

A resolution authorizing the approval of a Memorandum of Understanding by and between Fairfield County Job & Family Services, Protective Services Division, The Fairfield County Sheriff's Office, The Lancaster Police Department, The Pickerington Police Department, The Fairfield County Juvenile Court, The Fairfield County Prosecutor's Office, The Fairfield Area Humane Society, The Harcum House, and The Fairfield County Coroner's Office.

WHEREAS, Fairfield County Job & Family Services, Child Protective Services is requesting the Board of Commissioners approval of a Memorandum of Understanding with The Fairfield County Sheriff's Office, The Lancaster Police Department, The Pickerington Police Department, The Fairfield County Juvenile Court, The Fairfield County Prosecutor's Office, The Fairfield Area Humane Society, The Harcum House, and The Fairfield County Coroner's Office; and

WHEREAS, the purpose of this service agreement among Fairfield County Job and Family Services - Protective Services and community partners that delineates roles and responsibilities for referring, reporting, investigating, and prosecuting child abuse and neglect cases. The MOU also identifies procedures for collaborative service provisions needed to ensure child safety, permanence, and well-being, and the minimum requirements of screening, assessment/investigation, and service planning, to meet mandates included in children services legislation passed by the 134 Ohio General Assembly. Two primary goals of this MOU are:

- The elimination of all unnecessary interviews of children who are the subject of reports of child abuse or neglect;
- When feasible, conducting only one interview of a child who is the subject of a report of child abuse or neglect; and

WHEREAS, this agreement shall be effective November 1st, 2025 through December 31st, 2027; and

WHEREAS, a purchase order is not needed due to this agreement being non-monetary; and

WHEREAS, the Prosecuting Attorney has approved the agreement as to form.

A resolution authorizing the approval of a Memorandum of Understanding by and between Fairfield County Job & Family Services, Protective Services Division, The Fairfield County Sheriff's Office, The Lancaster Police Department, The Pickerington Police Department, The Fairfield County Juvenile Court, The Fairfield County Prosecutor's Office, The Fairfield Area Humane Society, The Harcum House, and The Fairfield County Coroner's Office.

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS, COUNTY OF FAIRFIELD, AND STATE OF OHIO:

Section 1. That the Fairfield County Board of Commissioners hereby approves the attached Memorandum of Understanding by and between Fairfield County Job & Family Services, Protective Services Division, The Fairfield County Sheriff's Office, The Lancaster Police Department, The Pickerington Police Department, The Fairfield County Juvenile Court, The Fairfield County Prosecutor's Office, The Fairfield Area Humane Society, The Harcum House, and The Fairfield County Coroner's Office .

Prepared by: Brandi Downhour
cc: JFS / Budget Manager

Ohio Department of Children and Youth
**FAIRFIELD COUNTY MEMORANDUM OF UNDERSTANDING
TO ADDRESS CHILD ABUSE AND NEGLECT**

I. STATEMENT OF PURPOSE

This memorandum of understanding (hereinafter MOU) to address child abuse and neglect is required by sections 2151.4220, 2151.4221, 2151.4222, 2151.4223, 2151.4225, 2151.4226, 2151.4228, 2151.4229, 2151.4230, 2151.4231, 2151.4232, 2151.4233, and 2151.4234 of the Ohio Revised Code and rule 5180:3-1-26 of the Ohio Administrative Code. It is an agreement among **Fairfield County Job and Family Services - Protective Services** (hereinafter PCSA) and community partners that delineates roles and responsibilities for referring, reporting, investigating, and prosecuting child abuse and neglect cases within **Fairfield County** (hereinafter county). The MOU also identifies procedures for collaborative service provisions needed to ensure child safety, permanence, and well-being, and the minimum requirements of screening, assessment/investigation, and service planning, to meet mandates included in children services legislation passed by the 134th Ohio General Assembly. Two primary goals of this MOU are:

- The elimination of all unnecessary interviews of children who are the subject of reports of child abuse or neglect.
- When feasible, conducting only one interview of a child who is the subject of a report of child abuse or neglect.

Throughout the state each PCSA provides the following services to their communities:

Screening: The capacity to accept and screen referrals of suspected child abuse, neglect, and/or dependency includes but is not limited to the following: Receiving referrals 24 hours/day, 7 days/week; Recording and retaining referral information; Following Ohio's screening guidelines based on Ohio Administrative and Revised Code and categorizing the child maltreatment type; Adherence to a protocol for making screening and differential response pathway decisions regarding referrals of suspected child abuse, neglect, and/or dependency within 24 hours from the time of the referral; Documenting case decisions; And assigning a response priority of emergency or non-emergency to any screened in report.

Assessment and Investigation: The capacity to investigate and assess accepted reports of suspected child abuse, neglect, and/or dependency, includes responding to emergency reports within one (1) hour and non-emergency reports within twenty-four (24) hours; Conducting an initial Safety Assessment using a standardized CAPM (Comprehensive Assessment Planning Model) tool within the timeline prescribed in the Ohio Administrative Code; Completing a more in-depth CAPM Family Assessment including a clinical and actuarial risk assessment within sixty (60) days; Working collaboratively with other investigative agencies when appropriate; Making traditional response case dispositions within required timeframes; Evaluating the need for protective, prevention, or supportive services and/or court involvement; and documenting all activities and case determinations.

Service Provision: The capacity to provide services that ameliorate, eliminate, or reduce future child maltreatment and the conditions which led to abuse, neglect, or dependency includes providing service planning and case management coordination; Identifying and stating the concern and behavior change(s) needed for reunification to occur through the use of the CAPM Family Case Plan; Monitoring the family's case progress, measuring service outcomes, re-assessing safety and risk, and evaluating permanency options by using the CAPM Case Review and Semi-Annual Review tools; And adhering to existing visitation, documentation, and case closure protocols.

II. ROLES AND RESPONSIBILITIES OF EACH PARTICIPATING AGENCY

A. CDJFS/PCSA (If a combined agency or stand-alone PCSA)

The PCSA is the lead agency for the investigation of child abuse, neglect, or dependency in the county. The PCSA will coordinate and facilitate meetings, establish standards and protocol for joint assessment/investigation with law enforcement, cross-referrals, confidentiality, and training of signatories as required by statute. Child Protective Services staff and management will also participate in meetings and trainings as deemed appropriate at the discretion of the Director.

B. LAW ENFORCEMENT

The county peace officer, each Chief of the local political subdivisions, and any other law enforcement officers handling child abuse and neglect cases in the county will have responsibility for: taking referrals/reports alleging child abuse and neglect from any source within their respective jurisdiction; Referring reports to the PCSA as soon as possible for investigation of the circumstances; Determining whether allegations of abuse or neglect rise to the level of criminal conduct; Cooperating with the PCSA in a joint and thorough investigation when the information contained in the report lends itself to allege a present danger; Assisting the PCSA in hazardous situations where the provision of protective services or the investigation of child abuse or neglect is impeded; Coordinating with the PCSA on interviews with principals of the case when there are serious criminal implications; Notifying the PCSA of any legal action involving an alleged perpetrator of child abuse or neglect; Responding to the PCSA's requests for information regarding the status of the legal action; Providing police record checks for the PCSA as necessary or requested as permitted by law; Consulting with the PCSA prior to removal of a child from their home when possible; Handling and coordinating investigations involving a child fatality or near fatality which may have resulted from abuse or neglect.

C. JUVENILE COURT

The most senior Juvenile Judge in point of service of the county or their representative, selected by the Judge, if more than one, will be responsible for attending meetings concerning the MOU, entering into agreements with the other signatories of the MOU regarding the court's responsibility to timely hear and resolve child abuse, neglect, and dependency matters, signing the MOU, and updating the MOU or approving any amendment.

The juvenile court has a duty to exercise jurisdiction over adults and children to hear and decide matters as permitted by the Ohio Revised Code Chapters 2151 and 2152. The court is responsible for issuing orders regarding the care, protection, health, safety, mental and physical best interest of children. The Juvenile Judge will ensure that due process of law is achieved; Hear evidence and issue findings of fact and conclusions of law as to any abused, neglected, or dependent child; Order timely and safe permanency dispositions for children; Preserve the family environment whenever possible while keeping the child(ren)'s health and safety paramount.

D. COUNTY PROSECUTOR

The County Prosecutor will report suspected cases of child abuse and neglect to the PCSA or appropriate law enforcement agency. The County Prosecutor will represent the PCSA in legal actions to protect a child from further harm resulting from child abuse or neglect unless the Prosecutor has granted consent for the appointment of an In-house PCSA Attorney pursuant to Ohio Revised Code chapters 309 and 305.

The prosecuting attorney may inquire into the commission of crimes within the county. The prosecuting attorney will prosecute, on behalf of the state, all complaints, suits, and controversies in which the state is a party, except for those needing to be prosecuted by a special prosecutor or by the attorney general. The County Prosecutor is to determine, based upon the facts, whether criminal culpability exists and if enough evidence exists for a matter to be prosecuted. The prosecutor will be available to law enforcement and the PCSA staff for questions or assistance in the investigation of child abuse and neglect cases and eliminate the need for testimony at the municipal court level by allowing for direct presentation to the Grand Jury, when feasible, to minimize trauma to child victims. The prosecuting attorney agrees to aid the PCSA in protecting the confidential nature of children services records and investigations; As well as the special protection afforded to the identity of the reporting source.

E. COUNTY DEPARTMENT OF JOB & FAMILY SERVICES [If not part of a combined agency]

☒ Not Applicable *(if selected, this section is not relevant.)*

If the county's Department of Job and Family Services is a separate agency from the PCSA, employees within the county agency are expected to report suspected cases of child abuse and neglect to the PCSA or appropriate law enforcement agency upon receipt; Collaborate with the PCSA to assist families in caring for their children; Assure that children at risk of abuse and neglect receive protective services; Assure service coordination for families already involved with the PCSA; Promote ongoing communication between the county's Department of Job and Family Services and the PCSA regarding mutual clients, including minors under the protective supervision or in the custody of the Agency and/or minor parents; Assist the PCSA upon request in obtaining case or assistance group information regarding a family when the PCSA

is assessing Title IV-E eligibility or completing an assessment/investigation of a child at risk or alleged to be abused; Assist the PCSA in obtaining addresses and attempts to locate parents whose whereabouts are unknown, pursuant to OAC 5180:2-33-28; And where applicable and permitted assist the PCSA in locating suitable relatives or kin that may be available as familial support for the child(ren) or as a placement option.

F. LOCAL ANIMAL CRUELTY REPORTING AGENCY

The local animal cruelty reporting agencies are to investigate reports of animal abuse and neglect within the county and, pursuant to ORC 2151.421, report suspected cases of child abuse and neglect that may be observed during the commission of their duties to the PCSA or local law enforcement.

G. CHILDREN'S ADVOCACY CENTER (Needs to be included if agreement with CDJFS/PCSA exists. Option to skip this section if your agency does not have a formal agreement with a children's advocacy center.)

☐ Not Applicable (if selected, this section is not relevant.)

The Children's Advocacy Center (CAC) will establish internal protocols regarding the investigation of CAC cases, participate in training as needed, work jointly and cooperatively in their established role with the other team members in the investigation of CAC cases, and attend and exchange information when meeting with the PCSA, law enforcement, and other signatories of this agreement.

H. CLERK OF COUNTY COMMON PLEAS COURT (Optional per statute, but benefits to inclusion should be considered per county. If the Clerk signs this MOU, the Clerk will execute all relevant responsibilities as required of officials specified in this MOU.)

☒ Not Applicable (if selected, this section is not relevant.)

The Clerk of County Common Pleas Court will collaborate with the PCSA, County Prosecutor, and local law enforcement to establish standards and processes for the filing and acceptance of abuse, neglect, and dependency pleadings; Notice to the necessary parties; Service of process; How to send and receive communications from the Clerk; Defining acceptable methods of communication; Best practices for handling emergency/ex parte motions and orders which require the removal of children and need to be acted upon in an expeditious manner; Date and timestamp process and any cut-offs; Determine how and when to expect decisions or entries to be communicated; Provide periodic training for those involved in the investigation of child abuse and neglect and the signatories of this MOU; Be available to the PCSA management staff or the Prosecutor should questions arise.

