CAC staff. It is the responsibility of the Advocate/Case Manager to make the referral to Monarch for mental health services. The Advocate/Case Manager will notify the client that a referral was placed to Monarch. Monarch will then contact the families to schedule appointments and provide the appropriate counseling services.

If Monarch has reached full benefit with a child and the child needs additional care, Monarch will refer the child and family to a different counselor who can manage long-term care of the child. If Monarch assesses a child in counseling and finds that the child needs much more than what Monarch can provide, like medication or psychiatry, Monarch will refer the child to another provider to receive treatment.

Monarch reserves the right to refuse to treat a child referred by TPCAC.

Mental Health Roles & Responsibilities:

- Monarch will have staff specialized and experienced in providing treatment for victims of child maltreatment. Their counselors will deliver trauma-focused, evidence-based mental health treatment. NCA requires counselors meet the following requirements:
 - Master's degree, licensed mental health professional certified in a related field
 - Master's degree or license-eligible in a related mental health field, supervised by a licensed mental health professional
 - Student intern in an accredited mental health related graduate program, when supervised by a licensed/certified mental health professional. (Both intern and the supervising professional must meet the 40-hour training requirements.)
 - Mental health counselors will complete **8 hours of CEUs every 2 years.**
- Monarch will provide culturally informed, evidence-based, trauma-focused mental health services for the child client including:
 - Trauma-specific assessment of events and symptoms
 - Evidence based assessments to inform treatment
 - Family/caregiver and child engagement
 - Individualized treatment plan that is periodically re-assessed
 - Individualized evidence-based treatment appropriate for the child and caregivers
 - Monitoring of trauma symptom reduction
 - Referral to other community services as needed
 - Clinical supervision
- Monarch will provide support to non-offending caregivers regarding:
 - Safety concerns and risk of future abuse
 - Caregiver involvement in treatment when appropriate
 - Family functioning and relationships
 - The emotional impact of maltreatment allegations
- Monarch will cooperate with the MDT process and guidelines by:
 - Attending case review
 - Sharing relevant information with the MDT while protecting the child's right to confidentiality
 - Serve as a clinical consultant to the MDT on issues surrounding child trauma and evidence-based treatment
 - Support the MDT in monitoring treatment progress and outcomes
- Monarch will protect clients' confidentiality and mental health records in accordance with state and federal laws, like HIPAA. Treatment records will be kept in a locked

cabinet and/or on a secure electronic device. Cases will only be discussed with CAC and MDT personnel, not with other families or in the presence of a person who is not on the MDT or who does not have a release signed to be able to discuss this information.

X. CASE REVIEW

Information Sharing

Information Sharing and collaboration are the cornerstones of a successful CAC model. TPCAC frequently reviews our procedures to ensure effective communication with our MDT partners. We routinely ensure we have updated email lists and members' preferred contact phone number as well as frequently providing our own contact information. We utilize calendar scheduling invites for meetings and offer most meetings as in person or virtual options to make sure those who cannot physically attend can still participate. We also have procedures in place to accept communications from our MDT members. We receive reports via email, fax and phone. TPCAC believes that building relationships with our members is crucial to foster collaboration. In addition to the necessary communication to perform our duties, we promote open and honest conversations among team members. TPCAC has an open door policy for all team members to stop in and talk or to simply take a break from their day if they need to.

Our monthly case review meetings are an opportunity to discuss cases and share updates, problem solve, ask and answer questions and create plans of action for clients. All MDT members share information to help make decisions while maintaining client confidentiality as mandated by the laws and policies applicable to their own discipline.

In addition to information sharing with MDT members, TPCAC participates in information sharing with caseworkers when the child(ren) involved in TPCAC cases are receiving services and are working with an assigned caseworker. This information sharing is required by TPCAC's program plan/funding contract with DCFS.

