

**THE SAN DIEGO**

**CHILD PROTECTION TEAM**

**ORIENTATION PACKET**



**MAY 2008**

## **The San Diego Child Protection Team**

Dear New CPT Member,

By virtue of your assignment, you are now part of San Diego County's Child Protection Team system and join over one hundred colleagues around the county in law enforcement, child welfare services, medicine, prosecution, mental health, County Counsel, and victim advocacy who collectively are charged with protecting San Diego's children from abuse, violence and serious child neglect. The member agencies have worked together, in various forms, for over 30 years making San Diego's child protection team the longest standing community child protection team in the world.

Enclosed in this orientation packet is the current County Child Victim/Witness Protocol, revised and signed by the agency heads of the member agencies in 2006. This protocol guides our collective work. You will also find several investigative tools and information on key team agencies with whom you may need to interact along with information on the Child Protection Team meetings held at Rady Children's Hospital and at Palomar Hospital in Escondido.

We appreciate your willingness to assume this difficult and demanding assignment. The children of our community are counting on you and your fellow team members to work effectively together to make our community safer.

Thank you.

Child Protection Team Management Group

# **The San Diego Child Protection Team**

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# **The San Diego Child Protection Team**

## **CONFIDENTIALITY**

The San Diego Child Protection Team (“CPT”) is considered a multidisciplinary personnel team engaged in the prevention, identification, and treatment of child abuse. As such, the weekly meetings are considered multidisciplinary personnel team meetings. Members of the team may disclose and exchange information and writings to and with one another relating to any incidents of child abuse even though that information may otherwise be designated as confidential under state law. Such information may be disclosed if the member of the team reasonably believes that the information is generally relevant to the prevention, identification, or treatment of child abuse. All discussions, disclosures, and/or exchanges of any information during the CPT meeting are confidential. If you need to utilize or document information for purposes outside of the team meeting, you are advised to consult individually with the appropriate professionals outside of the meeting. (Welfare and Institutions Code §830.)

Statement Prepared by Office of the County Counsel, County of San Diego Office

# San Diego Forensic Medical Services

## Sexual Abuse

### **I. Forensic evaluations conducted at**

#### **A. Chadwick Center: Forensic and Medical Services – San Diego**

Medical Clinic Hours: 11:30am – 5:00pm weekdays

To schedule non-acute appointments call: 858-966-8951

Acute evidentiary medical exams available 24/7

- Weekdays: Please call 858-966-8951
- After hours: To talk with the on-call examiner, please call the hospital operator at 858-576-1700 ext. 0. If the case has already been authorized by law enforcement, proceed to the Emergency Department at Rady Children's Hospital. Advise the triage nurse that you have brought a patient for an acute evidentiary exam and the team will be called to come in.

#### **B. Palomar Hospital Child Abuse Program – Escondido**

To schedule appointments call: 760-739-2150

Medical Clinic Hours: Please call to schedule

### **II. Indications for an exam:**

- An injury is suspected
- It is likely forensic evidence will be recovered
- If there is a history of recent sexual contact

### **III. Timing of forensic examinations for sexual assault victims**

Generally, children should be seen for an evidentiary exam if they present within 72 hours of the sexual abuse/assault. However, the need for an acute examination should be based on the child's history, symptoms and post-assault behavior and not solely on time from assault.

- Evidence may be collected after the traditional 72-hour window
- Medical providers (e.g., Rady Children's and Palomar Hospitals) should be consulted to determine urgency and timing of the examination
- Acute or urgent examinations:
  - It is imperative that children not wash, bathe, or change clothes once the decision to perform the examination has been made in order to avoid destroying evidence.
  - If a child needs to urinate, it is important to save the urine.

- Eating and drinking should be reasonably avoided until after the collection of specimens from the mouth.
- When a child presents weeks or more after an assault, it is likely that injuries will be healed and there will be no trace evidence. One may still find healed hymen tears, STDs, and pregnancy in a small number of children. If a child presents within two weeks of an assault, injuries may sometimes be seen that have not yet completely healed.
- In adolescent victims, sperm may sometimes be found up to two weeks in cervical mucus. In order to collect any residual evidence that may still remain, a medical evidentiary examination should be conducted.

#### **IV. Forms and Protocols**

State of California mandatory form 930 (acute) and 925 (nonacute) are filled out by the examiner and a copy is given to law enforcement at the conclusion of the exam. A copy is also retained by the hospital. The evidence packet is given to the accompanying officer to impound, or retained by the hospital to be given to the crime lab later.

#### **Physical Abuse**

##### **I. Forensic evaluations conducted at**

- A. Chadwick Center** – Exams provided daily during clinic hours 11:30am – 5:00pm. To schedule call 858-966-8951.
- B. Rady Children’s Hospital Emergency Department** – open 24 hours
- C. Polinsky Center** – examinations provided only for children who are admitted into Polinsky
- D. Palomar** - To schedule appointments call: 760-739-2150
- E. \*\*\*\* For Military Dependents** – Children eligible for Tricare Insurance may be seen in the Pediatric Clinic or in the Emergency Department at Balboa Naval Hospital, any one of the Tricare Clinics, or at Camp Pendleton Hospital. If abuse is suspected, the pediatric resident on call at Balboa will be notified by the provider seeing the patient. The resident will assess the situation and consult with the on-call Chadwick child abuse physician.

