

Drug Endangered Children Task Force

Crawford County DEC Protocol

A Project of the Crawford County
Drug Endangered Children Team

Table of Contents

I.	Introduction	3
II.	Composition of the DEC Team	4
III.	Operational Procedure	5
IV.	Interviewing of victims, witnesses and parents	6
V.	Determination of which children will be taken To Mt. Carmel Medical Center	6
VII.	Exchange of information between agencies	7
VIII.	Preparation of reports	7
IX.	Assignment of cases	8
X.	Mandatory DEC Team debriefing	8
XI.	Letter to the Children’s Advocacy Center regarding DEC cases	9
XII.	Methamphetamine laboratory checklist	11
XIII.	DEC Protocol overview	12
XIV.	DEC Evaluation Form	13
XV.	Reimbursement / Expense Detail	15

Definition

A drug-endangered child (DEC) is a child who has been exposed to an environment with conditions of contamination or hazardous life style that result in abuse, life or health endangerment, or neglect perpetrated on the child as a result of illicit drug use, sales, or manufacturing. A criminal violation threshold is met when elements of the contamination or hazardous life style meet the criteria of Kansas Statutes.

Introduction

Clandestine methamphetamine manufacturing and distribution has created a public health and safety crisis for the residents of Kansas. Despite increased law enforcement efforts, methamphetamine manufacturing continues to grow at an alarming rate. Chemicals used in the manufacture of methamphetamine and other illegal drugs can be poisonous, corrosive, carcinogenic, flammable, and/or explosive. The drugs and chemicals present in methamphetamine and other drug labs are often easily absorbed by the body and/ or breathed in as vapors. These chemicals often contaminate items in their vicinity, which can result in the need for disposal of contaminated items such as carpeting and furniture to ensure the remediation of a hazardous environment. The risk to children at these locations is extremely high. Prior to the creation of this program there had been no collaborative efforts to address the needs and problems relating to drug endangered children in Southeast Kansas.

Mission

The mission of the Drug Endangered Children Program is to identify and protect drug endangered children and to identify, provide, and improve services to them utilizing the criminal justice system, law enforcement, child welfare, and other community agencies with the goal of improving outcomes for these children. The program also seeks to deter methamphetamine production in the presence of children by arresting and prosecuting all manufacturers and their accomplices who manufacture methamphetamine in a manner that endangers children.

Purpose

In the interest of protecting children found in or near methamphetamine laboratories, the Drug Endangered Children Response Team project has developed a multi-agency cooperative effort involving the Kansas Bureau of Investigation, the Southeast Kansas Drug Enforcement Task Force, the Kansas Attorney General's Office, the Crawford County Attorney's Office, Social and Rehabilitation Services, Restorative Justice Authority, the Pittsburg Police

Department, the Crawford County Sheriff's Department, the Pittsburg State University Police Department, the Children's Advocacy Center, Crawford County Mental Health, Crawford County Emergency Medical Services, Pittsburg State University, Juvenile Justice Authority, and Mt. Carmel Regional Medical Center to address drug-endangered children's' issues. These agencies will work in a collaborative effort to facilitate a coordinated response to promote the health and safety of children found in methamphetamine laboratories or places where drugs are kept or sold.

Project Goal

The primary goal of the DEC Team are to establish a multi-agency methodology for the appropriate diagnosis and treatment of children who have been exposed to the chemicals used to manufacture methamphetamine or other illegal drugs in a clandestine laboratory setting, and to prosecute all individuals responsible for endangering children. Appropriate diagnosis and early treatment are imperative so that the psychosocial and physical needs of these children are effectively addressed.

DEC member agencies will work closely together to improve the relationship and cooperation between organizations and to train local law enforcement agencies in the successful DEC case investigations and response. Statistical information is kept by both the Crawford County Attorney's Office and S.R.S. in order to establish a data base for tracking these children, the services provided, and case outcomes.

Project Policy Statements

The Crawford County DEC Team will utilize a multi-disciplinary approach to best meet the needs of drug endangered children and enhance cooperation through a collaborative, team building effort involving all agencies – law enforcement, S.R.S., emergency medical services, mental health, and prosecution. If any of the children become dependants of the Juvenile Court through C.I.N.C. proceedings, S.R.S. will recommend an appropriate treatment plan and suitable placement of the children as required.

