DAVIS POLICE DEPARTMENT

YOLO COUNTY INTERAGENCY PROTOCOL FOR
CHILD ABUSE AND NEGLECT CASES
Policy and Procedure 2.13-C

DEPARTMENT MANUAL

Index as:

Child Abuse
Youth Services, Child Abuse
Molest Cases
Juvenile, Child Abuse

I. STATEMENT OF ISSUE

The purpose of this interagency protocol is to create a coordinated, consistent, and countywide response to child abuse and neglect which reduces trauma to victims, increases child protection, and aids in the successful prosecution of offenders.

By issuance of this Policy, The Davis Police Department adopts in whole the interagency protocol and Memorandum of Understanding. Agency specific protocol has been added to more clearly define internal responsibilities and reporting requirements. Any such addition is in bold underlined Arial Narrow 11 font.

Related Policies and Procedures for referenced cross reporting and further direction include; 2.12-C, Investigations Callout, 3.16-B, Temporary Detention of Minors.

II. PROCEDURE

A. Introduction

Children, by definition, are immature in their physical, cognitive and emotional development. Many times the person who is abusing them is a person they love and trust such as a parent or caretaker. Often, the offenses take place repeatedly over an extended period of time, and in the privacy of a home. There is little if any evidence to collect to substantiate the allegation of abuse unless the officer knows what to look for. Many times the offenders are sophisticated in their operations and intimidate the child victim into remaining silent. The child feels guilt and fear about the abusive environment, but in many cases, it is all they know. They fear that their revelation of the abuse will mean the loss of a loved one through incarceration and their own placement in a community childcare facility.

B. Participating Agencies

1. Yolo County District Attorney’s Office
2. Yolo County Department of Employment and Social Services
3. Yolo County Multi-Disciplinary Interview Center

1Guidelines for the Investigation of Child Physical Abuse and Neglect, Child Sexual Abuse and Exploitation, California Commission on Peace Officer Standards and Training
The agencies listed above, and their governing bodies, recognize that child abuse cases are sensitive and complex. They are more time consuming and require more follow-up than other kinds of criminal cases. When a child is abused, many systems and services are put into action. The varied aspects, levels of child abuse cases, and services can become overwhelming and confusing for the victim and family. Child victims are often interviewed by a multitude of professionals, sharing their experience repeatedly. Contradictions in interviews are often used to discredit the child resulting in loss of validation for the victim and conviction of the perpetrator. Everyone working with children during the investigative, recovery, and court processes of child abuse investigations must be sensitive to the potentially devastating impact that the process and continuous re-emergence of the elements that were part of the original trauma might have for the child. This re-victimization may not only intensify the trauma to the victim or witness, but also may cause behavior that acts as an additional barrier to a successful investigation or intervention.

Therefore, it is agreed that it is in the interest of the criminal justice system not to add to the trauma of child victims whose continued cooperation is crucial to the success of their efforts, and that it is in the interest of those whose primary goals are to support and protect children to avoid doing things that could make the legal process more difficult for child victims or that might compromise the integrity of children’s statements or the ability to validate those statements. It is further agreed that an ideal investigation includes a joint response to the scene by law enforcement and Child Welfare Services. Together they determine an interview strategy and direction. Both parties need to know the circumstances of the abuse and enough information to determine if out-of-home placement of the child is necessary for the child’s safety.

D. Protocol

The following protocol will be included in the participating agencies' Policies and Procedures Manuals, represents an agreement on basic standards of child abuse investigations, and aims to improve consistency, countywide. This protocol is not intended to replace each agency’s existing protocol or to be as comprehensive, but to supplement the current protocols with an interagency agreement on minimum standards to be followed when responding to child abuse cases. These standards will be implemented by all agencies in a unified effort to work cooperatively to reduce system-inflicted trauma for child victims. This protocol is not intended to be the authority on child abuse, nor would the guidelines below apply in all circumstances; however, it is hoped that the sensitivity to which this protocol speaks will be applied to any situation where a child is a victim or witness. Revisions to this protocol will be discussed with all involved agencies at the request of any one agency. Representatives from the above listed agencies will meet a minimum of four times a year to measure/evaluate, revise, update, and ensure protocol compliance countywide. Any
disputes/conflicts regarding this protocol will be discussed at that time. Mandated training on this protocol will be incorporated into all First Responder agencies' training curriculum a minimum of twice per year.

E. Investigation: General Information

Joint Response
In response to all reports of child maltreatment in Yolo County, to the greatest extent possible, all involved agencies will coordinate a joint response to all cases which indicate possible involvement by multiple agencies. This will minimize duplication of efforts, reduce trauma to victims, and limit the chances that cases will "fall through the cracks" beyond initial intake. Every effort, by every agency, will be made to limit the number of interviewers and minimize the number of times a child is interviewed throughout the investigative process.

Child Welfare Services
Child Welfare Services (CWS) responds to all reports of child maltreatment when the perpetrator resides in the same home as the victim. In cases when a child is abused by a perpetrator who does not live in the home, Child Welfare Services responds if there is a concern that the child’s primary care provider(s) was negligent in their failure to protect the child from the abuse or about their ability to protect the child in the future. Upon responding to a report, Child Welfare Services' workers assess the situation and risk to the child, make appropriate recommendations (in conjunction with law enforcement), and complete referrals to other agencies as needed.

The Emergency Response Program is a component of Child Welfare Services and responds to reports of abuse, neglect, or exploitation for the purpose of providing initial intake/assessment services and crisis intervention to maintain the child safely in his/her own home or to protect the safety of the child through out-of-home placement. The Emergency Response unit investigates the allegation, assesses the risk to the child, and makes recommendations to Juvenile Court on behalf of the child. To file a successful petition, the Emergency Response Worker must be involved in the criminal investigation and provided with adequate information to fulfill their responsibilities. Child Welfare Services staff provide immediate response to situations of imminent and substantial risk to a child, and respond within ten days of the initial report to all other referrals. Referrals are prioritized according to risk to the child.

Multi-Disciplinary Interview Center (MDIC)
A detailed description of the MDIC in enclosed in section III of this protocol. All cases referred to the MDIC will be reviewed by the team for recommendations and plan. While the MDIC may not have extensive involvement with all reports of child maltreatment, center personnel will review all referrals and initiate the appropriate response systems through the multi-agency collaborative.

Law enforcement
Please refer to the California Commission on Peace Officer Standards and Training’s (POST) Guidelines for the Investigation of Child Physical Abuse and Neglect, Child Sexual Abuse and Exploitation, published December 1998. It is recommended that every law enforcement Agency in Yolo County incorporate these guidelines into their agency-specific procedures and protocols. In cases that are accepted by the MDIC, the investigative responsibilities outlined in these guidelines will be divided and shared by MDIC personnel and the referring law enforcement agency as outlined in the MDIC protocol, policies, and procedures. These guidelines will be followed as a minimum standard by all investigators assigned to the MDIC. In incidences when the guidelines appear in conflict with the California Medical Protocol for Examination of Sexual Assault and
Child Sexual Abuse Victims, produced by the Office of Criminal Justice Planning (OCJP), the POST guidelines will be followed secondary to the medical protocol.

Minimum Standards for levels of professional competency
All personnel involved in responding to child abuse from the above listed agencies will meet the minimum standards according to their agency job duty statements. All personnel assigned to the MDIC team will be in good standing in their agency with no history of inappropriate conduct involving children.

