

CURRY COUNTY DRUG ENDANGERED CHILD PROTOCOL

I. Purpose

This protocol provides for a coordinated interagency response whenever children are exposed to the manufacture, sale or use of illicit drugs (drug-endangered children). A coordinated interagency response best advances the goal of child protection.

II. Participants

- A. Curry County Law Enforcement Agencies
- B. Department of Human Services, Child Welfare Services, Curry County Branch
- C. Curry General Hospital
- D. Curry Child Advocacy Team
- E. Curry County District Attorney's Office

III. Summary of Drug-Endangered Children Protocol

A. Level I Response: Children found at methamphetamine laboratories.

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

IV. Curry County Law Enforcement Agencies and Emergency Response Agencies (Fire Departments, Ambulance):

V. Department of Human Services Protocol (Curry County Branch)

VI. Curry General Hospital and CCAT Protocol

VII. Curry County District Attorney's Office Protocol

III. SUMMARY OF DRUG ENDANGERED CHILDREN (DEC) PROTOCOL

A. Level I Response: Children Found At Methamphetamine Laboratories

1. **Police** or **Department of Human Services (DHS) personnel** who encounter ***children with obvious injury or illness*** in methamphetamine laboratories must immediately: 1) summon emergency medical personnel (EMS) and the appropriate law enforcement agency (LEA) and make any other mandated reports; The District Attorney should be notified as soon as possible, and copies of all reports should be sent within 48 hours to the District Attorney, or as soon thereafter as possible.
2. The LEA case officer, or when appropriate, responding clan lab team/site safety officer, will determine the level of decontamination necessary to permit the safe transport of the child(ren). Any involved Fire Bureau and/or Hazardous Material Response Team personnel will write reports regarding their response to the incident that describe the manner and level of decontamination of the child(ren). The reports will be forwarded to the lead investigating law enforcement officer assigned to the case.
3. After screening, the DHS caseworker will go to the hospital or location of the incident. DHS will conduct a child safety assessment and will facilitate medical evaluations, treatment, temporary placement, and follow-up medical and mental health evaluations for the child(ren). To the extent allowed by law, DHS shall ensure that the results of the DHS assessment and the medical evaluations of the child(ren) are provided to the District Attorney.
4. **DHS** shall ensure that children found at methamphetamine laboratories are taken to the **Curry General Hospital Emergency Department** for a medical evaluation and testing as soon as possible, within 6 hours from the time the children were removed from a methamphetamine laboratory.
5. The **LEA Investigating Officer** shall investigate the criminal child neglect / endangerment case along with the underlying drug case, and shall notify and keep informed the DEC Liaison at the District Attorney's Office of the progress and results of the criminal investigation. The DHS Caseworker shall notify the juvenile department as soon as possible if a petition will need to be prepared. The DHS Caseworker shall prepare an affidavit in support of a petition by 9:30 a.m. the next working day, and deliver a copy of said affidavit to the juvenile department.
6. If law enforcement is aware that children may be present at a clandestine laboratory where the police will be serving a search warrant or conducting a knock and talk, as appropriate should notify DHS of: the general vicinity of the

investigation; the number, age and sex of the children; and the approximate time of the event. This will allow DHS to prepare to respond and plan for any placements.

7. The DEC Liaison at the District Attorney's Office is responsible for screening, obtaining and/or requesting follow-up medical or other reports, and presenting the drug and child neglect/endangerment case for prosecution in a timely fashion. Where a child may be required to testify, a District Attorney's Office Victim's Advocate shall promptly be assigned to the case.
8. **Curry General Hospital Emergency Department** (ED) shall fax the ED report, including lab test results, to the District Attorney as allowed by law, with additional copies to DHS as requested.

B. Level II Response: Children Exposed to the Sale, Use or Possession of Controlled Substances

1. **Police officers** who encounter children during investigations of the sale and/or possession of controlled substances will 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. As required by law, the police will notify DHS immediately.

A child may be taken into **protective custody** when the child's conditions or surroundings reasonably appear to jeopardize the child's welfare (ORS 419B.150).

2. In Level II response situations where DHS responds and/or the child(ren) are taken into protective custody, the protocol shall otherwise conform to that of a Level I response per DHS policy.

