



Drug Endangered Children (DEC)

Multidisciplinary/Integrated Guidelines

**AZ DEC Alliance
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ACKNOWLEDGEMENTS

The development of the guidelines was made possible through the dedication and commitment of the representatives of the Arizona Alliance for Drug Endangered Children.

Core training curriculums and other tools have been developed to provide information so that professionals and individuals have access to resources they need to address this growing problem in their local community.

Representatives from the following agencies participated in the Alliance:

- Office of the Arizona Attorney General
- AZ Governor's Office, Division for Children, Youth and Families
- Arizona Department of Economic Security, Child Protective Services (DES-CPS)
- Maricopa County Sheriff's Office, High Intensity Drug Traffic Area
- Phoenix Police Department, Family Investigations Bureau, Child Crimes
- St. Joseph's Hospital
- Childhelp USA
- HIDTA National Meth & Pharmaceutical Initiative
- Arizona Department of Public Safety
- National Guard Civilian Operations

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MULTIDISCIPLINARY/INTEGRATED PROTOCOL FOR DRUG ENDANGERED CHILDREN (DEC)

INTRODUCTION

Representatives from the former Attorney General DEC Task Force and current AZ Alliance for Drug Endangered Children worked together to update the multidisciplinary guidelines to address the needs of children and ensure the safety of children who are present at an illicit drug laboratory or any illicit drug environment.

Additionally, the representatives have finalized web-based content to provide an overview of the problem that meth manufacturing and other drug production, trafficking and abuse present to the community and the amount of risk that children face who live in those environments.

PURPOSE OF THE MULTIDISCIPLINARY PROTOCOL

The purpose of the multidisciplinary protocol is to provide professionals from Child Protective Services, Law Enforcement, Medical Services, and Prosecution a basis for the development of community specific procedures for situations where there are drug endangered children as a result of clandestine drug labs, trafficking or drug abuse. Memoranda of Understanding among the key partners should also be considered to formalize roles and relationships beyond the protocol. Implementation of a DEC protocol that has been adapted for local community requirements will ensure that children who may be at risk due to exposure to illicit drug manufacturing, abuse or sales receive protection, advocacy and support through a multidisciplinary approach and that investigations provide the best opportunity for prosecution of individuals involved in manufacturing, selling, transporting or abusing illicit drugs and endangering children in the process.

The DEC Program has coordinated and improved the efforts of local law enforcement, Child Protective Services (CPS), medical professionals, and prosecutors to respond to drug environments where children are present, and to prosecute those responsible. The DEC Program ensures timely access to qualified personnel who can respond to the immediate and longer-term medical and safety needs of drug endangered children.

BACK GROUND/PROBLEM

Drug Endangered Child Definition:

Any child at risk of neglect, sexual or physical abuse, emotional abuse or mental harm due to the parent's or caregiver's use, distribution or manufacturing of any controlled substance or the parent's or caregiver's failure to protect the child from exposure to the use, distribution or manufacturing of any controlled substance.

- Drug Endangered Children are at a higher risk.
- Three times more likely to be verbally, physically or sexually abused.
- Four times more likely than other children to be neglected.
- Experience daily chaos, a lack of safety, poor communication, violence, and disorganization.
- Substance abuse is believed to cause or exacerbate 7 out of 10 cases of child abuse and neglect.
- (80 - 90%) of caretakers involved in the child welfare system for child abuse identify substance abuse as one of the major personal issues.
- Use of illegal drugs or excessive amounts of alcohol affects the caregiver's judgment, rendering them unable to provide consistent, supervision and guidance.
- Children in drug homes are often exposed to violence as well as unsavory individuals.
- Caregiver's ability to provide a nurturing home for a child is complicated by the caregiver's own mental health issues.
- Drug using caregivers are often irritable and have a "short fuse" which often leads to physical abuse.
- Drug endangered children often do not have enough food, are not adequately groomed, do not have appropriate sleeping conditions, and usually have not had adequate medical or dental care.
- Drug endangered children are frequently not well supervised, placing them at additional risk of injury.
- Children raised by substance-abusing caregivers are often exposed to pornographic material, often emotionally abused and have a heightened risk for sexual abuse.
- Drug endangered children frequently do not get the appropriate amount of support, encouragement, discipline, and guidance they need to thrive.
- States report that 50 – 80 percent of all substantiated reports of abuse and neglect have some degree of substance abuse by the parents.
- Studies suggest that alcohol and substance abuse increases the odds that a child will be abused by almost **three times** and that a child living in a family where substance abuse is present is **over four times** as likely to be neglected.