Transporting child victims and their family members
Child Welfare Services, law enforcement, and/or MDIC staff may transport a victim and/or victim's family for the purposes of performing duties which fall within their agency roles and responsibilities and to help lessen the anxiety associated with the investigative and court processes. All drivers must have a valid California Driver's License, use city or county vehicles, and be covered by the city’s/county’s automobile insurance policy(s). Davis PD employees shall follow PP 2.03, Seatbelts and Child Restraints, when transporting any person.

F. First Response/Preliminary Investigation Protocol

All reports of child abuse or neglect, including those reports received on a 11166 form, will be immediately entered into RIMS by dispatch as a pending call for service. Dispatch shall then notify the on-duty Watch Commander of all reports of child abuse or molest, including those cases where notification has come to the department via a 11166 form. The Watch Commander shall review the call for service and notify an Investigations supervisor or manager to determine whether Investigations or Patrol will handle the initial response and then monitor any response to ensure it is appropriately handled. The Watch Commander has the authority to call out Investigations pursuant to PP 2.12-B.

In the absence of an investigator being able to respond to the initial report, the first responder shall be determined by the Watch Commander, or an Investigations supervisor or manager. Once the first responder is determined, they shall be responsible for completing section II, F of this policy. Any reporting to the MDIC or requests of medical exams shall be made by Investigations personnel pursuant to this policy.

It is the responsibility of the First Responder(s) to obtain demographic information about the child and prepare a brief written statement regarding the preliminary information obtained which indicates the existence of a reasonable suspicion of abuse. When responding to a call of alleged child abuse, officers will:

1. Identify the reporting party(s). Determine how the allegations came to their attention
2. Cross-report the information to Child Welfare Services by phone (during business hours: (530) 669-2345; after hours: Call Dispatch) for a possible in-person response to aid in the preliminary investigation and assessment of the child(ren)’s safety as soon as possible
3. Obtain a recent photograph, if possible, of the alleged perpetrator for identification purposes
4. Identify the victim(s) and ensure their safety, consult with Child Welfare Services, and place a protective custody hold when necessary
5. Identify other pertinent individuals who may have information regarding the allegations
   • When possible, obtain detailed statements from these individuals regarding the incident(s) including dates, time, and location
   • If these individuals are not available, or it is not possible to obtain their statements during the preliminary investigation, include information necessary to locate them
6. Determine if an immediate medical evidentiary exam is indicated and make the necessary arrangements for the exam. Refer to section VIII (below) for guidance in this step
7. Collect physical and corroborating evidence
8. Take photographs of crime scene
9. Conduct a complete preliminary investigation and prepare the necessary reports

Possible indicators of abuse
1. Physical Trauma
2. Adult has suspicions or concerns
3. Child makes statement
4. Child has behavior changes

Preliminary Interview
A preliminary interview will be conducted at the time the law enforcement agency and/or Child Welfare Services first responds to an initial report of child abuse. The initial interviewer(s) should focus on obtaining sufficient information to determine the following:
1. Is there a reasonable suspicion that a crime has occurred?
   Reasonable suspicion may include a statement by the child indicating possible abuse; knowledge by others that the child has made statements indicating possible abuse; statements of witnesses who have observed abuse; medical reports indicating physical findings of abuse; and/or unusual sexual behavior by the child that is well beyond normal developmental experience.
2. Is the child at imminent risk of abuse if he/she remains in the parent’s or care provider’s care?
   If the preliminary interview and investigation supports the allegation that the child has been abused by a parent or care provider and the non-offending parent or caretaker is unwilling or unable to take the necessary steps to protect the child, the first responding law enforcement officer and social worker should arrange a protective custody hold on the child. Contact by the first responding law enforcement officer must be made with the child, in conjunction with Child Welfare Services, in order to complete this step. A preliminary victim interview sufficient to obtain only the necessary information at the time may have to take place.

Victim Contact
1. Explain your role
2. Be supportive and sensitive to the Interagency Protocol and First Responder Training
3. Obtain background information
4. Avoid an in-depth interview if the victim is under the age of fourteen. Only obtain the necessary information to determine: a) suspicion of a crime and b) child safety.
5. If the victim is fourteen or older, and begins disclosing in a narrative format, do not shut the victim down. Listen to the entire statement and document it accordingly. If the responding officer and social worker have established good rapport with a teenager older than fourteen and the interview appears to be occurring in the least traumatic manner possible, it is up to the First Responders’ and their respective agencies’ discretion as to when to terminate the interview.

Review questions for First Responders prior to leaving the scene:
1. Is there preliminary evidence of a crime?
2. Will the child be safe in the present home or location?
3. Does the perpetrator have a method of contacting the child?
4. Is the non-offending parent prepared and able to cooperate and protect the child?
5. Is a protective custody indicated?
6. Is an Emergency Protective Order (EPO) indicated?

If the preliminary investigation determines that a reasonable suspicion exists that the child has been abused, the first responder will take the necessary steps to ensure the child(ren)'s safety and submit a report before the end of his/her shift with a recommendation to the MDIC for review. Upon receiving this report, it is the responsibility of the Sergeant/Lieutenant in charge of investigations to immediately refer the case to the MDIC for assessment. If the case falls within the Intake Criteria of MDIC, it will be referred for team review regardless of whether an additional interview is indicated. The MDIC Program Director will coordinate with the MDIC Team and review the case for intake and recommendation.

**Impact of Preliminary Investigation**

1. It is essential for law enforcement officers to be aware that the actions taken during the preliminary investigation coupled with the quality of the police report, will have a crucial bearing on the protection of the child and the successful prosecution of the case. Defense strategies might focus on the following:
   - All interviews/statements taken of the victim
   - The victim(s) themselves
   - The officer/investigator
   - The victim’s family and family dynamics

2. Investigators/Officers will refrain from using any editorial comments or subjective opinions in their written reports.

3. All law enforcement officers will be provided on-going training to increase their awareness of the possibility that, during the course of their investigation, they might reintroduce some of the same elements that contributed to the initial trauma of the child. Law enforcement officers will perform their duties while exercising sensitivity to the following facts:
   - Child abusers have been known to dress as uniformed law enforcement officers, health workers, and religious workers, and/or use some of the common implements of those occupations (e.g., handcuffs, firearms, stethoscopes, and religious symbols). Unfortunately, individuals in these occupations also have abused children.
   - Investigative tools such as video or Polaroid-type cameras may have been used during the commission of the offense. The display of these items or figures, or reintroducing other elements of the offense, by professionals who are trying to build trust, may further traumatize victims. This is not to deny the investigator the use of often very necessary tools; however, the presence of a negative reaction by the victim may result in a need to modify the investigative process.
   - Interviewing a child in his or her bedroom, in an attempt to gain privacy, actually may be returning with the victim to the scene of the crime to discuss the details of the crime. Additionally, victims often feel the presence of the perpetrator in their room and as though “the walls can talk/hear.” For these reasons, even a preliminary interview in this setting may cause further trauma to the victim and is likely to decrease the likelihood that he/she will disclose necessary information.
Follow-up Interviews

The involved agencies are committed to reduce, as much as possible, the traumatic aspects of the investigative process in cases involving child victims/witnesses. Accordingly, each agency agrees that detectives, social workers, attorneys, and/or attorneys’ investigators will not re-interview a child regarding specific details of abuse unless there is an articulated reason to do so.

G. Medical Examinations

An evidentiary examination for child sexual abuse cases is indicated when one or more of the following factors are present:

1. The existence of recoverable evidence is suspected. This may include, but is not limited to, trace evidence, serology, scarring, and other observable irritation. It should be noted that recoverable evidence can be obtained if skin-to-skin contact between the perpetrator and the victim occurred within four days of the exam
2. There is a suspicious genital injury
3. Allegations of genital or anal penetration. This includes digital penetration and penetration by a foreign object.
4. Presence or suspicion of a sexually transmitted disease.

