CRIMES AGAINST CHILDREN TEAM

CHILD ABUSE INVESTIGATIONS

A. Policy

The Police Department recognizes that the investigation of crimes, where children are the victims, differs from other types of criminal investigations. Thus the department has created the Crimes Against Children (C.A.C.) Team. This team shall primarily be responsible for the investigation of child abuses and sexual assaults involving children as well as other offenses as deemed appropriate.

B. Procedure

1. It shall be the responsibility of the investigators assigned to the Crimes Against Children Team to familiarize themselves with Title 19 Colorado Children's Code in addition to the pertinent criminal statutes.

2. Title 19 C.R.S. makes the county Department of Social Services responsible for the coordination of all investigations of all reports of known or suspected incidents of intrafamilial or institutional child abuse or neglect. An agreement between the Jefferson County Department of Social Services and the Lakewood Police Department states that generally a joint investigation shall be conducted whenever possible.

3. Title 19 C.R.S. states that law enforcement agencies are solely responsible for the coordination of investigation of all reports of third party abuse or neglect committed by persons ten years of age or older.

4. The county Department of Social Services shall respond immediately upon receipt of any report of a known or suspected intrafamilial abuse or neglect to assess the appropriate response. The response shall be in accordance with state Board of Social Services guidelines.

5. When the Police Department receives an original call or a reported child abuse or neglect, a Patrol Division agent shall be dispatched. The Jefferson County Department of Human Services shall be contacted as soon as possible in order to establish the direction of the investigation. Although the investigation will generally be conducted jointly, each report shall be considered separately in order to determine how the investigation will proceed.

6. In all cases of alleged child abuse, the officers responding to the initial report shall be responsible for a comprehensive preliminary investigation. This shall include documentation, interviews, notifications, evidence gathering and transportation. Because the child abuse is a problem of major proportions, it shall be necessary for all officers and supervisors to be familiar with the sequence of a child abuse investigation. Both the protection of all children involved and the successful prosecution of alleged perpetrators depends on a complete and unbiased investigation.
7. There is often a fine line that exists between parental discipline and physical abuse. The distinction may be made unclear by cultural practices, personal opinion, medical technicalities or other issues. Officers who investigate alleged abuse shall remain unemotional, objective, and thorough.

8. Not all cases of alleged abuse are appropriate for prosecution in the criminal justice system. Some cases may be handled entirely by Social Services. This depends on the extent of the injuries, the age of the victim, the condition of the home, past history of abuse, the attitudes of the victims and the suspects toward the offense, and the future of the family prognosis.

9. Title 19 C.R.S. states that the investigation of child abuses and neglect shall include, to the extent that it is reasonably possible:
   a. The nature, extent and cause of the abuse or neglect;
   b. The identity of the person responsible for the suspected abuse or neglect;
   c. The names and conditions of any other children living in the same place;
   d. The environment and the relationship of any children therein to the person responsible for the suspected abuse or neglect;
   e. All other data deemed pertinent.

10. In all cases of alleged child abuse, whether founded or unfounded, an offense report shall be completed and titled with the appropriate criminal offense.

11. If it becomes apparent during the investigation that no crime has been committed, the matter shall be relinquished to the Department of Social Services for continued evaluation. An offense report shall be completed stating the reasons for unfounding the allegation.

12. Child abuses with serious bodily injury shall be investigated immediately and the presence of a C.A.C. investigator shall be required. The assigned investigator shall be concerned with the physical safety and well being of an abused or neglected child. If removal from their present environment is dictated by the facts at hand, the investigator shall take the steps indicated in Title 19 C.R.S.

13. Family morals cases, such as incest and sexual abuse of a child shall be investigated by the C.A.C. Team.

14. The C.A.C. Team shall investigate all sexual assault cases where the victim is less than 18 years of age.
15. The Crimes Against Children Team shall conduct death investigations where:

a. The death appears to be the result of a child abuse or neglect or,

b. The death appears to be the result of Sudden Infant Death Syndrome (S.I.D.S.)