IV. LAW ENFORCEMENT PROTOCOL

Level 1 Response: Children Found at Methamphetamine Laboratory

1. Law Enforcement Officers who encounter an active or boxed methamphetamine laboratory will cause the local law enforcement agency, the law enforcement clandestine laboratory response personnel, the local Fire Department and/or HAZMAT personnel, and Emergency Medical Services (EMS) to be notified as determined to be necessary.
2. The site safety officer, in conjunction with the law enforcement clandestine lab response personnel and Fire Department/HAZMAT personnel, will determine the safety perimeter, and the level of decontamination necessary before suspects, witnesses, victims, and officers can leave the safety perimeter area. All persons entering the perimeter area are subject to the decontamination process. Persons found at the location who need medical attention, may be transported to the appropriate medical facility by EMS following decontamination.
3. If minor children are located at an active clandestine laboratory site by law enforcement officers, or during the service of a search warrant, Department of Human Services (DHS) personnel will be contacted and requested to respond to the command post site. DHS will be advised of the conditions causing child endangerment and/or child neglect. DHS should conduct a child safety assessment, and if they take custody of the minors, they will assume responsibility for the medical evaluations, treatment, temporary placement, and follow up medical and mental evaluations. Law enforcement will provide DHS personnel with public record information necessary to complete the assessment.
4. During the criminal investigation, assigned law enforcement officers should include in their reports information supporting prosecutions of Endangering the Welfare of a Minor (ORS 163.575), Child Neglect (ORS 163.545, ORS 163547), allegations of Domestic Violence and sex offenses, as well as drug offenses.
5. The Curry County District Attorney's Office, DHS, and other agencies participating in the investigation will be kept informed of case progress on a need to know basis. Agencies of jurisdiction will be provided copies of law enforcement reports necessary to complete their portion of the overall investigation.
6. If law enforcement is aware that children may be present at a clandestine laboratory where the police will be serving a search warrant or conducting a knock and talk, as appropriate should notify DHS of: the general vicinity of the investigation; the number, age and sex of the children; and the approximate time of the event. This will allow DHS to prepare to respond and plan for any placements.

Level II Response: Children Exposed to the Sale, Use, or Possession of Controlled Substances

1. Law Enforcement Officers who encounter children during felony investigations of the sales and possession of controlled substances should evaluate whether the children are possibly the victims of Endangering the Welfare of a Minor (ORS163.575), Child Neglect (ORS 163.545, 163.547), Domestic Violence or sex offenses. As required by law, law enforcement officers will notify DHS. If conditions exist that necessitate the removal of a child(ren), investigating officers will collect and document evidence supporting evidence of the above listed crimes.
2. In Level I or Level II responses, law enforcement officers are reminded they may take a child into protective custody when the child's condition or surroundings reasonably appear to jeopardize the child's welfare (ORS 419B.150).
3. In Level II response situations where DHS responds and/or the child(ren) are taken into protective custody, the protocol shall otherwise conform to that of a Level I response.
4. If law enforcement is aware that children may be present at the scene of a felony drug investigation where the police will be serving a search warrant or conducting a knock and talk, as appropriate should notify DHS of: the general vicinity of the investigation; the number, age and sex of the children; and the approximate time of the event. This will allow DHS to prepare to respond and plan for any placements.

V. DEPARTMENT OF HUMAN SERVICES (DHS) PROTOCOL FOR CURRY COUNTY

A. Administration

1. **Applicability of Protocol:** This DHS protocol is intended to cover DHS Child Protective Services (CPS) workers' response to, and assessment of, drug-endangered children.
2. **Staffing:** Curry County DHS currently has CPS workers available for immediate joint response with police agencies 24 hours a day, 7 days a week. All DHS caseworkers will be trained jointly with police on how to respond to drug endangered children situations. The DHS CPS caseworker will be available to police agencies 24 hours a day, 7 days a week. The DHS CPS caseworker will have access to the Curry Child Abuse Team Coordinator for consultation and response as appropriate.
3. **Screening:** All calls during working day hours covered by this protocol will be directed to the DHS Intake screener, who will initiate a DHS GAP form. DHS GAP forms, which give DHS the legal basis to begin an assessment, must be initiated for all DHS Child Welfare field assessments. The DHS Intake screener will check DHS's history and do applicable criminal records check. Screening decisions about when DHS will respond will be made based on child safety, coordination/planning with police agencies and other relevant factors. The decided DHS response will be communicated to and coordinated with the responding police agent. Calls that come in after hours shall call 911 to reach the on-call DHS Child Welfare Worker and DHS Supervisor.
4. **DHS On-Site Safety Assessment of Drug-Endangered Children:** DHS shall conduct a safety assessment in accordance with DHS procedures, and shall inform investigating police officers when immediate protective custody is warranted. Police officers also have the authority to take a child into protective custody when the child's conditions or surroundings reasonably appear to jeopardize the child's welfare. (ORS 419B.150).