The University of California, Davis, Medical Center, CAARE Diagnostic and Treatment Center, is the preferred resource to be used when a medical examination is required for a child suspected of being sexually abused. However, medical necessity and/or individual case discretion may be used. All medical exams of suspected victims of child sexual abuse will be performed in accordance with the California Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims published by the Office of Criminal Justice Planning, October 2001. When needed for prosecution, evidentiary exams will be paid for by the law enforcement agency that has jurisdiction. Otherwise, the requesting agency will be responsible for payment. Services provided by CAARE Diagnostic and Treatment Center are as follows:

1. For children, less than 16 years old, disclosing sexual abuse within 72 hours of the incident, law enforcement or CWS will arrange for an immediate forensic evaluation to be performed by the 24-hour on-call pediatric team. This team is managed by an associate physician and is comprised of physicians, nurse practitioners, and social workers. Exams are performed at the CAARE Diagnostic Center or the Emergency Room, if the exam is taking place after 5:00 p.m.
2. For children, less than 16 years old, disclosing sexual abuse after 72 hours of the incident, medical/evidentiary exams will be arranged with the CAARE Diagnostic Center on a scheduled basis by MDIC staff. The CAARE Diagnostic and Treatment Center is staffed with a medical assistant, social worker, a pediatric nurse practitioner and a supervising physician.
3. All examinations are performed in accordance with the California Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims.
4. For Developmentally Delayed victims, the CAARE Diagnostic and Treatment Center will perform the exam with no age restrictions.
5. The CAARE Diagnostic and Treatment Center needs to have a signed authorization form prior to beginning the exam. Either law enforcement or Child Welfare Services can sign this form. This form can be faxed to CAARE. Once they have this form, they can schedule the exam with non-offending family members/care providers/foster families/etc.
6. Victims who are 16 years and older will receive evidentiary exams according to the Sexual Assault Response Team (SART) protocol.
7. All child sexual abuse cases, countywide, will be referred to the MDIC within 24 hours of the initial report by the First Responder. If an exam did not take place immediately following the initial report, that decision will be reviewed by the team upon referral to the MDIC. The MDIC Team will convene, determine whether a medical exam is indicated, and make necessary arrangements related to the exam including authorization and transportation of the victim/family. This does not relieve the First Responder from determining if an immediate exam is indicated and acting accordingly.

H. Court Proceedings

Whenever possible, in all court proceedings, including criminal, dependency, and family law, the following guidelines will be followed in the preparation of a child victim/witness testimony. It is the belief of each agency that the application of these guidelines to the child victim/witness will help minimize the child’s feelings of anxiety and distress, ensuring accuracy, completeness, and integrity of testimony.

1. Attorneys will limit the number of continuances in each case unless a continuance is in the best interest of the child.

2. Attorneys will do everything in their power to expedite the case including utilizing Penal Code (PC) 1048 for priority court calendaring.

3. Attorneys will resist pretrial release of defendants and make all efforts to shorten the length of time between arrest and case disposition.

4. Attorneys will utilize Evidence Code 1100 et seq., to provide information pertinent to propensity including, but not limited to, police incident reports, child welfare history, and anytime the defendant has come to the attention of authorities.

5. To protect the rights of child victims, attorneys will invoke PCs 1346 and 1347.

6. Personnel will share pertinent information about protective orders, prior history, criminal background checks, court actions, and placement orders, as appropriate.

7. Specific concerns and fears of the child victim/witness regarding the alleged perpetrator communicated during the child welfare, dependency, family court, and/or MDIC processes will be shared with the prosecutor handling the criminal prosecution of the alleged perpetrator, when appropriate. Conversely, the assigned prosecutor will inform the necessary parties of any “No Contact” orders as they relate to the criminal case.

8. When appropriate in dependency proceedings, attorneys will file a written motion requesting the court permit the child victim/witness to testify in chambers pursuant to Welfare & Institutions (W&I) Code Section 350.

9. In advance of the hearing, the victim advocate and/or attorney will arrange a visit to the courthouse for the child, explaining the process and discussing the physical setting of the court in which the child will be testifying. This lets the child victim/witness become familiar with the courtroom, judge’s chambers and court personnel.

10. Whenever possible, attorneys and/or Court Investigators will ask the court's permission to rearrange the courtroom and/or chambers to make the setting less intimidating for the child victim/witness.

11. Attorneys will schedule the child victim/witness testimony with sensitivity to the child’s age and routine.

12. Attorneys will meet with the potential child witness in advance of the hearing in order to establish rapport with the child victim/witness.

13. Attorneys will prepare the child for the kind of questions he/she will be asked in court by all counsel and court and will advise the child that responses like “I don’t understand the question” and “I don’t know” are permissible responses.
14. Attorneys will, as part of the written W&I Code Section 350 motion, or pursuant to PC
Section 868.5 in criminal proceedings, request that an available and appropriate support
person of the child’s choice be present during testimony.
15. Attorneys will encourage the child to bring a favorite toy or object to hold during
testimony.
16. Attorneys will be sensitive to the child’s age and level of cognitive and emotional
development in their interaction with the child and will attempt to ensure that the
interaction of others with the child is appropriate.
17. Attorneys will work to control the questioning of the child to ensure questions are asked
in an age-appropriate manner and without causing undue embarrassment to the child.
18. Attorneys will request that objections be argued outside the hearing or presence of the
child, and will explain to the child that objections do not mean they have done
something wrong.
19. Attorneys will be sensitive to the need for the child victim/witness to take breaks during
testimony.
20. To assist the court in complying with the Evidence Code Section 765, child
development experts will be consulted, when appropriate, to advise the court in
developing guidelines for courtroom examination of a child victim/witness, especially
when there is a concern about the child’s developmental functioning.

III. Yolo County’s Multi-Disciplinary Interview Center (MDIC)

A. Mission Statement

We will coordinate a multi-agency response to child abuse which reduces trauma to victims,
increases child protection, and aids in the successful prosecution of offenders by providing a child-
friendly center where the investigation of child abuse can be expedited and where victims and their
families receive effective and immediate support. We are committed to providing quality care for
our child victims and their families while striving to protect our community.

B. Goals

1. To accomplish the above mission by use of a collaborative center which will reduce
system inflicted trauma, eliminate fragmentation of cases, increase victim support
services and provide effective:
   • forensic investigations,
   • prosecutions,
   • child protection assessments,
   • victim support services, and
   • mental health assessment/services to our child victims and their families.
2. To provide a safe and supportive environment in which a child can share information
regarding what their experience has been.
3. To provide videotaped forensically sound interviews of child victims.

Collaborative Center

As a collaborative, the involved agencies dedicate the resources necessary to provide consistent and
thorough services countywide. This combination of services and resources existing under one roof,
which formerly was divided among a variety of community agencies (both private and public),
providing clarity and consistent information, support, and guidance is what makes this program
effective. It is not the goal of the MDIC to compete with existing agencies, but to collaborate with those agencies whose goals compliment our own, both benefiting from the partnership.

C. Location

The MDIC is located in the county seat at 204 Fourth St., Woodland, CA. It is in close proximity to eight of the twelve participating agencies.

D. Oversight Committee

The MDIC Oversight Committee is comprised of representatives from the participating agencies listed above and is responsible for the following:

1. Overseeing the MDIC policies and procedures
2. Evaluating program progress and outcomes
3. Making funding decisions
4. Identifying resources to support continued operation and to enhance services
5. Resolving programmatic issues
6. Resolving inter and intra agency concerns/conflicts
7. Instituting protocol changes

Oversight Committee Meetings
The Oversight Committee will hold regular meetings on a quarterly basis scheduled by the Program Director. Persons other than committee members may attend a regularly scheduled meeting to address specific issues when requested by the committee, or by appointment, as appropriate.