##### **II. Indications for an examination**

- A child is injured and little or no history is available to explain the injury.

- The injury is not consistent with the history.
- Multiple injuries and/or head trauma is suspected or present.

### **III. Evaluation by a medical expert is necessary to:**

- Document inflicted trauma
- Offer an opinion as to whether the described mechanism of injury is consistent with the findings
- Confirm long-term/chronic abuse or neglect if future legal proceedings are anticipated.

### **IV. Timing of forensic examinations for physical abuse victims**

- If the seriousness of the injuries necessitates immediate medical care call 911 or transport the child to the nearest emergency department.
- If there is no immediate medical danger to the child and the nature of the abuse requires a medical evaluation, arrangements should be made to take the child to a facility with qualified medical providers.

### **V. Additional Resources**

- Telephone Consultation - The on-call child abuse physician is available to consult by phone with Child Welfare Service worker or Law Enforcement. The on-call physician may be paged by Rady Children's Hospital at 858-576-1700, ext. 0.
- Paper Consultations - For appropriate cases, paper consultations (review of medical records, photos, X-rays) are provided by Chadwick Center. Call to discuss/request – 858-966-8951.

# San Diego Forensic Interviewing Services

## **Chadwick Center: Forensic and Medical Services – San Diego**

To schedule appointments call: 858-966-5980

Clinic Hours: Interviews and Extended Evaluations: 8:30am – 5:00pm

Medical Clinic Hours: 11:30am – 5:00pm

## **Palomar Hospital Child Abuse Program – Escondido**

To schedule appointments call: 760-739-2150

Clinic Hours: Interviews and Extended Evaluations: 8:30am – 5:00pm

Medical Clinic Hours: Please call to schedule

### **I. Forensic Interviewing Services:**

**Forensic Interview:** A single videotaped forensic interview with children ages 3-17 (and adults with developmental disability) who are the subject of a report of child physical or sexual abuse or who may have witnessed violent crime. This one time videotaped interview is appropriate for most children.

**Follow Up Forensic Interview:** Videotape follow up interview when child has made a disclosure during the first interview but a follow up interview needed because of case complexity, developmental, behavioral or emotional issues and/or to clarify and augment information provided during first interview.

### **II. Extended Forensic Evaluation:**

This is a new service being offered by the Chadwick Center and Palomar Hospital Child Abuse Program. Basically this is a “slowed down” forensic interview. Instead of meeting with the child for a onetime interview, the interviewer meets with the parent for one session and with the child up to four times.

**Target Population for Forensic Evaluation:** Children who, because of age, emotional adjustment and maturity, developmental status, disclosure process and case complexity, have difficulty with a one-time forensic interview approach.

**What is different than therapy:** Although the extended forensic interview process allows for more time, space and flexibility in exploring abuse allegations, it differs from therapy. The Extended Forensic Evaluation stays with the facts, does not encourage fantasy play, use of projective techniques or speculation. The Forensic Evaluation focuses on the content of child’s statements rather than emphasizing the feeling side and is time limited – one session with caregivers and no more than four sessions with the child. Unlike therapy we record sessions on videotape and DVD. The law enforcement investigator or Child Welfare Services (CWS) worker may observe any or all of the evaluation sessions.

The Extended Forensic Interview process provides law enforcement and the CWS worker with a good psychosocial assessment of the child that is useful in making decisions about the need for and nature of follow-up therapy and other services. This is a grant funded program and the Extended Forensic Evaluations are **provided free of charge**. For more information about this program please call the Chadwick Center at 858-966-5980 extension 5775.

Although the interviewer is meeting with the child more than once, this is not a repetitive and redundant series of interviews, which could be considered leading. The interviewer does not repeat the same questions over multiple sessions.

# **Child Protection Team Meeting**

## **At Chadwick Center for Children and Families Rady Children's Hospital-San Diego**

**Purpose of the Meeting:** To problem solve cases that present unique challenges to one or more of the Child Protection Team agencies and to serve as an educational forum for multi-disciplinary learning.

**Meeting Time:** Every Wednesday at 10:00am (unless cancelled due to holiday or other factors)

**Confidentiality:** The San Diego Child Protection Team ("CPT") is considered a multidisciplinary personnel team engaged in the prevention, identification, and treatment of child abuse. As such, the weekly meetings are considered multidisciplinary personnel team meetings. Members of the team may disclose and exchange information and writings to and with one another relating to any incidents of child abuse even though that information may otherwise be designated as confidential under state law. Such information may be disclosed if the member of the team reasonably believes that the information is generally relevant to the prevention, identification, or treatment of child abuse. All discussions, disclosures, and/or exchanges of any information during the CPT meeting are confidential. If you need to utilize or document information for purposes outside of the team meeting, you are advised to consult individually with the appropriate professionals outside of the meeting. (Welfare and Institutions Code §830)

**Where:** Rady Children's Hospital, Chadwick Center for Children and Families, Building 24, second floor, The Beattie Conference Room.

**Directions:** Freeway 163 to Genessee Avenue East exit. Genessee becomes Starling. Go straight through two stoplights to stop sign. This will be Meadowlark. Turn left. You will pass by Juvenile Hall and keep going. The street will automatically turn to the right and turn into Birmingham Way. After the street makes a 90 degree left (becoming Children's Way) there is a Parking structure on the right.