B. DHS Response to Drug-Endangered Children

1. **Police-Initiated Requests for Joint Response With Advance Notice:** When police become aware of drug-endangered children during the course of a criminal investigation, the following steps will be taken:
 - a. The police call the DHS Screeners at 1-800-500-2730 during daytime working hours and dispatch after hours.
 - b. The Child Abuse Intake screener initiates a GAP.

- c. If the call is received outside business hours or requires an immediate joint response, the law enforcement officer will call dispatch to call the on-call DHS Caseworker.
- d. DHS will make sure that LEA dispatch centers have the current on-call caseworker's contact numbers and the DHS Supervisor's after hours phone number.

2. **Police-Initiated Requests for *Immediate* Joint Response With No Advance Notice:** When police encounter drug-endangered children without forewarning, such as when a methamphetamine lab is unexpectedly discovered and children are present, the following steps will be taken:

- a. The police call the DHS Intake during working hours or 911 dispatch who will then contact the after-hours DHS Worker.
- b. The DHS Intake screener initiates a GAP during working hours.
- c. After screening, the DHS Intake will coordinate/plan DHS response which may include a DHS Caseworker going to the location. If location response is determined to be warranted, the caseworker will immediately respond to the location of the initial phone call from the law enforcement agency. If the DHS on-call caseworker is unable to report to the scene within one hour, then the DHS Supervisor shall respond to the scene.

3. **DHS-Initiated Requests for Immediate Joint Response Following Call to Child Abuse Intake:** When the DHS Intake receives a report of children exposed to the sale, manufacture or possession of controlled substances, the screener shall attempt to obtain the following information to assist in the determination of whether an immediate joint response is necessary:

- a. The detail of the report, including the description of the reported address; the number, identity and/or description(s) of the responsible adult(s); the number, identity and/or description(s) of the endangered children; the nature of the danger to the children; the living conditions of the children; the presence, recency, and frequency of chemical odors; chemicals observed at the location; specific observations of drug activity; information concerning the presence of weapons; and any other dangers observed by the caller.
- b. DHS shall cross-report to the appropriate law enforcement agency by immediately telephoning the law enforcement agency and by sending a fax of the GAP to the law enforcement agency.
- c. DHS shall state to the law enforcement agency their desired response and obtain law enforcement's position on the requested action.

- d. The law enforcement agency shall determine if it is appropriate to add the matter to the MDT agenda and shall contact the CCAT Coordinator with such information if appropriate.

4. **DHS-Initiated Requests for Immediate Joint Response Following DHS Employee Observations:** DHS personnel who encounter potential drug-endangered children during home visits or in other field situations shall follow statewide DHS safety protocol, and shall call 9-1-1 and the DHS Supervisor.

C. DHS Facilitation of Medical Evaluation, Testing, and Follow-Up

1. **DHS Coordination of Immediate Medical Evaluation and Testing:** DHS shall ensure that children found at methamphetamine laboratories are taken to the Curry General Hospital Emergency Department (ED) for a medical evaluation and testing as soon as possible, within 6 hours from the time the children were removed from the red zone whenever possible. DHS will comply with the direction of the lead law enforcement officer at the scene.

If a child has been exposed to a methamphetamine laboratory but the child is not discovered at the time of the laboratory seizure, the child should still be brought to the ED if the child is located within 48 hours of the child's exposure to the methamphetamine laboratory.

2. **DHS will notify Curry General Hospital Emergency Department (ED)** as soon as possible regarding the number of drug-endangered children to be transported to the ED for medical evaluation and testing.
3. **Obtaining Decontamination Information:** If responsible for the transport of the drug-endangered children for medical evaluation and testing, the DHS designee shall attempt to determine from on scene law enforcement and/or fire department personnel any information regarding the type of decontamination performed and information on the extent of the child's exposure to dangerous chemicals. The DHS designee should have clothing available for post decontamination transport to the Emergency Department or temporary shelter care.
4. Contaminated children report to the ED ambulance bay.
5. A child's personal possessions should always be left at lab scene to avoid possible chemical/drug contamination in other settings. The child's clothing and belongings remain at the scene and are bagged as evidence.
6. **Obtaining Medical History:** When possible, DHS shall attempt to obtain information on the medical histories, allergies, current prescriptions, and other historical health information from the parents or other adults present at the

location of the endangerment. In addition, DHS shall attempt to obtain consent for medical evaluation and testing from the parents or guardians of the drug-endangered children and obtain a release of information to both DHS, the lead law enforcement agency, and the District Attorney's Office.