E. The MDIC Team

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<tr>
<th>Members</th>
<th>Additional Members</th>
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<tr>
<td>1. MDIC Program Director</td>
<td>(case dependent)</td>
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<td>2. Child Interview Specialist (CIS)(s)</td>
<td>Victim’s CWS Social Worker</td>
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<td>3. Deputy District Attorney(s)</td>
<td>Law Enforcement Detective/</td>
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<td>4. DA Investigator</td>
<td>Officer/Deputy on case</td>
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<td>5. CWS Emergency Response Worker</td>
<td>County Counsel</td>
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<td>6. Victim Advocate</td>
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<td>7. Mental Health Clinician</td>
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<td>8. Physicians Assistant/Nurse Practitioner</td>
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Team Meetings
The MDIC Team will meet monthly at a regularly scheduled time. Members also will be available by phone and by appointment for case consultation. All local Law Enforcement Officers, Deputies, and/or Detectives who are responsible for handling crimes against children are welcome and encouraged to attend these meetings. Individual cases will be discussed during the Team meetings. Whenever possible, the involved law enforcement agency and CWS social worker will be notified in advance if their case is going to be discussed.

Interview Participants
The following team members may observe MDIC interviews:
1. Deputy District Attorney
2. DA Investigator
3. CWS Social Workers
4. Law Enforcement Agency
The core members of the interview team will:

1. Receive ongoing training in child sexual abuse, child development, and interviewing techniques through attendance at continuing professional education conferences as well as in-service training and ongoing review of professional literature.
2. Be familiar with types of information and details relevant to alleged abuse that should be obtained from victims/child witnesses to meet the needs of the case.
3. Have competence in the evaluation of child victims where abuse has occurred.
4. Be familiar with corroborating evidence that should be obtained in child abuse cases.
5. Remain familiar with defense strategies.
6. Remain current with relevant research including the Child Abuse Accommodation Syndrome and memory and suggestibility studies involving children.

Case Briefings/Debriefings
Prior to every MDIC interview, appropriate team members will participate in a case briefing, discussion, and interview plan. Directly following every interview, the interview participants will debrief, discuss the case, and develop a plan of action. Please refer to section III (H) for guidelines for these meetings.

F. Intake
The MDIC serves child victims suspected of being abused, neglected, and/or exploited in Yolo County. The MDIC team will review and make recommendations regarding all referred cases; however, children who are suspected of being victims of sexual abuse and/or exploitation will be interviewed and investigated by the MDIC as a priority. All other requests for MDIC interviews/investigations for cases involving child witnesses/victims will be evaluated by the team on a case by case basis. Cases other than sexual abuse and/or exploitation may be rejected for criminal investigation by the MDIC due to caseload limitations. Cases not accepted for investigation will remain the responsibility of the law enforcement agency in whose jurisdiction the crime occurred.

MDIC support and follow-up services are available to referred children and families regardless of which agency is conducting the criminal investigation. Law enforcement officers and local task forces are encouraged to refer child victims of all forms of maltreatment who come to their attention, throughout the course of their duties, for support services and referrals by the MDIC. All referred cases will be evaluated for appropriate support and follow-up services. This does not relieve the referring agency from responsibility to investigate criminal activity.

The interview and investigative components of the MDIC are available to victims of sexual abuse and/or exploitation as a priority because the proof involving sexual abuse of children is primarily based upon the testimony of the child. Since the child’s statement may be the sole evidence of abuse, the statement and the manner in which it is obtained is significant. For this reason, all child victims suspected of being sexually abused and/or exploited in Yolo County will be referred to the MDIC for team review and recommendations. Depending on the age of the victim and information obtained in the initial report, the team will determine whether or not an MDI is indicated.
Criteria
The MDIC provides services to children who are involved in court and/or investigative proceedings. This includes, but is not limited to, children who have been physically abused, sexually abused, exploited, neglected, and/or maltreated as well as children who have witnessed violent or traumatic crimes including, but not limited to, domestic violence, rape, homicide, and kidnapping.

For purposes of clarification, "child" is defined as all persons under the age of 18 years. "Sexual abuse and/or exploitation" is defined as any/all activity described in California Penal Code (PC) sections: 220; 243.4; 261; 261.5(d); 264.1; 266j; 269; 286; 288; 288a; 288.2; 288.5; 285; 289; 311.1; 311.2; 311.3; 311.4; 311.10; 311.11; and 647.6.

All minors allegedly victimized according to any/all sections of PC section 261.5 whose perpetrator is an authority figure and/or in a parental role in the victim’s life will be referred to the MDIC for team review and recommendations. Perpetrators in this category include a parent, a step-parent, a parent’s partner, an aunt, an uncle, a grandparent, a foster parent, a guardian, and/or another relative or non-relative care provider as well as, school personnel, law enforcement, clergy, advocates, mentors, and/or health and human service providers who are providing direct services and/or are seen as an authority figure by the minor.

Process
1. After completing the above First Response Protocol, the First Responder will refer all cases meeting the intake criteria for the MDIC to the Sergeant/Lieutenant in charge of investigations.
2. The Sergeant/Lieutenant in charge of investigations immediately will refer the case to the MDIC (if CWS has not already made the referral) for team review while simultaneously assigning it to an investigator.
3. The MDIC team will be available for case consultation at any step in this process. The team also is available to respond, to assist, and to consult with the First Responder in cases of emergency or uncertainty.
4. The Program Director will coordinate with the MDIC Team and review the case for intake.
5. A brief written report will be prepared providing the basis for case decisions/recommendations made at intake. If the team does not recommend an MDI, then this report will clearly document the reason for that decision.
6. Intake reports will be open for review by the MDIC Team and Oversight Committee at regularly scheduled meetings.

G. Roles and Responsibilities

PARTICIPATING AGENCIES
District Attorney’s Office
The District Attorney’s Office is the lead agency for the MDIC and has five roles with respect to it. First, it assigns a representative to serve on the Oversight Committee. Second, the District Attorney’s Office is responsible for hiring and supervising the Program Director of the MDIC. Third, the District Attorney’s Office is responsible for supervision of the Victim/Witness Assistance Program.
Fourth, the District Attorney’s Office has responsibility for prosecuting the criminal cases that are filed if the evidence gathered through the MDIC process is sufficient to support felony criminal charges. The District Attorney’s Office will not prosecute cases which meet the intake criteria and have not been referred to the MDIC Team for review unless an approved reason not to follow the protocol is clearly documented in the case file. Deputy District Attorney(s) (DDAs) and DA Investigator(s) assigned to these cases will be required to fully participate in the MDIC protocol and team, throughout the cases. Whenever possible, the District Attorney’s Office will assign cases fitting the intake criteria outlined above to experienced DDAs whose caseload responsibilities allow them to apply the time necessary to effectively prosecute these difficult cases. Additionally, every attempt will be made to assign the case to the DDA who participated in the MDIC case reviews and interview.

Finally, The District Attorney’s office assigns a DDA(s) and a DA Investigator(s) to work with the MDIC on a regular basis and participate on the team. Because consistency is key to the success of the program, it is preferable that the individuals filling these positions, upon assignment, make a minimum of a two year commitment to the program. This commitment will aid in development of expertise, community wide training, and successful teamwork. These positions will be filled by seasoned investigator(s) and attorney(s).

