

# DRUG ENDANGERED CHILDREN (DEC) JACKSON COUNTY RESPONSE PROTOCOL

## **Introduction**

Clandestine methamphetamine labs present a significant risk to the health and safety of persons who come into contact with them. At greatest risk are children, who are most vulnerable to exposure and have the least amount of control over the environment in which they find themselves. This protocol is designed to address how Jackson County law enforcement, child protective service, prosecution and medical agencies respond to cases in which a child may have been exposed to methamphetamine.

The protocol outlines two different levels of response by law enforcement agencies (LEA) and the Department of Human Services (DHS). A level I response is mandated for cases involving a drug lab. A lower, level II, response is designed for cases in which the risk of exposure to the child is considered to be less.

## **Level I and II Responses**

Level I Response : Children who live in or frequent sites where methamphetamine manufacturing is occurring or has occurred.

Level II Response: Children exposed to the sale, use or possession of controlled substances.

## **LAW ENFORCEMENT**

### **Law Enforcement Level I Response**

- 1) Secure the scene and ensure the safety of the initial responders and civilians present.
- 2) When possible, notify DHS intake supervisor in advance of serving a warrant on a lab where children are known to have been present. If this has not been done, contact DHS and request that a caseworker

respond to the scene at the time the warrant is served. If necessary take the children into protective custody and transfer custody to DHS when the caseworker arrives.

- a) Law enforcement does not release children to family members or neighbors. DHS oversees placement of children.
- 3) Together with DHS, assess medical conditions of children to determine if they should immediately be transported to emergency department of local hospital. Use the attached flow sheet to guide that decision.
- 4) Notify drug detectives, if not already involved, who start the following DEC investigation.
  - a) Examine the scene for evidence that indicates the presence of children.
  - b) Take measurements comparing the height and reach of the children in relation to the location of the lab items/equipment.
  - c) Document and video or photograph the scene giving particular attention to the following risk factors.
    - i. Children's accessibility to drugs, chemicals, syringes and drug paraphernalia.
    - ii. Proximity of hazards to children's play and sleep areas.
    - iii. Non-drug hazards and other indications of neglect.
    - iv. Access to pornography.
    - v. Access to weapons.
    - vi. Food quantity and quality.
    - vii. Sleeping conditions.
    - viii. Sanitary conditions.
  - d) Photograph the children at the scene and document the following.
    - i. Injuries.
    - ii. Cleanliness and dress.
    - iii. Signs of neglect.
  - e) Interview, along with DHS worker if indicated, neighbors and other witnesses.
  - f) Obtain the information listed on the attached questionnaire.
  - g) Notify child abuse detective of need to interview the children.
  - a) Attend staffing at Child Abuse Investigation Multidisciplinary Team (MDT).
- 5) Child abuse detective assists in DEC investigation.

- a) Along with DHS worker, interview children at the Children's Advocacy Center (CAC).
  - b) Videotape the interview.
  - c) Obtain the information listed on the attached questionnaire.
  - d) Notify CAC of case so that it can be scheduled for MDT staffing. CAC will notify drug detective of date for staffing. DEC cases will be set first on the MDT staffing schedule.
  - e) Attend staffing at MDT.
  - f) The in-house interviewer at the CAC is available to assist any agency with interviews if requested.
- 6) Officers should recognize that in some cases older children may also have some culpability in the crime. Possible charges against a minor in the juvenile justice system may impact the application of this protocol.

### **Law Enforcement Level II Response**

- 1) Contact dispatch for medical response if children have obvious injuries or illness.
- 2) Evaluate the children's access to the controlled substances.
- 3) Notify DHS as required by child abuse reporting laws.
  - a) Contact DHS worker immediately if exposure or other child abuse is suspected.
  - b) Give intake worker a detailed description of circumstances, scene, and likelihood of exposure to the children.
  - c) If not during business hours, an on-call DHS intake worker should be contacted if the officer feels that the children may be in danger, or that they may need to be placed outside of the home.
  - d) The on-call number for DHS is 890-5321.
  - e) Fax the police report to DHS, at 776-6063, as soon as it is prepared.
- 4) If the LEA officer or DHS worker feels that the potential exposure of a child merits it, a Level I response as set out above may be initiated.