III. SCOPE OF WORK

The key objective of this MOU is to clearly define the roles and responsibilities of each agency in the provision of child protective services.

A. Mandated reporters and penalty for failure to report

Persons identified as mandated reporters per Ohio Revised Code section 2151.421, while acting in official or professional capacity, will immediately report knowledge or reasonable cause to suspect the abuse or neglect of a child in accordance with that section. Reports will be made to the PCSA or a law enforcement officer.

The penalty for the failure of a mandated reporter to report any suspected case of child abuse and/or neglect pursuant to ORC section 2151.421 is a misdemeanor of the fourth degree. The penalty is a misdemeanor of the first degree if the child who is the subject of the required report that the offender fails to make suffers or faces the threat of suffering the physical or mental wound, injury, disability or condition that would be the basis of the required report when the child is under the direct care or supervision of the offender who is then acting in the offender's official or professional capacity or when the child is under the direct care or supervision of another person over whom the offender, while acting in the offender's official or professional capacity, has supervisory control. Failure to report suspected child abuse and/or neglect may also result in civil liability in the form of compensatory or exemplary damages.

PCSA will consult with agency legal counsel through the County Prosecutor if aware of any situation a mandated reporter fails to report suspected or known child abuse or neglect to provide notification and determine next steps. Next steps may include forwarding notification on to local City Prosecutor.

B. System for receiving reports

Reports of child abuse or neglect will be made to the PCSA or any law enforcement officer with jurisdiction in the county. The PCSA receives all after-hours calls directly or through the Fairfield County Sheriff's Office. If the PCSA contracts with an outside source to receive after-hour calls, a copy of the signed agreement will be attached to this MOU which indicates that all reports with identifying and demographic information of the reporter and principals will be forwarded to a designated children services worker within an hour of receipt, confidentiality requirements will be met, and how the public is informed of after-hours reporting opportunities.

When a law enforcement officer receives a report of possible abuse or neglect of a child or the possible threat of abuse or neglect of a child, the law enforcement officer will refer the report to the appropriate PCSA unless an arrest is made at the time of the report that results in the appropriate PCSA being contacted concerning the alleged incident involving the child.

When the PCSA screens in a report of child abuse, the PCSA will notify the appropriate law enforcement agency of the report, unless law enforcement is present, and an arrest is made at the time of the report that results in the appropriate law enforcement agency being notified of the child abuse.

When the PCSA screens in a report of child neglect, and the PCSA implements a legally authorized out-of-home placement due to neglect within the first seven days of the assessment/investigation, the PCSA will notify the appropriate law enforcement agency within the first seven days of the assessment/investigation unless an arrest is made at the time of the report that results in the appropriate law enforcement agency being notified of the child neglect.

In the event the PCSA phone systems are not operating, including the ability to access automated message, information on how to reach the PCSA to report concerns for abuse and neglect will be posted on the agency website and social media accounts.

C. Responding to mandated reporters

When the PCSA receives a referral from a mandated reporter who provides their name and contact information, the PCSA will forward an initial mandated reporter notification to the referent within seven days. The notification will be provided, in accordance with the mandated reporter's preference. Information shared with the mandated reporter will include the information permitted by ORC 2151.421(K):

- Whether the agency or center has initiated an investigation of the report;
- Whether the agency or center is continuing to investigate the report;
- Whether the agency or center is otherwise involved with the child who is the subject of the report;
- The general status of the health and safety of the child who is the subject of the report;
- Whether the report has resulted in the filing of a complaint in juvenile court or of criminal charges in another court.

When the PCSA closes an investigation/assessment reported by a mandated reporter, the PCSA will forward a mandated reporter referral outcome notification to the referent. The notification will be provided in accordance with the mandated reporter's preference. Information shared with the mandated reporter will be that permitted by ORC 2151.421 to include a notification that the agency has closed the investigation along with a point of contact.

D. Roles and responsibilities for handling emergency cases of child abuse, neglect, and dependency

1. PCSA's Response Procedure

When the PCSA determines that a report is emergent, the PCSA will attempt a face-to-face contact with the child subject of the report/ alleged child victim within one hour of the receipt of the report.

If the PCSA identifies an active safety threat at any point during the assessment/investigation, the caseworker or supervisor shall implement a safety response.

Fairfield County Job and Family Services – Protective Services will implement voluntary safety plans in accordance to section 5180:2-37-02 of the OAC and voluntary agreements of temporary custody through section 5180:2-42-06. Fairfield County Job and Family Services – Protective Services will coordinate with responding peace office for officer acceptance removals in accordance with Fairfield County Job and Family Services – Protective Services' Officer Acceptance Policy (Addendum A). All other safety plans will be implemented by requesting court orders for temporary custody.

2. Law Enforcement and Harcum House Child Advocacy Center Response Procedure

Law enforcement and other agencies can report emergent and non emergent concerns for child abuse, neglect, or dependency to the PCSA. For any child in imminent danger due to child abuse, neglect, or dependency and immediate assistance is needed to ensure safety of the children, law enforcement and other agencies will contact the PCSA by telephone through the agency main line or on-call contact.

If there is an identified need to execute an officer acceptance removal, peace officers such as law enforcement or humane agents will contact Fairfield County Job and Family Services – Protective Services as outlined in Fairfield County Job and Family Services – Protective Services' Officer Acceptance Policy (Addendum A).

3. Children in Need of Medical Attention Special Response Procedures

For children in need of medical attention, Fairfield County Protective Services – Job and Family Services will prioritize the use of the following facilities:

- Fairfield Medical Center Emergency Room
401 N Ewing St.
Lancaster, OH 43130
740-687-8100
- Mount Carmel Diley Ridge Medical Center Emergency Room
7911 Diley Rd.
Canal Winchester, OH 43110
614-838-7311
- OhioHealth Pickerington Medical Campus Emergency Care
1010 Refugee Rd.
Pickerington, OH 43147

614-788-4100

- Nationwide Children's Center Emergency Department
630 Children's Dr.
Columbus, OH 43205
614-722-2000

Fairfield County Protective Services – Job and Family Services will prioritize the use of the following child advocacy centers when necessary:

- Harcum House Child Advocacy Center
1147 E Main St.
Lancaster, OH 43110
740-652-9604
- Center for Family Safety and Healing
Nationwide Children's Hospital
655 E Livingston Ave.
Columbus, OH 43204
614-722-8200

E. Standards and procedures to be used in handling and coordinating investigations of reported cases of child abuse and/or neglect

Methods to be used in interviewing the child who is the subject of the report and who allegedly was abused and/or neglected, alleged perpetrators, and other family members and witnesses/collaterals will be discussed and agreed upon in advance by the PCSA and the corresponding law enforcement agency.

To the extent possible investigative interviews of children who are the alleged victims of reports of abuse and/or neglect where criminal activity is suspected, including reports of human trafficking, are cooperatively planned by the PCSA and the law enforcement agency of the jurisdiction.

Every effort will be made by the signatories of this MOU to prevent or reduce duplicate interviews of the victims or witnesses. When feasible, to reduce trauma complete only one interview with the alleged child victim/ child subject of the report. The PCSA agrees to be the lead agency in scheduling the time, place, and location of joint interviews as well as notifying all participants.

Before starting the interview, the participants will determine who is to be present in the room, who will be asking the questions, what areas are to be covered, and who will be the scribe for the interview. Audio and video recordings may be used when necessary.

When law enforcement or the prosecutor's office interviews a participant in a criminal investigation and a representative of the PCSA is not present, the interviews

conducted by law enforcement or the prosecutor's office may be used by the PCSA to meet the agency investigative requirements set forth in rule. Law enforcement or the prosecutor's office will forward a written summary of the interview to the PCSA upon request.

The PCSA agrees not to proceed without the advice and consent of the prosecutor's office when a criminal investigation is being conducted concurrently. The PCSA will not jeopardize a criminal investigation but will work with law enforcement to protect the safety of the child victim or witnesses. Law enforcement will be the lead agency in the collection of forensic evidence and will coordinate with the necessary facilities to obtain and store such evidence properly.

The PCSA will follow up with law enforcement to ensure timely assistance and to complete mandated assessment/investigation activities within the sixty-day timeframe.

F. Standards and procedures addressing the categories of persons who may interview the child who is the subject of the report and who allegedly was abused or neglected

The categories of personnel who may conduct interviews of children who are the subjects of reports of alleged abuse, neglect, and/or dependency are limited to the following:

- Casework and supervisory staff of the PCSA
- Law enforcement personnel
- County or city prosecuting attorneys, assistant prosecuting attorneys, in-house JFS legal counsel if applicable, and their investigative staff
- Harcum House Child Advocacy Center or alternatively the Center for Family Safety and Healing at Nationwide Children's Hospital

G. Standards and procedures for PCSA requests for law enforcement assistance

The PCSA may request the assistance of law enforcement during an assessment/investigation if one or more of the following situations exist:

- An exigent circumstance.
- The PCSA has reason to believe that the child is in immediate danger of serious harm.
- The PCSA has reason to believe that the worker is, or will be, in danger of harm.
- The PCSA has reason to believe that a crime is being committed, or has been committed, against a child.
- The PCSA worker needs to conduct a home visit after regular PCSA business hours, and a law enforcement escort is requested as a standard operating procedure.

- The PCSA is removing a child from his or her family via an order of the court, and the assistance of law enforcement is needed as the PCSA has reason to believe the family will challenge the removal.
- The PCSA is working with a client who has a propensity toward violence, and the assistance of law enforcement is needed to ensure the safety of all involved.
- The PCSA is working with a family that has historically threatened to do harm to PCSA staff.

If any of these circumstances require immediate assistance from law enforcement, the PCSA will identify this with detailed information identifying the urgent need.

H. Specialized Investigations or Circumstances

To the extent possible, investigative interviews of children who are the alleged child victims/child subjects of the report of abuse and neglect where criminal activity is suspected, including reports of human trafficking, physical and sexual abuse, domestic violence, child endangering, or the like, are cooperatively planned by the PCSA and the law enforcement agency of jurisdiction.

1. Out-of-Home Care

The PCSA conducts an out-of-home care investigation in response to a child abuse or neglect report that includes an alleged perpetrator who meets one or more of the following criteria:

- Is a person responsible for the alleged child victim's care in an out-of-home care setting as defined in rule 5180:2-1-01 of the Administrative Code.
- Is a person responsible for the alleged child victim's care in out-of-home care as defined in section 2151.011 of the Revised Code.
- Has access to the alleged child victim by virtue of their employment by or affiliation to an organization as defined in section 2151.011 of the Revised Code.
- Has access to the alleged child victim through placement in an out-of-home care setting.

The PCSA follows the procedures for conducting out-of-home care investigations as described in section 5180:2-36-04 of the OAC.

The PCSA may request law enforcement to assist in the out-of-home care investigation. For investigations with concerns for criminal activity or action, if law enforcement is unable or unwilling to be involved, the PCSA will consult with the Fairfield County Prosecutor's Office on how to proceed with the investigation.

2. Third-Party Investigations

In accordance with section 5180:2-36-08 of the OAC, the PCSA is to request a third-party in the assessment/investigation for reports of child abuse or neglect where there is potential for a conflict of interest because one of the following parties is a principal of the report:

- Any employee of an organization or facility that is licensed or certified by the Ohio Department of Children and Youth (DCY) or another state agency and supervised by the PCSA.
- A foster caregiver, pre-finalized adoptive parent, adoptive parent, relative, or kinship caregiver who is recommended, approved, or supervised by the PCSA.
- A type B family childcare home or type A family childcare home licensed by DCY when the CDJFS has assumed the powers and duties of the county children services function defined in Chapter 5153. of the Revised Code.
- Any employee or agent of DCY or the PCSA as defined in Chapter 5153. of the Revised Code.
- Any authorized person representing DCY or the PCSA who provides services for payment or as a volunteer.
- A foster caregiver or an employee of an organization or facility licensed or certified by DCY and the alleged child victim is in the custody of, or receiving services from, the PCSA that accepted the report.
- Any time a PCSA determines that a conflict of interest exists. The PCSA is to document in the case record if a conflict of interest is identified.