**Deputy District Attorney(s)**

DDA(s) assigned to MDIC cases will be responsible for the following activities:

1. Participating in team meetings and case reviews
2. Participating in case briefings and debriefings
3. Observing and/or reviewing all interviews conducted at the MDIC
4. Consulting with law enforcement and/or social workers to determine the nature and extent of any supplemental investigation which may be necessary
5. Consulting with MDIC Team to determine whether a medical-evidentiary exam is necessary
6. Assisting law enforcement officers with search and arrest warrants
7. Making filing decisions based on the MDIC interview, the law enforcement and child welfare services investigation, and any findings from the medical exam
8. Consulting with the charging attorney(s)
9. Encouraging a charge of 288.5, when appropriate, in child sexual abuse cases
10. Assisting with the referral and coordination of Victim Witness Services
11. Exchanging pertinent information between the District Attorney, the Department of Employment and Social Services, and law enforcement agencies on a case by case basis and at regularly scheduled MDIC meetings, as appropriate
12. Participating in MDIC Team training regarding forensic interviewing of children and the coordination of investigative procedures
13. Participating in Community Training

**DA Investigator(s)**

For cases meeting the intake criteria and accepted after team review, the DA investigator assigned to the MDIC’s duties will include but not be limited to:

1. Participating in team meetings and case reviews
2. Participating in all case briefings and debriefings
3. Participating in and observing MDIC interview
4. Preparing the written report of the MDIC interview
5. Assuming responsibility for videotape: copying, booking into evidence, and distributing to law enforcement and Child Interview Specialists
6. Assuming responsibility for interview drawings and diagrams; copying, booking into evidence and distributing to law enforcement
7. Consulting with the MDIC Team regarding the need for a medical-evidentiary examination
8. Consulting with law enforcement regarding child abuse cases
9. Providing victim/family transportation
10. Assisting with arranging protective custody if the outcome of the interview determines that there are no services which will ensure the child’s safety if he/she remains with the parent(s)
11. Assisting with Protective and No Contact Orders
12. Completing or coordinating any supplemental investigation necessary for prosecution or a child welfare dependency filing
13. Performing court related duties
14. Participating in MDIC Team training regarding forensic interviewing of children and the coordination of investigative procedures
15. Consulting with other MDIC team members regarding criminal or child welfare dependency actions which may be appropriate
16. Consulting with other MDIC teams

Local Law Enforcement Agencies

Law enforcement agencies within Yolo County have three roles with respect to the MDIC. First, each law enforcement agency will appoint a representative to serve on the Oversight Committee. Second, law enforcement officers often are either the First Responders to reports of suspected child abuse or become aware of possible child abuse while on scene for other police business. For this reason, it is necessary for every law enforcement agency to incorporate the MDIC and First Responders Trainings into their patrol training schedule on a regular basis. This training will be standardized and provided countywide.

Third, law enforcement agencies have the responsibility of conducting the initial investigation of reports of suspected child abuse to determine if a crime has been committed and to ensure the safety of children. This may include securing a crime scene, taking witness statements, and/or collecting physical evidence. First Responding officers will follow the guidelines outlined in section VII of this protocol. After the initial investigation, law enforcement officers also will assist the DA Investigator in serving search warrants and collecting evidence. All attempts, by all agencies, will be made to incorporate the use of Child Welfare Services into the law enforcement investigative process. This will minimize duplication of efforts and reduce trauma to the victim. Every effort will be made to limit the number of interviewers and minimize the number of times the child is interviewed throughout the investigative process.

Law Enforcement Investigator

The DA Investigator assigned to the MDIC will take the lead on the victim portion of the case. Together, the DA Investigator and the law enforcement investigator will develop a case plan and stay in frequent communication with each other, coordinating and consulting. The law enforcement investigator may be involved in as much or as little of the pre-interview investigation as agency resources allow. The law enforcement investigator/agency who is assigned to the case retains the following responsibilities:
1. Stay in contact with the MDIC DA investigator and Team regarding case progress
2. Participating in team meetings and case reviews of assigned cases
3. Participate in MDIC interview
4. Observing MDIC Interview
5. Follow the California Commission on Peace Officer Standards and Training’s (POST) Guidelines for the Investigation of Child Physical Abuse and Neglect, Child Abuse and Exploitation.

Department of Employment and Social Services
The Department of Employment and Social Services (DESS) has four roles with respect to the MDIC. First, it assigns a representative to serve on the Oversight Committee. Second, Child Welfare Services Social Workers are often either the First Responders to reports of suspected child abuse or become aware of possible child abuse while on scene for case related business. For this reason, it is necessary that Child Welfare Services incorporates the MDIC and First Responder Training into their training schedule on a regular basis. Third, DESS assesses risk to the child victim and provides services to ensure protection of the child. The Child Welfare Services Emergency Response or Case Carrying Social Worker (SW) will continue to be responsible for the initial screening and field contact with a child/family in accordance with existing CWS protocol and procedures. This SW is responsible for assessing risk to a child and making the appropriate recommendations/arrangements regarding protective custody, changes to the CWS case plan, and/or out-of-home placement.

If the SW ascertains from his/her initial assessment that the case may fall within the intake criteria of the MDIC, the SW will refer the case to the Team for review and recommendation. This does not relieve the SW of the responsibility to cross report the case to the appropriate agencies, including law enforcement. It is hoped that, in these situations, a joint first response will have been coordinated between law enforcement and Child Welfare Services. When a joint response has been coordinated, the SW and law enforcement officer will decide which agency will be responsible for referring the case to the MDIC. Additionally, Emergency Response Services provided by Child Welfare Services to the MDIC include:

1. Participating in team meetings and case reviews
2. Participating in case briefings and debriefings
3. Participating in and observing MDIC interviews
4. Performing 300 W&I Code assessments of every MDIC referral, as appropriate, within the Child Welfare System of Services
5. Completing an Emergency Response Referral, as appropriate
6. Coordinating with law enforcement and the team in the assessment and investigation of the case; assessing risk to the child and the ability of the care provider to protect the child from further abuse
7. Consulting with the MDIC Team regarding the need for a medical-evidentiary examination
8. Effectively presenting the social service perspective on criminal justice system decisions
9. Based on the findings of the investigation, the recommendations of the other agencies involved, and in consultation with County Counsel, deciding whether a dependency petition needs to be filed.
10. Performing follow-up and further assessment, as appropriate including completion or coordination of any supplemental investigation necessary for prosecution or a child welfare dependency filing
11. Collaborating with the team to ensure appropriate referrals are provided for the child and family in cases where the child is not placed in protective custody

Finally, if the child being interviewed is already involved in a Child Welfare Services case, every attempt will be made for the case carrying Social Worker to be present for the pre-interview case review. This Social Worker and/or a Social Worker assigned to investigate the allegation will participate in the entire interview process.

Fourth, Child Welfare Services provides the Child Interview Specialist (CIS)(s) to conduct the forensic interviews of all children at the MDIC. This person(s) will have experience interviewing children and will be trained in linguistically and developmentally appropriate interview techniques. Because consistency is key to the success of the program, it is preferable that this person(s) be able make a minimum of a two year commitment to the program upon assignment. This will aid in development of expertise, community wide training, and successful teamwork. This person(s) will be a Social Worker in good standing assigned to Child Welfare Services. CISs will not be assigned to or directly involved in the case investigation or protective custody/placement process.

