

SPECIAL AREAS OF CONCERN

Voluntary Surrender of an Infant

No parent or other person having lawful custody of a child 72 hours old or younger may be prosecuted for a violation of PC §§270, 270.5, 271, or 271a, if he or she voluntarily surrenders physical custody of the child to any designated employee on duty at a public or private hospital or any additional location designated by the county board of supervisors. {PC §271.5(a)}. Each hospital or other designated entity shall identify the class of employees required to take custody of these children. {PC §271.5(b)}

Currently, Los Angeles County has approved County Fire Stations as Safe Surrender locations. A number of municipal fire departments have been sanctioned as Safe Surrender locations, including the City of Los Angeles Fire Department. A Safe Haven logo has been adopted for use in all approved Safe Surrender sites.

When an infant is surrendered pursuant to PC §271.5, the procedures outlined in H&S §1255.7 shall be followed.

The toll-free Safe-Surrender Hotline is (877)BABYSAFE [(877)222-9723] for general information and training. For information on surrendering a child call (877)725-5111. [See Index of Appendices for a summary of the statutes on Safe Surrender.]

Child Abduction Cases

Child abduction cases involve cross-jurisdictional issues covering dependency, criminal, probate, and family law courts. The lawful custodian of the child, not the child, is the victim in a child abduction case. Lawful custody of the child can be held by a number of parties: the parent (unless custody is removed in a court of law); a guardian awarded custody of the child in the probate court; or DCFS, when granted custody of the child in dependency court {WIC §300 et seq.}; or probation, when granted custody of a minor by the juvenile court. {WIC §600 et seq.}

Law enforcement, in particular, should respond quickly in child abduction situations. Allegations made by one parent that the other parent has abducted, concealed, or withheld their child is sufficient for reporting a crime under PC §278.5. There is no requirement under the law that a custody order regarding the child be obtained before this crime can be reported or investigated. All

California parents have a specific legal and inherent right of access to children. When this right is violated -- even by the other parent -- a crime has been committed. Similarly, a DCFS CSW is mandated to seek immediate law enforcement response upon discovering that a dependent child has been removed or withheld from the custody of the dependency court. Although the District Attorney's Office can be of direct assistance in certain child abduction situations, that assistance is only in addition to --and not in place of -- the role of law enforcement to investigate these reports for potential criminal charges.

In cases involving abducted dependent children, the Child Abduction Unit of County Counsel and the Child Abduction Unit of DCFS monitor all cases and provide advice and support to CSWs who have abducted children on their careloads. The Child Abduction Unit of County Counsel prepares information packets regarding all abducted dependent children for submission to the District Attorney's Office for assistance with recovery, prosecution, and Hague applications {FC §3130}. The Child Abduction Unit of DCFS maintains a website that includes photographs and information about abducted dependent children.

In cases where a person has violated a custody order, California law has granted district attorneys the authority to take all actions necessary, using criminal and civil procedures, to locate and return the child and the person who violated the custody order to the court of proper jurisdiction {Family Code [FC] §§3130, 3131}. Child abduction is made a crime under two related statutes which prohibit taking, enticing away, keeping, withholding or concealing a child from the lawful custodian {PC §§ 278, 278.5}. There is no waiting period required prior to making a report and commencing an investigation. Time is of the essence in child abduction cases. The child and the abductor should be entered into the National Crime Information Center database [NCIC] with the child labeled as an "endangered missing."

The Child Abduction Section of the District Attorney's Office, as well as the non-profit organization, Find the Children, maintain websites that include photos and information regarding abducted children. When investigating these cases, every effort should be made to secure photographs of the child and abductor to enhance the search. The photos should be submitted as soon as possible to the District Attorney's Office. The District Attorney's Office should forward copies of the photos to Find the Children for further distribution. The District Attorney website is located at: www.missingkidsla.com. The Find the Children website is located at: www.findthechildren.com.

Multi-agency Response Team [MART]

The goal of MART is to provide an expedited and trained response to special law enforcement referrals to minimize the traumatic effect these crimes have on children and families.

MART is comprised of highly trained Emergency Response CSWs who are out-stationed at both DCFS Regional Offices and within certain Law Enforcement Stations. The team responds to county-wide requests, 24 hours a day from Law Enforcement Agencies (i.e. Specialized Task Forces). In most instances, advance intelligence gathered by law enforcement field agents has determined that children are present and/or are likely to be present in volatile environments where weapons and narcotics are readily accessible, such as:

- Warrant Service-Tactical entries into homes by fully trained and armed L.E. Task Forces. Higher Profile Operations that involve more dangerous felons will have SWAT or SEB flash-bang entries.
- Parole/Probation Sweeps-Multiple agency participation conducting search conditions/compliance checks on known criminal offenders under supervision by Parole or Probation.
- HUD/BOS/City – Nuisance Abatement Teams (NAT)-Multiple agency participation conducting Housing Authority checks. Target loitering tenants, gang/narcotic/weapons affiliated residents and violation of regulation occupants.
- Intelligent Sensitive Investigations-Majority are long-term investigations with requests from Homicide Divisions and those coming from State and Federal L.E. /Prosecution Agencies with a nexus to: human smuggling, child porn rings, terrorism, and organized crime.
- Drug-endangered children [DEC] cases where individuals are manufacturing illicit drugs in the presence of children.