16. The C.A.C. Team shall conduct investigations on allegations of violation of custody.

17. The primary responsibility of the law enforcement agencies in child abuse investigations shall be to conduct a thorough investigation of the alleged criminal offenses, gather and maintain evidence, present cases for criminal filings, and assist in the protection of all children involved in the alleged abuse.

18. The following shall serve as a checklist to law enforcement officers and supervisors involved in the investigation of alleged child abuse cases:


   (1) In cases of intrafamilial child abuse, all law enforcement agencies shall notify Social Services immediately. In all other cases, a copy of the law enforcement agency's reports shall be forwarded to Social Services as soon as possible. When deemed necessary, notification to Social Services via telephone can be made.

   (2) All law enforcement agencies shall notify the Crimes Against Children Unit of the District Attorney's Office immediately in the following situations:

      (a) Child death cases in which death may be the result of suspected non-accidental trauma or severe neglect.

      (b) Child abuse cases in which serious bodily injury has occurred as the result of suspected non-accidental trauma or severe neglect.

   (3) A Deputy District Attorney, of the Crimes Against Children Unit, will be available for phone consultation in all cases of child abuse.

   (4) In an effort to collect evidence, protect the welfare of the victim, and to expedite the investigation, all law enforcement agencies shall notify the appropriate medical facility when they are transporting an alleged child abuse victim to the medical facility.
When the investigation involves a suspected perpetrator who was acting in his official capacity as an employee of a school district, law enforcement agencies shall notify the Department of Education or the school district. Also, law enforcement agencies must coordinate the investigation of the abuse or neglect with any investigation being conducted by the Department of Education or the school district.

b. Response

(1) Upon receiving a report of alleged child abuse, the law enforcement agency shall dispatch a sworn law enforcement officer to make an initial assessment of the facts of the alleged case.

(2) The first priority upon arrival at the location shall be the protection of the child. When child abuse is alleged, the officer must view and may interview the child involved. When deciding to interview the child, the officer should consider that the child may need to be interviewed again by other investigative personnel. An exception to the warrant requirement exists in criminal law when there is an emergency threatening the life of another. Forcible entry without a warrant may then be made if necessary.

c. Assess the Facts

(1) Examine the child or children for physical injury, and document any injuries. It is recommended that law enforcement officers of the same sex as the victim conduct visual examinations for injuries.

(2) To comply with Title 19 C.R.S., the investigator needs to see the body of the child. This means undressing the child. This is often a traumatic experience for the child, the parent and the investigator. It is advisable that a third person be present in order to reduce the risk of liability for the investigator.

(3) It is optimal that the physical assessment be made by a medical doctor, nurse, paramedic, or emergency medical technician, however, at the initial contact it is not always possible and must frequently be carried out by the investigator to determine whether medical care is needed.

(4) To lessen the trauma, the following procedure has been found to be useful.

(a) Before undressing the child, it is important to tell the child and the parent what you are going to do. It is also important to enlist the help of the
(b) Older children can be asked to remove their own clothing as directed.

(c) Begin at the top of the head and work down to the bottom of the feet looking for any signs of abuse and/or neglect. (See Appendix A for specific indicators.)

(d) The removal of the child's clothing may be necessary. However, in order to allow the child to maintain a sense of dignity, at no time during the process should the child be completely undressed.

(e) The location, size, and color of all injuries, including old injuries or scars, must be documented.

(5) On finding injuries that look serious or unusual, or if sexual abuse is alleged, obtain an expert medical opinion.

(6) Physical abuse.

(a) Physical indicators to look for:

1) Frequent injuries always explained as "accidental" by child.

2) Multiple bruising in various stages of healing. Age of bruising can usually be determined by the following color:

   Immediate-few hours................... . . . red

   6-12 hours .......................... . . . . . .blue

   12-24 hours..................... . . purple, black

   4-6 days ...................... . .green, dark tint

   5-10 days ... pale green, yellow, brownish

3) Bruises in specific shapes such as slap marks, belt marks, hanger marks, grab marks.
4) Frequent bruising on the neck, head and face, lips or mouth.