**Responsibilities of the Child Interview Specialist (CIS)**

1. Conducting forensic interviews of child victims
2. Having competence in the evaluation of child victims where abuse has occurred
3. Remaining familiar with interview protocol and methods of presenting forensically defensible questions in a non-leading and developmentally appropriate manner
4. Remaining willing and competent at testifying in court
5. Receiving ongoing specialized training in the field of forensic interviewing including Child Forensic Interview Training (CFIT), MDIT training academies, the Northern Consortium, child development training, and training in the coordination of investigative procedures.
6. Being familiar with types of information and details relevant to alleged abuse that should be obtained from victims/child witnesses to meet the needs of the case
7. Being familiar with corroborating evidence that should be obtained in child abuse cases
8. Participating in case briefing and debriefing
9. Participating in regularly scheduled meetings with the MDIC team to share information, review cases and discuss issues related to MDIC procedures
10. Consulting with the MDIC Team regarding the need for evidentiary examinations
11. Remaining familiar with involved agencies, systems, and processes
12. Remaining familiar with defense strategies
13. Working cooperatively with the MDIC Program Director and staff to improve technique and hone skills
14. Participating in ongoing peer review processes both on sight and off
15. Remaining current with relevant research, professional literature, and current events, including the Child Abuse Accommodation Syndrome and memory and suggestibility studies involving children, related to forensic interviewing of children and child testimony
16. Providing training to the community including MDIC, First Responder Training and Child Abuse Awareness Education

**Department of Alcohol, Drug, and Mental Health**
The Department of Alcohol, Drug, and Mental Health has two roles with respect to the MDIC. First, it assigns a representative to serve on the Oversight Committee. Second, the Department of Alcohol, Drug, and Mental Health, Children Services Division, will assign a Clinician who is
Licensed or License eligible to the Team. Because consistency is key to the success of the program, it is preferable that this person(s), upon assignment, make a minimum two year commitment to the program. This commitment will aid in the development of expertise, community wide training, and successful teamwork. This individual will be responsible for the following:

1. Participating in regularly scheduled MDIC team meetings to share appropriate information, review cases and discuss issues related to MDIC procedures, with secured releases of information as necessary
2. Consulting with the MDIC Team regarding the need for and potential victim impact of a medical-evidentiary examination, with secured release of information as necessary
3. Providing intake/evaluation/assessment/referral of all child victims who receive services from the MDIC as appropriate and recommended by team
4. Providing intake/evaluation/assessment/referral of the immediate family of child victims who receive services from the MDIC, related to the traumatic event which brought them to the attention of the MDIC only, as appropriate and recommended by team
5. Participating in MDIC related training
6. Providing on-going case management services to the victim and family including:
   - Performing follow-up to ensure services are in place and appropriate
   - Providing re-referral services to other agencies, as necessary
   - As found clinically appropriate, providing periodic follow-up contacts with victim/family for a minimum of one year after the criminal case is concluded
7. Specific services may include, but are not limited to:
   - Intervention and stabilization
   - Critical incident case management
   - Assessment
   - Crisis triage services
   - Appropriate referrals/recommendations for long-term treatment and/or follow-up.

Please note that VOCA funding, private insurance, Medi-Cal, and direct billing of families will be utilized as appropriate for mental health services. Additionally, if the victim and/or family are not cooperative with attempts at engaging them in services, this will be documented and signed by the responsible family member when possible.

**Victim Witness Assistance Program**

The Victim Witness Assistance Program has two roles with respect to the MDIC. First, it assigns a representative to serve on the Oversight Committee and is responsible for oversight and recommendations with regard to the Victim Advocacy portion of the program. The Victim Witness Assistance Program will strive to ensure that all victims who come to the attention of the MDIC receive the appropriate services and advocacy. The Victim Advocacy portion of the program is separated into two essential components and utilizes partnerships with community agencies as well as MDIC assigned staff to fulfill the first component. As it’s second role, the Victim Witness Assistance Program fulfills the responsibilities outlined in the second component of the Victim Advocacy portion outlined below.

**VICTIM ADVOCACY PORTION**

All victims and families coming to the attention of the MDIC will receive referrals to appropriate community programs/services including the Family Law Facilitator and Victim Witness Assistance Program as well as assistance/guidance with completing Victims of Crime Program applications,
securing Restraining Orders, obtaining Guardianship packets, and initiating Family Court proceedings, etc. All families will receive information regarding child safety and protection.

**First Component**
The non-offending immediate family members of every child who is interviewed at the MDIC will receive support services from a victim advocate whose duties may include but are not limited to:

1. Participating in team meetings and case reviews
2. Performing initial intake including current family structure and dynamics, identification of members of the household and other persons significant to the case, current stressors, and understanding of what the child has been told about the interview
3. Remaining with the family while the interview takes place, answering questions, going over the above listed applications
4. Transporting the victim/family to and from the MDIC and evidentiary exam
5. Remaining with the family or the victim during the evidentiary exam
6. Performing follow-up with the victim and family after the criminal case is concluded

Operational Agreements will be developed with community agencies to fulfill the above responsibilities. These agreements will be reviewed as needed by the Oversight Committee. In cases in which the victim is assigned a Court Appointed Special Advocate (CASA), the CASA job duties will take precedence over the above with the MDIC advocate providing the services that do not fall under the duties of a CASA. If the CASA assumes any of the above duties, the CASA will provide the MDIC team with the necessary information prior to the interview.

**Second Component (Victim/Witness Assistance Program Portion)**
All victims in MDIC cases in which the District Attorney’s Office is filing criminal charges will be referred to the Yolo County Victim/Witness Assistance Program for support services throughout the criminal case. The advocate involved up until this point will now assume a secondary role in the criminal proceedings, and allow the Victim/Witness Program Assistant to build rapport with the victim and family and proceed with them through the criminal case. Please refer to the Victim/Witness Assistance Program protocol for a list of activities performed by this advocate. This person also will participate in relevant team meetings and case reviews whenever possible. In cases not filed by the District Attorney’s Office, the original advocate will remain involved with the victim and family.

**Yolo County Probation Department**
The Yolo County Probation Department has two roles with respect to the MDIC. First, it assigns a representative to serve on the Oversight Committee. This person will participate in resolving programmatic issues that arise when the suspect is a juvenile. For example, a recognized area of confusion between agencies is working with cases and families when the victim and suspect are siblings and reside in the same home. Discussion about policies and procedures will be facilitated between agencies in an attempt to anticipate and clarify roles for involved personnel. Second, it designates a contact person to be available to the team and to attend meetings, as necessary, for Probation related questions and cases.

**Yolo County Health Department**
The Yolo County Health Department has two roles with respect to the MDIC. First, it assigns a representative to serve on the Oversight Committee and advise staff regarding the medical component of the program. The Health Department will assist in and oversee the development of
medical resources including contract negotiations with the University of California, Davis, Medical Center and other local service providers. Second, the Health Department will accept referrals and provide follow-up services to victims and families identified by the MDIC Team who could benefit from Health Department services including, but not limited to, Public Health services, community outreach collaborations and educational programs.