The PCSA is to request that law enforcement serve as the third party when a report alleges a criminal offense. The PCSA is to request the assistance of a third party within 24 hours of identifying that a conflict of interest exists.

If law enforcement is requested to assist with a third-party investigation, but law enforcement is unable or unwilling to be involved, the PCSA will consult with the Fairfield County Prosecutor's Office on how to proceed with the investigation.

3. Child Fatality- Suspected cause of death is abuse or neglect

The PCSA is governed by ORC section 307.622 and needs to have a child fatality review board.

When a child fatality occurs due to suspected abuse or neglect, law enforcement and the Fairfield County Coroner's Office will inform the PCSA of the concerns. Law enforcement and/or the Fairfield County Coroner's office will immediately notify the PCSA if there are suspected abuse or neglect concerns for siblings or other children residing in the home. If law enforcement and/or the Fairfield County Coroner's Office

requests the presence of the PCSA during a child fatality investigation, the PCSA immediately respond. The PCSA, law enforcement, and the Fairfield County Coroner's office will work collaboratively to gather and share information regarding the child fatality, the family, and other individuals involved.

4. Child Fatality- Death of a child in the custody of the PCSA

The PCSA follows rules 5180:2-33-14 and 5180:2-42-89 of the OAC following the death of a child in its custody.

In the event of a child death for whom the PCSA holds custody of, the PCSA and the Fairfield County Coroner will collaborate in the following ways:

1. When the Fairfield County Coroner arrives on the scene of the deceased child, the Fairfield County Coroner will inquire as to the custody status of the deceased child. If the deceased child is in the current custody of the PCSA and the PCSA has not already been notified by law enforcement or other emergency personnel, the coroner will contact PCSA or request another emergency response agency who is on scene to perform this notification.
2. Once the PCSA receives notification of the child death, the PCSA will assist in providing the Fairfield County Coroner demographic information concerning the deceased child as well as next of kin information as available to PCSA staff.
3. The PCSA and the Fairfield County Coroner will work collaboratively to notify the biological parents or previous legal custodian of the deceased child.
 - a. If notification to the biological parents or previous legal custodian can be made within 1 hour, face to face notification will be done collaboratively between both parties.
 - i. If notification is agreed upon by both parties to be completed in person, the Fairfield County Coroner will take the lead role providing information to the next of kin.
 - b. If notification to the biological parents or previous legal custodian cannot be made within 1 hour, the PCSA must notify the biological parents or previous legal custodian by phone per OAC 5180:2-42-89. This phone call can be made in collaboration with the Fairfield County Coroner if they so choose.
 - i. If contact information for the biological parents or previous legal custodian is unknown or unable to be located within the above-mentioned timeframes, notification of the previous mentioned

parties will take place immediately once the information has been obtained.

4. The PCSA acknowledges the Fairfield County Coroner has jurisdiction over the deceased child. To assist the Fairfield County Coroner with their investigation, the PCSA will work collaboratively with the Fairfield County Coroner and provide all necessary information requested which will assist in the investigation or notification of next of kin.
5. Upon completion of the investigation of a deceased child in the custody of the PCSA, the Fairfield County Coroner agrees to contact the Fairfield County Protective Services Deputy Director, or designee, to provide post investigation information regarding the cause of death of the deceased child.

5. Allegations of withholding medically indicated treatment from disabled infants with life-threatening conditions

The PCSA follows the procedures described in section 5180:2-36-07 of the OAC for responding to these reports.

The withholding of medically indicated treatment is the refusal to provide appropriate nutrition, hydration, medication, or other medically indicated treatment from a disabled infant with a life-threatening condition.

Medically indicated treatment includes the medical care most likely to relieve, or correct, the life-threatening condition. Nutrition, hydration, and medication, as appropriate for the infant's needs, are medically indicated for all disabled infants; in addition to, the completion of appropriate evaluations or consultations necessary to assure that sufficient information has been gathered to make informed medical decisions on behalf of the disabled infant.

In determining whether treatment is medically indicated, reasonable medical judgments made by a prudent physician, or treatment team, knowledgeable about the case and its treatment possibilities are considered. The opinions about the infant's future "quality of life" are not to bear on whether a treatment is judged to be medically indicated. Medically indicated treatment does not include the failure to provide treatment to a disabled infant if the treating physician's medical judgment identifies any of the situations listed in OAC section 5180:2-36-07(A)(3)(a-d).

The PCSA will gather the required information outlined in OAC 5180:2-36-07 to document in the following areas:

- Provider profile within the State Automated Child Welfare Information System (SACWIS)
- If available at the time of the referral, documented within the narrative of the referral.

- If gathered during the assessment/investigation, documented within an activity log.

Fairfield County Job and Family Services – Protective Services will maintain a list of the medical facilities in Fairfield County and their contact information. This list includes information regarding the contact person from each facility for allegations of withholding medically indicated treatment from disabled infants with life-threatening conditions and chairperson of the appropriate health care facility review committee, if available. Fairfield County Job and Family Services – Protective Services will complete an annual review and update of this list.

The PCSA determination for intervening will be determined by consultation with Deputy Director of Protective Services or designee. Additional consultation may include the Director of Job and Family Services and the Fairfield County Prosecutor's Office.

6. Allegations of child abuse and/or neglect constituting a crime against a child, including human trafficking, and needing a joint assessment/investigation with law enforcement

The PCSA will ensure a referral is made to the appropriate law enforcement jurisdiction. The PCSA identifies any law enforcement agency investigating a crime as the lead for the investigation and will provide information and collaborative support as needed. All efforts will be made to coordinate contacts and interviews. When contacts cannot be coordinated, the PCSA will provide immediate notification to law enforcement of all actions needed to assure safety of child. If law enforcement is identifying these actions would impact a criminal investigation, the PCSA will consult with legal counsel through the County Prosecutor.

7. Reports of cases involving individuals who aid, abet, induce, cause, encourage, or contribute to a child or a ward of the juvenile court becoming dependent, neglected, unruly, and/or delinquent

The PCSA will accept and document all reports of concerns involving children. The PCSA will determine response in accordance with ORC 2151.03, 2151.031, and 2151.04, and 2151.05.

8. Reports involving individuals who aid, abet, induce, cause, encourage, or contribute to a child or a ward of the juvenile court leaving the custody of any person, department, or public or private institution without the legal consent of that person, department, or institution

The PCSA will accept and document all reports of concerns involving children. The PCSA will determine response in accordance with ORC 2151.03, 2151.031, and 2151.04, and 2151.05.

9. Receiving and responding to reports of missing children involved with the PCSA

Upon learning that a minor child has either run away from or is otherwise missing from the home or the care, custody, and control of the child's parents, custodial parent, legal guardian, or non-custodial parent, the following actions will take place:

- When an MOU signatory agency is made aware that a child is missing, they will coordinate with the custodian to report their concerns to the law enforcement agency in the appropriate jurisdiction.
- The law enforcement agency will enter known information into the National Crime Information Center (NCIC) database if the child is in PCSA custody.
- The law enforcement agency will take prompt action upon the report, including, but not limited to, concerted efforts to locate the missing child.
- The law enforcement agency will promptly enter any additional, relevant information into NCIC.
- The law enforcement agency will promptly notify the missing child's parents, parent who is the residential parent and legal custodian, guardian, or legal custodian, or any other person responsible for the care of the missing child, that the child's information was entered into NCIC.
- The PCSA will contact the National Center for Missing and Exploited Children (NCMEC) if the child is in PCSA custody.

Upon request of law enforcement, the PCSA is to provide assistance and cooperation in the investigation of a missing child, including the immediate provision of any information possessed by the PCSA that may be relevant in the investigation.

All MOU signatory agencies are to notify the PCSA upon learning that a minor child who is alleged to be in the children services system or who is known or suspected to be abused or neglected has either run away from or is otherwise missing from the home or the care, custody, and control of the child's parents, custodial parent, legal guardian, or non-custodial parent.

I. Standards and procedures for removing and placing children

1. Emergency

Emergency removal of a child from home is necessary when the child is at imminent risk of harm and in need of protection from abuse, neglect, or dependency.

An ex parte order may be issued with or without a complaint being filed. Prior to taking the child into custody the judicial fact finder is to make a determination that reasonable efforts were made to notify the child's parents, guardian, or custodian, or there were reasonable grounds to believe doing so would jeopardize the safety of the child, or lead to the removal of the child from the jurisdiction.

Juv. R 6 orders can be issued in-person, by phone, video conference, or otherwise. Reasonable grounds need to exist to believe the child's removal is necessary to prevent immediate or threatened physical or emotional harm.

Findings need to be made that the agency either did or did not make reasonable efforts to prevent the removal of the child from their home with a brief description of services provided and why those did not prevent the removal or allow the child to return home, and if temporary custody is granted to the PCSA an additional finding that it would be contrary to the welfare and best interest of the child to continue in the home. If granted, a shelter care hearing is to be scheduled the next business day (but not later than seventy-two hours) after the emergency order has been issued. If the ex parte motion is denied, the matter is to be set for a shelter care hearing within ten days from the filing date.

2. Non-emergency

Upon receiving a report alleging child abuse, neglect, and/or dependency, the PCSA commences an investigation in accordance with the requirements of section 2151.421 of the ORC. If the final case decision rises to the level of court involvement, the PCSA is to approach the juvenile court and file a complaint alleging the child(ren) to be abused, neglected, or dependent per ORC 2151.27. The matter will be set for a shelter care/preliminary protective hearing expeditiously by the juvenile court.

Reasonable oral or written notice of the time, place, and purpose of the hearing are to be provided to the parents, guardian, or custodian unless they cannot be found. The same parties are also entitled to notification that a case plan may be prepared, the general requirements, and possible consequences of non-compliance with the case plan.

The parties will be served with the complaint and summons to appear before the juvenile court. Unrepresented parties are advised by the juvenile court of their right to counsel. Counsel is appointed for children when abuse is alleged. A guardian ad litem is appointed to all children subjects of abuse, neglect, or dependency proceedings. A separate

guardian ad litem may be appointed to minor parents or parents who appear mentally incompetent.

The judicial fact finder is to determine whether there is probable cause that the child is abused, neglected, or dependent, the child is in need of protection, whether or not there is an appropriate relative or kin willing to assume temporary custody of the child, reasonable efforts were made by the PCSA to prevent the removal or continued removal or to make it possible for the child to return home safely, and for temporary custody orders to the PCSA that it would be contrary to the welfare and best interest of the child to continue in the home. All other temporary orders should be requested and considered at this time.

J. Other Applicable Areas

☒ Not Applicable *(if selected this section is not relevant.)*

IV. TRAINING

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

V. CONFLICT RESOLUTION

☐ Not Applicable *(if selected this section is not relevant.)*

When a conflict occurs among county partners, the effect is often broader than the individuals directly involved in the dispute. As disputes are often inevitable, this MOU is to set forth the local process by which disputes will be resolved so as not to disrupt program effectiveness.

As the mandated agency responsible for the provisions of child protective services, the ultimate decision on how to handle abuse, neglect investigations lie with the PCSA. Every effort will be made to take into account other signatories' requests and concerns relating to services.

Criminal investigations and prosecution remain the responsibility of the prosecuting attorney and appropriate law enforcement agencies. The PCSA will assist these agencies, but in no way, interfere or jeopardize a criminal investigation or prosecution.

For cases that come before the court as it relates to decisions and orders, the Juvenile Judge's rulings are final.