Case Review Meetings

Case review is the formal process that allows MDT members to routinely share information about cases, draw on their collective expertise to address client needs and provide support to each other. The purpose of Case Review is:

- To review forensic interview outcomes
- To review medical findings
- To discuss prosecution & sentencing decisions
- To assess family's reaction/response to the situation and their involvement with the criminal justice/DCFS systems
- Make provisions for court support and court preparation sessions with SAO
- To discuss, plan and monitor case progress
- To discuss child safety issues
- To discuss emotional support/treatment needs of children and families and how to meet those needs
- To review criminal and civil case updates, family involvement in cases and case disposition
- Discuss issues of cultural relevance and needs for children and families

- To ensure children and families are afforded the legal rights and services to which they are entitled
- To discuss how MDT process is impacting the child and family (both positively and negatively)

Case Review meetings are a time for team members to seek/receive input from fellow team members regarding open cases. While we understand that a team member may miss a meeting occasionally, **all team members with open cases are expected to participate regularly in scheduled Case Review meetings.** This includes Child Protection workers (DCFS), Law Enforcement, State's Attorney or Assistant State's Attorney, Victim Advocates from State's Attorneys' Offices, Counselors, Medical Professionals and TPCAC staff. Frequently at meetings case updates, plans for follow-up services, needed resources for the child and/or family, additional investigative steps, issues with the case and plans for court hearings are discussed. These meetings are the most effective and efficient method of informing members of these updates and plans.

Case Review meetings are coordinated and facilitated by TPCAC's MDT Coordinator⁶. If the MDT Coordinator is unavailable, either TPCAC's Advocate or Executive Director will facilitate the meeting. Both the MDT Coordinator/Forensic Interviewer and the Advocate/Case Manager will attend Case Review meetings. TPCAC provides services to three counties (Knox, Warren & Henderson). There is a case list for each county which contains the case number, victim and offender names, names of DCFS and Law Enforcement investigators involved, DCFS findings on cases with DCFS involvement, whether there were counseling and medical referrals and a brief description of the case with recent updates.

Approximately one week prior to the meeting TPCAC will send out an email reminder of the meeting in calendar invite format with the case list for that meeting attached. All open cases are included on the list as well as an agenda listing announcements and upcoming training opportunities. Any team members with cases on the list are expected to attend the meeting to provide input. While all open cases are included on the case list, priority is given to cases that may have complications, immediate needs, crucial planning for safety or other issue that deems that case a priority to the team or a particular team member. The MDT Coordinator indicates in the invite email which cases are considered priority cases for each meeting. The meeting facilitator aims to discuss as many cases as we can and address any questions or concerns team members have, however, due to time constraints that may not always be possible. In the event we don't get a case discussed and a team member needs to collaborate, an additional meeting may be scheduled with team members involved in that particular case.

Each MDT member in attendance at case review will sign a sign in sheet prior to the start of the meeting. The sign in sheet contains a confidentiality statement and will be filed and kept along with the case review list for that meeting. The Case Review meeting then begins with announcements from TPCAC and/or other MDT members who have announcements. The meeting facilitator then draws the team's attention to any trainings listed on the agenda. The team then discusses each case, giving all team members the opportunity to ask questions or

⁶*For a complete list of training qualifications required for TPCAC staff positions see Appendix #1*

provide updates. To make informed case decisions, MDT members are encouraged to share essential information and professional expertise. Case decisions and interventions are made in collaboration with all involved professionals. Concerns, case complexities and dissensions are fully explored and mitigated as much as possible.

MDT members who are not available to attend Case Review should contact TPCAC with any updates to their cases prior to the Case Review meeting or send their updates with a colleague who will be in attendance. If the MDT Coordinator does not receive updates prior to the meeting and no updates are provided on the absent member's behalf, the MDT Coordinator will reach out to the absent member for updates after the meeting. If a team member misses several meetings the TPCAC Executive Director will reach out to the member or their supervisor to inquire about their absence and attempt to mitigate the reason for the absences.

After each meeting TPCAC's Advocate/Case Manager (ACM) logs updates in client files, enters updates into the Collaborate Case Management system and makes follow-up calls to families, service providers or others to provide updates and/or address recommendations discussed by the team. Either the ACM or the MDT Coordinator will update the case list to reflect the updates discussed at Case Review.

Case review also contains an element of education. Individual members are encouraged to provide education and information regarding their respective disciplines as it relates team collaboration and goals.

Case Review meetings are held monthly for Knox County, monthly for Warren County and Quarterly for Henderson County.

Case Review meetings are held at the locations listed below unless otherwise notified.

Knox County – TPCAC Office - 139 S. Cherry Street, Galesburg IL 61401

Warren County – Warren County Courthouse – 3rd floor jury room

Henderson County – Henderson County Courthouse – 2nd floor jury room

Case Review meetings are held in person with a Zoom option available as well.