**Parking:** Park in South parking structure off of Birmingham Way, across from the Rose Pavilion, the main hospital building. Parking is free to employees of County agencies and police departments (show your credentials upon exiting) and other attendees can pick up parking validations at the meeting.

**Who attends:** The meeting typically includes core members of the MDT such as San Diego County Child Welfare Services (CWS) and law enforcement investigators and supervisors, doctors, social workers, nurses, and mental health professionals from Rady Children's Hospital, County Counsel, the DA's office, Family Court, Public Health Nursing, San Diego Unified Schools, the San Diego Regional Center, and Voices for Children. Other professionals may attend on a case by case basis. Physicians and other professionals in training also often observe the meeting.

**History:** The meeting has been occurring since 1976. While Child Protection Team meetings now occur in most communities in some form, the San Diego Team has been meeting longer

than any community Child Protection Team in the world. There are now scores of teams around the country and globe modeled after the San Diego CPT Meeting including the entire child protection system of the Philippines.

**What is the criteria for putting a case on the agenda:** Any team agency can ask a case to be added to the agenda. Most cases placed on the agenda involve serious injuries and complex medical findings and/or require the coordination of multiple team agencies to ensure the child's protection and/or physical or emotional recovery.

The case criteria for adding to the agenda include:

- Mandatory:
1. Severe physical abuse
  2. Death due to non-accidental trauma
  3. Multiple victims/multiple perpetrators
  4. Young infants, toddlers, preschoolers who are injured and
    - a. Differing opinions on mechanism of injury
    - b. Severe medical neglect that is life threatening
  5. Cases with numerous risk factors such as
    - i. Munchausen by Proxy
    - ii. Minors under 12 months of age with NAT injuries

Optional:

1. Physical abuse with sexual abuse findings
2. Severe or complicated sexual abuse
3. Daycare, preschool, foster care cases
4. Juvenile perpetrators
5. Physical or sexual abuse injuries with little or no history or in which photos of the injuries will provide clarification of the injury
6. Ingestions
7. Failure to thrive
8. Burns

**How do you place a case on the agenda:** Call 858-966-5980 and request the case be added to the agenda or e-mail [mcastrejon@rchsd.org](mailto:mcastrejon@rchsd.org). To discuss a case before adding it to the agenda, please ask to speak with the Chadwick Doctor of the Day. Agendas are prepared and sent out each week on Monday so all agencies are notified about which cases are on the agenda. Cases can be added, if needed, at the last minute if requested by the MDT.

**How does the case presentation flow:** The cases are presented chronologically from the first point of contact with each involved agency explaining their role and the facts developed from their involvement. Other agencies have an opportunity to clarify the facts, ask questions, express concerns and at times make suggestions. For example, the hospital social worker that first took a history from the parents may open the discussion, followed by a doctor who explains the medical findings, then the detective and/or CPS worker who investigated the case.

**Presentation Guidelines:** Be concise, avoid side conversations, do not speak about what you learned from another agency if that agency is represented at the meeting - allow them to speak for themselves, do not personalize differences of opinions with another discipline and be open to hearing the perspectives of other disciplines.

# CPT Case Presentation Outline

## Case Principals:

Names of Investigators and law enforcement jurisdiction and other CPT principals (assigned DA, evaluating physician, hospital social worker, school or Regional Center staff, etc)

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## Child:

Name of Child (ren)

Age

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## Family Circumstances:

Family Circumstances (non-offending parents, relevant extended family, relevant family situation).

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## Nature of Maltreatment and Medical Findings (if any):

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## Summary of Child's Statement

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**Relevant History** (relevant medical/ mental health Hx, Hx of CPS contact, relevant criminal history of the parties)

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## Where is child now?