5) Bald spots on the scalp, which could be caused by hair pulling.

6) Burns of all types especially cigarette burns, burns caused by an iron or hot poker. Other types of burns could include rope burns or burns caused by an electrical cord.

7) Unexplained fractures to skull, nose or jaw.

8) Any fracture in a child under the age of two.

9) Swollen or tender limbs.

10) Child complains of soreness or has awkward movements.

11) Unusual or extreme reaction to pain, e.g., fall on playground.

12) Unexplained lacerations and abrasions.
   - to the mouth, lips, gums, or eyes.
   - to the external genitalia.
   - constant vomiting.

13) Unexplained abdominal injuries.
   - swelling of the abdomen.
   - localized tenderness.
   - constant vomiting.

14) Human bite marks, especially when they appear adult-size or are recurrent.

(b) Behavioral indicators to look for:

1) Reports injury by a parent or caretaker.
2) Is often wary of physical contact with adults, may actually shrink from being physically touched.

3) Apprehensive when other children cry.

4) Behavioral extremes:
   - aggressiveness.
   - withdrawal.
   - over-compliant to adults.

5) Frightened of parents.

6) Afraid to go home.

7) Child has made outcry to an adult.

8) May wear long sleeves or other types of clothing to hide injuries.

9) Repeated absences from school for which no excuse or a flimsy excuse is given.

10) May appear to be accident prone; if injuries do not ever occur at school, this may be a cover-up for abuse.

11) Few, if any friends, poor peer relationships.

(c) Family indicators to look for:

1) Parent was abused as a child.

2) Unmet needs of parent.

3) Immature parent.

4) Lack of "parenting knowledge."

5) Unrealistic expectations for the child.

6) "Special" child (handicapped, hyperactive, unattractive, etc.).

7) Drug and alcohol use.
8) Frequent crises.

9) Belief in and reliance on physical punishment.

(7) Physical neglect

(a) Physical indicators to look for:

1) Chronic hunger, poor hygiene, inappropriate dress.

2) Chronic lack of supervision, especially in dangerous activities or for long periods.

3) Unattended physical problems, medical or dental needs.

4) Lack of supervision up to and including abandonment.

5) Constant fatigue or listlessness.

6) Frequent tardiness and absenteeism.

7) Child reports need to care for younger siblings for extended periods of time.

8) Home is so filthy and unkept that the health of the child(ren) might be in jeopardy.

9) May have one of the nuisance diseases such as lice or scabies or impetigo.

(b) Behavioral indicators to look for:

1) Begging, stealing food.

2) Extended stays at school (early arrival and late departure).

3) Chronic fatigue, listlessness, or falling asleep in class.

4) Alcohol or drug abuse.

5) Delinquency (e.g. thefts, prostitution).

6) Reports there is no caretaker.
7) Chronic runaway.

(c) Family indicators to look for:

1) Emotional and personality problems of the parent.

2) Financial problems.

3) Unemployment or underemployment.

4) Lack of parenting skills and knowledge.

5) Drug and alcohol abuse.

6) Dirty, disordered household.

7) Problems with neighbors, law enforcement, and/or others.

8) Limited intellectual capacity of parent(s).

9) Social isolation and lack of positive social/family support.

(8) Sexual abuse

(a) Question the alleged victim and/or reporting party concerning the following physical indicators:

1) Difficulty in walking or sitting.

2) Torn, stained, or bloody underclothing.

3) Pain or itching in genitalia area, including during urination.

4) Bruising or bleeding in external genitalia, vaginal or anal areas.

5) Venereal disease, especially in pre-teens.

6) Development of frequent urinary problems such as bladder infections.

7) Pregnancy.

8) Often there are no visible physical indicators of sexual abuse.
(b) Question the alleged victim and/or reporting party concerning the following behavioral indicators:

1) Withdrawal, chronic depression.