Day of the month and time for Case Review meetings are reviewed annually to ensure the scheduled time is still the best time for all MDT members. Actual Case Review meeting schedule is determined in December of each year and provided to team members.

Case Tracking

TPCAC uses Collaborate for case tracking. Every case that meets the criteria set forth in the TPCAC protocol (Section III) or others accepted by the TCPAC is entered into Collaborate. TPCAC'S Advocate/Case Manager is responsible for data entry. The Case Manager and/or Executive Director is responsible for implementing and training other advocates on the Collaborate system. Team members have access to tracking information and provide updates to the ACM for input as relevant information becomes available. The MDT may also contact the ACM for any additional information they may need.

Information tracked, minimally includes:

- Demographic information about the child and family

- Demographic information about the alleged offender
- Type(s) of abuse
- Relationship of alleged offender to child
- MDT involvement and outcomes
- Forensic Interview Summary
- Contact with the non-offending family
- Charges filed and case disposition in criminal court
- Child protection outcomes
- Status/outcome of medical and mental health referrals

The data collected and entered into Collaborate is consistent with the National Children’s Alliance (NCA) statistical requirements. The database generates the necessary reports for NCA for direct electronic submission. Such data includes information on alleged perpetrators, disposition of child protective services and criminal cases. Medical and mental health referrals are tracked, as well as, the number and location of forensic interviews of children. Initial Caregiver Surveys and Follow-up Surveys are also noted in Collaborate. TPCAC maintains older databases for cases received prior to July 1, 2024. While it is not possible to transfer all of the case data to Collaborate, information on victims and offenders from the older cases has been entered into Collaborate to allow the system to cross reference the old with the new for investigative purposes.

XI. DIVERSITY, EQUITY, AND INCLUSION

TPCAC promotes knowledge, understanding, and respect for the diverse backgrounds and traditions of clients, staff, MDT members and all others with whom we interact. Clients, CAC employees, MDT members and all others are treated with the utmost respect, dignity and fairness. Members of the CAC team promote not only awareness of the issues surrounding diversity, equity and inclusion but demonstrate sensitivity to these issues by interacting in an appropriate manner with members of all cultures⁷.

TPCAC practices aim to respect the unique and culturally-defined needs of various client populations through its continuous advocacy for policies and procedures which reflect sensitivity and responsiveness to cultural diversity of team members and all those served by the TPCAC.

TPCAC training opportunities shape our practice so that we honor cultural diversity. TPCAC staff is required to participate in a minimum of 8 hours of diversity, equity, and inclusion training every two years. TPCAC MDTC will share these training opportunities with MDT members and encourage them to attend.

⁷*For TPCAC’s complete Diversity, Equity and Inclusion Policy, See the TPCAC Policy Manual*

XII. VICARIOUS TRAUMA AND COMPASSION FATIGUE

Research has shown that working cases of child abuse can result in high levels of compassion fatigue, vicarious trauma and secondary traumatic stress (STS). Because of this, it's important to be familiar with the signs of compassion fatigue, STS and vicarious trauma. TPCAC will provide resources to help MDT members better understand and prevent these conditions, as well as share trainings that cover these topics to help MDT members recognize the signs. If any MDT member is worried about their own compassion fatigue, vicarious trauma or STS, we encourage you to reach out to our CAC for support. TPCAC staff and/or Monarch can offer suggestions on local services if requested. All requests for assistance and/or suggestions will be kept confidential.

XIII. ADMINISTRATIVE AND MISC.

Confidentiality

All TPCAC staff, team members, interns, and volunteers associated with the TPCAC are responsible for protecting the confidentiality of the children who have received or currently are receiving TPCAC services. Every MDT member will sign a confidentiality form when they join the MDT. All members sign and agree to the Protocol annually, reaffirming that they will keep confidential any information disclosed during any part of the investigation, forensic interview, and case review process. Sign in sheets at each interview and each case review meeting include a statement of confidentiality reminding members to hold information discussed as confidential. Information may only be shared outside of these processes as required by law.

The TPCAC shall maintain its own individual case files, which are confidential. To ensure confidentiality of records and the integrity of the investigation, the CAC shall only maintain necessary identifying information on the child victim and the family. The audio/video recording of the forensic interview will be kept on a secure hard drive at TPCAC.