7. **Curry Child Advocacy Team Referral:** If a CCATR abuse interview is warranted by information obtained during the investigation conducted pursuant to this protocol, DHS personnel shall ensure that the interview is timely conducted.
8. **DHS Long-Term Follow-Up:** DHS personnel shall thereafter ensure that children taken into protective custody pursuant to this protocol are examined by medical and mental health personnel as needed. This follow-up is to include, as soon as possible, the following:
 - a. Abnormal lab tests repeated.
 1. Complete a developmental and mental health assessment.
 2. HIV tests per DHS policy, if clinically indicated after a thorough medical evaluation by a doctor knowledgeable about HIV infections to facilitate the medical care of the child.

VI. CURRY GENERAL HOSPITAL AND CURRY CHILD ADVOCACY TEAM PROTOCOL FOR DRUG-ENDANGERED CHILDREN

A. Overall Risk Assessment for Drug-Endangered Children

1. Medical Risks for Children:

- a. Explosion and fire risk.
- b. Injury from direct contact with caustic materials.
- c. Long-term risk from exposure to environmental contamination.
- d. Exposure to weapons/violence associated with criminal commerce.
- e. Exposure to parent(s)' illegal drugs.
- f. Increased risk for sex abuse, physical abuse, emotional abuse and neglect.
- g. Lack of care & negligence due to parent(s)' drug habits.

2. Routes of Potential Exposure:

- a. Injection.
- b. Ingestion.
- c. Inhalation.
- d. Absorption.

3. Symptoms and Target Organs:

a. **Solvents:** Acetone, ether, methanol and white gas.
Symptoms: Irritation to skin, eyes, nose and throat; headache; dizziness; central nervous system depressant; nausea; emesis; visual disturbances.

Target organs: eyes, skin, respiratory system, central nervous system.

b. **Corrosives/Irritants:** hydriodic acid, hydrochloric acid, phosphine, sodium hydroxide, sodium thiosulfate, and sulfuric acid.

Symptoms: Irritation to upper respiratory tract, cough; eye, skin burns; gastrointestinal disturbances; thirst; chest tightness; dyspnea; muscle pain; syncope convulsions.

Target Organs: eyes, skin and respiratory tract.

c. **Metals/Salts:** iodine, red phosphorus and yellow phosphorus.

Symptoms: irritation to eyes, skin, nose, respiratory tract; lacrimation; headache; chest tightness; cutaneous hypersensitivity; abdominal pain; jaundice.

Target organs: eyes, skin, respiratory system, central nervous system, liver, kidneys, blood, cardiovascular system.

B. Notification and Presentation of Drug-Endangered Children to Curry General Emergency Department (ED)

1. Drug-endangered children who are subject to medical evaluation and testing pursuant to this protocol are to be taken to the Curry General ED ASAP or within 6 hours* of their removal from a methamphetamine laboratory. (*If a child has been exposed to a methamphetamine laboratory but the child is not discovered at the time of the laboratory seizure, the child shall be brought to the ED, if the child is located within 48 hours of the child's exposure to the methamphetamine laboratory.

2. DHS or police will notify Curry General Emergency Department ("ED") as soon as possible regarding the number of drug-endangered children to be transported to the ED for medical evaluation and testing.

3. A "Child Chemical Exposure Checklist" will be presented at the ED with drug-endangered child(ren) as soon as possible or the information may be provided by phone. This informs the ED of all available information regarding potential chemical exposure and the level and type of field decontamination performed on the child(ren). Children will be decontaminated prior to being transported to the ED unless medical instability requires immediate transportation.

4. Contaminated children report to the ED through the ambulance bay. Otherwise, children are presented to the ED admittance desk.

