

## **EMERGENCY RESPONSE PROTOCOL**

**(Adapted from Manual of Policy and Procedures Division 31-105)**

The Emergency Response (ER) Protocol is completed when it is necessary to determine if an in-person investigation is required.

The following information, when available, is used to initiate and complete the ER Protocol process.

### **A. IDENTIFYING THE REPORTING PARTY (RP):**

1. Name, address, and contact number(s).
2. Relationship to the victim child.
3. Agency affiliation (for mandated reporters).

### **B. IDENTIFYING THE INCIDENT:**

1. Time and date the report is received by Child Abuse Registry (CAR).
2. Time, date, and location of alleged incident.
3. Type of abuse, description of injuries on the child's body, location of injuries on the child's body, and the circumstances of how any injuries were inflicted.

### **C. IDENTIFYING THE PARTIES INVOLVED:**

1. Reported victim child and all other children in the family.
2. Child's parents or caregivers.
  - a. If there is more than one mother involved in the referral, create a separate referral in CWS/CMS for each mother, and link as C-to-C referrals.
  - b. List all fathers that are identified, regardless of legal status, for each child.
3. All adults in the household and their relationship to each other and each child.

4. Alleged perpetrator(s) and his or her relationship to the victim child, whether or not the alleged perpetrator(s) lives with the child.
  - a. Obtain the following demographic information for each identified person:
    - Name
    - Date of birth or age
    - Sex
    - Ethnicity
    - Primary language and secondary language (if applicable)
    - Current address (including zip code)
    - Telephone number(s)
    - Current location
  - b. Obtain more specific information for the following people:
    - Victim child and other children in the family:
      - Name and address of school and/or daycare (if applicable)
      - Location and current telephone number of each parent
    - Child's parents or caregivers:
      - Ability to care of the child
      - Interaction/relationship with children and other care providers
      - Parenting skills
      - Substance abuse, criminal history, mental health issues (if applicable)
      - Domestic violence (current or history)
      - Ability/willingness to protect child from alleged perpetrator
      - Impairments or disabilities that place child at risk of neglect or abuse
    - Each adult in the child's home:
      - Relationship to the child
      - Alleged or known history of abuse, neglect or exploitation of the child
    - Alleged perpetrator:
      - Relationship to the child
      - Whether or not alleged perpetrator lives in the home
      - Access to child
      - Access to other children
      - Relationship to each person listed in the referral
      - Alleged or known history of abuse, neglect, or exploitation of the child

#### **D. IDENTIFYING THE FAMILY RISK FACTORS:**

1. Severity of the alleged abuse, neglect, or exploitation.
2. Frequency of the alleged abuse, neglect, or exploitation.
3. The child's age, vulnerability, and any special circumstances.
4. The child's behavior, interaction with parents or caregivers, siblings, and peers.
5. Child's appearance and hygiene.
6. Family's relationships and support systems.
7. History of child abuse, neglect, or exploitation (child/parent/caregiver).
8. History of substance abuse.
9. History of domestic violence.
10. History of involvement with law enforcement.
11. Condition of the home environment (including weapons or dangerous animals in the home).
12. Parents' or caregivers' insight into problems.
13. Parents' or caregivers' willingness and ability to protect and supervise the child.
14. Impairments or disabilities (child/parent/caregiver) that may place child at risk of abuse or neglect (including mental health issues).
15. Presence of a parent substitute in the home.
16. Respite availability.

#### **E. IDENTIFYING COLLATERAL CONTACTS:**

1. Date of contact.
2. Name and telephone number of each person contacted.
3. Collateral contact's agency affiliation or relationship to the child.
4. Summary of information obtained from each collateral contact.
  - a. Collecting additional collateral information (as applicable to the reported situation):
    - Are there current court custody orders?
    - Are there informal custody arrangements between the parents?
    - Is there a current visitation schedule for the child? What is the schedule?
    - Is there a history of or current domestic violence in the family?

- Is there a history of weapon use by the parents, caregiver, or alleged perpetrator?
- Is there a history of or current gang involvement for the child, parents, caregiver, or alleged perpetrator?
- Does the child, parents, caregiver, or alleged perpetrator have a Probation or Parole Officer (PO)? If yes, what is the PO's telephone number?
- What is the child's school schedule? Who picks the child up after school? Does the child have after school care? If yes, where?
- Who is the child's pediatrician? What is the pediatrician's telephone number?
- Is the child, parents, caregiver, or alleged perpetrator developmentally challenged or have special needs (including medical needs)?
- Does the child have psychological or behavioral issues?
- Does the child see a therapist psychologist, or psychiatrist? If yes, what is the mental health professional's telephone number?
- Is the child, parents, caregiver, or alleged perpetrator currently taking prescribed medication for a psychological, behavioral, or medical condition?
- What is the medical professional's assessment of the child's, parents', caregivers', or alleged perpetrator's psychological, behavioral, or medical condition?
- Is the child a Regional Center client? If yes, what is the name and the telephone number of the Regional Center case worker?
- Is the family receiving CalWORKs services? If yes, what is the name and telephone number of the case worker?

#### **F. REVIEWING RECORDS IN CWS/CMS:**

1. Is there a prior or current referral history for the child, parents, caregiver, or alleged perpetrator? (Prior referral history does not include I/O reports.)
2. Is there a prior or current case history for the child, parents, caregiver, or alleged perpetrator?
3. Are there any prior screener alerts that are not currently being reported (e.g., language needs, prior threats of violence)?
4. Are additional children located that are not currently being identified by the RP?
5. Are there different names for any of the identified people?
6. Does any information contained in the referral or case history influence or change the response decision?