This confidentiality covers all written, oral, and electronic information in full detail, including medical information. Confidentiality is the responsibility of every staff member, intern, and volunteer of TPCAC and of every member of the MDT. Though TPCAC is a collaborative partnership with representatives of various agencies, those affiliated with TPCAC are further bound by any confidentiality requirements of their agency of employment.

Any violation of TPCAC confidentiality policy may result in termination of one's affiliation with TPCAC and/or action taken by one's agency of employment consistent with its respective policies.

It is the policy of the TPCAC to not release information to non-MDT agencies or individuals without a court order. If any MDT member receives a FOIA request, the member will consult with that county's State's Attorney's Office on how to proceed to keep all materials confidential.

Record Keeping

To ensure confidentiality of records and the integrity of the investigation, TPCAC shall only maintain the minimum identifying information on the child victim and the family to be able to

perform our duties to the family. All official documentation about the case will be retained by the investigative team members, who will keep their records according to Illinois law.

TPCAC uses Collaborate, a comprehensive case data tracking system that keeps statistical information, charges filed, case disposition, client demographics and services provided as well as other information. In accordance with the information sharing model of the MDT process, MDT members can request information from TPCAC files and/or the database by contacting TPCAC directly.

Governing Board, donors, grantors, and the community (through the Annual Report) all have access to this information. To request this information, send a written request of what information is needed to the Executive Director. Please allow for at least 10 business days to receive this information via email. If the information must be sent via mail or another method that requires payment, TPCAC may request a processing fee to cover the costs of sending this information. Please note: NO PERSONALLY IDENTIFYING INFORMATION ON CLIENTS WILL BE INCLUDED. REPORTS WILL BE STATISTICAL DATA ONLY.

Subpoenas and Records Release

Due to the sensitive nature of the information held by TPCAC, TPCAC staff will notify the Executive Director (ED) upon receipt of any subpoena or court order requesting client case information and/or requests for Forensic Interviews. The ED will review the subpoenas and court orders.

The ED will respond to all requests for records or court orders. The following procedures will be followed upon requests for files and/or records.

CAC Release of Records including the Recorded Forensic Interview:

Recorded Forensic Interviews (FI) and/or records will only be released to Department of Children and Family Services (DCFS) Legal services, Law Enforcement, Prosecution or Court upon receipt of a DCFS subpoena or court order. Information will only be released in accordance to *325 ILCS 5/11.1 (a)(8) and 325 ILCS 5/11.1 (a)(16)*

<http://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=032500050K11.1>

Requests from DCFS Legal services

Requests should be done by subpoena and served through DCFS Administrative Hearings Unit. Subpoenas should be sent or served to TPCAC at 139 S. Cherry St. Galesburg, IL 61401 by mail, by fax to (309)344-0294 or by email to jmann@turningpointcac.org and should allow 10 business days to produce such materials.

Requests received from Attorneys or Officers of the Court

Requests should be done by court order and signed by a judge requesting such information. Records will be submitted to the court for in camera inspection in accordance to *325 ILCS 5/11.1 (a)(8)*. Subpoenas or court orders should be served to TPCAC at 139 South Cherry St. Galesburg, IL 61401. Requests should allow 10 business days to produce such materials.

Delivery of Records:

All requested information will only be to the Office of Department of Children and Family Services Legal Services, Law Enforcement Agencies, State's Attorney's Offices and the court by a CAC staff member.

Every attempt will be made to notify multi-disciplinary team investigators of a request for FI or records by the TPCAC staff. TPCAC staff will notify the State's Attorney's Office if a case is under investigation, indictment or criminal proceedings.

Records requests from clients:

Clients wishing to view their records may do so in the TPCAC office. A time can be scheduled to view records by calling the office at (309) 344-8416.

Clients wishing to obtain a copy of their records may do so by requesting via phone or in person those records. All such requests will be forwarded to the Executive Director. Clients must review a waiver indicating that any sharing of records by them does NOT constitute a breach of confidentiality on the part of the CAC. Records may be released by the direction of the Executive Director once the waiver is reviewed and signed. Records requests apply to the child's client file ONLY. This does not include the forensic interview, nor will any reports by other MDT partners be included (i.e. police reports, CANTS, etc.). Client should be advised to contact individual agencies if they are in need of those records.

Conflict of Interest

If a case poses a conflict of interest with a member of the MDT or CAC staff member, then the case may be considered for transferal to a neighboring CAC. If the case is not transferred, the member with the conflict will be excluded from all MDT processes involving the case.