C. Emergency Department Evaluation and Testing of Drug-Endangered Children

1. **ED Nurse:** Upon DHS or police request for a drug-endangered child evaluation, the ED Nurse shall do the following:

- a. ED nurse shall immediately obtain a **urine sample** from the child(ren), with appropriate chain of evidence (use Legacy/MetroLab's Chain of Custody and Control (Non-regulated) Form 1. In the Donor consent and signature area, simply indicate, Ordered as per DEC, followed by the collectors/nurse initials and date. Make sure that the evidential security seal is properly attached, initialed, and dated on all containers collected.
- b. The method should be gas chromatography/mass spectrometry (GC/MS). If meth exposure is suspected, it should be requested for a methamphetamine/amphetamine confirmation. Other drugs can be tested for at the same time, if needed. **IT IS VERY IMPORTANT TO MAKE SURE THAT THE FOLLOWING IS REQUESTED: "Without regard to cutoff or threshold."** You **MUST** ask for this. Without it, you will get a qualitative screen that will not adequately test the children.
- c. Notify Curry General toxicology lab that a specimen needs to be transported to the Lab for testing of a drug-endangered child.

2. **ED Nurse:** The ED nurse will obtain a medical history and vital signs, including the following:

- a. Temperature
- b. Blood pressure
- c. Pulse
- d. Respirations

3. **ED Physician:** The ED doctor will complete a physical exam to include, but not limited to:

- a. Unusual odors
- b. Hygiene
- c. Neurological abnormalities
- d. Cardiac or pulmonary findings

e. Skin/Hair findings, including injuries, lesions and foreign substances and stains, which should be collected and/or photographed if possible.

f. Ano-genital exam as appropriate.

Follow-up recommendations will include: (1) repeating abnormal lab tests; (2) completion of a developmental and mental health assessment; (3) HIV testing, if appropriate; (4) other medical follow-up based upon exam findings; and (5) referral to Curry Child Advocacy Team and DHS.

4. **Laboratory Testing Ordered by ED:**

a. The **urine testing** to be ordered by the ED is:

1) Complete urine drug screen to include Methamphetamine/Amphetamine.
(Panel: OR DP10A32)

2) Specific order for most likely drugs/chemicals the child was exposed to, e.g. methamphetamine or amphetamine, cocaine, etc. Order Notes: Include in order notes for the drug tests, that if preliminary drug screen is **negative** to perform the appropriate **retest** confirmation procedure(s) for the drug(s) listed. This will then cue the lab to run the confirmation test to the limits of detection. Must be marked "Without regard to cut-off or threshold".

3) ED or CGH laboratory staff are **not** to use the onsite screening devices for screening. Drug screens must be performed at OML lab.

b. ED will order **serology testing** and follow up on the following additional labs:

1) Comprehensive Metabolic Panel (includes electrolytes and liver function tests: (HEPFUNC) SGPT/SGOT/total bilirubin/alkaline phosphatase (1 ml serum, may be combined with BASIC). 2 ml plasma or serum

2) Na/K/Cl/CO₂/BUN/Cr/glu (BASIC) (May be combined with HEPFUNC).

3) Complete blood count 1 ml whole blood, EDTA. Drawn in ER, sent to OML Labs.

4) Lithium level (to be done only if lithium was used in the manufacturing of methamphetamine per the “Child Chemical Exposure Checklist” or other information received by ED). 1 ml serum or plasma, Gold or Green top tube.

5) Lead or heavy metals analysis (to be done only if method of manufacturing methamphetamine was **not** ephedrine–reduction). Lead Peds: .5 ml whole blood, EDTA.

Heavy Metals Panel (Arsenic, mercury and lead): 1.5 ml whole blood, Royal Blue EDTA.

6) Only if needed, blood or serum drug orders for most likely drugs/chemicals to which the child was exposed and/or from the results of the urine drug test.

If specific information accompanies patient regarding type of materials utilized in the manufacturing of the drug, MD may wish to order additional studies (e.g. if method of manufacturing was NOT ephedrine based my wish to order lead or heavy metal analysis).

7) The Methamphetamine order set will list the lab studies in descending order of importance. Lab personnel will run the studies at the top of the order set first and proceed down the list until the specimen is exhausted.