CENTER-BASED PERSONNEL

Program Director

The Program Director for the MDIC is responsible for coordinating, maintaining, and supervising all aspects of the MDIC. The Program Director reports directly to the District Attorney and is responsible to the Oversight Committee for implementation of policies, procedures, program, and executive decisions made during regular scheduled meetings. The Director shall report back to the Oversight Committee on center progress, issues unable to be resolved at the program level, and on statistical measurement of the success of the program. Responsibilities include but are not limited to:

Program

1. Implementing, maintaining, and overseeing program
2. Implementing protocol and program changes as approved by the Oversight Committee
3. Observing and/or reviewing interviews conducted at the MDIC
4. Reviewing all cases referred to the MDIC and utilizing the team to decide whether an MDI is indicated.
5. Providing initial intake/needs assessment of families
6. Completing referrals to appropriate agencies
7. Accepting/Rejecting cases according to terms outlined in protocol
8. Following the preliminary report taken by a First Responder, contacting victim/family for the purpose of explaining the investigative and court processes, the current status of the case, the MDIC process, and how to prepare the child
9. Preparing victim and family for evidentiary exams, explaining process, and accompanying them to the exam, as necessary
10. On an on-going basis, contacting victim/family, as necessary, reviewing case status, and providing additional information/support for families of victims
11. Remaining familiar with criminal, family, and juvenile court proceedings including probate guardianships and all CWS programs
12. Possessing knowledge of all programs involved with the MDIC and making appropriate recommendations/referrals as necessary
13. Tracking and reporting on statistics

Team

1. Leading MDIC Team
2. Assisting team members better understand each other’s roles and perspectives
3. Participating in team meetings and case reviews
4. Participating in case briefings and debriefings
5. Consulting with MDIC Team to determine whether a medical-evidentiary exam is necessary
6. Assisting CISs in improving skills

Fiscal

1. Overseeing all fiscal responsibilities and daily operations of the center/program
2. Preparing and monitoring budget
3. Writing and managing grants
4. Fundraising

**Community**
1. Building/maintaining relationships and establishing operational agreements with department heads and community leaders
2. Providing Community Outreach, Child Abuse Awareness, Interagency, First Responder, and MDIC Training
3. Providing tours of Center
4. Performing Community Presentations
5. Organizing fundraising activities
6. Preparing press releases
7. Participating in MDIC training and academies
8. Actively participating in Northern Consortium and National Children’s Alliance
9. Representing county at State and Federal meetings/conferences

**General Responsibilities shared by MDIC office support staff/volunteers/interns**
1. Providing child friendly location where children and their families meet with the professionals in the Court, Child Welfare, and Criminal Justice Systems
2. Scheduling and coordinating MDIC interviews
3. Scheduling and coordinating evidentiary exams
4. Providing transportation of victims and families to interviews and exams
5. Assisting family in obtaining all appropriate resources and support including counseling, Restraining Orders, Guardianship packets, the Victim/Witness Assistance Program, Family Court information, and/or the Family Law Facilitator
6. Completing VOCA applications, as necessary
7. Providing reception
8. Answering community questions
9. Producing statistical reports/data input duties
10. Housing videotapes
11. Duplicating tapes
12. Making arrangements for tape transcription
13. Following-up with victim/family after investigation is complete
14. Following-up with victim/family after criminal case is concluded
15. Performing administrative support services

**Transportation**
MDIC assigned personnel will be available to transport victims and non-offending family members to the Center for all scheduled activities including but not limited to Center tours, interviews, and appointments with Center personnel. MDIC assigned personnel also will be available to transport victims and non-offending family members to evidentiary exams and related appointments at the CAARE Diagnostic and Treatment Center. Center personnel will make necessary accommodations for victims and family members with special needs and/or equipment (e.g. wheelchair).

**H. The MDIC Interview**

**Process**
Prior to the interview
1. The MDIC Team will review the preliminary reports and/or consult with the first responding officer or social worker to obtain additional information about the alleged abuse.
2. CWS as well as law enforcement history will be checked and shared in accordance with the Child Abuse Prevention and Treatment Act and California Welfare and Institutions Code sections 827(a), 830, 10850 et seq., 10850.1, 18951 et seq., and 18961.5 et seq. (excerpts attached)
3. A decision will be made as to whether an MDI is indicated.
4. A tour will be scheduled with the victim and family to familiarize them with the Center and answer questions regarding the process. The family will receive written information as well as discussion about best ways to handle discussion of the process and case at home. Children will be told the purpose of the interview and the manner in which it will occur, including the presence of observers, audio and videotaping.
5. The Victim Advocate will meet with the family and gain information about the family dynamics, make up, and current situation/stressors. Immediately prior to the interview, the Victim Advocate will determine if the parent/care provider(s) have talked with the child about the alleged abuse and what they told the child about the interview process.
6. Where communication barriers exist, all attempts will be made to surmount those barriers.

On the day of the interview
   1. The case team will meet to discuss the goals of the interview and agree on which topics will be covered in the interview and which topics will be followed-up on after the interview.
   2. Team members will share pertinent child welfare, MDIC, victim advocacy, criminal, and mental health information at this time.

During the interview
   1. The Victim Advocate will remain with the family of the victim discussing the process and “next steps,” filling out Victims of Crime paperwork, and providing information on Protective and Restraining Orders, Family Court Petitions, etc.

Immediately following the interview
The case team will debrief. Discussion will include, but will not be limited to:
   1. Follow-up action by law enforcement, Child Welfare Services, medical provider(s), victim advocate, and/or mental health provider(s) including what issues need follow-up and who will be responsible for the follow-up
   2. Whether or not probable cause exists for an arrest
   3. Whether or not a 300 W& I code petition and/or protective custody is indicated
   4. Whether or not an evidentiary exam is indicated. [Please note: the exam may have already taken place prior to the interview.]
   5. Assessing the ability of the non-offending care provider(s)/parent(s) to protect the child and respond appropriately
   6. Follow-up interviews of witnesses and collateral contacts will be decided and assigned
   7. Every reasonable effort to corroborate the child’s statements will be made:
      - Whenever possible, the evidence of the case will not rest entirely upon the victim’s statements.
      - Law enforcement and Prosecution will make every effort to corroborate the victim’s statements with physical evidence, circumstantial evidence, and expert testimony to explain standard behavior and disclosure patterns of victims of child sexual abuse.
• Search Warrants for collection of evidence including, clothing, sheets, towels, pornography, computers, software, videos, pictures, camera equipment, belts, ties, weapons, and verification of child’s description of the physical details of the environment will be obtained.

**Interview**
Please refer to the Child Forensic Interview Review Checklist below for a detailed accounting of key interview components as well as structure of the interview. A break will be taken prior to the closure phase in which the CIS will leave the room and meet with the observers to briefly discuss the need for any additional information.
# CHILD FORENSIC INTERVIEW REVIEW CHECKLIST

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<tbody>
<tr>
<td><strong>1. Preparation</strong></td>
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<tr>
<td>Preparation of the equipment</td>
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<td>Preparation of the room</td>
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<td><strong>2. Tour</strong></td>
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<td>Victim/family tour facility</td>
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<td>Answer questions</td>
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<td><strong>3. Introduction to task</strong></td>
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<tr>
<td>Identifying the interviewer and his/her job</td>
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<td>The room, cameras, observers, rules, etc.</td>
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<td>Credibility, consequences and agreement</td>
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<td>Defensible statements/options for telling</td>
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<td><strong>4. Rapport Building</strong></td>
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<tr>
<td>Name, age, family members, pets</td>
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<td>School, activities, friends</td>
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<td>Structured activity {e.g. drawing, coloring, etc.}</td>
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<td><strong>5. Developmental Assessment</strong></td>
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<td>Colors, Numbers; What child is learning in school</td>
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<td>Prepositions</td>
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<td>Concepts</td>
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<td><strong>6. Practice Narrative</strong></td>
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<td><strong>7. Transition</strong></td>
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<tr>
<td>“Now that we know each other … talking today”</td>
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<tr>
<td>Did anyone tell you what to say today?</td>
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<tr>
<td>Do you know why you are here today?</td>
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<td>Disclosure Statement</td>
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<td>{Move to Information Gathering}</td>
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<td><strong>8. Information Gathering</strong></td>
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<td>Who, Where, When, What, and How Details</td>
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<td><strong>9. Interviewer</strong></td>
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<td>Listens to the narrative</td>
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<td>“Tell me all about…”</td>
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<td>Follows topic to topic</td>
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<td>Uses question funneling</td>
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<td>Drawings to assist disclosure</td>
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<td>Dolls to assist disclosure</td>
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<td>Tests suggestibility</td>
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<td>Asks about family members response</td>
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<td>Asks who else knew, etc.</td>
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<td><strong>10. Photo Identification</strong></td>
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<td><strong>11. Topics /Other Abuse</strong></td>
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<tr>
<td>Movies or Videos; Computers</td>
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<td>Pictures; Magazines</td>
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<td>Witnesses</td>
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<td>Other victims</td>
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<td>Drinking, drugs, fighting, etc.</td>
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<td><strong>12. Closure</strong></td>
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<tr>
<td>Does child have any questions?</td>
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</table>
Is there anything else that should be talked about?  
If there are more memories, contact __________