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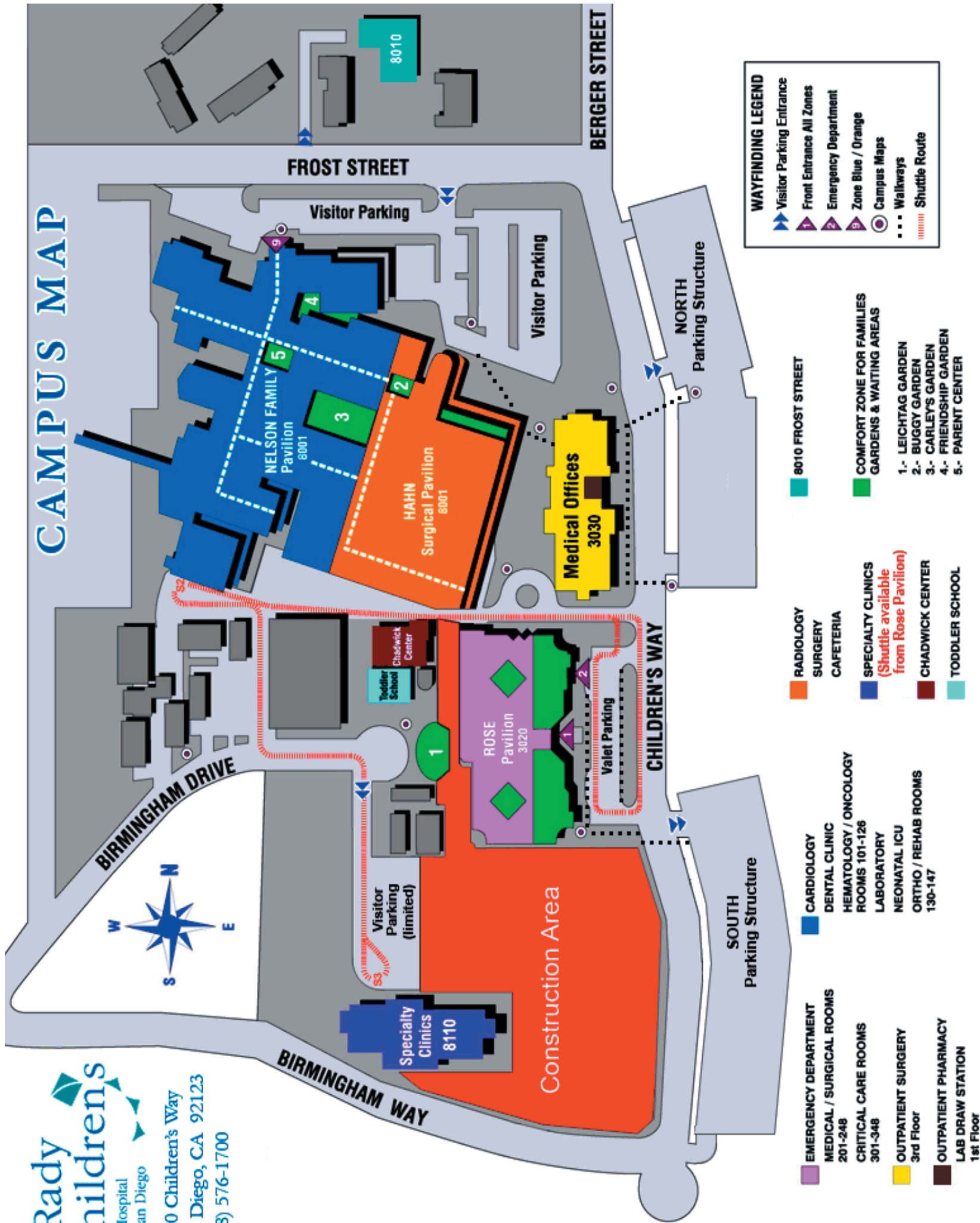
## Action:

Issues of concern:

Proposed action or support/information needed

Follow-up requested

# CAMPUS MAP



**WAYFINDING LEGEND**

- Visitor Parking Entrance
- Front Entrance All Zones
- Emergency Department
- Zone Blue / Orange
- Campus Maps
- Walkways
- Shuttle Route

- 8010 FROST STREET
- COMFORT ZONE FOR FAMILIES GARDENS & WAITING AREAS
  - 1- LEICHTAG GARDEN
  - 2- BUGGY GARDEN
  - 3- CARLEY'S GARDEN
  - 4- FRIENDSHIP GARDEN
  - 5- PARENT CENTER
- RADIOLOGY
- SURGERY
- CAFETERIA
- SPECIALTY CLINICS (Shuttle available from Rose Pavilion)
- CHADWICK CENTER
- TODDLER SCHOOL

- EMERGENCY DEPARTMENT
- MEDICAL / SURGICAL ROOMS 201-248
- CRITICAL CARE ROOMS 301-348
- OUTPATIENT SURGERY 3rd Floor
- OUTPATIENT PHARMACY LAB DRAW STATION 1st Floor
- CARDIOLOGY
- DENTAL CLINIC
- HEMATOLOGY / ONCOLOGY ROOMS 101-126
- LABORATORY
- NEONATAL ICU
- ORTHO / REHAB ROOMS 130-147

## Palomar Pomerado Child Abuse Program Multi Team Case Review

**Purpose of the meeting:** To review all cases that have presented to the Child Abuse Program the previous month. The cases will be discussed from a multi disciplinary perspective. The meeting also serves to provide a forum for inter team communication regarding best practice.

**Meeting Time:** The fourth Tuesday of every month from 12:00pm - 1:30pm.

**Confidentiality:** The San Diego Child Protection Team (“CPT”) is considered a multidisciplinary personnel team engaged in the prevention, identification, and treatment of child abuse. As such, the weekly meetings are considered multidisciplinary personnel team meetings. Members of the team may disclose and exchange information and writings to and with one another relating to any incidents of child abuse even though that information may otherwise be designated as confidential under state law. Such information may be disclosed if the member of the team reasonably believes that the information is generally relevant to the prevention, identification, or treatment of child abuse. All discussions, disclosures, and/or exchanges of any information during the CPT meeting are confidential. If you need to utilize or document information for purposes outside of the team meeting, you are advised to consult individually with the appropriate professionals outside of the meeting. (Welfare and Institutions Code §830.)

**Where:** Palomar Medical Center, 555 East Valley Parkway, Escondido. A reminder e-mail is routinely sent to team members with the exact room locale. The meeting will be on the lobby floor of PMC.

**Directions:** Freeway 15 from the north or south to Center City Parkway. Take the Second Street exit off Center City going east. Follow to Juniper Street; take a left to Grand Avenue. The hospital will be to your right up a block, left on Valley Parkway to the hospital entrance.

**Parking:** Hospital parking is free. If you have problems in the immediate vicinity of the hospital, there is usually open parking down the hill at the Forensic Health Center (Child Abuse and SART).