Each agency will make a concerted effort to help the other with joint interviews, investigations, evidence collection, information sharing, and fact-finding. Each agency will not hinder or interfere with the express duties of another and will do their best to cooperate and collaborate with the other county partners.

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

VI. CONFIDENTIALITY STATEMENT

Any report made in accordance with ORC section 2151.421 is confidential. Both the information and the name of the person who made the report under section 2151.421 will not be released to the public for use and will not be used as evidence in any civil action or proceeding brought against the person who made the report.

Children services records are not public records and are exempt from Ohio's Sunshine Laws under ORC 149.43. Children Services records are confidential in nature and should be treated accordingly.

ORC section 2151.423 requires the PCSA to disclose confidential information discovered during an investigation conducted pursuant to section 2151.421 or 2151.422 of the Ohio Revised Code to any federal, state, or local government entity, including any appropriate military authority or any agency providing prevention services, that needs the information to carry out its responsibilities to protect children from abuse or neglect. Likewise, law enforcement, Harcum House Child Advocacy Center and other entities are expected to release information to the PCSA for the purpose of carrying out its responsibility of protecting children from abuse and/or neglect.

The confidentiality provisions of this MOU will survive the expiration or termination of this agreement.

Information regarding the report and/or investigation of alleged abuse or neglect may be shared only when dissemination is authorized by OAC section 5180:2-33-21 and in accordance with the procedures outlined in OAC section 5180:2-33-21. The unauthorized dissemination of confidential information is a misdemeanor and is punishable by law.

In the event of unauthorized dissemination of information, the party who learns of the breach of confidentiality will notify the Director of the PCSA as soon as possible. The notification will be sent to the Director in writing describing the circumstances surrounding the breach. The notification will specify the confidential information released, who is responsible for disseminating the confidential information, how it was disseminated, and the parties who have access to the information without authorization. The Director of the PCSA will then refer this information to the prosecutor or city director of law at their discretion.

VII. TERMS AND CONDITIONS AND STATUTORY REQUIREMENTS

This MOU is to be retained for a period of at least seven years per the state of Ohio records retention schedule. Please refer to the PCSA records retention policy for information on forms to be completed and processes to be followed for the destruction of records.

Consultation among the signatories may be done in person, whenever practicable. When an in-person meeting is not practicable the signer may employ the use of alternative methods of communication including but not limited to MS Teams, Skype, Zoom, or telephone as agreed upon by all members. When the PCSA is seeking consultation with a signer of this MOU regarding an active referral of child abuse and/or neglect and has met in person or spoken with another signer, the PCSA will make written contact with the appropriate agency by the next working day to request the needed information and make the referral in writing. The required members are to review and evaluate the terms and conditions of the MOU every biennium. All required members to the MOU will sign the new or updated agreement. The PCSA is to submit the MOU to the Board of County Commissioners for review and approval with enough time for any revisions to be made prior to December thirty-first of the year.

This MOU does not inhibit good faith compliance with a subpoena issued by a Grand Jury or in a criminal case. Dissemination of records pursuant to the State's discovery obligations is authorized. However, work product and other privileges are expected to be upheld.

Failure to follow the procedure set forth in the MOU by the concerned officials is not grounds for, and will not result in, the dismissal of any charges or complaint arising from any reported case of abuse or neglect or the suppression of any evidence obtained as a result of reported child abuse or child neglect and does not give, and will not be construed as giving, any rights or any grounds for appeal or post-conviction relief to any person pursuant to section 2151.4223 of the Revised Code.

This MOU will be governed by and construed in accordance with applicable state and federal laws and regulations. Any identified or listed citations to Ohio Administrative Code revised during the implementation of this MOU are to defer to the current finalized codification. In the event any other portion of this MOU is inconsistent with state or federal law, that portion will be without effect as if stricken from the document and the remaining portion will remain in full force and effect.

VIII. SIGNATURES OF EACH PARTICIPATING AGENCY

The signature section authorizes the participating parties of the agreement to begin enactment of MOU protocols and activities. The participating members agree to follow the terms of this MOU and to meet at minimum once every biennium to review terms and conditions, evaluate if updates are needed, and sign a new or amended MOU.

If any individual serving as a signatory changes mid-term, the PCSA is to provide the new required member with the current MOU. The new member remains bound by the most recently approved version of the MOU. Their signature is to be obtained.

If the PCSA participated in the execution of a memorandum under section 2151.426 of the Revised Code establishing a CAC, each participating member of the CAC is a required signatory on this MOU.

A required member to this agreement may terminate their involvement in the MOU for good cause upon giving reasonable written notice to the other required members in this MOU.

Any changes to the MOU will be sent out to member organizations for review. Signatures will be collected from all participating members once the change is reviewed and approved.

The MOU may be signed in person or electronically.

Fairfield County Job and Family Services
Corey Clark
Fairfield County Job and Family Services Director

Date

Is this agency a participating member of the CAC referenced in Section II(G)? ☒ Yes ☐ No

Fairfield County Job and Family Services
Sarah Fortner
Deputy Director of Protective Services

Date

Is this agency a participating member of the CAC referenced in Section II(G)?

☒ Yes ☐ No


Fairfield County Sheriff's Office
Sheriff Alex Lape
Fairfield County Sheriff

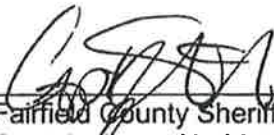
10/13/25
Date

Is this agency a participating member of the CAC referenced in Section II(G)? ☒ Yes ☐ No


Fairfield County Sheriff's Office
Chief Jared Collins
Law Enforcement Operations


10/12/25
Date

Is this agency a participating member of the CAC referenced in Section II(G)? ☒ Yes ☐ No


Fairfield County Sheriff's Office
Captain Jason Hodder
Patrol and Jail Bureau


10-20-25
Date

Is this agency a participating member of the CAC referenced in Section II(G)? ☒ Yes ☐ No


Fairfield County Sheriff's Office
Sergeant Shaun Meloy
Detective's Bureau, Special Victim's Unit

10/21/25
Date

Is this agency a participating member of the CAC referenced in Section II(G)? ☒ Yes ☐ No

 #664

Lancaster Police Department
Chief Nicholas Snyder
Chief of Police

2025.11.06

Date

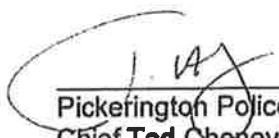
Is this agency a participating member of the CAC referenced in Section II(G)? ☒ Yes ☐ No

Lt. Charles L. Sims #913

Lancaster Police Department
Lieutenant Charles Sims
Special Services Unit

11-25-2025
Date

Is this agency a participating member of the CAC referenced in Section II(G)? ☒ Yes ☐ No


Pickerington Police Department
Chief Tod Cheney
Chief of Police

11/6/2025
Date

Is this agency a participating member of the CAC referenced in Section II(G)? ☒ Yes ☐ No

CMDE. [Signature]

Pickerington Police Department
Commander Greg Annis
Operations Commander

11/6/25

Date

Is this agency a participating member of the CAC referenced in Section II(G)? ☒ Yes ☐ No

Terre L. Vandervoort

Fairfield County Juvenile Court
Judge Terre Vandervoort
Fairfield County Juvenile Court Judge

OCT 13 2025

Date

Is this agency a participating member of the CAC referenced in Section II(G)? ☐ Yes ☒ No



Fairfield County Prosecutor's Office
Prosecutor Kyle Witt
Prosecuting Attorney for Fairfield County

11-6-25
Date

Is this agency a participating member of the CAC referenced in Section II(G)? ☒ Yes ☐ No

Corey Schoonover
Fairfield County Humane Society
Corey Schoonover
Executive Director

11/6/25
Date

Is this agency a participating member of the CAC referenced in Section II(G)? ☐ Yes ☒ No

Cody Tatum

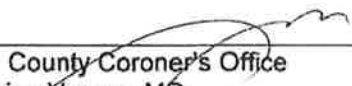
11/18/2025

Harcum House Child Advocacy Center
Cody Tatum, MSW, LSW
Executive Director

Date

Is this agency a participating member of the CAC referenced in Section II(G)?

☒ Yes ☐ No


Fairfield County Coroner's Office
Dr. L. Brian Varney, MD
Fairfield County Coroner

11 7 25
Date

Is this agency a participating member of the CAC referenced in Section II(G)? ☐ Yes ☒ No

IX. Refusal to Sign

☒ Not Applicable (if selected, this section is not relevant.)

The PCSA attests they attempted to obtain the signature of all required participating agencies as set forth in Section II of this MOU and as mandated through section 2151.4210 of the Revised Code. However, the following agency(ies) or individual(s) refused to sign this MOU.

X. Board of County Commissioners

The PCSA is to submit the MOU signed by all participating agencies to the Board of County Commissioners. The participating agencies will ensure there is adequate time for both the County Board of Commissioners and DCY review and approval process along with any returns for correction prior to the end of the contractual period.

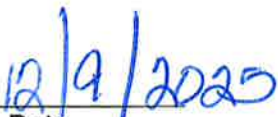


Fairfield County Board of Commissioners
Commissioner Steve Davis
Fairfield County Commissioner



Date

Fairfield County Board of Commissioners
Commissioner David L. Levacy
Fairfield County Commissioner



Date



Fairfield County Board of Commissioners
Commissioner Jeff Fix
Fairfield County Commissioner



Date

The Board of Fairfield County Commissioners hereby review and approve the Fairfield County Memorandum of Understanding.

ATTACHMENTS

Addendum A

Fairfield County Job and Family Services – Protective Services Officer Acceptance Policy

Addendum B

Harcum House's Fairfield County Multidisciplinary Team: Memorandum of Understanding and Interagency Agreement Protocol



Fairfield County Protective Services Policy & Procedure

Procedure Name:	Program Area:
Officer Acceptance Policy	Protective Services – Court Program

I. PROCEDURE SUMMARY

Ohio Revised Code (ORC) 2151.31 allows for law enforcement or duly authorized officer of the court to take child into custody in certain instances. This includes all law enforcement agency officers and humane officers in Fairfield County. This is done in collaboration with Fairfield County Protective Services. When responding law enforcement, or humane officer, and Protective Services (PS) assess a child to be in imminent danger, they will consult to determine next steps. PS will follow the below procedures when the consultation results in the need for the removal of a child to secure safety. A National Incident Based Reporting System (NIBRS) report is utilized by law enforcement to document activities that law enforcement officers conduct in the field. A NIBRS report will document demographic information, arrest information, and the situation regarding the officer's involvement. A law enforcement or humane officer can complete a NIBRS report by the authority of the below captioned ORC section granting PS custody of a child for safekeeping purposes—this is referred to as a custody status of officer acceptance.

