

**DRUG ENDANGERED CHILDREN PROGRAM GUIDELINES**  
**QUESTIONNAIRE FOR DRUG DETECTIVES**  
**(all questions may not be applicable in all situations)**

**Child's Name:** \_\_\_\_\_ **Child's D.O.B.** \_\_\_\_\_ **Photographed?** *Yes No*

**Clothing Description:** \_\_\_\_\_ **Clothing condition** \_\_\_\_\_

**Where Found:** \_\_\_\_\_ *Structure Outbuilding Property Neighbors School Other:*

**Hygiene:** \_\_\_\_\_ *Excellent Average Below average Unacceptable*

Describe:

**Demeanor:** \_\_\_\_\_ *Cooperative Non-cooperative Angry Upset Non-emotional Other*

Describe:

**Others Present:**

Name: \_\_\_\_\_ **DOB/Age:** \_\_\_\_\_

Relationship to DEC: \_\_\_\_\_

Armed: *Yes No* **Weapon Type:** \_\_\_\_\_

Registered Sex Offender: *Yes No*

Probation/Parole: *Yes No*

Wants/Warrants/Holds? *Yes No* **For What?** \_\_\_\_\_

Name: \_\_\_\_\_ **DOB/Age:** \_\_\_\_\_

Relationship to DEC: \_\_\_\_\_

Armed: *Yes No* **Weapon Type:** \_\_\_\_\_

Registered Sex Offender: *Yes No*

Probation/Parole: *Yes No*

Wants/Warrants/Holds? *Yes No* **For What?** \_\_\_\_\_

Name: \_\_\_\_\_ **DOB/Age:** \_\_\_\_\_

Relationship to DEC: \_\_\_\_\_

Armed: *Yes No* **Weapon Type:** \_\_\_\_\_

Registered Sex Offender: *Yes No*

Probation/Parole: *Yes No*

Wants/Warrants/Holds? *Yes No* **For What?** \_\_\_\_\_

Name: \_\_\_\_\_ **DOB/Age:** \_\_\_\_\_

Relationship to DEC: \_\_\_\_\_

Armed: *Yes No* **Weapon Type:** \_\_\_\_\_

Registered Sex Offender: *Yes No*  
Probation/Parole: *Yes No*  
Wants/Warrants/Holds? *Yes No* For What?

**Property Description:**

Type of Dwelling: *House Apartment Mobile home RV Other:*  
Fenced: *Yes No* Type: *Chain Wood Iron Other:* Height:  
Locked: *Yes No* Barbed: *Yes No* Electric: *Yes No*  
"Warning" Signs: *Yes No* Type: *Guns Dogs Owner Trespassing*  
Surveillance Equip: *Yes No* Type: *Camera Motion Listening*  
Vicious Animals: *Yes No* # and Type: Chained: *Yes No*  
Bio-Hazards: *Raw sewage Exposed trash*  
Exposed Electrical Wires: *Yes No* Live: *Yes No* Height from Ground:  
Pool/Spa: *Yes No* Fenced: *Yes No* Clear: *Yes No* Level:  
Car Hazards: *Yes No* How Many: Appliance Hazards: *Yes No* How Many:  
Sharp Object Hazards: *Yes No* Type:  
Safe Play Areas: *Yes No* Explain:  
Other Comments:

**Dwelling Description:** Estimated Sq. Ft: # Bedrooms: # Baths:

Problems Noted:

Fire Hazards: *Yes No* # Fire Alarms: Blocked Escape: *Yes No*  
Unsafe Heating/Lighting: *Yes No* Type:  
Toxic Chemicals Present: *Yes No* Accessible: *Yes No* Types:  
Locations: Original Containers: *Yes No*  
If "No", Describe:

DEC Bedroom Condition Acceptable: *Yes No* Describe Problems:  
DEC Bathroom Conditions Acceptable: *Yes No* Describe Problems:  
Kitchen Conditions Acceptable: *Yes No* Describe Problems:  
Food Supply Acceptable: *Yes No* Describe Problems:  
Living/TV/Play Room(s) Acceptable: *Yes No* Describe Problems:

Weapons: *Yes No* Type & Location:  
Secured: *Yes No* Accessible to DEC: *Yes No*  
Pornographic Material: *Yes No* Accessible to DEC: *Yes No*

**Drugs:** Type: Estimated Amount: Where Found:

Accessible to DEC: *Yes No* Type of Packaging:  
Room Locked: *Yes No* Packaging Open: *Yes No* Height from Floor:

Type:	Estimated Amount:	Where Found:
Accessible to DEC: <i>Yes No</i>	Type of Packaging:	Height from Floor:
Room Locked: <i>Yes No</i>	Packaging Open: <i>Yes No</i>	Where Found:
Type:	Estimated Amount:	Where Found:
Accessible to DEC: <i>Yes No</i>	Type of Packaging:	Height from Floor:
Room Locked: <i>Yes No</i>	Packaging Open: <i>Yes No</i>	Height from Floor:
Type:	Estimated Amount:	Where Found:
Accessible to DEC: <i>Yes No</i>	Type of Packaging:	Height from Floor:
Room Locked: <i>Yes No</i>	Packaging Open: <i>Yes No</i>	Height from Floor:

**Paraphernalia:** Type(s): *Smoking pipes Snorting Tubes Needled Syringes Vials Foil Other:*  
 Accessories: *Butane torches Razors Burnt spoons Mirrors Cotton balls Other:*

**Exposure:** Type(s): 9Accidental Ingestion - mistaken for something else (i.e.,candy, sugar, juice)  
 9Incidental Ingestion - unknowingly ingests from cross-contamination  
 9Purposeful Ingestion - admitted user or provided by adult caregiver or other  
 9Secondhand Inhalation - exposed to any drug smoke

Estimate Amount of Exposure: *None Mild Moderate Severe*  
 Estimate # of Exposure Hours:    hrs/day                    hrs/week                    hrs/month

**The Information Used To Complete This Questionnaire Was Provided By:**

**Name Of Detective Completing Questionnaire:**

**Date Questionnaire Completed:**