2) Excessive seductiveness.

3) Role reversal, overly concerned for siblings.

4) Poor self-esteem, self-devaluation, lack of confidence.

5) Peer problems, lack of involvement.

6) Massive weight change.

7) Eating disorders.

8) Suicide attempts (especially adolescents).

9) Hysteria, lack of emotional control.

10) Sudden school difficulties.

11) Chronically runs away.

12) Inappropriate sex play or premature understanding of sex (i.e. excessive masturbation.)

13) Threatened by physical contact, closeness.

14) Fantasizing or exaggerating.

15) Hostile and aggressive actions.

16) Unwilling to change for gym class or participate in P.E. classes.

17) Self-destructive behaviors, truancy, drug and alcohol abuse.

18) Sleep problems or disorders.

19) Indirect messages expressing fear or dislike of particular individual.
20) Full range of newly acquired bodily complaints.

21) Compulsive behaviors, such as taking an excessive number of baths.

22) Fear of going home and/or refusal to go home.

23) Regressive behavior such as baby talk, bed-wetting or wetting pants.

(Adapted from Colorado Department of Education/ Colorado Department of Health, "Child Abuse, Information for School Employees.")

(c) Family indicators to look for:

1) Overly restricted social activities.

2) Blurring of generational boundaries.

3) Role reversal of mother and daughter.

4) Father overly protective of daughter.

5) Close physical contact between father and daughter while mother is completely left out. Father thinks of self as boyfriend.

6) Mother thinks of daughter as a rival.

7) Isolation of family.

(9) Emotional abuse

(a) Physical indicators to look for:

1) Speech disorders.

2) Lags in physical development.

3) Failure-to-thrive (i.e. appears to be suffering severe malnutrition).

(b) Behavioral indicators to look for:

1) Habit disorders (sucking, biting, rocking, etc.)
2) Conduct disorders (anti-social, destructive, etc.)

3) Neurotic traits (sleep disorders, inhibition of play).

4) Psychoneurotic reactions (hysteria, obsession, compulsion, phobias, hypochondria).

5) Behavior extremes:
   - compliant, passive.
   - aggressive, demanding.

6) Overly adaptive behavior:
   - inappropriately adult.
   - inappropriately infant.

7) Developmental lags (mental, emotional).

8) Attempted suicide.

(10) Drug/alcohol exposure

   (a) Physical indicators to look for:

   1) Positive toxicology screen.

   2) High-pitched cry.

   3) Sweating.

   4) Small stature-reduced weight, height and head size.

   5) Abnormal features of the face and head.

   6) Infant mortality/increased risk for SIDS.

   7) Birth defects.

   8) Difficulty in breathing.

   9) Reduced muscle tone/lack of muscle control or muscle stiffness and rigidity.
10) Lethargy/abnormal drowsiness.

11) Bacterial infections.

12) Vomiting.

13) Stuffy nose.

14) Diarrhea.

15) Skin abrasions on the knees, toes, elbows and nose (from excessive movement against bedclothes).

16) Skin discoloration.

17) Venereal diseases/sexually transmitted diseases.

18) Hepatitis.

19) Pneumonia in infants.

20) HIV positive.

21) Red and/or watery eyes.

22) Frequent yawning.

23) Brain damage (due to poor brain growth and strokes).

24) Cerebral Palsy.

(b) Behavioral indicators to look for:

1) Hyperactivity.

2) Short attention span.

3) Abnormal speech.

4) Tremors/convulsions.

5) Restlessness.

6) Irritable.

7) Inconsolable crying/difficult to comfort or cuddle.
8) Abnormal reflexes (i.e. marked startle response, poor sucking reflex or voracious sucking, difficulty swallowing, poor grasping ability).

9) Lack of self-control.

10) Impaired learning capacity/ learning disabilities.

11) Temper tantrums.

12) Visual problems/ poor eye contact/ jerky eye movements.

13) Sleeplessness.