Drug-Endangered Children [DEC] Cases

Los Angeles County has a multi-disciplinary team established to address the problem of drug-endangered children. The multi-disciplinary team consists of a prosecutor, law enforcement officer, and DCFS CSW. The team operates out of the LA IMPACT office in Commerce.

The mission of the team is to investigate and prosecute individuals who manufacture illicit drugs in the presence of children. The CSW, law enforcement officer, and prosecutor are available on-call, 24 hours a day to visit known or suspected methamphetamine laboratories.

Medical services are provided through Huntington Memorial Hospital in Pasadena. Long-term follow-up care is provided through King/Drew Medical Center Children's Hub.

Incidents in Out-of Home Care

If a child is living in, or being cared for in, an out-of-home care environment and child abuse or neglect is suspected, contact the Community Care Licensing Division [CCLD] as soon as possible. [See Index of Appendices for a list of District Offices in the Los Angeles Region.] CCLD is the state regulatory enforcement program responsible for the health and safety of all people in out-of-home care. The three distinct functions of the program are prevention, compliance, and enforcement.

A primary objective is to reduce predictable harm by screening out unqualified applicants through the application phase of the program. The compliance function allows the State to visually inspect the operation of the home or program to ensure that all of the rules are enforced to maximize client safety. A critical element in the compliance phase is providing information and assistance to the licensee, enhancing their ability to remain in compliance. When a facility fails to protect the health and safety of people in their care, corrective action must be taken. The severity of the violation directly impacts the level of enforcement action.

Any time a person is sexually or physically abused, the enforcement action may require closure of the facility. In order to make sure that all residents or consumers being served by a program continue to receive the necessary degree of care mandated for their on-going health and safety, a CCLD representative should be called to the scene to evaluate the situation and take the necessary steps to continue this care.

Facilities licensed by CCLD include but are not limited to

- family child care homes
- day care centers
- foster family homes
- transitional housing placement programs
- group homes
- small family homes
- day care centers of mildly ill children
- infant care centers

Native American Children

The Indian Child Welfare Act [ICWA] is a federal law which regulates placement proceedings involving Native American children. If a child is a member of a

federally-recognized tribe, or eligible for membership in a tribe, under the age of 18, and unmarried, that child's family has rights under the ICWA. These rights apply to child protective cases, adoptions, guardianships, termination of parental rights, foster care proceedings, runaways, truants, and voluntary placement of children. The goal of the act is to strengthen and preserve Native American families and culture. Before the ICWA was passed in 1978, a high percentage of Native American families were broken up because non-tribal agencies removed children from their homes. The high removal rate was caused, in part, by the lack of understanding or acceptance of Native American culture. The ICWA sets minimum standards for the removal of Native American children from their homes.

Children who may be members or eligible to be members of non-federally recognized tribes are not covered under ICWA; however, California law does allow the court to permit the non-federally recognized tribes some participation in the court proceedings. [See Appendix Section].

The ICWA

- specifies that placement cases involving reservation-based Native American children be heard in tribal courts
- allows for transfer of other placement cases involving Native American children from state court to tribal court if the parents agree
- permits a child's tribe to be involved in proceedings that remain in state court
- Requires that active efforts be delivered to prevent or eliminate the need for removal of an Indian child, to make it possible for an Indian child to return home and to complete whatever steps are necessary to finalize a permanent plan for an Indian child
- requires testimony of a qualified expert witness when recommending foster care placement or termination of parental rights in an Indian child custody proceeding
- establishes a high burden of proof for findings that result in termination of parental rights
- establishes a preference that Native American children be placed with extended family members, other tribal members, or other Native American families if a child is removed from the home for foster care or adoption

A law enforcement officer may take a child into custody for any reason listed under WIC §305 as addressed in the section discussing Temporary Custody and Placement of the Child. There is no exception under this code section for Native American children.