II. PROCEDURE STEPS

Steps to follow in order to obtain officer acceptance:

1. There must **ALWAYS** be a consultation between law enforcement and/or humane officer and PS.
 - a. The consultation with PS should always include a member of leadership.
 - b. **AFTER** the consultation between law enforcement and/or humane officer and PS results in a decision that a child is unsafe and needs an emergency removal, a decision will be made by the PS employee as to what the next steps will be. Dependent on the information provided/obtained, the following decisions can be made by PS:
 - i. PS may assess that the information does not meet statutory requirements for officer acceptance.
 - ii. PS may feel that officer acceptance is needed and may request:
 1. Law enforcement and/or humane officer remains at the scene and a worker will meet them at the scene.
 2. Law enforcement and/or humane officer assistance in the field and request that an officer meet PS at the scene.
 3. The child(ren) be transported to the agency (JFS Building) or other agreed upon location.
 4. The child(ren) be transported to the hospital.
2. When a NIBRS report is warranted, the PS employee will:

- a. Request law enforcement and/or humane officer provide a physical copy of the NIBRS report within 1 working day.
 - b. Obtain the names and badge numbers for all officers involved in the situation. This information should be located on the NIBRS report. If it is not, please document this information in an Activity Log.
3. PS employees will consider the following as needed:
 - a. If a child is injured or in need of immediate medical care, request law enforcement utilizes the hospital emergency department before accepting the NIBRS report. In addition, if the child is intoxicated, under the influence of drugs, homicidal, and/or suicidal, request law enforcement takes the child to the hospital.
 - b. If a consultation between PS and law enforcement results in the need for a NIBRS report, with an agreed upon decision for law enforcement to transport the child to the hospital, a PS representative will meet law enforcement at the hospital to be with the child after the transport and to collaborate with hospital personnel.
4. After the officer acceptance has been granted, PS employees will:
 - a. Complete the Emergency Removal Form and check "*with a law enforcement officer*" on the form as the reason the child has been removed.
 - b. Secure an appropriate option to address the unsafe Safety Assessment response.
 - c. Begin planning for the expiration of the officer acceptance legal status to expire in 24 hours or by the next business day. The following should be considered:
 - i. No longer an unsafe safety response and return child to parent/guardian.
 - ii. Unsafe safety response remains but less restrictive option arises to secure a voluntary in-home or out-of-home Safety Plan.
 - iii. Unsafe safety response remains and shelter hearing for emergency custody is necessary.
 - d. Provide a copy of the Emergency Removal Form and NIBRS report to the Court Program Manager (or designee) when a shelter hearing is determined to be necessary (a copy of both will be processed with the complaint).
 - e. Send an email to the Finance Team advising the legal status data entry for officer acceptance so it can be documented in SACWIS.
 - f. Scan the appropriate documents to Traverse.

III. RESPONSIBILITIES

Consultation Guidelines

Emergency removals of children require the probable cause standard that the child is in immediate danger of "serious" harm. OAC 5101:2-1-01 reflects this serious harm standard.

"Serious harm" means the actual or threatened consequence of an active safety threat that may be significantly affected by a child's degree of vulnerability and includes one or more of the following:

- a. Is life-threatening.
- b. Substantively retards the child's mental health or development.
- c. Produces substantial physical suffering, disfigurement or disability, whether temporary or permanent.

V. ASSOCIATED INFORMATION/FORMS

1. ORC: 2151.31, 5103.03, 5103.15, 5153.16
2. OAC: 5180:2-39-01, 5180:2-42-04, 5180:2-42-06, 5180:2-1-01


Fairfield County Protective Services Director

10/28/2025
Date Approved

Revised Date

Review Date

**FAIRFIELD COUNTY
MULTIDISCIPLINARY TEAM:**

Memorandum of Understanding
Interagency Agreement
Protocol



TABLE OF CONTENTS:

SECTION 1: MEMORANDUM OF UNDERSTANDING.....	pg. 2
SECTION 2: INTERAGENCY AGREEMENT.....	pg. 3
SECTION 3: PROTOCOL.....	pg. 4
3.1 Multidisciplinary Team	pg. 4
3.2 Code of Conduct	pg. 4-5
SECTION 4: REFERRALS.....	pg. 5
4.1 Case Acceptance Criteria	pg. 5-6
4.2 Harcum House Hours of Operation	pg. 6
4.3 Urgent OR Emergent Referrals	pg. 7
SECTION 5: INVESTIGATION.....	pg. 8
5.1 Roles	pg. 8-9
5.2 Consent	pg. 9
5.3 Facility	pg. 10-11
5.4 Intake & Information Sharing	pg. 11
5.5 Forensic Interviews	pg. 12
5.6 Suspect Interviews	pg. 12-13
5.7 Victim Advocacy	pg. 13-14
5.8 Medical Services	pg. 14-16
5.9 Mental Health	pg. 17
Mental Health Interagency Agreement	pg. 18
5.10 Case Review	pg. 19-20
5.11 Case Resolution	pg. 20
5.12 Case Tracking	pg. 20-21
5.13 Training Protocols	pg. 21
SECTION 6: SIGNATURE PAGE.....	p. 22

HARCUM HOUSE
SECTION 1 – MEMORANDUM OF UNDERSTANDING (MOU)

WHEREAS, the mission of the Harcum House Child Advocacy Center ("Harcum House") is "to ensure justice and healing for Fairfield County children subjected to sexual and severe physical abuse by rendering child-friendly, victim sensitive, family-centered services through a multidisciplinary team";

WHEREAS, HARCUM HOUSE is pursuing the vision "for children and families to live in a safe and nurturing community, free from sexual and physical abuse"; and

WHEREAS, the undersigned parties represent the various stakeholders and/or partner agencies of the Harcum House Multidisciplinary Team ("Fairfield County MDT" or "MDT"), who are all united in their commitment to protect and seek justice for child victims of sexual and/or severe physical abuse, consistent with the mission and vision of the Harcum House;

NOW, THEREFORE, the parties hereby adopt this Memorandum of Understanding ("MOU") and agree as follows:

1. To support the concept, philosophy, and practice of a multidisciplinary approach to the investigation, prosecution, and treatment of child sexual abuse and severe physical abuse cases;
2. To abide by the terms of this MOU, including the interagency agreement and protocol for the operation of the HARCUM HOUSE, with the understanding that the protocol will offer a guide to best practice services for the children and families of Fairfield County;
3. That should it become necessary for any agency or party to withdraw from this MOU and/or withdraw as a Fairfield County MDT participant, such withdrawal will occur only after providing notice of not less than 30 days; and
4. To collaborate to seek funding, through various public and private sources, to support and sustain HARCUM HOUSE operations.

This MOU will be reviewed on an annual basis and updated at least every 3 years, and it may be amended as parties agree.

IN WITNESS THEREOF, the parties hereto have duly executed this agreement on this DATE:

(SEE LAST PAGE FOR SIGNATURES)

SECTION 2 – INTERAGENCY AGREEMENT

The purpose of the Harcum House Child Advocacy Center is to ensure justice and healing for Fairfield County children subjected to abuse by rendering child friendly, victim sensitive, family-centered services through a multidisciplinary team approach. [Note: This Agreement makes use of the term "MDT" in both the general sense, as it relates to the concept of the multidisciplinary team approach to investigating child (sexual) abuse, and in the specific, as it relates to the Fairfield County MDT.] It is the vision of the Harcum House that Fairfield County children and families live in a safe and nurturing community, free of sexual and physical abuse.

This Interagency Agreement addresses Fairfield County's commitment to maintain a collaborative, MDT response to the prevention, investigation, assessment, prosecution, and treatment of child sexual and severe physical abuse cases in the Fairfield County community. The child abuse targeted in this protocol includes the sexual abuse of a child under 18 years of age and/or severe physical abuse of a child under 18 years of age.

The following protocol is offered as a guide to all Fairfield County MDT participants (i.e., the HARCUM HOUSE and its partner agencies) to promote a coordinated MDT response in child sexual and severe physical abuse cases, and as such it is recognized the protocol cannot address every situation that may arise. In situations not specifically covered herein, good judgment, adherence to the MDT values of collaboration and communication, and consensus of the Fairfield County MDT shall determine the course of action that is most appropriate in accordance with Chapter 2151 of the Ohio Revised Code (concerning MDT and/or CAC function in Ohio).

The Harcum House adopts the Child First Doctrine, and it is essential to the operation and decision-making of the Harcum House CAC MDT. The Child First doctrine states as follows:

The child is our priority.

Not the needs of the family.

Not the child's "story".

Not the evidence.

Not the needs of the courts.

Not the needs of police,

Child protection, attorneys, etc.

The child is our first priority.

Ann Ahlquist and Bobby Ryan

SECTION 3 – PROTOCOL

3.1 MULTIDISCIPLINARY TEAM

The multidisciplinary team member agencies are:

- Fairfield County Job and Family Services, Protective Services ("FCJFS-PS")
- Fairfield County Prosecutor's Office ("County Prosecutor")
- City of Lancaster Law Director and City Prosecutor's Office ("City Prosecutor")
- Fairfield County Sheriff's Office ("FCSO")
- Lancaster Police Department ("LPD") and Pickerington Police Department ("PPD")
- Mid-Ohio Psychological Services ("Mid-Ohio")
- Fairfield County Board of Developmental Disabilities ("Fairfield County DD")

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

Harcum House collaborates with schools, Fairfield County courts, and other mental health and healthcare providers to ensure that all children and families referred to the Harcum House receive coordinated and collaborative services. Additionally, Harcum House will work with other community organizations to provide education and awareness services for the prevention of child sexual abuse and severe physical abuse.

All team members will treat every child and family with respect; will provide culturally competent services; and will exchange information consistent with legal, ethical, and professional standards of practice.

The Fairfield County MDT partners agree that an age-appropriate, evidence-based forensic interview is a critical component to the multidisciplinary team model – and that this should occur at Harcum House whenever practicable. When on-site interviews are not practicable, the caseworker or the law enforcement officer assigned to the case will refer the case to the Harcum House CAC without undue delay using the referral process contained in this protocol.

The decision-making process during the assessment, investigation, and treatment of each case includes use of case review for total team input. The guiding principle is that each discipline must make decisions in accordance with internal procedures and mandates. Law enforcement, in collaboration with the County Prosecutor (or in the event of misdemeanor offenses, the City Prosecutor), has primary decision-making responsibility for evidence collection during the investigation.

3.2 CODE OF CONDUCT

The MDT partners, along with Harcum House staff, are committed to maintaining the highest professional and ethical standards in their collaborative efforts to keep children safe.

To that end, the parties agree to:

- Conduct themselves towards other employees, partners, their representatives, government authorities, and clients in a professional manner;
- Perform their duties and obligations in accordance with Ohio law and their respective agency missions;
- Fulfill the mission, goals, and objectives of a coordinated response to child maltreatment; and
- Practice fairness and equity.

Each MDT partner in their role is responsible for their own professional behavior within the provisions of this code, MOU requirements, and relevant clauses as it relates to interagency agreements.

SECTION 4 – REFERRALS

4.1 CASE ACCEPTANCE CRITERIA

In Fairfield County, all reports of alleged child sexual and physical abuse are made to Fairfield County Job and Family Services (FCJFS-PS) or law enforcement agencies. In turn, referrals to the Harcum House are made by those same agencies, once the referral is determined to fit the following criteria:

- The child victim either resides in Fairfield County or was present in Fairfield County when the alleged abuse occurred;
- The child victim, at the time of referral, was under 18 years of age (or under age 21 if the individual has needs best accommodated by an MDT approach); and
- ONE of the following is applicable.
 - Child disclosed sexual abuse, OR
 - Child has a physical injury and/or condition suggestive of sexual abuse, sexually transmitted infection, injury to the genital area, and/or unexplained redness or soreness, OR
 - Child displays age-inappropriate sexual behaviors, OR
 - A guardian, relative, teacher, or other person in contact with the child has a reasonable suspicion that the child is the victim of sexual or severe physical abuse, OR
 - Child is a sibling and/or other child who has been in contact with the alleged abuser of any child satisfying any of the above criteria, OR
 - Other situations in consultation with the Fairfield County MDT.

For purposes of this MOU, “sexual abuse” is defined as any offense that is codified under Chapter 2907 of the Ohio Revised Code.

If law enforcement and/or FCJFS-PS screen a case out, decline or otherwise do not accept a case, a referral to Harcum House may be made by another professional referral source.

Harcum House will accept referrals on children who witness abuse or violence, experience severe physical abuse, extreme neglect, or are drug endangered, and alternative response cases. Harcum House will accept cases outside of Fairfield County (courtesy assessments) on a case-by-case basis, at the discretion of the Executive Director of Harcum House.

All Harcum House staff and volunteers are mandated reporters, and as such any new disclosure made to Harcum House staff and/or volunteers will be reported to FCJFS-PS (or outside protective services agency as appropriate.)

The foundation of the multidisciplinary team approach is (1) collaboration between partner agencies to achieve the best outcomes and (2) prioritizing the safety and well-being of the child victim. To that end, the Fairfield County MDT partners agree to assign, on a case-by-case basis, caseworkers, medical and mental-health professionals, and law enforcement officers who are specially trained in child abuse assessment, investigation, and treatment. The role of Harcum House is to facilitate communication between the Fairfield County MDT partner agencies, and to provide overall case coordination, including the forensic interview, medical services, trauma assessment and mental health referrals, victim advocacy and support, and case review and case tracking.