MISSION AND GUIDING VALUES

The following mission and guiding values reflect the commitment of the AZ Alliance for Drug Endangered Children and to ensure children exposed to drug environments are protected.

Mission

We will be unrelenting in the pursuit of safety for children exposed to the extreme dangers of drug abuse environments in a manner that gives the child the best opportunity for a happy and productive future. Our efforts will include government agencies, private organizations, and the general public working in collaboration to:

- Prevent drug abuse,
- Provide resources to children when drug abuse prevention efforts fail, and
- Aggressively break the cycle of drug abuse caused by those who manufacture, sell and use drugs.

Guiding Values

The Arizona DEC Alliance is guided by and promotes the following values:

Safety

We will relentlessly pursue the end of drug abuse to prevent children from experiencing the physical, emotional, and psychological damage that exposure to drug environments cause.

We will enhance the safety of children by removing them from dangerous drug environments and providing them with appropriate follow-up care and services.

We will return or place children in family environments that are completely free of dangerous drugs.

Collaboration

We will insist on the participation of everyone to actively pursue the end of social tolerance to the abuse of dangerous drugs.

We will form alliances, partnerships, and organizations across all government and private services to ensure appropriate tools and resources exist to identify, remove and treat children in dangerous drug environments.

We will identify and implement multidisciplinary services and strategies necessary to break the cycle of drug abuse.

Dedication

We will hold ourselves accountable to appropriately provide the services necessary to accomplish the mission of the Arizona DEC Program.

We will vigorously pursue the institutionalization of the Arizona DEC Program.

We will continually evaluate the effectiveness of our efforts to ensure the Arizona DEC Program's mission is achieved.

PARTNER AGENCIES

There are several agencies and organizations that participate in the DEC guidelines. First responders to an investigation scene include Law Enforcement (both child crime investigators and drug investigators), CPS Investigators, Medical Personnel (generally medical doctors and nurses who treat the children at the appropriate medical facility), Fire Departments, HAZMAT Teams and fire departments.

The following provides an overview of the responsibilities of the primary responders as well as other partner agencies:

Law Enforcement: Responsible for all investigative activities taking place at the site of the meth lab or other drug environment. Law Enforcement includes representatives from a variety of agencies including the county Sheriff's Office, the local community Police Department, the Arizona Department of Public Safety (DPS) and should include an individual that specializes in child crimes investigation. The focus of the drug investigator is to collect evidence for court purposes. The child crimes investigator conducts the forensic interview of the child victim to establish the elements of child abuse and to conduct the child crimes investigation. There may also be a DEC investigator to provide coordination of activities. The DPS crime laboratory provides support to the criminal investigation including testing samples for forensic evidence. Law enforcement and CPS cooperate at the scene to insure the child's safety.

Child Protective Services (CPS): Provides for the immediate protection and insures the safety of the child, addresses temporary custody and shelter needs, transports the child for medical evaluation, and coordinates placement of the child. The CPS Investigator also addresses the needs of the caregivers related to other community services. The CPS Investigator also ensures that law enforcement knows where the child is being placed and coordinates arrangements for the medical evaluation either at a child advocacy center or at the appropriate medical facility. The focus of the CPS investigation is to gather factual information related to the potential dependency case, identify hazards to the child, ensure the welfare of the child and arrange for other needed services.