COMPOSITION OF THE DEC TEAM

DEC Team Implementation Managers:

1. Steve Stockard, Assistant Crawford County Attorney – Prosecution
2. Steve Rosebrough, K.B.I. Special Agent, SEKDETF – Law Enforcement
3. Susan Lawrence, Child Welfare Worker - S.R.S.

The Crawford County Attorney's Office will review, prosecute, and file each of the DEC cases in the Crawford County area which are determined to demonstrate sufficient evidence for prosecution. The SEKDETF Prosecutor will be available to

assist upon request. The assigned prosecutor will handle all pre-trial motions. The County Attorney's office will convene periodic meetings of the DEC team and will assist in the preparation of a countywide prosecution protocol for DEC cases. When appropriate, the County Attorney's Office will hold training for law enforcement, S.R.S., and other agencies.

The Southeast Kansas Drug Enforcement Task Force will respond when a methamphetamine lab is located. They will assist in the investigation, collection of evidence, and preparation of the case for prosecution, including relevant reporting of all issues regarding child endangerment. SEKDEF personnel will advise and assist local agencies in taking photographs, collecting evidence, preparing and serving search warrants, confiscating the clothing of a child and replacing clothing as part of the evidentiary collection process, as well as testifying in court. In SEKDEF initiated methamphetamine investigations, the SEKDEF case agent will be responsible for the above duties. Upon first being notified of a methamphetamine seizure where a child is located, the SEKDEF will immediately notify S.R.S. that contaminated children or suspected contaminated children at a seized lab have been detained on site by the investigating officer or the SEKDEF agent and placed into clean clothing until the arrival of S.R.S. Juvenile Intake will be notified at this time and will be advised of the location and condition of the child.

If necessary, Crawford County E.M.S. will respond to methamphetamine or other drug laboratories where children are present. The paramedics will assess the medical and contamination condition of the children, provide medical care if necessary, and transport the children to the hospital for medical a medical assessment. Decontamination of the child will occur at the scene prior to the transportation of the child to the hospital. The paramedics will make all reports available for the preparation of trial. When applicable, law enforcement will provide a statement of services from Crawford County E.M.S. to the prosecutor for consideration of financial restitution.

S.R.S. will respond to the location of the child and, if necessary, will ride with the child and law enforcement when the child has been assessed and found not to be obviously contaminated. In the event the child is or may be chemically contaminated, SEKDEF agents and E.M.S. will decontaminate the child and E.M.S. will transport the child to the Mt. Carmel Regional Medical Center for medical evaluation. The paramedic team will evaluate the child for any acute symptoms of chemical exposure and determine whether the child needs emergency medical care. If necessary, SEKDEF and S.R.S. personnel will place the child into clean clothing at the scene, and the clothing of the child will be retained as evidence.

Operational Procedure

Notification – Whenever a child is found in a methamphetamine or other drug laboratory, the child will be removed to a safe location away from the lab site. The law enforcement officer will ensure that contact is made with S.R.S., which in turn will contact the designated social worker. In the event that a child is contaminated, decontamination will occur immediately. The child then shall receive immediate medical attention and be transported to the hospital for the appropriate testing.

Crime scene processing and child intervention – The SEKDETF agent will process the methamphetamine or other drug lab pursuant to the guidelines established by the KBI and the Kansas Department of Health and Environment. The child will be removed from the scene and placed in a safe location while awaiting S.R.S. After receiving the necessary medical evaluation and care, a forensic interview will be scheduled for the child at the Children’s Advocacy Center, Inc. A forensic interviewer will conduct the interview. The interview questions will be comprised of questions developed by the DEC multi-disciplinary team. At the time the interview is scheduled, a child advocate should be notified from the Children’s Advocacy Center, Inc. All photographs of the scene will be maintained by the local law enforcement agency, or in SEKDETF initiated cases, by the KBI. All physical evidence (excluding contaminated evidence) will be similarly sampled and retained. All photographs that pertain to child endangerment filings will be shared with S.R.S. to support sustained allegations of child endangerment in the C.I.N.C. hearings.

Interviewing of Victims, Witnesses, and Parents

SEKDETF and the investigating officers will conducting preliminary interviews of witnesses and parents at the scene whenever possible. While at the scene, every effort should be made to have medical releases signed by the parents or caregivers to assist in obtaining medical histories and to assist in the medical exam. A forensic interviewer will schedule a forensic interview at the Children’s Advocacy Center with the child victim in a timely manner, usually within 72 hours. The DEC team members will be cognizant of the children’s needs and will make every effort to minimize any trauma to these children.