**Who attends:** Each meeting should be attended by representatives of the core team: Law Enforcement, Child Welfare Services, DA’s office, Chadwick Trauma and member of the Child Abuse Program staff: medical, interviewers and office personnel. Other professionals may attend on a case-by-case basis such as Community Care Licensing and Regional Center.

**History:** The meetings have been held monthly since the inception of the Child Abuse Program in 1985. It is considered essential to a well-coordinated investigative process and the long-term welfare of the children involved.

**Criteria:** Every case that has been seen at Forensic Health the previous month will be reviewed. If any member wishes to include a case not seen in that month or seen in the ED for example, it can be added to the agenda by calling Fran Clair at 760-739-2150.

We appreciate the time and effort required to attend these meetings. In recognition of that lunch is always served at case review.

For any questions or training requests please call Cathy McLennan, MSW 760-739-2156.

# NAVY FAMILY ADVOCACY PROGRAM

1. **Background:** The Navy's Family Advocacy Program (FAP) was established in 1976 in response to increased awareness of child abuse, concern for Navy families, and how family dysfunction detracts from Navy personnel readiness. In 1979 the program was expanded to include interventions for spousal violence.

2. The goals of the program include:
- a. Prevention as a primary goal
  - b. Victim safety
  - c. Offender accountability
  - d. Rehabilitation and treatment
  - e. Military community accountability

3. The implementation of the FAP involves Navy-wide efforts to prevent child and spousal violence through education of sailors and family members regarding the scope of the family violence issue, information about available resources, and outreach efforts such as the New Parent Support Program that provides in-home support and education to expectant mothers and to those with small children deemed at risk of child abuse. Senior Navy leaders are trained to screen for emerging family problems in order to refer their personnel to prevention and intervention services.

4. Knowledge of families being impacted by violence triggers a mandatory referral to the local FAP by Navy personnel and sets in motion a coordinated community response involving medical, social, legal and command involvement (employer intervention). Referrals to the FAP are also accepted from civilian agencies and individuals coming in contact with these Navy families, i.e., San Diego County Child Welfare Services, law enforcement, family members, medical facilities, and medical professionals. Services to these families involve case management support by a licensed mental health provider, victim advocacy for adults if spousal violence is occurring, and treatment of injuries via Navy medical facilities or insurance benefits. Further, it is a requirement for FAP personnel to have ongoing communication with a sailor's command who will institute measures to monitor offenders, mandate offender cooperation with FAP, and separate victims and offenders as required. Commands may also hold military offenders accountable through legal means regardless of whether the civilian community's judicial/law enforcement agencies are involved.

5. Treatment services include specialized interventions for child abuse offenders (i.e., physical/emotional abuse and neglect), spouse abuse offenders, and services for child and adult victims. FAP treatment providers and case manager work collaboratively with civilian health professionals and agencies to ensure the safety and well being of these Navy families.

6. Each family's situation is also periodically reviewed by a Case Review Committee comprised of a physician, mental health professionals, an attorney, and a senior naval officer who will review the case facts and make recommendations on how to best serve each family. Case information is entered into a Navy-wide data base that facilitates continuity of care between locations as Navy families are required to move with some regularity to accommodate the missions/assignments of the sailor.

## **Marine Corps San Diego Family Advocacy Services**

The biggest program difference between Marine Corps and NRSW FAP is that the Marine Corps does not provide direct service to children and adolescents. We take referrals and will coordinate services with community resources. CPS does the child interviews and initial assessment on Child Abuse and Neglect cases, we coordinate resource information for further assessment and/or treatment of children then follow-up with case management for the family and counseling services for the parents.

### **Marine Corps Recruit Depot – San Diego**

To schedule appointments call: 619-524-0465

Office Hours: 8:00am - 4:00pm

Days of Operation: Monday – Friday

### **MCRD Family Advocacy Services:**

**Initial Screening and Assessment:** During an initial request for services, counselors screen for appropriateness per branch of the military and installation to which the Marine is attached. MCRD does not interview or provide clinical treatment for children. All information gathered during the initial screening and assessment regarding allegations of child physical or sexual abuse is referred to CPS. Referrals are made telephonically and a written copy is faxed to CPS. Military Protective Orders are often issued as needed by the command to maintain safety between the Marine and the other family members. This order is not enforceable by civilian law enforcement. On availability, the FAP can request the service member stay in a barracks on base until initial safety concerns are resolved.

**Follow-Up Clinical Services:** Coordination of treatment, intervention and case management services are provided for the family. FAP counselors track treatment progress and provide ongoing assessment while the Marine and family member is in treatment if consent to release information to the treatment provider is signed. Local installation and area wide military and civilian services are utilized to meet treatment requirements. The New Parent Support Program for the Marine Corps provides in home parent education and support services for children birth to six years old. CPS can receive assistance locating a Marine Family whose active duty Marine is stationed at one of the following bases and when coordinating their recommendations for both civilian and military services.

**MCRD Target Population:** Marines and family members attached to MCRD and tenant commands are eligible for services. Associated area commands such as MECEP and the Western Recruiting Region fall within the MCRD catchment.