14) Feeding/ eating problems.

15) Developmental delays.

16) Lower I.Q.

17) Hearing problems.

18) Uncoordinated movements.

(11) Interviewing the child.

(a) Factors to consider in evaluating whether or not a child should be interviewed:

1) The child's age and maturity.

2) The child's ability to relate what has happened.

3) The emotional stability and physical needs of the child.

4) The possibility of retaliation by a parent against a child who has "told".

5) The number of times the child has previously been interviewed, the content of the interview(s), and who conducted the prior interview(s).

(b) Guidelines in interviewing a child:
1) In this joint investigation, investigating officers and Social Services workers are strongly encouraged to meet prior to the interview to determine a plan of action, i.e., who should conduct the interview, who should take notes, whether a parent or other guardian’s presence would be helpful or a deterrent, the environment in which the interview is conducted, and the time and location of the interview.

2) In cases of children with special needs, i.e., hearing-impaired, visually impaired, developmentally impaired, mentally impaired, and non-English speaking, seek an appropriate person to assist in the interview.

3) Interview the child separately from any potential witnesses and suspects.

4) Attempt to gain the child's confidence by creating a comfortable and non-threatening atmosphere and building rapport.

5) Do not take sides, or indicate horror, disgust, anger, approval or disapproval in response to the child's statements.

6) Conduct the interview in language that the child clearly understands. Particularly in cases of sexual abuse, the officer should accept and use whatever terms for genitals and sexual acts the child uses while also asking for clarification and eliciting specific information regarding what has occurred.

7) Permit the child to tell about the incident in his/her way. Remember, the child may have difficulty being specific about dates and locations of alleged offenses. Whenever the child has difficulty verbalizing details, visual aids should be considered and may be of use. The officer should limit questions to necessary information and should use open-ended questions whenever possible. Use caution not to lead or further traumatize the child while
obtaining needed specific details for criminal prosecution.

8) Question the age and origin or every injury on all children.

9) To ensure that other victims are identified and that items of evidentiary value are seized, question the child about other victims, pornography, photographs, movies, sexual aids, alcohol, drugs, medications, birth control, or any other items used during the assault.

10) Make only promises that you can fulfill.

11) Close the interview in an appropriate manner such as by thanking the child, acknowledging the feelings or concerns the child has expressed, assuring the child that he/she is not to blame, answering the child’s questions, and telling the child that the information he/she has shared is important. Consider having a victim advocate available at the completion of the interview to support the child.

12) Identify and interview all potential witnesses.

(a) These should include:

1) The reporting party.

2) Outcry witnesses.

3) Parents.

4) Guardians.

5) Babysitters.

6) Medical providers.

7) School personnel.

8) Counselors/therapists.

(b) When interviewing these witnesses, it is important to address behavioral indicators of abuse or neglect. The presence of certain
behavioral indicators corroborates the child victim's account of abuse or neglect. During the interview of the child victim it is important to observe and document the child's demeanor as well as the content of his/her statements. Observe and record the behavior of the child victim and the suspect toward each other that occurs in your presence. When interviewing outcry witnesses' question them about the behavior and demeanor of the child victim during the outcry. Interview witnesses who know the child victim; such as, parents, friends, school personnel, etc., concerning any behavioral changes or unusual behavior exhibited by the child victim. Also, ask these witnesses to describe the relationship and behavior they have observed between the child victim and the suspect.

(13) Other children in the home or environment.

(a) Determine the number and identity of other children in the home or the environment being investigated.

(b) If other victims are identified, proceed with the investigation of another criminal episode.

(c) Notify Social Services as appropriate.

(14) Gathering evidence

(a) Collect evidence as would be done in any other criminal case. This includes an examination of the crime scene.