Procedure for Examination and Testing of Victims

Upon arrival to Mt. Carmel Regional Medical Center, an emergency room physician and/or technician will medically assess the child(ren). All appropriate laboratory tests will be performed on the child to assess, on an individual basis, the medical needs of the child at that time. Tests to be performed will be determined by the medical staff at Mt. Carmel Regional Medical Center or another hospital emergency room or health center if necessary. These tests will include urine and/or blood sampling when indicated. All medical records will be maintained by Mt. Carmel Regional Medical Center and the SEKDETF for tracking purposes.

Non-invasive testing – At the time the child(ren) is taken out of a drug lab environment, the child(ren) will be assessed by health care professionals to determine what type of medical services the child(ren) needs. If it is determined that the child did not have a chemical exposure and is not in need of emergency medical services, the child will be placed in emergency protective custody. If the child(ren) is placed in emergency protective custody, the child(ren) will be medically assessed immediately at the time of the child(ren)'s placement, with a more detailed medical examination and overall physical evaluation at a later time, or as needed.

Invasive testing (blood/urine analysis) – Blood and urine samples will be taken at Mt. Carmel Regional Medical Center and upon the completion of testing, will be transferred to the KBI Regional Laboratory establishing and maintaining appropriate chain of custody. The transportation of these samples will be the responsibility of the investigating officer or agent. The blood and urine analysis shall be done immediately after the child(ren) is taken into protective custody.

The estimated costs associated for testing through the Mt. Carmel Regional Medical Center's Emergency Department for drug endangered children are as follows:

Required		
1.	Liver function tests -	\$40.00
2.	Urine drug screen -	\$46.00
Optional		
1.	Complete metabolic panel -	\$40.00
2.	Heavy metal screen -	\$229.00
	Emergency Department charge -	\$104.00
	Emergency Department physician charge -	\$131.00

According to Mt. Carmel Emergency Room Director Tom Pryor, the above charges are required, however Mt. Carmel will accept as payment in full whatever payment is allowed by Medicaid.

Preservation of evidence – All relevant evidence will be maintained by the KBI, Pittsburg Police Department, or the Crawford County Sheriff's Department.

Exchange of Information Between Agencies

The KBI, local law enforcement, and S.R.S. will exchange information regularly during DEC case investigations. All interviews will be documented and provided to team members. Photographs and videotape of the crime scene will be provided to the prosecutor.

Preparation of Reports

DEC Team members will complete their respective reports detailing both the appropriate drug charges as well as the appropriate child endangerment charges necessary for successful prosecution and CINC hearings. All reports containing spontaneous or interview statements made by victims, witnesses to the crimes, and doctors will be maintained by the respective teams.

Assignment of Cases

S.R.S. agrees that, as required by law, the assigned DEC worker will not notify the victim's family in the event that law enforcement intends to serve a search warrant at the location. In the event of an unplanned or emergency intervention, the DEC worker will be contacted after law enforcement finds suspected allegations of child abuse and/or endangerment.

DEC Team Debriefing

Upon completion of the investigation of the drug laboratory where children are found, DEC team members will meet when necessary and debrief each other as to the case events and evidence found at the location(s). This policy is established in order to successfully assess and improve upon the response by the DEC team. Furthermore, it is believed that this debriefing will assist team members in identifying any problems that may have existed at the time of the search warrant or intervention, which may be improved upon in future cases. We believe that this debriefing process is imperative in order to establish and improve collaborative efforts between the DEC team members and member agencies.

Reimbursement / Expense Detail

The Crawford County Sheriff's Office has set up a Drug Endangered Children bank account containing funds donated to the DEC program. In the event that an investigator has used personal funds to purchase clothing and/or personal hygiene items for drug-endangered children, the investigator is eligible for reimbursement. A reimbursement / expense detail shall be completed and submitted, with the appropriate receipts, to Rick Shaffer at the Crawford County Sheriff's Office for reimbursement. In the event donated funds are not available, the investigator will follow their agency's established protocol for requesting reimbursement. Store receipts must accompany the reimbursement / expense detail to be considered for reimbursement.