Welfare and Institutions Code §§305.5 and 306 allow DCFS to receive custody from law enforcement, and to take into and maintain temporary custody of a Native American child with reasonable cause to believe that the child has an immediate need for medical care or is in immediate danger of physical or sexual abuse or the physical environment poses an immediate threat to the child's health and safety. However, before taking a Native American child into custody, as with all children under DCFS investigation, a CSW shall consider whether the child can remain safely in his or her residence. {WIC §306(b)} The CSW must consider the following factors as well as any other relevant factors

- whether there are reasonable services available to the worker which, if provided to the child's parent, guardian, caretaker, or to the minor, would eliminate the need to remove the minor from the custody of his or her parent, guardian, or caretaker {WIC §306(b)(1)}
- whether a referral to public assistance would eliminate the need to take temporary custody of the child. If those services are available, they shall be used {WIC §306(b)(2)}
- whether a non-offending caretaker can provide for and protect the child from abuse and neglect and whether the alleged perpetrator voluntarily agrees to withdraw from the residence, withdraws from the residence, and is likely to remain withdrawn from the residence {WIC §306(b)(3)}

In addition, the ICWA requires a professional to comply with certain notice requirements and allows the tribe to assert its right to custody of the child. If a state agency takes a child into custody for any reason, it must give notice to the child's tribe no later than the next working day. The tribe may then choose to intervene in the state court proceeding or seek a transfer of the case from state court to tribal court. Custody of the child shall be transferred to the tribe within 24 hours of written notice from the tribe. {WIC 305.5(a)} If the case remains in state court, the ICWA's procedural requirements and preferences will apply.

Inquiry for American Indian Heritage should be done for every family served by DCFS. CSWs initially responding to a child abuse investigation are to inquire if a child or family may be of Native American descent. When DCFS responds to a child abuse report and there is written confirmation or compelling information that the parents or child is a member of eligible for membership to a federally recognized tribe, the case is transferred to the department's American Indian Unit. [See Index of Appendices]

Special-Needs Children

Children with special needs can be helped through the trauma of child abuse or neglect with a response which recognizes their particular need. Physical, developmental, and psychiatric conditions are addressed in subsections below.

See the Index of Appendices for a list of special-needs children assistance and advocacy agencies.

Responding personnel who initially encounter a special-needs child should attempt to obtain information regarding how to contact any other professionals who may already be involved in the child's life and initiate contact with those professionals as soon as circumstances permit. Depending on the nature of the handicapping condition, such contact may need to be a high priority. If a handicapping condition is suspected, but not yet confirmed, sensitivity should be used in having the child evaluated by the appropriate professional.

Children with special needs are children who have physical, developmental / cognitive, communicative, and/or mental disabilities.

Physical Disabilities

Physical disabilities may be visible or hidden. They can be caused by Cerebral Palsy, spinal cord injury, stroke, arthritis, muscular dystrophy, amputation, polio or other conditions that make take the form of paralysis, muscle weakness, nerve damage, stiffness of the joints or lack of balance and coordination.

Individuals may use wheel chairs or other mobility aids, such as, crutches, canes, walkers or scooters.

If an organization is involved with the child and the family, make an effort to contact a familiar support person.

Cognitive Disability

Developmental Disability

A child with a developmental disability is at greater risk for experiencing all types of abuse. Risk factors for children with disabilities have at their root the different way in which society tends to see and treat those with disabilities. Disabling factors affecting the risk to the child can include limited abilities to communicate, limited mobility, compliance behaviors, dependency on care givers and service providers, and cognitive delays

which impact the child's ability to pick up on danger signals. Abuse and neglect among children with disabilities are thought to be up to 10 times more likely than for children without disabilities. In a majority of cases involving all types of abuse, the offender is known to the victim.

Project Heal is a University of Southern California-affiliated program at Childrens Hospital Los Angeles that provides comprehensive mental health treatment services to child and adolescent trauma victims and their families. They have published a booklet for caregivers and providers of children with developmental disabilities in an effort to reduce the risk of abuse.

There are 21 regional centers in California serving more than 150,000 individuals with, or at risk for, developmental disabilities and their families. Area boards have been established to ensure that the legal, civil, and service rights of persons with developmental disabilities are adequately guaranteed. Area boards work within their specific geographic region. Area Board 10 has the monitoring responsibility for Los Angeles County which is divided by general areas and is served by 7 different Regional Centers. [See Index of Appendices]

Acquired/Traumatic Brain Injury

Caused by external forces applied to the head or may occur suddenly in the course of normal development. Most common causes are auto accidents, falls, acts of violence, sports injuries, "shaken baby", and stroke.

Injuries can affect both the cognitive and physical functioning. Potential disabilities are multiple and may not be confined to one area of the brain.

Learning Disability

Learning disabilities affect approximately 4 million children in America. Children with learning disabilities have normal intelligence, but may have difficulty in processing information thus if not recognized, can lead to the child falling behind in their education or being non-compliant. Learning disabilities are manifested by significant difficulties in listening, speaking, reading, writing, reasoning, and/or mathematical ability.