ED can discharge the patient prior to all lab results being available if DHS or the guardian has a reliable plan for how the ED can contact them if lab results require immediate follow-up. ED MD should write an order “may discharge patient when labs are in progress.”

c. Additionally, ED will order **serology testing**, the following labs, with CARES Northwest to follow up. (**Note:** ED must fax CARES Northwest a referral for follow-up):

- 1) Hepatitis B surface antigen. (.5 ml serum)
- 2) Hepatitis C antibody. (.5 ml serum)
- 3) Urine nucleic acid amplification test for Chlamydia/gonorrhea if child can provide a second urine sample. (20 ml urine)
- 4) RPR/syphilis. (.5 ml serum)
- 5) Follow up on Lithium level, Lead or heavy metal analysis, if ordered by ED
- 6) ED can consider hair analysis in unique situations where past exposure should be documented and the child will NOT be accessible to DHS/LEA in the future. Obtain a pencil size width of hair, cut NOT pulled at the scalp. Place and fold up hair

clippings in a piece of aluminum foil and seal in forensic envelope, label and submit to Metrolab, under chain of custody. Also note any signs of hair coloring or bleach with which the child's hair may have been washed or treated.

d. ED will request lab results be sent to the Curry Child Advocacy Team and to DHS.

5. Additional ED Notifications/Referrals:

a. ED is to notify the DHS Screener at 1-800-500-2730 if concerns of physical or sexual abuse develop during the medical evaluation, or if crisis intervention is needed. After hours, call dispatch for the CPS on-call caseworker's cell phone number. The DHS screener will cross report this information to the investigating law enforcement agency who will assess the need for a forensic interview and notify the CCAT Coordinator regarding such interview and placing the matter on the MDT agenda.

b. Physician is to dictate a STAT report and request copy to the Curry County District Attorney. ED is to fax the initial ED report, including lab test results, to the Curry County District Attorney. Law Enforcement and DHS may request an additional copy directly if desired.

c. ED will refer all drug-endangered children to the Child Advocacy Team for to determine if further interview or exam is indicated.

VII. CURRY COUNTY DISTRICT ATTORNEY'S OFFICE PROTOCOL

A. DEC Liaison Responsibilities

1. **DEC Liaison Appointment:** The District Attorney will at all times be designated the DEC Liaison or assign a Deputy District Attorney as the DEC Liaison.
2. **DEC Liaison to Receive DEC Reports:** The DEC liaison shall be the recipient of DEC investigation reports by law enforcement agencies within Curry County.
3. **Investigative Assistance to Police and DHS:** Upon contact by a police case agent or DHS personnel involved in a DEC investigation, the DEC liaison for the District Attorney's Office will coordinate and assist with the lawful seizure of DEC-related evidence, including assisting in the drafting of search warrant affidavits and any other required court authorization for the seizure or obtaining of evidence pertaining to the DEC investigation (i.e. subpoenaing medical records).
4. **Notification Requirements:** When notified of a DEC investigation or DEC-related arrest, the DEC liaison at the District Attorney's Office will check that the CCAT Coordinator has been notified and the matter placed on the MDT agenda for the next meeting. The DEC liaison will also check whether DHS has been notified of the child endangerment allegations.
5. **Prosecution of DEC Cases:** The DEC liaison at the District Attorney's Office is responsible for requesting follow-up investigation and copies of any relevant reports, screening and presenting the drug and child neglect / endangerment case for prosecution in a timely fashion.
6. **Assignment of Victim's Advocate in DEC Cases:** The DEC liaison at the District Attorney's Office will direct and keep the Victim's Advocate informed of any plea offers and of any upcoming trials when children may be required to testify in a prosecution resulting from a DEC investigation.
7. **Restitution:** The DEC liaison will determine appropriate probation terms and conditions to be requested and whether to seek restitution for costs incurred in the medical evaluation, testing, and treatment of any drug-endangered children which resulted from the offender's criminal activities, or other related restitution such as that associated with clean-up of the contaminated site, and HazMat response expenses.

Suggested Training

As practical, all responders should have specialized training to uphold the procedures and policies of the DEC Protocol.

Cross training, particularly between Child Welfare 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.

Effect of Protocol

This protocol represents an agreement among participating agencies concerning the manner in which drug endangered children incidents are handled. It is anticipated that each incident involves unique circumstances, and flexibility must be allowed for minor modifications. This protocol, which is neither a statute, ordinance, or regulation, is not intended to increase the civil or criminal liability of member agencies or their employees, and it shall not be construed as creating any mandatory obligations to, or on behalf of, third parties.

By signing this agreement, I am committing my department/agency to follow the foregoing protocol.

District Attorney

Curry County Sheriff's Office

Brookings Police Dept.

Port Orford Police Dept.

Gold Beach Police Dept.

Child Welfare Services

OSP

Curry General Hospital

Curry Child Advocacy Team

SCINT