Feedback/Performance Evaluations

All non-offending caregivers and child clients will be given the opportunity to complete client satisfaction surveys using OMS surveys. These surveys may be completed via one of the following methods:

- Via hard copy, available at the time of the interview or mailed out following the interview for return to CAC
- Via a links sent to their email from the CAC Advocate
- Via tablet available at the CAC
- Via phone conversation with the CAC Advocate

Surveys are used to assess the child and family's satisfaction with the services they receive. CAC staff will provide surveys to the families, collect results, and enter the data in the OMS system when needed. Data collected from feedback surveys is available to the MDT, CACI, and grantors, when requested.

TPCAC will also conduct OMS surveys annually for the MDT to give feedback and suggestions about policies and procedures of TPCAC.

Respondents to both surveys will have the opportunity to participate anonymously.

Conflict Resolution Process and Grievance Procedure

From time to time, there may be disagreements among clients and MDT members, participating agencies or members of the MDT concerning the handling of certain cases, which cannot be resolved in the normal course of case discussion and planning.

When it comes to the conflict resolution of these disagreements, the following grievance procedures will be considered:

Between MDT member and client: It is the responsibility of the MDT member to identify any potential conflicts that may exist between the alleged child victim and/or non-offending caregiver/family members and themselves. If such a conflict is identified, the MDT member will take necessary steps to address the conflict.

Between MDT members: If there is a disagreement between two MDT members, those members are encouraged to attempt to resolve the issue with their MDT colleague through open conversation. If the outcome is not satisfactory to any MDT member, a meeting may be scheduled with the MDT Coordinator for input on possible resolutions. In the event a resolution still is not met, the supervisors of the individuals and/or the Executive Director will meet to discuss the issue at hand.

The TPCAC Executive Director maintains an open-door policy with staff and MDT members at all times. MDT members with questions, concerns or suggestions regarding policy or practice at the TPCAC are encouraged to discuss the matter with the Executive Director to find a resolution.

Concerns may be brought up anonymously during the routine feedback surveys discussed previously as well.

Training

Turning Point Child Advocacy Center will provide MDT members with information regarding conferences and trainings relating to child maltreatment issues such as forensic interviewing skills, mental health issues relating to child maltreatment, medical evidence and collection, diversity, equity, and inclusion trainings, advocacy and the investigation and prosecution of child maltreatment.

Training opportunities may be announced or listed on the agenda at Case Review meetings, or may be forwarded through email. TPCAC also strongly encourages MDT members to set up an account on Coalition Manager for access to trainings provided by CACI, including the Child First Forensic Interviewer training needed to function as a forensic interviewer with a CAC. TPCAC strives to offer relevant in-house trainings to MDT members, as well as MDT Onboarding for new members. MDT team members are encouraged to attend relevant trainings as often as possible and share this knowledge during case review meetings.

Trainings are also provided to community service providers to educate and create awareness of child abuse, TPCAC and its MDT processes.

Protocol Review Procedures

The MDT Coordinator forms the Protocol Review Committee respective and representative of the MDT, whose job is to review changes to the Protocol on an annual basis and offer suggestions. Once the Protocol Review Committee reviews the Protocol and signs their approval, the Protocol will be sent to the Governing Board. The Governing Board will review the updated protocol, make suggestions for any additional necessary changes, and approve the Protocol. In

addition to the Protocol Review Committee's annual review, the Executive Director and supervisors/heads of MDT agencies will review the protocols at least every 3 years and suggest updates if needed.

Changes to the Protocol shall enhance the CAC/MDT's ability to:

- Provide for notification to all appropriate agencies upon receipt of a report of child maltreatment;
- Provide for collaborative, victim-sensitive interviews, observed by team members while the interview is taking place;
- Provide for proper evidence collection;
- Provide for thorough and victim-sensitive prosecution providing complete separation of victims and alleged offenders whenever possible;
- Provide for treatment and counseling referrals for child maltreatment victims and their families;
- Provide for best practices being upheld in all areas and capacities;
- Provide for procedures and policies following the beliefs and values fundamental to the CAC's continuous mission;
- Provide the necessary policies and procedures to comply with NCA requirements.