Communication and Sensor Disability

Blind or Vision Disability

Visual impairment can range from slightly impaired to functional blindness. Partially sighted children may have contact lenses, glasses, or other visual

aids which assist them with managing their specific visual problem. When contacting a visually impaired child, take care to ensure that their visual aids are available. In addition to visual aids, children may have assistance dogs or canes. When it is necessary to remove the child from the home, all efforts should be made to accommodate the needs of the child. When an organization is involved with the child and the child's family, make an effort to contact a familiar support person.

Deaf and Hard of Hearing

Deaf and Hard of Hearing refer to full or partial decrease in the ability to detect or understand sounds. According to the American Academy of Pediatrics, hearing loss is one of the most frequent occurring birth defects. Though, hearing loss can occur at any age. For infants and children, if hearing loss is not detected and treated early, it can impede speech, language and cognitive development if effective communication with the child is not addressed.

Over time such delay can lead to significant educational cost and learning difficulties. States have taken action by creating laws to ensure that children are screened and treated early for hearing loss. The approach to identifying and treating hearing loss in a child is through newborn hearing screening early childhood screening, audiological diagnosis and early intervention. There are different types of hearing loss, conductive (problems with outer or middle ear), sensory (cochlea is not functioning or damaged), and neural (nerve damage between the cochlea to the brain). There various methods to provide early intervention with devices such as hearing aids or cochlear implants. The most effective form of communication with a deaf child or a deaf adult generally is American Sign Language.

In situations of abuse and neglect involving deaf children, intervention should include communication with the child in his or her own language, usually American Sign Language but in some cases "home-sign" is used. During intervention any device the child may currently use such as a hearing aid and any information regarding service providers to that child must be procured as the information will provide further insight into the family situation. A referral should be made to the Deaf Services Units to ensure that appropriate linguistic and cultural services are provided.

Speech or Language Disability

Speech and language disabilities refer to problems in communication and related areas such as oral motor function. These delays range from simple sound substitutions to the inability to understand or use language or use the oral-motor mechanism for functional speech and feeding. Some causes of speech and language disabilities include hearing loss, neurological disorders, brain injury, mental retardation, drug abuse, physical impairments such as cleft lip or palate, and

vocal abuse or misuse. Frequently, however, the cause is unknown.

Speech disabilities refer to difficulties producing speech sounds or problems with voice quality. They might be characterized by an interruption in the flow or rhythm of speech, such as stuttering, which is called dysfluency. Speech disorders may be problems with the way sounds are formed, called articulation or phonological disorders, or they may be difficulties with the pitch, volume or quality of the voice. There may be a combination of several problems.

A language disability is impairment in the ability to understand and/or use words in context, both verbally and nonverbally. Some characteristics of language disabilities include improper use of words and their meanings, inability to express ideas, inappropriate grammatical patterns, reduced vocabulary and inability to follow directions. One or a combination of these characteristics may occur in children who are affected by language learning disabilities or developmental language delay. Children may hear or see a word but not be able to understand its meaning. They may have trouble getting others to understand what they are trying to communicate.

Psychiatric Disability

Early bonding disturbances are associated with psychosocial and developmental problems in children. Additionally, the rate of child abuse and neglect is higher among children with a disability.

The Los Angeles County Department of Mental Health [DMH] provides mental health services to children with special needs. Referrals may come from any one of the resources involved with the child including the dependency court, Foster Family Network, DCFS, CALWorks, Regional Centers, school systems, care providing agencies, or ACCESS.⁸

Mental health services or interventions may be provided by a clinic directly operated by DMH or by one of its contractors. Intervention includes assessment and evaluation for the purpose of diagnostic clarification, treatment, and/or appropriate referral. If the child is believed to have a diagnosed psychiatric disability, contact the child's mental health professional for assistance.

⁸ The ACCESS Telecommunication Center is the entry point for mental health services in Los Angeles County and provides referral and linkage resources to the Los County Mental Health Plan, gatekeeping and continuing care/placement services. The toll-free ACCESS telephone number is (800)854-7771; in the City of Los Angeles, call (323)666-0950.

An accurate diagnostic process requires a comprehensive assessment. The assessment includes a full history of the child, parents, and family; appropriate evaluation; and psychological testing. The mental health professional should make a speedy referral for thorough assessment and proper treatment. There are many benefits of an early assessment

- identification of needs such as medication and equipment
- differential diagnosis and proper referrals
- preventive intervention to deal with persistent or worsening symptoms, revictimization, suicidal behavior, hospitalization, peer relations, and school problems, as well as delinquency
- identification and communication with the significant people in the child's life
- history of previous services and interventions and the need for continued care

In order to enhance services to the child with mental health concerns, agencies and professionals who work with the same child and family should collaborate and share information. Record keeping and information sharing practices should follow existing professional, ethical, and state standards.

In cases involving a suicide of an adolescent or teen, the ICAN Child and Adolescent Suicide Review Team [CASRT] will conduct a thorough systems review of the events leading up to the suicide.