Fire Department, Emergency Response, and HAZMAT Team: Provide assistance in assessment of environmental hazards that the meth lab presents and assist in facilitating access to the certified environmental remediation agencies that have expertise in clean-up and certifying that the home is again habitable. HAZMAT will test the air quality at the scene for both safety and evidentiary purposes.

Medical Personnel: Conduct medical evaluations including an Early Periodic Screening, Diagnosis and Treatment (EPSDT) screen. In general, when a community has a child advocacy center, the center should be used as the location for medical evaluations and examinations. If a community does not have an advocacy center, inclusion of a specific physician, clinic or hospital that has expertise in medical

examinations for suspected child abuse including exposure to drug environments would be appropriate.

Prosecution: The Attorney General's Office and/or the County Attorney's Office will be involved in the criminal prosecution related to DEC cases (i.e. child abuse and drug charges). In general, due to the highly specialized nature of the cases, the Attorney General's Office has the primary responsibility for prosecution in Maricopa County (and is available to provide prosecution statewide).

The Attorney General's Office also handles the child dependency action in Juvenile Court, statewide. The Attorney General's Office of Victim Services (or the County Attorney's Office in most of the other counties) provides victim advocacy for child victims, which includes working with CPS and the legal guardian as appropriate to keep them apprised of criminal proceedings and the child's rights as a victim of abuse.

SUGGESTED TRAINING

As practical, all members of the response team should have specialized safety and hazards training related to the investigations of drug environments and meth labs in order to protect against possible exposure to dangerous substances. Law enforcement training and certification is available through the U.S. Drug Enforcement Administration (DEA) in connection with the MCSO/HIDTA Clandestine Lab Task Force. Cross training, particularly between Child Protective Services and Law Enforcement is also critical to ensure that appropriate evidence and information is collected that is necessary for either the child abuse investigation or the drug investigation.

Law Enforcement recommends that the DEC Officer be a specialized "crimes against children" investigator with a suggested minimum requirement of a Clandestine Lab Certification through the DEA as well as participating in the following trainings:

- ❖ Basic DEC Investigation Course
- ❖ 40 hours of Child Forensic Interview training

DEC PROGRAM TRAINING COMPONENT

The Arizona DEC Alliance Training Team in conjunction with HIDTA offers "*Investigation of Drug Endangered Children Cases*". This is a one-day training session regarding the step by step process of investigating an illicit drug manufacturing, drug abuse and sales environment. Training will include proper documentation of the dangers and collection of supporting evidence to demonstrate the endangerment and neglect present in a drug environment. Emphasis is placed on all aspects of the multidisciplinary investigative approach. The DEC training team usually consists of a drug detective, child crimes detective, CPS investigator, prosecutor, and a physician. Training request can be made by contacting the DEC Alliance Program Coordinator, Chad Trotter at Chadwick.Trotter@gmail.com or Rich Rosky, DEC Alliance Chairmen at southwest_meth@yahoo.com

WEBSITES

Information on the Arizona Alliance for Drug Endangered Children and related DEC resource materials can be accessed at two websites. The Arizona Attorney General's Office website at www.azag.gov/DEC and Governor's website at gocyf.az.gov/SAP/BRD_ASAP_AADEC.asp

These websites are a comprehensive and companion resource for these recommended guidelines. The website includes:

- A more in-depth overview of the problem.
- Links to Arizona Revised Statutes related to the DEC program.
- Links to articles about the methamphetamine problem.
- Links to other resource websites that provide in-depth information about DEC
 - programs in other states, recognition of drug abuse and manufacture, treatment resources, articles and other information.
- Information about upcoming training, conferences and other DEC events.

INTRODUCTION TO THE DEC PROTOCOL

Definition of Protocol Responses:

Level I Response: Initiated when children are found at clandestine drug laboratories or other drug manufacturing operations. The highest priority of this response is to determine and address the acute health and safety concerns of children as a result of exposure to drugs and toxic chemicals. Other major concerns include the future health and safety of the children.