4.2 HOURS OF OPERATION – REFERRALS

Normal Business Hours

When an allegation of child sexual abuse or severe physical abuse is received by a Fairfield County MDT partner during normal office hours, the initiating agency shall make a timely referral to FCJFS-PS and/or the appropriate law enforcement agency. Per internal agency protocols, the case will be assigned to a caseworker and law enforcement officer. The initiating agency will likewise make a timely referral to Harcum House (ASAP but preferably within 24 hours) to allow for the scheduling of a forensic interview and follow-up case coordination.

Upon receipt of the referral, Harcum House will notify all relevant Fairfield County MDT partner agencies of the date and time of the scheduled interview – and Fairfield County MDT partner agencies will make every effort to attend the appointment and participate according to best practices. If an agency cannot be present for the interview, another representative from the agency will attend in their place.

Evening & Weekend Hours

When a referral is received outside normal business hours, the initiating agency shall first make a preliminary determination about whether the referral is of an urgent or emergent nature. Cases are deemed emergent when there has been a potential contact with the past 72-96 hours and the chance for forensic evidence collection is high. Urgent cases are those where potential contact has been within the past 2 weeks and physical injury is more likely to be present.

FCJFS-PS: if a case is determined not to be urgent, assigned to caseworker next business day and normal referral process applies.

Law enforcement: uniformed officer responds to call, and if case is determined not to be a rapid response, then the officer generates report per internal agency procedure, case is assigned to be investigated on the next business day and normal referral process applies.

The guiding principle for referrals not deemed rapid response is that the child is not interviewed by the first responder. The first responder's report is based on observations, the report of witnesses, any evidence at the scene that may be documented, and any notes on the child's behavior, unsolicited statements, and condition. First responders may respond to Harcum House "Cruiser Cards" for best practice reference. Harcum House CAC staff or MDT partners with required 40 hours of protocol training conduct the forensic interview as soon as possible at the center.

4.3 URGENT OR EMERGENT Referrals

Urgent Referral(s) are those reports that require immediate action to ensure that the child victim is safe in their current environment. This is often predicated upon concerns that the child's abuser is in the child's home and/or has ready and ongoing access to the child. These concerns suggest the need to prioritize and complete a forensic interview and/or PSANE services to determine a safety plan for the child. Urgent referrals should be same day and adjustments to Harcum House schedule will be performed to ensure prompt response.

Emergent Referral(s) are those reports require immediate action of one hour or less for those situations with one or more of the following factors:

- Alleged abuse occurred within 72 – 96 hours of the referral, and there is an immediate need for emergent PSANE services for possible evidence collection; OR
- Suspicious injury or medical necessity.

The process for Urgent/Emergent referrals is as follows:

- The agency that receives the initial referral will immediately contact the partner agency, per internal policy, to request worker assignment.
- The assigned law enforcement officer or caseworker will notify the Harcum House immediately for scheduling the child interview and case coordination services for urgent or emergent referrals.

The officer or caseworker will notify the PSANE nurse and/or Executive Director to assist with urgent/emergent referrals during evenings and weekends.

All Harcum House staff are available for any urgent or emergent referral when the MDT desires assistance with crisis intervention and support services for the child and family, regardless of where the interview is conducted, including interviews at law enforcement offices, schools, and emergency rooms, during operating hours.

MDT member agencies agree that when an interview is conducted at a location other than the Harcum House, a referral will still be made to Harcum House for medical follow-up, victim advocacy services, mental health referrals, case review and case tracking purposes.

SECTION 5 – INVESTIGATION

FCJFS-PS caseworkers, law enforcement officers, and medical providers jointly investigate allegations of child abuse as mandated by Ohio Revised Code 2151.421. Harcum house is a victim service agency (with on-site SANE services), not an investigative agency.

5.1 ROLES

Law Enforcement:

- Determine whether there is evidence that a crime has been committed;
- Determine whom the evidence indicates committed the crime;
- Collect evidence, including the victim's statement through a developmentally appropriate interview of the child, statements from other witnesses, photographs of the scene (and any location where abuse is alleged to have occurred), physical evidence and/or any corroborating information or material;
- Present information to the County Prosecutor (or City Prosecutor for misdemeanor offenses) for charging decisions; and
- Participate in case reviews when cases for which they are assigned are to be reviewed (in the event they are not able to participate, provide MDT Coordinator with updates pertinent to share with MDT partners).

CPS Caseworker:

- Provide protective services for children;
- Provide treatment and rehabilitative services to children and their families by linking them with appropriate services;
- Provide a developmentally appropriate risk and safety assessment; and
- Participate in case reviews when cases for which they are assigned are to be reviewed (in the event they are not able to participate, provide MDT Coordinator with updates pertinent to share with MDT partners).

Sexual Assault Nurse Examiner (SANE – PSANE):

- Review the medical history and interview of the child;
- Determine whether a medical examination is necessary or appropriate;
- Conduct the examination and document any injuries both through a written report and digital media;
- Obtain laboratory testing as indicated per PSANE services protocol;
- Assist in the medical diagnosis and treatment of alleged sexual assault patients; and
- Participate in case review to educate MDT partners & provide medical findings.

Physician and/or Medical Supervision:

- Oversee PSANE services & protocols; and
- Diagnosis and treatment of alleged sexual assault patients.

Forensic Interviewer (FI):

- Conduct a developmentally appropriate, non-leading, non-duplicative recorded forensic interview for the purpose of determining what medical and mental health care an alleged child victim need; and
- Consult with members of the MDT relevant matters of child development, disclosure process and dynamics, and other relevant subjects.

Harcum House Victim Advocate (VA):

- Assist clients, patients, and families throughout their involvement with the Harcum House and the MDT investigative agencies (which should aid in the best outcomes for the family);
- Assess the need for crisis intervention during initial visit;
- Provide an individualized assessment of the needs for the child and caregiver(s);
- Provide education and assistance in ensuring access to victim's rights and crime victim's compensation;
- Coordinate with the family and investigative partners, including status updates;
- Provide access to evidence-based services, such as trauma therapy, to address the impacts of trauma;
- Facilitate linkages with other types of basic needs, including housing, food, job services, clothing, and others;
- Enhance the cooperation of the family in the court; and
- Participate in MDT Case Reviews and share information to prevent duplication of efforts with FCJFS-CPS, law enforcement, and victim advocates employed by the County Prosecutor or City Prosecutor (MDT case review also provides a soft hand-off to Prosecution Victim Advocates assigned).

Mental Health Provider (MH):

- Provide trauma-informed mental health assessment and treatment; and
- Participate in MDT Case Reviews and share information regarding progression of clients receiving MH services at Harcum House (also allows education to MDT partners about understanding trauma-focused mental health).

Prosecution:

- Participate in case review to receive updates from investigative MDT partners as well as Harcum House staff concerns outside of the records provided.

Prosecution Victim Advocate:

- Participate in case review to help prevent duplication of efforts with MDT partners as well as HH Victim Advocate. Allows for soft hand-off of case being prepared for indictment.

MDT Coordinator:

- Oversight of day-to-day operations for HH services;
- Leads case review including prep & communications;
- Share case review discussions with partners if unable to attend;
- Sharing of records; and
- Assist in mitigating any barriers to effective communication among investigative partners.

5.2 CONSENT(S)

General Consents

A general consent is obtained with parent/guardian prior to any Harcum House services being completed. The general consent for procedures provides an overview of Harcum House services and what to expect following interviews.

No Caregiver Present Consent

Investigative agencies may be asked to sign the "NO CAREGIVER PRESENT CONSENT". In this situation, the investigative agency is requesting Harcum House to provide services to a child victim without the caregiver present. This consent recognizes the Investigator has made a good-faith effort to obtain reasonable and timely consent for services prior to scheduled appointment. The investigator has the authority to request services be provided by Harcum House and feels that it is in the best interest for the safety of child victim(s) given the presenting circumstances.

Consent to Share Medical Records – Continuity of Care

During a patient's medical history, a consent to share those medical records is signed by the parent/guardian.

Consent for exam & photo-documentation.

In the event the SANE – PSANE recommends OR offers a physical exam, consent will be obtained by the parent/guardian. Exams will not be performed on alleged victims without their assent.

5.3 FACILITY: ACCOMODATIONS, PRIVACY & SAFETY

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

A key Harcum House service is the provision of a safe, accessible, neutral, family-friendly environment in which to conduct interviews. The center has one room dedicated to this purpose, and a second room available as needed, which is equipped with recording equipment. One room is also dedicated to observing interviews in progress. It is identified as our MDT room.

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

A medical clinic is on-site and remains locked unless the PSANE or medical staff are performing exams. It is child proof to not allow access to any outlets or sharps.

Forensic interview room is available with a chair, table and couch. Fidgets, crayons, and paper are provided during the interview.

A playroom is available and utilized as a safe place for play for our clients/patients and their families.

A parent room is available for victim advocacy sessions with parent/guardians, as well as a private location for investigative partners to speak with families prior to or following the forensic interview.

A private Mental Health counseling room is also available with a chair, couch, and table for sessions. A separate family waiting room exists for parents during sessions to limit contact when forensic interviews are in progress.

If the suspected perpetrator accompanies a child, the individual is spoken to in the lobby of the facility and Investigative Partners are made aware of the concern. The individual will be asked to wait in the car, and s/he will not come through a locked door that separates the lobby from the remainder of the building.

If, during an interview, a child discloses that the parent or caregiver who accompanied them to the interview is their offender, the child will remain behind locked doors and will be directed to exit the facility through a back door once an investigative partner determines safety plan.

Harcum House conducts interviews of children who are alleged to be sexually aggressive. When this occurs, no other interviews are scheduled one hour before or after the interview of the alleged sexually aggressive child, and the sexually aggressive child is always observed while at the facility.

All interviews are recorded in the hope of reducing the number of times the child must speak about the traumatic event. The parent/guardian and the child are advised of this prior to the interview. The parent/guardian signs a consent for procedures which outline expectations during the recording, medical examinations documentation, team member observation and team communication. The recordings are stored digitally in the cloud-based information sharing platform.

The MDT agrees that to the extent possible all child interviews will be conducted at the Harcum House.

The MDT recognizes that there are times when interviews must be conducted elsewhere due to child safety issues and/or due to the nature of a rapid response. In certain situations, the CAC may utilize the "mobile forensic interview" equipment and support interviews conducted at alternate sites. For others, the CAC will still be notified either before the interview to provide crisis intervention and support services at the interview location, or within 24 hours after the interview to provide victim advocacy and case coordination services.

5.4 INTAKE AND INFORMATION SHARING PROCEDURES

Cross reporting should occur between FCJFS-PS and law enforcement prior to the forensic interview, in accordance with the referral/intake procedure and Ohio Revised Code.

Non-MDT members are not allowed to observe interviews. MDT members are the only persons (or interpreters when needed) allowed to be present during forensic interviews.

Any special needs of the family, such as interpreter services, or accommodation for disabilities are arranged prior to the interview by the Harcum House.

The history obtained from the child is used in determining the extent of medical examinations and services provided. The assessment includes the medical examination if the PSANE or other medical personnel determine that the examination is necessary or family requests an examination be performed. MDT team members will help facilitate this assessment in accordance with the best practices for investigation and child/family support.

Recordings are made of all interviews and records are shared with relevant MDT members through secure means to help protect the child's information.

The child and family's right to privacy and confidentiality is extremely important and must be maintained within the context of information sharing among team members to provide a coordinated response for all cases referred to Harcum House. In general, all MDT members follow their respective agencies' mandates for client confidentiality. Additionally, Harcum House staff inform parents or non-offending caregivers about team communication and have the parent or guardian sign the acknowledgment of CAC procedures, which include consent for information sharing.