Disclaimer

This Protocol is intended solely to be a set of guidelines to assist in creating, facilitating, and maintaining mutual cooperation and teamwork among the participating agencies. It is not intended by any of the participating agencies to be a contract with any of the other participating agencies or any other persons or entities, nor to be the basis for the assumption of any legal obligation or liability. The Committee members and participating agencies recognize that certain cases and situations may call for procedures or actions different than or contrary to the guidelines in this Protocol. The Committee members and participating agencies agree that, when such situations arise, agencies will follow alternative courses of action or procedures that will facilitate the goals and objectives of this Protocol. The guidelines described herein are not intended to create any rights in favor of those persons served by Turning Point Child Advocacy Center. It is the expressed intent of all parties to this Protocol that any deviation from the guidelines will not create any cause of action against TPCAC or its member agencies for any and all harm or injury resulting from such deviation.

IVX. PROTOCOL SIGNATURES

As agency partners and MDT members and as evidenced by our signatures, we do hereby clearly commit to this protocol and to the vision and work of Turning Point Child Advocacy Center.

Other Memorandums of Understanding and documents are available upon request.

THIS PROTOCOL HAS BEEN AGREED UPON BY THE FOLLOWING ENTITIES:

**Turning Point Child Advocacy Center/TPCAC Executive Director
Illinois Department of Children and Family Services
Pediatric Resource Center
Monarch Trauma Counseling
Knox County State's Attorney
Knox County Sheriff's Office
Galesburg Police Department
Knoxville Police Department
Warren County State's Attorney
Warren County Sheriff's Office
Monmouth Police Department
Henderson County State's Attorney
Henderson County Sheriff's Office
Oquawka Police Department
Stronghurst Police Department**

APPENDIX #1

TRAINING REQUIREMENTS FOR TPCAC DIRECT SERVICE STAFF

Advocate –

All advocates employed by Turning Point Child Advocacy Center (TPCAC) are required to have the following qualifications:

- Bachelor’s Degree from an accredited college
- Mandated Reporter Training – Completed at the beginning of employment and every 3 years as required.
- Specialized training consisting of a minimum of 24 hours of instruction in the first year of employment. Training includes but is not limited to the topics below.
 - Dynamics of child abuse
 - Crisis assessment & Intervention
 - Professional ethics & Boundaries
 - Understanding, explaining & affording victim’s rights
 - Understanding the coordinated multidisciplinary response
 - Knowledge of community resources & referral methods including protective orders, housing domestic violence intervention, transportation and other resources.
 - Trauma-informed services
 - Risk assessment & Safety Planning
 - Caregiver Resilience
 - Court education, support & accompaniment
 - Cultural responsiveness & addressing implicit bias in service delivery
 - Domestic violence/family violence/ children’s exposure to domestic violence and poly-victimization
- Ongoing education in the field of victim advocacy and child maltreatment in the amount of 8 contact hours every 2 years.

Case Manager –

The Advocate also functions at the Case Manager at TPCAC. The qualifications for the Case Manager are the same as listed above for the Advocate. In addition to the above qualifications the Case Manager:

- attends meetings, trainings and discussion forums for our data collection system (Collaborate) to stay current on the updates and changes in the system.

MDT Coordinator –

MDT Coordinators (MDTC) employed by TPCAC are required to have the following qualifications:

- Bachelor’s Degree from an accredited college
- Mandated Reporter Training – Completed at the beginning of employment and every 3 years as required.
- Training consisting of a minimum of 8 hours of instruction. Training includes but is not limited to the topics below.

- Developing & Maintaining relationships among MDT members
- Defining mission, vision & values of the MDT
- Navigating & Resolving Conflict
- Knowledge of evidence-informed team development models
- Understanding various meeting structures that support effective teams
- Creating psychological safety
- Building resilience for the MDT
- Defining roles & responsibilities of team members
- Managing change & turnover on the MDT
- Facilitating shared decision-making
- Ensuring adherence to MDT agreements & protocols
- Facilitating effective communication processes
- Training in implicit bias & how it impacts the MDT
- Ongoing education in the field of facilitation and/or child maltreatment in the amount of 8 contact hours every 2 years.