(b) Observation

1) The officers shall record their observations accurately and in detail so that they will be able to testify effectively in subsequent criminal or civil proceedings. Note such things as:

   a) Physical condition of all children, including their general appearance and any observable injuries or conditions.

   b) Safety of surroundings (i.e. unprotected open windows, exposed wiring, vermin, human
or animal waste, exposed weapons, caustic fluids or cleaners, etc.)

c) General condition of the home, including degree of cleanliness and adequacy of sleeping, eating, and washing facilities.

d) Availability of food and water.

e) Adequacy of heat, light, and space.

2) Observe and record the behavior of the parents and child(ren) toward each other in the officer’s presence. These behaviors might include nonverbal messages such as:

a) Eye contact between family members.

b) Facial expressions of love, support, anger, distrust, rejection.

c) Tones of voice that communicate various emotions.

d) The presence or absence of communication.

e) The willingness to listen, to express feelings, to conceptualize feelings, to engage in physical closeness.

(b) Photographic evidence

1) All photographic evidence should be gathered per department procedure and should include photographs taken with and without a scale.

2) Photographs of physical injuries should be taken as soon as possible or when bruising is prominent.

a) Use extreme sensitivity when photographing injuries on
children to prevent alarming the child(ren) any further.

b) Take full body and close-up photos of injured area.

3) Photograph areas in the environment where the injury occurred.

4) Photograph the general conditions in a home where such things as soiled bedding, filth, exposed wiring, inadequate plumbing, etc., may exist.

(d) Videotaping/audio taping is suggested (when equipment is available) in the following circumstances: (Videotaping is the preferred method.)

1) Initial detailed interviews with children who are the alleged victims or witnesses of sexual abuse, serious injury and death cases.

2) In cases where the investigating law enforcement officer would want to preserve the verbal or physical behavior of the child(ren).

3) Filthy environments.

4) Serious injury or death scenes.

(e) Physical evidence

1) The instrument, which inflicted the injury.

2) Dangerous instruments/substances found within the reach of unsupervised children.

3) Evidence of sexual abuse might include, but is not limited to:

   a) Evidence derived from laboratory tests or physical examination.

   b) Pubic hair
c) Blood on clothing of the victim or suspect.

d) Semen or sperm on mouth, genitalia, or clothing of victim.

e) Sexual aides, pornography, and/or photographs.

4) When obtaining non-testimonial evidence from a suspect (i.e. blood, pubic hair, etc.), it is necessary to obtain a Court Order or consent.

5) Medical documentation of child abuse/neglect.

a) Copies of medical records can be released to the investigating officer upon the officer signing the appropriate consent for release of medical records.

b) Parental consent is not required for release of medical records.

(f) Other investigative techniques

1) There are other specialized investigative techniques, which may be of value in certain cases. Supervisory review should identify such cases.

15) Protective custody (hold)

(a) Pursuant to Section 19-3-401 (1), C.R.S., law enforcement officers are the only parties, outside of the courts, who have statutory power to place a protective hold on a child.

1) Once a law enforcement officer has placed a protective hold on a child, Social Services must place the child in a temporary facility.

2) In the event that the law enforcement officer decides not to place a hold and the Social Services worker decides to request a court ordered hold, the law enforcement officer shall assist in enforcing the court order.
3) It is strongly encouraged that the law enforcement officer consult with the Social Services worker prior to placing a protective hold.

(b) The following guidelines are suggested for consideration in placing a protective hold:

- The maltreatment in the home, present or potential, is such that a child could suffer damage to body or mind if left there.

- Although a child is in immediate need of medical or psychiatric care, the parent/stepparent/guardian/legal custodian refuses to obtain it.

- A child's physical and/or emotional damage is such that the child needs an alternative environment as approved by Social Services.

- Evidence suggests that the parent/stepparent/guardian/legal custodian is torturing the child, or systematically resorting to physical force, which bears no relation to reasonable discipline.

- The physical environment of the home poses an immediate threat to the child.

- Evidence suggests that anger and discomfort with the investigation will be directed toward the child in the form of retaliation against him or her.

- Evidence suggests that the parent/stepparent/guardian/legal custodian is so out of touch with reality that they cannot provide for the child's basic needs.