Level II Response: Initiated when children are exposed to the sale, use, or possession of controlled substances or found at marijuana manufacturing sites. The same priorities and concerns exist although urgency may be diminished.

Initial Agency Actions:

When local law enforcement personnel receive a report of a suspected meth lab or other illicit drug activity, they will attempt to determine through a thorough investigation if a meth lab is likely operating and/or patterns of criminal activity. If children are present, their safety is a primary concern. The appropriate investigators, including the drug investigators, child crimes investigator, and CPS are notified and respond. Typically, drug investigators call out other first responders upon discovery of the children.

CPS works jointly with law enforcement at the scene to ensure that the child is protected from further chemical exposure, other dangers or unsafe conditions. CPS working with law enforcement will ensure that information necessary for both the drug investigation and the potential child abuse case is collected. If the CPS worker determines that there is sufficient information to indicate child abuse or neglect, the CPS hotline is called and a formal report is filed. This is different from the general practice where a CPS report is made before an investigation takes place. Concurrent parallel investigations include drug/narcotics, child crimes, and Child Protective Services. Investigators share information with each other to facilitate their collaborative, multidisciplinary effort.

Safeguarding Children:

In the past, if a child was found at a meth lab or other drug environment, the child was removed from the scene, often to the care of a family friend or relative and insufficient consideration was given to the physical and mental effects of the toxic chemicals, hazards, violence, trauma and dangers the child faced on a daily basis. At best, a referral would be made to a social service agency.

The Arizona DEC Guidelines ensure that children receive an immediate and appropriate medical exam, including a test for exposure to toxic chemicals, drug urine analysis and developmental screening. Upon being removed from the crime scene, the children are showered or bathed to reduce chemical exposure, they are provided with new clothing, food, and, if needed, crisis counseling. A forensic interview will be conducted with the child, most often in a child friendly environment. The medical exam and interview provide important evidence to be used in the drug and child abuse prosecutions and the dependency case.

Contaminated Site:

In the case of an illicit drug laboratory after the initial emergency response, the appropriate law enforcement unit will complete the investigation. Once a meth lab site is cleared of the evidence needed for prosecution, a police officer will affix on the dwelling a notice; this notice will state that a drug lab was seized and that it is unlawful for anyone, other than the owner, manager, or remediation firm personnel, to enter the premises. Once the property owner or manager is notified, a remediation firm recognized by the Arizona State Board of Technical Registration must clean up the property.

Prosecution:

In the case of a meth lab investigations the Arizona Attorney General's Office has assumed primary responsibility in Maricopa County for prosecution of both child abuse and dangerous drug manufacturing. In other areas, the County Attorney assumes responsibility for the criminal prosecution. Other drug endangerment and related abuse or neglect cases can be referred to appropriate county attorney.

The Arizona Attorney General's Office has statewide jurisdiction over the dependency action. The Arizona Attorney General's Office of Victim Services will work with CPS to identify the guardian of the child victim, and will provide written notification of case status, including dates and times of all legal hearings to the guardian. A Victim Advocate is available to accompany the child and/or their legal guardian to court, as well as to detail victim's rights and make needed social service referrals. In some instances, losses to the victim as a result of the crime may be reimbursable, and the Victim Advocate can provide information about victim compensation, including costs for such items as counseling.

DRUG ENDANGERED CHILDREN (DEC) PROTOCOL

The following information provides a chronological outline of the DEC Protocol incorporating the activities of law enforcement, CPS and medical personnel. Although it follows a general chronological order, by the very nature of the process, many activities will be taking place concurrently. Individual protocols separating the procedures by profession (law enforcement, CPS, and medical personnel) are included in Appendix A, B, and C.