Forensic Interviewer –

All forensic interviewers employed by Turning Point Child Advocacy Center (TPCAC) are required to have the following qualifications:

- Bachelor's Degree from an accredited college
- Mandated Reporter Training – Completed at the beginning of employment and every 3 years as required.
- Specialized training in conducting forensic interviews – completed as early as possible after hiring/ employment start date. Forensic interview training **MUST** be included on NCA's approved list of nationally or state-recognized forensic interview trainings. All forensic interview training must include the following elements:
 - Minimum 32 hours of instruction & practice
 - Evidence-supported interview protocol
 - Pre- and post-testing that reflects understanding of the principles of legally sound interviewing
 - Child development; question design; implementation of protocol; dynamics of abuse; disclosure process; diversity, equity, and inclusion; and suggestibility
 - Practice opportunities with a standardized evaluation process
 - Required reading of current articles specific to the practice of forensic interviewing
- Ongoing education in the field of forensic interviewing and/or child maltreatment in the amount of 8 contact hours every 2 years
- Participate in structured forensic interviewer peer review process a minimum of two times per year

At TPCAC one staff person functions as both the MDT Coordinator and the primary Forensic Interviewer. The person designated as the MDTC/ Forensic Interviewer is required to meet qualifications for both positions.

APPENDIX #2

GUARDIFY PROCESSES MDT GUIDE

Forensic interviews are recorded, unless circumstances prevent it, to provide a complete record of a child's statements to the forensic interviewer. Turning Point Child Advocacy Center (TPCAC) uses Liberty recording system to record forensic interviews. Interviews are uploaded to Guardify for storage and sharing. TPCAC staff will be responsible for uploading and sharing interviews on the Guardify system.

User Roles and Custody

- TPCAC is the License Manager of the Guardify subscription.
- All other users will be considered Viewers
- TPCAC is considered to be the custodian of the recorded interviews.
- Law Enforcement or State's Attorneys may request to be the custodian of the interview. Transfer of custody is done by TPCAC.
- At the conclusion of the law enforcement investigation and/or the prosecution's case, custody will be transferred back to TPCAC.

Guardify Workflow – TPCAC Staff

- Log onto Guardify
- Create forensic interview case
- Upload interview and any drawings/ illustrations/ other relevant documents to that case
 - *(All original documents will be given to law enforcement on the case as explained in the MDT Protocols pg. 20)*
- Share interview(s) and/or documents with MDT partners on the case: Law Enforcement, State's Attorney and/or DCFS.

Sharing and permissions of Forensic Interviews

Sharing & Viewing

- All team members must have an account with Guardify to view interviews.
- TPCAC shares the interviews with involved team members for 90 days. Extensions may be requested.
- The State's Attorney's Offices can designate paralegals, assistants and/or the Victim Advocate in their office to be the recipient of the interview share for the purpose of assisting the prosecution.
- DCFS investigators will be given viewing capabilities **only**.
- Former employees of TPCAC who need to view an interview for the purpose of preparing to testify in court will be given viewing capabilities **only** and only for **7 days or less**.
- Former employees of other MDT member agencies must make arrangements through the State's Attorney's Office handling the case to view the interview. The State's Attorney may request TPCAC provide access through Guardify.

Downloading

- Downloading interviews is discouraged and should be the exception. If a download is necessary, there are two options, encrypted version and express version. Express version is not encrypted and not secure.
- Download of the express version of the interview should **only** be given to the State's Attorney's Office and law enforcement and only be used for in-courtroom viewing or specific evidence storage needs.
- State's Attorney's Offices and Law Enforcement will be given download capabilities. By default the download will be encrypted.
- DCFS administrative attorneys and judges will be given download capabilities. By default the download will be encrypted.
- Interviews shared with the court pursuant to a subpoena and/or signed judge's order will be share with the presiding judge. The judge will be given download capabilities. By default the download will be encrypted.

Responsibilities & Notes

- TPCAC will create and send the invite for new MDT members to set up their Guardify account.
- TPCAC will supply a "cheat sheet" usage guide for new users or those who may need it.
- Each person viewing an interview should take care to view it in a private setting to protect the confidentiality of client information.
- Interns of TPCAC or MDT member departments will not be given a Guardify account.
- TPCAC will be responsible for archiving, saving and/or removing interviews within the Guardify system.
- The State's Attorney's Offices and Law Enforcement will be responsible for saving, logging and storing interviews according to their own offices' policies for evidence retention.

Discovery Lead Permissions

- Prosecutors may request "Discovery Lead" access for paralegals or assistants in their office.
- Those granted Discovery Lead access may share interviews and associated uploaded documents with the other attorneys involved in the case. The Discovery Lead may allow the other attorneys any or all of the permissions the Discovery Lead has. Which permissions they allow is at the discretion of their supervisor.