5.5 FORENSIC INTERVIEWS

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

Per FCJFS-PS rules, siblings and children residing in the alleged child victim's home must be assessed. Additionally, law enforcement is required to interview all other alleged child victims identified during the investigation. Siblings and additional victim assessments are conducted at Harcum House. If law enforcement or protective services determine there are other possible victims of abuse, interviews of those children occur per the protocol.

Once the interview is complete, investigative members of the MDT meet with child and/or non-offending parent or caregiver. The MDT members will provide feedback to the child's caregiver on the interview, and what the next steps are in the process. The MDT understands that this is a critical component to helping ensure the connectivity and wraparound support that this joint model relies on. The victim advocate may participate in this discussion, provided there is someone available to sit with the child. If no one is available, the advocate will stay with child, and immediately after the family leaves the Harcum House the MDT members and the advocate will have a brief post-assessment conference to discuss the results and plan for the purpose of intervention, treatment, and case coordination.

The PSANE shall identify the need for medical services. The medical professionals will utilize the history gathered in the interview and by the caseworker to determine the need for medical examination of the child. If mental-health services are indicated, Harcum House staff will work with

the family to determine which mental health provider is most appropriate, and a referral is made as quickly as possible.

5.6 SUSPECT INTERVIEWS

Alleged offender interviews are not conducted at Harcum House. These interviews will be conducted by law enforcement (at a location and upon terms they deem appropriate).

Under certain circumstances, sexually aggressive children may be interviewed at the Harcum House. In the event a sexually aggressive child needs interviewed, a screening interview will be performed to determine if they are a possible victim. This will occur after consultation with MDT Coordinator (also known as Patient & Team Services Manager) to ensure alleged perpetrator interview does not occur when the alleged victim is present.

Alleged offenders identified in Harcum House cases and/or convicted sexual perpetrators are not permitted on site at the Harcum House. Should the situation arise, a Harcum House staff member or MDT member will initially separate the child, and any non-offending family members, from the alleged offender in the reception area. The alleged offender will be advised to leave the premises and, if necessary, law enforcement officer will be called to assist in removing the alleged offender from the facility. The goal of this intervention is to be as discreet as possible, to ensure the child and family's sense of privacy and safety while at the Harcum House. Any accommodations to this protocol must be discussed with MDT partners and approved by the Executive Director.

5.7 VICTIM ADVOCACY SERVICES

Victim Advocacy services are provided to all children and families referred to the Harcum House, including care givers and siblings who may have been impacted by the abuse.

These services consist of:

- Crisis assessment and intervention
- Risk assessment and safety planning
- Assessment of individual needs and cultural considerations
- Domestic violence screening of non-offending caregivers
- Education regarding child abuse in general, the interview and medical screening specifically, and referrals to services available in the community
- Personal advocacy services, including assistance with housing, transportation, food, public assistance applications, and other services that address specific needs
- Accompaniment to any criminal justice system function
- Information regarding the rights of crime victims and information and assistance to apply for Victims of Crime Compensation
- Referrals and linkages to all identified services including court protection orders
- Medical and specialized mental health services
- Court preparation and support
- While the child is being interviewed, Harcum House staff provides education, crisis intervention, and support services to the parent or caregiver as indicated. The needs of the child and family are determined and addressed, including obtaining a release for counseling, housing, protection orders, and financial assistance.

- Harcum House staff are responsible for explaining confidentiality, information sharing within the team, and securing parent or guardian consent via the acknowledgment of CAC procedures form. Harcum House staff are also responsible for oversight of the child and family while in the center's reception and play areas.
- Communication and collaboration with MDT partners to prevent duplication of services.

The guiding principle for victim advocacy services is that it is the coordination of services between all the disciplines of the MDT, and so provides the necessary continuity of care for children and families. This is accomplished by participation in case review and ongoing communication with the family throughout the life of the case.

Advocacy services are primarily provided by the Victim Advocacy staff throughout the life of a case; however, all other trained Harcum House staff may provide these services to clients. A Victim Advocate provides services to the parent or non-offending caregiver while the forensic interview takes place. Services are generally provided onsite at the Harcum House, but staff can meet with children and families at court or other designated locations as indicated by the family's needs.

All Harcum House staff will coordinate with Victim Advocates employed by the County Prosecutor (or in the case of misdemeanor offenses, The Lighthouse) as the case progresses through the court system.

All frontline Harcum House staff are trained as advocates and maintain both initial and continuing training to best serve the evolving needs of victims and families.

While all victim advocacy services are important and are always available to the child and family, the MDT believes that one of the most critical services is to link the child and family to mental health services as mental health is one of the key MDT disciplines for provision of long-term healing for both the child and family.

5.8 MEDICAL SERVICES

The Harcum House includes a PSANE on staff and a Medical Director.

PSANE nurses have received advanced training in the sexual abuse of children. Harcum House has a Cortexflo onsite and maintains a supply of sexual assault evidence collection kits for use in emergency medical examinations. Criteria for an emergency medical examination, consistent with the Ohio Department of Health Sexual Assault Protocol for pediatric and adolescent patients.

Specialized PSANE medical examinations are available to all Harcum House clients regardless of ability to pay, through the Ohio Attorney General's SAFE Program, which provides reimbursement for all medical evaluations performed by trained medical providers in conjunction with social service and law enforcement investigations of alleged child abuse.

Examinations are only conducted when deemed medically necessary or when a parent or child requests the service. The primary purpose of the medical examination is to ensure the health and safety of the child through evaluation of potential physiological damage to the child and possible transmission of STI's. The secondary purpose is to obtain medical evidence. MDT members will

support the provision of medical services when deemed medically necessary, or when a parent or child requests the service.

Medical examinations are recommended in all cases involving alleged penetration, skin to skin contact, or the child complains of pain, itching or bleeding. Other criteria to be considered in recommending medical evaluation are:

- Child's age and their inappropriate sexual knowledge
- Child's siblings have been victimized
- Child has been exposed to a known sex offender
- Child has suspicious findings indicative of abuse as identified by a medical practitioner
- Whenever a child or parent has concerns about something being wrong with their (or their child's) body because of the alleged abuse

In those cases where the criteria for an examination are not clearly defined, the PSANE nurse will make the decision as to whether a medical examination is required.

When there is suspicion or an allegation of sexual abuse, the non-offending parent/caregiver often chooses to take the child immediately to the emergency room for a medical examination. When this occurs, the ED staff will determine if the allegation or concern constitutes a medical emergency. If the case is determined to be a non-emergency, the ED staff will immediately report the allegations to FCJFS-PS and make an additional report to law enforcement per internal mandatory reporting protocols. If the child is seen in the ED, it is recommended that the ED forward the child's medical record to the Harcum House PSANE to facilitate a thorough medical examination and treatment. The protocol for assessment and referral for medical examination is then followed as outlined below.

Non-Emergency Medical Exams

- If a case worker or law enforcement officer notifies Harcum House of the need for the examination, Harcum House staff will document the request. Referral information consists of basic demographic data, reason for referral (including allegation information and child's statement), pertinent history including medical history, and assigned caseworker and law enforcement officer. Whenever possible, this referral is made at the close of the initial child and family assessment.
- Appointment is scheduled, then both the parent/guardian and the referring agency (FCJFS-PS or law enforcement) and the PSANE program are notified of the appointment date/time.
- Harcum House staff meets the child and parent/guardian at the Harcum House to provide advocacy and support services as indicated.
- The PSANE has a history from the initial interview and takes additional verbal history from the child and the parent/guardian for the purpose of diagnosis of possible illness or injury.
- The wishes and needs of the child and parent/guardian determine who is in the examination room during the examination.
- Once the examination is completed, the PSANE nurse provides verbal feedback to the child, parent/guardian, and Child and Family Services Specialist about the medical findings, any

need for follow-up treatment, etc. A written report of the medical history and examination findings is completed by the PSANE and medical provider, and shared with the MDT at Case Review.

- Copies of the report are made available to the MDT and County Prosecutor. Continuity of Care – Consent to share medical records form is completed and signed by the parent/guardian.

Emergency Medical Exams

The Harcum House is available for emergency exams. Procedure for emergency examinations is as follows:

- PSANE and other medical personnel determine the need for emergency medical examination if child has not first presented in an ED, with referral made immediately upon completion of the child and family assessment.
- Child is examined for evidence collection utilizing a state-approved sexual assault evidence collection kit.
- The evidence kit material is given directly to authorized law enforcement personnel.
- Medical findings are documented and shared with the investigative team per appropriately signed release.

Additionally, the Harcum House is available for consultation and follow-up evaluation of the child.

Physical Abuse Medical Exams

Trained medical personnel at the hospital ED or the child's primary care physician conduct medical evaluations of suspicious or alleged child physical abuse. The CAC staff will make referrals and provide case coordination services as indicated. The procedure for documentation, release and sharing of information is the same as outlined for sexual abuse medical exams.

Continuity of Care

The child's primary care physician is an integral part of the child's overall health and safety system, and as such it is important that the MDT maintain communication with the primary care physician. Primary care physicians are encouraged to refer their patients to Harcum House for all sexual abuse medical examinations and for any examination that can benefit from the Cortexflo. The guiding principle is that multiple medical examinations are avoided by ongoing collaboration and communication between the MDT members and the community's medical practitioners.

5.9 MENTAL HEALTH SERVICES & LINKAGE AGREEMENT(S)

Harcum House, in partnership with mental health providers in the service communities, agree to work collaboratively to ensure that all children and families in need of mental health treatment resulting from child sexual or severe physical abuse will receive trauma focused treatment in an expedient and professional manner from master's level or higher trained clinicians, trained in evidence based, trauma informed treatment modalities. The mental health partners in this protocol include, but are not limited to the following providers:

- Mid-Ohio Psychological Services
- On-site Harcum House Mental Health Provider

Each mental health provider agrees to provide and maintain current information regarding sliding fee scales and insurances accepted, including Medicaid, to the Harcum House so that mental health evaluation and treatment is available to all Harcum House clients regardless of ability to pay. Each mental health provider also agrees to provide quick access to services by making every effort possible to place Harcum House referrals at the top of waiting lists when they exist.

All Harcum House-related mental health services are provided either on-site or off-site through signed linkage agreements with mental health providers. On-site mental health services are referred for ongoing treatment based on the best fit for the child and family. The linkage agreement addresses initiation of referral, confidentiality, and release of information, and need for mental health provider to communicate to the Harcum House new information that impacts prosecution/case resolution decisions. The linkage agreement stipulates that mental health records are the property of the mental health provider.

Harcum House staff is responsible for making the initial referral for mental health evaluation and treatment. Referrals are made with the parent/guardian's written consent via a signed release of information and preferably with the parent/guardian present. Results of trauma surveys and/or screens and domestic violence screens are shared as part of the referral.

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

To ensure that the best quality of services is provided to child victims of sexual and severe physical abuse, Harcum House and mental health providers agree to collaborate on cross training staff on topics of mutual interest.

HARCUM HOUSE MENTAL HEALTH – INTERAGENCY AGREEMENT

Linkage Agreement with _____

For Mental Health Evaluation and Treatment

The HARCUM HOUSE and _____, mental health provider, agree to collaboratively provide services to child victims of sexual and severe physical abuse to ensure justice and healing for all Fairfield County children and their families. Collaborative services will be provided as follows:

1. Harcum House staff is responsible for making the initial referral for mental health evaluation and treatment. Referrals are made with the parent/guardian's written consent via a signed release of information and preferably with the parent/guardian present.
2. The mental health provider agrees to prioritize Harcum House referrals by placing these referrals at the top of waiting lists when they exist, and when no waiting list exists reasonable efforts will be made to schedule evaluation within one week of referral.
3. Harcum House staff is responsible for notifying the mental health provider of scheduled Case Review meetings related to referred cases. (Note: for those providers who attend Case Review regularly this will be so noted in the Agreement).
4. The mental health provider agrees to maintain communication with Harcum House via signed release of information to ensure that all children and families in treatment receive every Harcum House-related service indicated. Examples include but are not limited to cases in which child doesn't disclose in the assessment but later discloses in therapy; cases in which criminal charges are filed against the perpetrator and court preparation services are required; and cases in which child discloses new information in therapy which impacts criminal prosecution decisions.
5. The mental health provider agrees to report all suspected cases of child sexual and severe physical abuse to Fairfield County Department of Job and Family Services and/or the appropriate law enforcement jurisdiction as that is the point of referral to access HARCUM HOUSE/CAC services.