13. Thank the child

I. Statistical Tracking

The MDIC utilizes a statistical tracking system that is ACCESS based and used by many MDICs throughout California. This database was created for the Humboldt County MDIC and has been adapted to Yolo County. It is consistent with State and Federal standards and will be used for:

1. Implementing standardized data collection
2. Performing essential tracking/reporting results
3. Producing quarterly reports for Oversight Committee
4. Understanding usage of program
5. Improving technique
6. Ensuring success of program
7. Promoting continued support of program from involved agencies
8. Producing information for grants/fundraising
9. Performing larger analyses (e.g. State/Federal consistency/tracking)

J. MDIC Guidelines for Cultural Competency and Diversity

The following guidelines were established to ensure that all clients are treated with respect and dignity:

1. No person shall be denied MDIC services on the basis of ethnicity, religion, disability, or sexual orientation.
2. Every effort will be made to interview children using their primary language. The MDIC utilizes member agency bilingual staff and interpreters from other agencies to assist with MDIC interviews.
3. MDIC Team members will receive on-going training in diversity issues including language, ethnicity, gender, disabilities, sexual orientation, religion, and culture. This training may be sponsored by an individual agency, by the MDIC, a state funded training center, other recognized programs, or as a collaborative of the MDIC member agencies.
4. Consideration of the above named issues will be given in each case when recommendations about protection and services are rendered.
5. Culturally and linguistically appropriate mental health interventions will be made available as part of the MDIC’s coordination of services with providers.

K. Confidentiality and Videotapes

Protected Information
Confidentiality of all information obtained through the MDIC program shall be maintained as provided by California law. All information received by Team members shall remain confidential. Specific areas of concern are reporting parties’ names and addresses and confidential information about the victims and their family members.

Sharing of Information Among Multidisciplinary Team Members
Please refer to the attached excerpts from the U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect and the California Welfare and Institutions Codes sections 827(a), 830, 10850 et seq., 10850.1, 18951 et seq., and 18961.5 et seq. regarding confidentiality, access to records, court proceedings, and sharing of information among multidisciplinary teams (as defined in W&I Code, 18951 et seq.) These attachments are provided to
alleviate concerns that interested parties may have, protect client confidentiality, promote interagency cooperation on behalf of our county's child victims, and to ensure compliance with this protocol as outlined above.

The attached information was photocopied from a guidebook on the development of multidisciplinary teams to address drug endangered children (Multi-Agency Partnerships: Linking Drugs with Child Endangerment), produced by the Office of Criminal Justice Planning. This book was chosen due to its easy-to-read format, font, and presentation of the relevant information contained in the codes. Please refer to the California Welfare and Institutions Code for the complete codes.

Videotapes
A current area of concern involves any potential of the victim’s family members, or persons known to the victim, viewing the videotape, outside of the court process, and not in the presence of an attorney involved in the case specific to the interview. For this reason, the MDIC is in the process of developing a Protecting and Limiting Order Re: Discovery of Video/Audio Tape(s) to present for approval to the necessary parties. This Order and procedure policy will be presented to/approved by the MDIC Oversight Committee prior to implementation of the Order.

There will be two original videotapes made of each interview. The tape that has the time and date included on the video shall be immediately retained by the District Attorney’s Office for report/case preparation and as evidence. The second copy will be returned to the law enforcement jurisdiction for case preparation. Upon completion of the case, the second copy will be returned to the MDIC for storage. Both tapes will be stored at the MDIC in the evidence storage area.

All other copies released for discovery shall be done in accordance with the Protecting and Limiting Order. The MDIC will be responsible for the necessary equipment and videotapes. Any person in possession of such tapes and cassettes shall be held responsible and will comply with the terms and conditions of the Order signed upon release of the tape.

L. Liability
All personnel who participate in the MDIC Collaboration is determined to be participating as a member of their respective agencies and those agencies and its employee shall be solely responsible for their actions according to the terms and conditions set forth by their employer, agency, and profession.

M. Resource Allocation
Yolo County District Attorney’s Office
Personnel necessary to complete the DDA & DA Investigator responsibilities as outlined in the above Protocol
Supervision of the Program Director
Supervision of the Victim/Witness Assistance Program
Serves as the Fiscal Agent
Training of personnel

Yolo County Department of Employment and Social Services
Personnel necessary to complete the CWS, Emergency Response, and Child Interview Specialist responsibilities as outlined in the above Protocol
Training of personnel

**Yolo County Department of Alcohol, Drug, and Mental Health**
Personnel necessary to complete the responsibilities as outlined in the above Protocol
Training of personnel

**Yolo County Victim Witness Assistance Program**
Personnel necessary to complete the responsibilities as outlined in the above Protocol
Training of personnel

**Yolo County Probation Department**
Personnel necessary to complete the responsibilities as outlined in the above Protocol
Training of personnel

**Yolo County Sheriff’s Office**
Annual contribution toward operating expenses and center-based personnel

**Woodland Police Department**
Annual contribution toward operating expenses and center-based personnel

**West Sacramento Police Department**
Annual contribution toward operating expenses and center-based personnel

**Davis Police Department**
Annual contribution toward operating expenses and center-based personnel

**University of California, Davis, Police Department**
Annual contribution toward operating expenses and center-based personnel

**Winters Police Department**
Participation in protocol and commitment to contribute to funding of program as soon as funds are available
Memorandum of Understanding (MOU)

The signatures below represent a commitment to the success of the MDIC program. Each agency commits to the resource allocations outlined above and agrees to support this program on a long-term basis. This agreement will be reviewed on an annual basis; however, it is recognized that permanent county positions will be established as a result of this funding and program. The involved agencies are committed to continuing their commitment to this program to the extent possible and as long as the program fulfills its responsibilities as outlined above.

The agencies below indicate an agreement to follow this interagency protocol and to incorporate it into each agency’s existing protocols and training. It is intended to be a fluid document and will be revised according to the needs of our community. This protocol will be reviewed on an annual basis and/or at the request of any participating agency. Protocol changes will be made at regularly scheduled meetings of the Oversight Committee, documented, dated, and signed by all members of the committee. Changes to the MDIC process will be implemented by the Program Director.

Any other county agency desiring to join in this effort may do so with the approval of the MDIC Oversight Committee. Any agency desiring to withdraw from the program may do so at any time by written notification to the Oversight Committee. At any time, with agreement from the Oversight Committee, the protocol may be revised and updated as necessary. This MOU is demonstrative of the desire to work together to better serve our community’s child victims and will remain in effect despite ongoing changes to the protocol.

Darren Pytel
Police Chief

Rev. 10/99
1/01 Section II C i changed.
10/03 Section II E added
11/03 County Protocol Adopted
07/12 updated procedure II, F

Reviewed 1/03
04/08
06/17
12/17
5/19