The protocol provides a general guideline for the procedures to be followed when there is an investigation involving a drug-endangered child. It is based on model guidelines from throughout the country. The protocol can be revised and adapted to be more descriptive and specific for local communities to enhance its usefulness at the local level. It is also suggested that the protocol be reviewed annually and updated as necessary.

Note: For the purposes of this protocol, Law Enforcement could include any combination of a DEC Investigator, a drug investigator, a child crimes investigator, or an officer that performs multiple functions as may be the case in small jurisdictions and considering available resources.

Level I Investigations: “Drug Laboratory Environment”

Law Enforcement

- ✓ Call a briefing about the upcoming investigation.
- ✓ Invite Child Protective Services at a time determined appropriate by Law Enforcement
- ✓ Initial stages of a drug lab investigation where there are indications of suspected child abuse. The Investigator may want to contact a DEC Officer or other Officer who has specialized expertise in child crimes.
- ✓ If already on-site at the suspected illicit drug Lab contact CPS. In Maricopa County, contact can be made through the on call cell number established for drug investigations. In other districts, utilize local procedure that has been established between law enforcement and CPS.

CPS Investigative Case Worker

- ✓ CPS will respond to the request for involvement. In Maricopa County, if CPS is notified by on call mobile number, the CPS Hotline is then called and the report made as soon as appropriate information is obtained.
- ✓ CPS should check for prior reports on the family in the CPS registry within two working hours.

ON-SITE AT THE SUSPECTED DRUG LAB

Law Enforcement:

- ✓ Locate the child victim and assess the child's immediate need for medical attention. This may be done in concert with the medically trained personnel (EMT, paramedics) who are on site. If child's need are emergent, call 911.
- ✓ Separate the victim from the suspects at the location and safeguard the child out of view of the suspects if possible.
- ✓ Ensure photographs are taken, prior to searching or removal of any evidence.
- ✓ Identify the parents and obtain biographical information on suspects, caregivers and witnesses.
- ✓ Dress the child victim in protective clothing (Tyvex suit) to prevent exposure to CPS staff, investigators and others.
- ✓ Diagram and measure all the rooms at the site. Note if the child had access to the lab.
- ✓ Identify and photograph and/or video tape hazards to the child.
- ✓ Measure and photograph the child's belongings in proximity to the hazards.
- ✓ Measure and photograph child(s) height, reach and arm length.
- ✓ The meth lab investigator will retain the evidence. Toys, food and any other items found in proximity to the chemicals should be included in the items to be tested by the crime lab. (usually the DPS Lab).
- ✓ Surveillance equipment, weapons, explosives will be noted, photographed, and measured. Document if the weapons were loaded or the explosives were live.

CPS Investigative Case Worker:

- ✓ Protective suit or other protective covering such as shoe covers, gloves, and masks should be worn at the site. All protective covering should be disposed of at the site. Check with the Lead Officer or on scene LE supervisor for disposal method.
- ✓ Clothing, toys, baby bottles, food or drink shall not be removed from the scene, as these items are likely contaminated.
- ✓ Clothing, toys, baby bottles, food or drink shall not be removed from the scene, as these items are likely contaminated.
- ✓ Conduct a forensic interview (if possible) of the child that includes determination of the following: primary caregiver, child's knowledge of the drug manufacturing process, victim's living area in relation to the lab, medical problems, and school attendance. The interview should be recorded. CPS may be present at the interview.
- ✓ CPS will transport the child to the child advocacy center or medical facilities for interviews and additional medical assessment.