The HARCUM HOUSE believes in protecting the client's right to confidentiality. To that end the HARCUM HOUSE and _____ agree that all mental health records are the property of the mental health provider, records are maintained inside the mental health provider's offices, and records can only be accessed by the HARCUM HOUSE via authorized release of information signed by the child's parent/guardian.

Harcum House

Mental Health Agency

Date Signed

Date Signed

5.10 CASE REVIEW

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

Members of the MDT with cases on the review list meet for case review monthly at the designated meeting host. Fairfield County Case review is scheduled for the 2nd Thursday of every month @ 11:00 AM at Fairfield County Job & Family Services Conference Room. Ad Hoc reviews of cases are also readily available as our MDT partners identify further disclosures or need for review. Virtual meetings or access is also available utilizing Zoom online platform. For virtual meetings, zoom link with required password to access is available.

Designated attendees include investigative agencies such as FCJS-PS, law enforcement, Harcum House staff, mental health providers, and prosecutors.

- Assigned CPS Caseworker
- Assigned LE Investigator
- All HH Staff provided services to client/patient.
- Assigned MH Provider
- Intake Prosecutors
- Intake Prosecution Victim Advocates
- Community Partners if assigned to client/patient (i.e., Board of DD)

Reviewed cases will be open cases in which there is a disclosure and/or a concern regarding the dynamics of the families we serve, or those with charging decisions or court actions pending. Complex cases involving human trafficking, pornography, or multiple perpetrators, or cases where child safety is questioned, will be given priority. Any case can be placed on the case review list if a team member requests it be included. Additionally, other service providers working with a child and family can be invited to Case Review as warranted.

The Harcum House MDT Facilitator (also known as the Patient & Team Services Manager) is responsible for formulating the meeting agenda for cases to be reviewed. The agendas are e-mailed to the MDT members one week prior to the meeting. Agendas are emailed or faxed to other invited service providers, and everyone is required to sign the "Confidentiality Statement" at each meeting they attend.

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

The MDT Facilitator updates NCAttrak with case status, action plan, and need, if any, for additional review.

Additionally, the MDT facilitator communicates any recommendations to absent team members. Follow up recommendations or further investigation are assigned based on specific role to MDT.

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

5.11 CASE RESOLUTION

Case resolution decisions can occur at any point in the process, but typically decision-making occurs at case review meetings which allows for input from the entire MDT. The MDT believes that consensus provides the best action plan for cases. Team members agree that the County Prosecutor and City Prosecutor, in collaboration with law enforcement, maintain discretion with respect to criminal charging decisions, and that FCJFS-PS requirements for child safety and substantiation of abuse guide case resolution decisions. The guiding principle, as stated throughout this protocol, is that ongoing collaboration and open communication between team members and between disciplines promotes good decisions and provides best practice interventions for children and families.

Advocacy Services are provided throughout the progression of investigation, up to and including judiciary procedures. Advocacy services are typically provided by a prosecutor-based advocate to assist with education of court process, trial preparation and victim impact statements. Harcum House staff are asked to participate in sentencing hearings by prosecutor-based advocate in support of our families and victims.

5.12 CASE TRACKING

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

Harcum House utilizes the NCAtrak system that tracks the following:

- Child and family demographics include any religious or cultural considerations
- Alleged perpetrator demographics, including relationship to the child
- Nature of abuse (as disclosed by the child victim)
- Medical Recommendations and record retention
- Onsite MH service recommendation with record retention and/or outside referral for MH services
- FCJFS-PS case service disposition – case substantiated, child placed outside of home.
- Law enforcement investigation outcome
- Victim Advocacy service provision
- Court disposition, criminal and/or juvenile – charges filed, conviction/adjudication, offender classification.

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

Most of the case tracking data is captured at the point of referral, at the interview, and at Case Review meetings.

Harcum House CAC staff is responsible for all case tracking including data entry. The Intake Specialist opens new cases and enters referral information. The forensic interviewer and clinic coordinator update the interview and medical tabs. Child and Family Service Specialists update the victim advocacy and other tabs including law enforcement, CPS, and prosecution at each contact.

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

Information obtained through the Performance Measurement System, as required by grantors, is input by the MDT Coordinator.

MDT members have access to case materials through the Vidanyx system utilized by the CAC. Harcum House staff share relevant information with investigators assigned to the case. Supervision from respective partner agencies may request to be added to information sharing.

5.13 TRAINING PROTOCOL

The Child Advocacy Center model of Harcum House believes that all MDT members must have the necessary skills and training to provide best practice interventions for all children and families served by the Center. To that end, the following are the standards and expectations for MDT training.


- All staff, case workers and law enforcement officers who conduct child interviews are required to have completed a minimum of one (1) training course on interviewing children that includes training on child development. The preferred training curricula are the five (5) day training provided by Childhood Trust, Finding Words, the APSAC or NCAC model training courses or the full 5 days of Beyond the Silence. When case workers or law enforcement officers assigned to the MDT have not yet been trained, those staff agree that they will not interview a child and instead will defer to the MDT member who has completed the required training.
- Interviewing training is recommended for all other MDT members to promote sound understanding of the information gathering process.
- Team members and staff are required to attend a minimum of one (1) MDT training annually with the recommendation to attend at least two to three specialized training courses per year. The preferred training format is one (1) multi-day national or regional conference. Harcum House commits to help facilitate MDT training by seeking funding and resources to provide high quality training and education opportunities to support the MDT.
- Mental health professionals participating on the team will be trained in trauma-focused interventions.
- Medical professionals participating on the team will meet all requirements for pediatric training and continuing education.
- Harcum House, in collaboration with MDT member agencies, will ensure access to local, statewide, and national resources for training.

SECTION 6 – SIGNATURE PAGE

IN WITNESS THEREOF, the parties hereto have duly executed this agreement on the below date.


FAIRFIELD COUNTY JOB & FAMILY SERVICES
-PROTECTIVE SERVICES


FAIRFIELD COUNTY PROSECUTOR'S OFFICE


LANCASTER CITY ATTORNEY'S OFFICE


FAIRFIELD COUNTY SHERIFF'S OFFICE


LANCASTER POLICE DEPARTMENT


PICKERINGTON POLICE DEPARTMENT


MID-OHIO PSYCHOLOGICAL SERVICES INC.
Executive Director


FAIRFIELD COUNTY BOARD OF DD SERVICES


HARCUM HOUSE CHILD ADVOCACY CENTER


FAIRFIELD COUNTY JOB & FAMILY SERVICES
-DIRECTOR

4/10/24
DATE SIGNED



Signature Page

(JFS ONLY) Contract ID: 1060

A Contract regarding CPS MOU between Job and Family Services and

Approved on 12/1/2025 9:39:05 AM by Sarah Fortner, Deputy Director

Sarah Fortner
Deputy Director

Approved on by Corey Clark, Director of Fairfield County Job & Family Services

Corey Clark, Director
Fairfield County Job & Family Services

Cost Analysis

No cost is associated with this Memorandum of Understanding.

Statement related to PO

Since there is no cost associated with this MOU, a PO was not obtained.

ROUTING FORM FOR CONTRACTS

The undersigned designee of the County affirms that he/she has reviewed the attached contract to ensure that it complies with County's needs and previous negotiations. The undersigned designee further affirms that the County has complied with the competitive selection process, as prescribed by Ohio Revised Code 9.17, and the applicable sections as outlined on this form, by selecting the applicable boxes below.

- A. ☐ Goods and/or Services in excess of \$77,250.00—competitively selected via an Invitation to Bid, pursuant to R.C. 307.86-307.92
- B. ☐ Goods and/or Services in excess of \$77,250.00—competitively selected via a Request for Proposals, pursuant to R.C. 307.862
- C. ☐ Public Improvement contracts—competitively selected pursuant to R.C. 153.08-153.12
- D. ☐ Architect/Engineer design services for public improvements—selected through the Request for Qualifications process pursuant to R.C. 153.65-153.72
- E. ☐ County Road Improvement/Construction—competitively selected pursuant to R.C. 5555.61
- F. ☐ The subject matter was exempt from competitive selection for the following reason(s):
1. ☐ Under \$77,250.00
 2. ☐ State Term #: _____ (copy of State Term Contract must be attached)
 3. ☐ ODOT Term #: _____ (See R.C. 5513.01)
 4. ☐ Professional Services (See the list of exempted occupations/services under R.C. 307.86)
 5. ☐ Emergency (Follow procedure under ORC 307.86(A))
 6. ☐ Sole Source (attach documentation as to why contract is sole source)
 7. ☐ Other: _____ (cite to authority or explain why matter is exempt from competitive bidding)
- G. ☐ Agreement not subject to Sections A-F (explain): _____
- H. ☐ Compliance with Fairfield County Board of Commissioners Procurement Guidelines
1. ☐ No County employee, employee's family member, or employee's business associate has an interest in this contract OR such interest has been disclosed and reviewed by the Prosecutor's Office
 2. ☐ No Finding for Recovery against Vendor as required under R.C. 9.24 (search via "Certified Search" on <http://ffr.ohioauditor.gov/>)
 3. ☐ Obtained 3 quotes for purchases under \$77,250.00 (as applicable)
 4. ☐ Purchase Order is included with Agreement
 5. Executed Ohio Law Acknowledgment Form (ORC 307.901)

Signed this _____ day of _____, 20_____.



Brandi Downhour, Budget Manager

Name and Title

*** Please note that this checklist only addresses County and statutory requirements. If a contract is paid for with state and/or federal funds, please consult with the appropriate state and/or federal agency to ensure your department is complying with any additional requirements. By submitting a request for approval, you are certifying you have addressed County, statutory, and grant requirements.***

Prosecutor's Approval Page

Resolution No.

A resolution authorizing the approval of a Memorandum of Understanding by and between Fairfield County Job & Family Services, Protective Services Division, The Fairfield County Sheriff's Office, The Lancaster Police Department, The Pickerington Police Department, The Fairfield County Juvenile Court, The Fairfield County Prosecutor's Office, The Fairfield Area Humane Society, The Harcum House, and The Fairfield County Coroner's Office.

(Fairfield County Job and Family Services)

Approved as to form on 12/2/2025 4:26:46 PM by Amy Brown-Thompson,



Amy Brown-Thompson
Prosecutor's Office
Fairfield County, Ohio

Signature Page

Resolution No. 2025-12.09.dd

A resolution authorizing the approval of a Memorandum of Understanding by and between Fairfield County Job & Family Services, Protective Services Division, The Fairfield County Sheriff's Office, The Lancaster Police Department, The Pickerington Police Department, The Fairfield County Juvenile Court, The Fairfield County Prosecutor's Office, The Fairfield Area Humane Society, The Harcum House, and The Fairfield County Coroner's Office.

(Fairfield County Job and Family Services)

Upon the motion of Commissioner Steven A. Davis, seconded by Commissioner Jeffrey M. Fix, this resolution has been Adopted:

Voting:

Jeffrey M. Fix, President	Aye
Steven A. Davis, Vice President	Aye
David L. Levacy	Absent

Board of County Commissioners
Fairfield County, Ohio

CERTIFICATE OF CLERK

It is hereby certified that the foregoing is a true and correct transcript of a resolution acted upon by the Board of County Commissioners, Fairfield County, Ohio on the date noted above.



Rochelle Menningen
Board of County Commissioners
Fairfield County, Ohio