**Marine Corps Air Station Miramar Counseling Center**

Manager: Tim Stanton (858) 577-4104

**Marine Corps Camp Pendleton**

Manager: Lou Jean Fausner (760) 725-9051

**Marine Corps Recruit Depot – San Diego**

Manager: Jeanne Mossuto (619) 524-0465

Marine New Parent Support Program - **(619) 524-0805**

**Naval Criminal Investigative Service (NCIS) Contact:**

Assistant Special Agent in Charge Chuck Warmuth (619) 556-1301

THIS IS A BRIEFING GUIDE, NOT A FORM OR CHECKLIST

## San Diego Very Serious Physical Abuse Protocol (VSPAP) Guidelines

**Purpose:** The checklist is designed to provide some consistency to the critical first communication between CPS and law enforcement and to provide both investigators with a common understanding of the facts, as they are known, and to reach an agreement about the appropriate initial steps in the investigative process.

1. **INTRODUCE INVESTIGATION TEAM MEMBERS/HOSPITAL CONTACT INFORMATION** – Agency and role.
2. **TEAM MEMBERS**
  - A. Child Protection Social Worker**
    1. Name
    2. Office Phone Number
    3. Cell Phone Number/Pager
  - C. Deputy District Attorney**
    1. Name
    2. Office Phone Number
    3. Cell Phone Number/Pager
  - E. Child Abuse Doctor**
    1. Name
    2. Office Phone Number
    3. Cell Phone Number/Pager
  - B. Police Detective**
    1. Name
    2. Office Phone Number
    3. Cell Phone Number/Pager
  - D. Hospital Social Worker**
    1. Name
    2. Office Phone Number
    3. Cell Phone Number/Pager
3. **KNOWN CHILD STATUS INFORMATION**
  - a. Name
  - b. DOB
  - c. Parents/Caregivers
4. **NATURE OF INJURY**
5. **POTENTIAL SUSPECTS (PLURAL):**
  1. Name(s)
  2. Relationship to victim
  3. Current location
  4. Has been interviewed (yes/no)
  5. Should restrictions be placed on their contact with the child?
5. **OTHER CHILDREN AT RISK?**
  1. Names
  2. Location(s)
  3. Relationships to victim
6. **LOCATION OF POSSIBLE CRIME SCENES:** Are crime scenes secure? (yes/no)
7. **CPS AND CRIMINAL HISTORY OF PRINCIPALS** (exchange information)
8. **INVESTIGATIVE ACTIONS TAKEN OR PLANNED**
9. **LAW OR POLICY REQUIREMENTS THAT MAY IMPACT OTHER DISCIPLINE (FOR EXAMPLE, CRIMINAL CHARGES MUST BE FILED WITHIN THREE COURT DAYS OF ARREST OF SUSPECT AND DEPENDANCY PETITION MUST BE FILED WITHIN TWO COURT DAYS OF HOSPITAL HOLD).**
10. **INITIAL INVESTIGATION PLAN:**
  - a. Who will lead each interview?
  - b. Who will interview medical staff?
  - c. Who will interview family members present at the hospital?
  - d. Dispatch someone to the home or crime scene to protect other children or secure the scene? (YES/NO) Who?
  - d. Who else needs to be interviewed?
11. **PLANNED TIME FOR FURTHER BRIEFING**

**THIS IS A BRIEFING GUIDE, NOT A FORM OR CHECKLIST**

**San Diego Very Serious Physical Abuse Protocol (VSPAP)  
Initial Investigative Plan**

**1. INTERVIEW OF MEDICAL STAFF**

A. People Interviewed:

1. Name
2. Title/Employer
3. Contact Information

B. Questions

1. What are the injuries? What is the preliminary diagnosis?
2. What is the child's prognosis?
3. What history was given? By whom?
4. Was treatment sought appropriately?
5. Does the history explain the injuries? If not, what are the likely causes?
6. Has the history changed?
7. What are the likely causes of these injuries?
8. Time range for when this happened?
9. What type symptoms would a child with these injuries display following the event?
10. Are there other reasonable accidental or medical explanations for the condition?
11. Is the child verbal? If yes, what did child report?
12. What additional information is needed to complete the diagnosis?
13. Are there other reasonable accidental or medical explanations for the condition?
14. Did the child/care givers/relatives/or others make any relevant statements at the hospital?
15. Obtain a written statement by the physician outlining the key facts and findings.
16. To what degree is the diagnosis based upon the stated history?

**2. IDENTIFY AND INTERVIEW WITNESSES WITH RELEVANT INFORMATION:**

- a. Parents
- b. Relatives
- c. Childcare providers
- d. Teachers
- e. Neighbors/friends
- f. Professionals/service providers
- g. Others – identify

**3. INTERVIEW ALL WHO HAD ACCESS TO THE CHILD WITHIN THE SUSPECT TIME FRAME (INCLUDE THE FOLLOWING QUESTIONS)**

- A. Knowledge of injuries
- B. What was the child's condition (physical appearance, presence of symptoms, behavior, affect, etc) when they accepted care and when they transferred care of the child to another
- C. Identify and protect other child victims/witnesses
- d. Establish a timeline (have each witness describe the day)

**4. SCHEDULE THE FOLLOWING, NOTING FOR EACH:**

1. Forensic interview
  2. Medical Exam
  3. Crime scene examination
- a. When
  - b. Where
  - c. Interviewer/Doctor
  - d. Notify CPS Team
  - e. Notify Detective
  - f. Notify Deputy DA

# San Diego Child Protection Team

## Sexual Abuse Pre-investigation Checklist

**Purpose:** The checklist is designed to provide some consistency to the critical first communication between CPS and law enforcement and to provide both investigators with a common understanding of the facts, as they are known, and to reach an agreement about the appropriate initial steps in the investigative process.