- ✓ CPS will make arrangements with the advocacy center or medical personnel for medical appointments.
- ✓ Initial exam should be set up within 12 hours of contact with child and will include a urine toxicology screening.
- ✓ If the child needs to be removed from the caregiver's care, serve a temporary custody notice.
- ✓ Work with the appropriate contact (such as the After Hours Investigative Team [AHIT] or Resource Unit in Maricopa County) to identify a placement for the child as soon as is appropriate.
- ✓ Complete any other on-site investigation necessary with the assistance of Law Enforcement. (In general, the law enforcement officer that has initiated the investigation is the lead individual at on site.) CPS staff should coordinate any entry into the lab site with this individual to ensure no disruption or contamination of evidence.
- ✓ Obtain birth and medical information from caregivers if possible.
- ✓ If possible, make arrangements for a urine sample to be obtained from the child or other means for testing the child for the presence of meth, preferably within 12 hours. (Urine samples should be labeled with date, time, child's name, and investigator's name and brought to the medical personnel who will be conducting the examination. (In the case of Maricopa County, this is the child advocacy center.)
- ✓ Prior to transporting the child to the medical exam or placement, the CPS investigative worker should notify the Law Enforcement Officer of the intent to leave with the child and provide information about where the child is being placed.
- ✓ Transport the child to the advocacy center, medical facility, or placement as soon as practical
- ✓ Complete Child Abuse report that includes CPS notes, medical records, autopsy reports, diagrams and photographs and submit to the appropriate law enforcement offices.
- ✓ Follow-up with medical staff about findings and test results and with CPS concerning medical placement, and follow-up medical evaluations.
- ✓ At advocacy center, medical clinic or child's point of placement. For purposes of evidence collection, the child's clothing should be removed and placed in a brown bag. The caregiver should seal the bag with tape and sign it. The CPS Investigative Worker should return the clothing to law enforcement for impound and testing.
- ✓ Arrangements should be made for the child to be bathed and new clothing put on as soon as is practical. Also for purposes of evidence collection as well as safety, children should be handled with gloves until such time that the child has been bathed and decontamination has taken place. If the CPS Investigative Worker does not personally complete the bathing, specific instructions included in the "Instructions for Care Givers of Children Exposed to Methamphetamine Laboratories" should be provided to the caregiver concerning how to bath the child and how to handle clothing and the Tyvex suit.

- ✓ Ensure that the child receives an initial medical examination. Preferably within 12 hours of identification.
- ✓ Identify the ongoing worker to whom the case will be transferred and notify the DEC Officer or assigned investigator within 30 days.
- ✓ The CPS Investigative or Ongoing Worker is responsible for ensuring that the child is seen for follow up examinations. 2-4 weeks after initial medical examination.
- ✓ Evaluate adequacy of placement with regard to medical needs 2-4 weeks after initial medical visit.

Medical Personnel

- ✓ At advocacy center or medical clinic Medical Personnel need to obtain child's medical history, either from CPS or from caregiver and circumstances regarding removal from drug lab site.
- ✓ At advocacy center or medical clinic Medical Personnel Administer test and procedures. Ensure that urine sample was gathered. Request Urine Screen.
- ✓ Perform complete pediatric exam and include as much of the Early Periodic Screening, Detection and Treatment (EPSDT) Protocol as possible. Particular emphasis should be placed on neurological screen, respiratory status, and cardiovascular status.
- ✓ Required clinical evaluations include: vital signs, height, and weight. Head circumference should be measured for children less than two years old and arm span and reach for all children less than five years old.
- ✓ Optional tests as medically necessary including CBC, Liver Function, Electrolytes and Kidney Function, Complete Metabolic Panel, Pulmonary Function Tests, Chest X-Ray, Skeletal Survey for children less than three years of age when physical abuse is suspected, Oxygen Saturation, and Heavy Metals Screen. (Preferably within 12 hours of Identification)
- ✓ At advocacy center or medical clinic Medical Personnel should conduct Suspected Child Abuse and Neglect Screen. (Preferably within 12 hours of identification)
- ✓ At advocacy center or medical clinic Medical Personnel should provide a behavioral health referral if appropriate.
- ✓ Secure release of the child's medical records to appropriate authorities (CPS, Law Enforcement)
- ✓ At advocacy center or medical clinic Medical Personnel should arrange for a re-evaluation of the comprehensive health status of the child within 2-4 weeks following initial medical visit.
- ✓ Re-evaluation exam 2-4 weeks following initial examination should include a formal development assessment on child less than six years of age using the Denver Developmental Screening Tool. Follow-up on any abnormal screening laboratory tests, or administer screening laboratory tests as indicated.