### **CHILD PROTECTIVE SERVICES (DHS)**

## **Child Protective Services Level I Response**

- 1) Respond to the scene when requested by LEA.
- 2) Accept transfer of custody of children.
  - a) Attempt to locate and coordinate removal of children that are not on the premises.
- 3) Together with LEA, assess medical condition of children to determine if they should immediately be transported to emergency department of local hospital. Use attached flow sheet to guide that decision. If the children are not transported to the hospital, and if they remain in the temporary care and custody of DHS, arrangements should be made by DHS for the children to be examined within one week by their primary care physician or the physician at the CAC. If DHS does not retain temporary care and custody of the children, the case worker should check with the custodian to ensure that the examination has been scheduled.
- 4) Arrange for cleansing or decontamination of children. The following suggestions are general guidelines only. Specifics may vary depending upon the situation. Always call 911 for an EMS call-out if the condition of the children indicates a medical response is needed. Use the attached flow sheet to inform that decision. If EMS personnel respond, they will deal with decontamination issues if the children are to be transported to a hospital emergency department.
  - a) Decontamination.
    - i. Should be done whenever the DHS worker observes gross contamination of the children's clothing or exposed skin, or when the circumstances found at the scene indicate that decontamination is needed.
    - ii. Is done at the scene.
    - iii. Wash exposed skin, using packaged pre-moistened wipes
    - iv. If clothing is obviously contaminated, consideration should be given to providing a change of clothes prior to transport.
    - v. Children are transported to DHS office or Jackson County Children's Advocacy Center by worker, showered and provided clean clothing.
    - vi. Transport vehicle should have disposable car seat covers and infant and child care seats.

- vii. Items from the drug lab site are left at the scene and not taken with the children.
  - b) Cleansing.
    - i. Is done when gross contamination is not suspected.
    - ii. At the scene, wash exposed skin, using packaged pre-moistened wipes.
    - iii. Children keep their own clothing.
    - iv. Children are transported to DHS office or Jackson County Children's Advocacy Center by worker, showered and provided clean clothing.
    - v. Transport vehicle should have disposal car seat covers and infant and child care seats.
    - vi. Items from the drug lab site are left at the scene and not taken with the children.
- 5) Coordinate collection of urine sample at local hospital using the attached flow sheet as a guide.
- 6) Make placement assessment
  - a) Foster care vs. parent or relative care.
- 7) Arrange for transport of children to placement location after medical exam/urine collection/decontamination is completed.
- 8) Court makes shelter determination within 24 judicial hours of assuming custody.
- 9) Along with child abuse detective, conduct videotaped interviews of children at CAC.

### **Child Protective Services Level II Response**

- 1) Consult with law enforcement and/or review police reports when notified about children with Level II exposure. Determine if a protective service case should be opened and if children should be taken into protective custody.
- 2) If the DHS worker or LEA officer feels that the potential exposure of a child merits it, a Level I response as set out above may be initiated.

## **PROSECUTION RESPONSE**

- 1) Drug prosecutor.
  - a. Review evidence collected by the following agencies.
    - i. Law enforcement.
    - ii. Medical services.
    - iii. DHS.
  - b. Reference appropriate laws.
  - a. Attend MDT staffing.
  - d. Determine appropriate actions to take that are in the best interest of the children and the community.
  - e. File child endangerment charges when indicated.
  - f. Consult with juvenile court prosecutor prior to making settlement offer on case.
  
- 2) Juvenile court prosecutor.
  - a. Review evidence collected by the following agencies.
    - i. Law enforcement.
    - ii. Medical services.
    - iii. DHS.
  - b. Reference appropriate laws.
  - c. Consult with drug prosecutor regarding status of adult criminal case.
  - d. Consult with DHS regarding disposition of dependency case.
  - e. Determine appropriate actions to take that are in the best interest of the children.

## **MEDICAL RESPONSE**

- 1) The appropriate medical response will be dictated by the condition of the children.
  
- 2) The medical intake procedure for the children will follow the steps set out in the attached flow sheet.

This protocol represents an agreement among participating agencies within Jackson County concerning the manner in which drug endangered children incidents are handled and investigated. It is anticipated that each incident will involve unique circumstances, and flexibility must be allowed for minor modifications. This protocol is not intended to increase the civil or criminal liability of member agencies or their employees.

adopted: August 5, 2005