1. If they don't know each other-  
Brief intro
2. Exchange personnel information
  - a. Name and contact information of assigned child protection social worker
  - b. Name phone, cell phone, pager number of assigned detective
  - c. Name of Assistant prosecutor, if assigned already
3. Index (disclosing, reporting, complaining, etc) Child's status - as known
  - a. Name
  - b. Age
  - c. Current location of child
  - d. Name of parents/caregivers
  - e. Any known immediate child safety concerns
  - f. Prior referral history on child or family/caregivers
4. Identity and present location of alleged perpetrator, if known
  - a. Any criminal or CPS known history
5. Identity and present location of other possible child victims or children at immediate risk, if known
6. Location of crime scene, if known
  - a. Scene protection issues, if any
  - b. Determination of need to call out Field Evidence Technicians or On-Call Lab Team
7. Any investigative actions already taken or planned. Advise one another of any actions, law, or policy required in the immediate future that may impact on the other disciplines investigative steps.
8. Initial investigative steps

# San Diego Child Protection Team

## Sexual Abuse Initial Investigative Plan

### 1) Purpose of Forensic Interview

Provide a safe, supportive environment in which a child can share information regarding what their experience has been.

**Reduce the trauma to the child victim by minimizing the number of interviews and interviewers.**

In the event that a child discloses that they have been victimized, the goal of the interview is to obtain as much information as possible regarding:

- The identity of the alleged perpetrator
- The relationship of the alleged perpetrator to the child
- Time frames in which the alleged abuse occurred
- Locations where the alleged abuse occurred-jurisdiction
- Specific details regarding the types of alleged abuse, statements made by assailant, what happened before and after incident
- Threats, force or coercion, enticement used by the alleged perpetrator
- Any other alleged perpetrators or victims
- Identification of possible witnesses, adult or juvenile
- Determination if any objects were used, photographs or videotapes made, or trips made by child and perpetrator across jurisdictional lines
- In intra-familial cases, the extent of knowledge and involvement of others in the home
- Whether or not other types of abuse are present (e.g., domestic violence, substance abuse)
- Whether anyone has attempted to influence the child's statement
- Any complicating factors influencing investigating process or decision making

Provide recorded documentation and summary reports to authorized agencies.

Provide crisis intervention services to family members and child, as well as a mental health assessment for ongoing treatment needs of the child and family.

Provide community-based referrals to the family at the end of the evaluation process.

## **2) Interview caregivers**

- What do they know of the allegations?
- What is the source of their information?

## **3) Identify all people with relevant information**

- Parents
- Relatives
- Childcare providers
- Teachers
- Neighbors/friends
- Professionals/service providers
- Others

## **4) Identify and protect other child victims/witnesses**

- How should they be interviewed?
  - Formal Forensic Interview
- Should they be physically examined for injuries?

## **5) Crime Scene**

- Protected/preserved?
- Physical evidence collected/documentated?
- By whom?

## **6) Plan and coordinate all communications with the suspect**

## **7) Assess need for specialized Trauma Treatment**

Does the child or caregivers request counseling or exhibit any of the following symptoms:

- Hyperarousal, easily startled
- Fear or feelings of being unsafe
- Withdrawal or disassociative symptoms
- Significant changes in cognitive functioning, temperament, impulse control, mood, behavior, school performance, or sleep patterns
- Child is blaming self for abuse or has significant cognitive distortions about the events
- Child's family is having a difficult time coping with the abuse

### CPT CONTACT LIST

<b>Child Abuse Hotline</b>		P: 858-560-2191/ Hotline Fax for follow up reports <b>only</b> 8-694-5140 and 5141
<b>Child Welfare Services</b>		
Levant Street		P: 858-694-5141 F: 858-694-5725
North Central		P: 858-694-5141 F: 858-694-5307
Central Region -1750 5 <sup>th</sup> Ave		P: 619-557-3356 F: 619-557-3358
Central –Imperial		P: 619-338-2374 F: 619-338-2976
North Inland		P: 760-480-3404 F: 760-480-5412
North Coastal		P: 760-754-3456 F: 760-754-3530
South		P: 619-336-5777 F: 619-336-5813
East		P: 619-401-3800 F: 619-401-3745
<b>Police Departments – San Diego County</b>		
San Diego Police Child Abuse Unit	1401 Broadway San Diego, CA 92101	P: 619-531-2260 F: 619-531-2807 Dispatch: 619-531-2000
San Diego Sex Crimes (>14 years)		P: 619-531-2210 F: 619-531-2713
Carlsbad	2560 Orion Way Carlsbad, CA 92008	P: 760-931-2197 F: 760-929-0243
Chula Vista	276 Fourth Avenue Chula Vista, CA 91910	Dispatch: 619-691-5151 F: 619-691-5229
Coronado	578 Orange Avenue Coronado, CA 92118	P: 619-522-7350 F: 619-522-7837
El Cajon	100 Fletcher Parkway El Cajon, CA 92020	P: 619-579-3320 (M-F) P: 619-579-3311 F: 619-593-8271