LEVEL II INVESTIGATION: “Sale, Use or Possession of Controlled Substances”

Initial Law Enforcement Assessment:

- ✓ Police officers who encounter children during investigations of the sale and possession of controlled substances shall evaluate the children’s access to the controlled substances.
- ✓ The physical condition of the children, and the level of care being provided to the children by the responsible adults.
- ✓ Where any of these factors indicate that the children are at risk of harm or neglect, the police shall notify the Child Protective Services Hotline at 602-000-0000 so the need for a CPS caseworker response can be evaluated.
- ✓ A child may be taken into **protective custody** when the child’s conditions or surroundings reasonably appear to jeopardize the child’s welfare .
- ✓ If a child is taken into protective custody, the police case agent will complete a temporary custody order and provide to CPS by 9:00 am the following day.

Criminal Investigation:

- ✓ Regardless of whether a CPS caseworker responds or the children are placed in protective custody, the Police Case Agent should consult with a trained child abuse or DEC investigator.
- ✓ The Police Case Agent should include in his/her investigative reports documentation and photographs of the presence and /or association of children with the target location of the drug-related investigation.
- ✓ Documentation should include the identity of the children found in or associated with the residence and their relationship to the responsible adults.
- ✓ The circumstances in which the children were found; the physical condition and overall appearance of the children; the availability of essential food; the sleeping arrangements of the children; and the condition of the adults in whose care they were found.
- ✓ Photographs should capture all potential hazards to the children and document living conditions indicative of neglect or endangerment, including, but not limited to: drugs and drug paraphernalia (e.g., razor blades, syringes, pipes); booby traps (e.g., trip wires for explosives, pongee sticks, and chemical devices); exposed wiring; refrigerator (absence or presence of food and the age dates on food containers, chemicals stored adjacent to consumables); sleeping areas (dirty sheets/blankets, no bed linens, stained/soiled mattresses); bathroom facilities (inoperable toilet, filthy sink/bathtub, access to medicines, razor blades, etc.); guns(note if loaded), knives and other weapons; pornographic materials (e.g., photographs, videos or sex toys); accessibility of children to any other hazards (measure relationship of child’s height to location of drugs, drug paraphernalia, chemicals, weapons, raw sewage, feces, broken windows and other unsafe conditions).

Assembly of Criminal Case Materials:

- ✓ The Police Case Agent shall ensure that reports and photographs of drug-related child endangerment or neglect investigations are prepared and distributed as soon as practicable, and shall distribute a copy of the investigative reports to CPS when they are submitted to the County Attorney's Office for prosecution.

Advance CPS Notification:

- ✓ Whenever police have advance notice that children may be present at a location which is the target of an investigation into the sale or possession of controlled substances, they shall contact the CPS Hotline at 1888-767-2445.
- ✓ CPS shall provide to the police investigator information regarding prior child abuse or neglect referrals and vital records concerning the targets of the police investigation when such information is to be used in furtherance of a joint police-CPS child endangerment investigation, including investigations into drug-related activities which may pose dangers to children.

Other Level II Response Procedures:

In Level II response situations to which CPS responds and/or in which a child is taken into protective custody, the protocol shall otherwise conform to that of a Level I response.

APPENDICES

The following appendices are attached:

Appendix A: Child Protective Services DEC Protocol

Appendix B: Law Enforcement DEC Protocol

Appendix C: Medical Personnel DEC Protocol

Appendix D: Resource Information

Appendix E: Statutes

Appendix F: How to Start a Local DEC Team

Appendix G: Exposing Children to Drugs and Clandestine Meth Labs is Child Abuse

Appendix H: Sample Forms