- Evidence suggests that the physical condition of the parent/stepparent/guardian/legal custodian poses a threat to the child.
- The family has a history of hiding the child from law enforcement or Social Services.

- The family has a history of prior incidents or allegations of abuse or neglect.

- The parent/stepparent/guardian/legal custodian is completely unwilling to cooperate in the investigation or to maintain a contact with law enforcement or Social Services and may flee the jurisdiction.

- The parent/stepparent/guardian/legal custodian is a suspect in the alleged abuse and the spouse is unable and/or unwilling to protect the child(ren) from the suspect.

- The parent/stepparent/guardian/legal custodian abandons the child.

- The parents'/stepparents'/guardians'/legal custodians' explanation of the injuries is inconsistent with the findings of the investigation.

- Any other circumstances, which the law enforcement officer believes, would demonstrate that the child(ren) would be in jeopardy if left in the environment.

(c) Strong consideration should be given to placing a protective hold on other children in the environment in cases of child death, serious physical abuse/neglect, or sexual abuse. The law enforcement officer should discuss the necessity for a protective hold on other children with the Social Services worker.

(d) There are certain cases such as domestic violence, drug violations, alcohol violations, and detoxification holds where child abuse or neglect issues should be identified and investigated. Even though the incident was not reported as a child abuse/neglect, consideration should be given to protective hold(s) in appropriate cases.

(16) Documentation of the investigation
(a) When investigating a reported child abuse/neglect case, the offense report shall be titled as a child abuse or child neglect case as appropriate.

(b) An offense report shall be completed whether the abuse/neglect is founded or unfounded.

(c) Upon completion of the law enforcement investigation, the law enforcement agency shall forward a copy of the offense report to Social Services. Along with the offense report, the law enforcement agency may send a recommendation to Social Services as to whether a report should be filed with the state Central Registry in order to expedite the filing with the state Central Registry.

(d) When child abuse/neglect is investigated during the course of an investigation of another criminal offense, the law enforcement agency shall forward a copy of the offense report to Social Services. The law enforcement agency may send a recommendation to Social Services as to whether the report should be filed with the state Central Registry in order to expedite the filing with the state Central Registry.

(e) A recommendation to Social Services concerning filing with the state Central Registry may be made if there is probable cause. There must be probable cause to believe a child abuse offense occurred and a specific person committed the child abuse offense.
B. Procedure

1. A detective from the Crimes Against Children Team shall be assigned on-call duty for a week's period of time on a rotating basis. During the assigned period of time, the on-call detective shall be authorized to take an unmarked vehicle home.

2. The on-call detective shall be responsible for responding to the following:
   a. Cases of serious child abuse, i.e. serious bodily injury or death. A suspected homicide of a juvenile, not involving child abuse, will be investigated by the Persons Team.
   b. Sexual assault cases where the victim is less than 18 years of age, and the immediate protection of the child or other children is of concern.
   c. Child abduction cases and missing children incidents in which suspicious circumstances exist.
   d. Child neglect cases involving a serious failure to thrive or malnourishment.
   e. Other major crimes which, in the opinion of the on-call sergeant, require an immediate response by a detective.

3. When notified of a response situation, the on-call detective responds directly to the scene of the event within the shortest possible time.

4. Among the things the on-call detective shall be responsible for are the following:
   a. Obtaining a briefing at the scene from Patrol Division personnel.
   b. Ensuring the scene is properly secured.
   c. Notifying the coroner, if applicable.
   d. Determining the need for additional Investigation Division assistance or handling it himself with assistance from Patrol Division and Criminalistics personnel.
   e. Accepting the case for investigation unless the team sergeant reassigns it.
   f. Contacting the Crimes Against Children Team supervisor as soon as possible after arriving on scene and briefing that supervisor as to the circumstances of the incident.
C. Rule

1. The on-call detective shall not be authorized to call out additional assistance without prior contact with the Crimes Against Children Team Supervisor or the on-call Investigation Division Sergeant.