## CPT CONTACT LIST

Escondido Office Manager: Sandra Embick Ofc: 760-739-6175	700 West Grand Avenue Escondido, CA 92025	Dispatch: 760-839-4722 F: 760-839-4722
La Mesa	8181 Allison Avenue La Mesa, CA 91941	P: 619-667-1400 F: 619-667-1419
National City	1200 National City Blvd. National City, CA 91950	P: 619-336-4460 F: 619-336-4479
Oceanside	3855 Mission Avenue Oceanside, CA 92054	P: 760-435-4911 F: 760-435-4575
<b>San Diego County Sheriff</b>		
San Diego Sheriff	Child Abuse Unit 9621 Ridgehaven Court San Diego, CA 92123	P: 858-974-2310 F: 858-974-2436 Dispatch: 858-565-5200
Alpine	1347 Tavern Road, Suite 2 Alpine, CA 91901	P: 619-659-2600 F: 619-659-2650
Campo/Tecate	378 Sheridan Road Campo, CA 91906	P: 619-478-5378 F: 619-478-9076
Encinitas	175 N. El Camino Real Encinitas, CA 92024	P: 760-966-3500 F: 760-942-5093
Fallbrook	388 E. Alvarado Street Fallbrook, CA 92028	P: 760-451-3100 F: 760-451-3141
Imperial Beach	845 Imperial Beach Blvd. Imperial Beach, CA 91932	P: 619-498-2400 F: 619-575-6754
Julian	2907 Washington St P.O. Box 369 Julian, CA 92036	P: 760-765-4718 F: 760-765-4778
Lemon Grove	3240 Main Street Lemon Grove, CA 91945	P: 619-337-2000 F: 619-698-4282
Pine Valley	28848 Old Highway 80 Pine Valley, CA 91962	P: 619-473-8774 F: 619-473-8367
Poway	13100 Bowron Road Poway, CA 92064	P: 858-513-2800 F: 858-748-7954
Ramona	1424 Montecito Road Ramona, CA 92065	P: 760-789-9157 F: 760-788-9077

### CPT CONTACT LIST

Ranchita/Warner Springs	25704 San Felipe Road S-2 Warner Springs, CA 92086	P: 760-782-3353 F: 760-782-4106
San Marcos	182 Santar Place San Marcos, CA 92069	P: 760-510-5200 F: 760-510-5201
Santee	8811 Cuyamaca Street Santee, CA 92071	P: 619-956-4000 F: 619-956-4070
Valley Center/Pauma	28205 N. Lake Wohlford Valley Center, CA 92082	P: 760-751-4400 F: 760-751-4430
Vista	325 S. Melrose, Suite 210 Vista, CA 92083	P: 760-940-4551 F: 760-630-9366
<b>District Attorneys</b>		
Kimberlee Lagotta Deputy District Attorney Chief, Family Protection Division		Ofc: 619-531-4418 Cell: 619-952-3506
Tracy Prior Deputy District Attorney Asst Chief, Family Protection Division		Ofc: 619-515-8694 Cell: 619-559-1539
Randy Lawrence District Attorney Investigator Commander, Family Protection Division		Ofc: 619-515-8641
Dan Nordell District Attorney Investigator Supervising DAI, Family Protection Div		Ofc: 619-615-6309
El Cajon		619-441-4621
South Bay		619-498-5608
North County		760-806-4135
<b>County Counsel</b>		
		P: 858-492-2500
<b>Federal</b>		
US Department of Justice DEA Metropolitan Correction Center		P : 619-585-4470 P : 619-232-4311

### CPT CONTACT LIST

Marine Corp	Camp Pendleton, CA 92055	P : 760-725-3888 F : 760-725-9702 CA : 760-763-2795 DV : 760-725-6777
NCIS Naval Station	3405 Wells Street, Suite I San Diego, CA 92136	P : 619-556-1364 F : 619-556-0999
FBI	9797 Aero Drive San Diego, CA 92123	P : 858-565-1255
US Attorney General	110 West A Street San Diego, CA 92101	P : 619-645-2001
<b>Out of San Diego County</b>		
Brawley Police	351 Main Street Brawley, CA 92227	P: 760-344-2111 F: 760-351-1719
Calexico Police	420 E. Fifth Street Calexico, CA 92231	P: 760-768-2140 F: 760-357-1241
Calipatria Police	140 West Main Street Calipatria, CA 92233	P: 760-348-2212 F: 760-348-7544
El Centro Police	150 North 11 <sup>th</sup> Street El Centro, CA 92243	P: 760-337-4525 F: 760-353-7301
Holtville Police	222 W. 4 <sup>th</sup> Street Holtville, CA 92250	P: 760-356-2991
Imperial Police	424 S. Imperial Avenue Imperial, CA 92251	P: 760-355-4327
Riverside Police	4102 Orange Street Riverside, CA 92501	P: 951-787-7911
Temecula Police	30755-A Auld Road Temecula, CA 92563	P: 951-696-3000
Westmorland Police	P. O. Box 267 Westmorland, CA 92281	P: 760-344-3457
Imperial County Sheriff	328 W. Applestill Road P. O. Box 1040 El Centro, CA 92244	P: 760-339-6302 F: 760-339-0137

### CPT CONTACT LIST

<b>Hospitals</b>		
Rady Children's Hospital – San Diego Chadwick Center - Administration Exams & Interviews Trauma Counseling – all sites  Hospital Social Work		858-966-5814 858-966-5980 858-966-4011  858-576-1700 x8176
Palomar Hospital		760-739-2150
Cathy McLennan		760-739-2156