March 6, 2002

Children's Advocacy Center, Inc.
Sandy Morris, Director
1700 N. Locust, Suite 201
Pittsburg, Kansas 66762

Dear Mrs. Morris:

In a combined effort of the Kansas Bureau of Investigation (KBI)/Southeast Kansas Drug Enforcement Task Force (SEKDETF), Kansas Attorney General's Office, Crawford County Attorney's Office, Social and Rehabilitation Services, Pittsburg Police Department, Crawford County Sheriff's Department, Crawford County Emergency Medical Services, Restorative Justice Authority, and Mt. Carmel Regional Medical Center a new program has been initiated in Crawford County entitled Drug Endangered Children.

The Drug Endangered Children program is designed to identify and treat all children that are found to have been exposed to environments either where chemicals used in the manufacture of dangerous drugs have been maintained, or where drug laboratories have been located. Most chemicals used in the illegal manufacture of methamphetamine and other illegal drugs are flammable, explosive, corrosive, carcinogenic, and/or poisonous.

Numerous clandestine laboratories have been seized in southeast Kansas this year alone. In most cases, when children were present, the appropriate charges of child endangerment and/or child abuse were filed against the caretakers or the parents. The justification for filing these additional charges is the result of Federal research that has determined that the physical well being of children is affected by the chemicals used in the manufacture of illegal drugs. In some cases, the chemical contamination to individuals, including children, exposed to these labs is permanent and in other cases it is short term. The health effects, however, are often long term or permanent.

The efforts of the Drug Endangered Children program would go beyond the filing of criminal charges. When implemented, the children would be transported to the nearest medical facility for examination and/or testing for contamination, poisoning, and/or ill effects of being exposed to a number of different chemicals and substances. After the examination, with age permitting, the child would be interviewed to aid the County Attorney with the Child in Need of Care (C.I.N.C.) case filed on the child's behalf by law enforcement and S.R.S. Unless determined necessary by the prosecutor, the child's interview would not be used in the criminal proceedings against the parents or caregivers, just in the C.I.N.C. case. The emphasis of this program is the best interest of the child.

So on behalf of children in the State of Kansas who are unfortunate enough to be housed in places where dangerous drugs are stored, clandestine laboratories are located, and drugs are sold, we are asking for your help. We will need a child-friendly environment in which to interview these children and in which to provide them with the respect they deserve. I can think of no better place to conduct these interviews than our own Children's Advocacy Center.

If you have any questions regarding the Drug Endangered Children program, please feel free to contact me at your convenience. I look forward to hearing from you.

Sincerely,

Steve Rosebrough
Special Agent
Kansas Bureau of Investigation
SE KS Drug Enforcement Task Force
821 North Broadway
Pittsburg, Kansas 66762

Dave Hutchings
Senior Special Agent
Kansas Bureau of Investigation
Task Force Manager
SE KS Drug Enforcement Task Force
821 N. Broadway
Pittsburg, Kansas 66762

Chemicals of a Clandestine Drug Lab

The following is a list comprised of chemicals that have been normally found in clandestine laboratories. A narcotics agent or social worker, following instructions of a narcotics officer, will check off the chemicals found in methamphetamine lab where children are present. This form is then delivered to the hospital with the children for a medical examination.

Check chemicals found at the time of the CINC.

- | | |
|---------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Ethyl Ether | <input type="checkbox"/> Red Phosphorous |
| <input type="checkbox"/> Acetone | <input type="checkbox"/> Sodium Thiosulfate |
| <input type="checkbox"/> Acetaldehyde | <input type="checkbox"/> Hydrogen Chloride Gas |
| <input type="checkbox"/> Freon R-11 or R-12 | <input type="checkbox"/> Palladium |
| <input type="checkbox"/> Methanol | <input type="checkbox"/> Methylamine |
| <input type="checkbox"/> Mercuric Chloride | <input type="checkbox"/> Palladium on Carbon |
| <input type="checkbox"/> Phenyl-2-propane | <input type="checkbox"/> Thiny Chloride |
| <input type="checkbox"/> Phenylacetic Acid | <input type="checkbox"/> Phosphorous Trichloride |
| <input type="checkbox"/> Acetic Anhydride | <input type="checkbox"/> Phosphorous Pentachloride |
| <input type="checkbox"/> Anhydrous Sodium Acetate | <input type="checkbox"/> Chloroform |
| <input type="checkbox"/> Benzene | <input type="checkbox"/> Ethanol |
| <input type="checkbox"/> Ephedrine | <input type="checkbox"/> Hydrochloric Acid |
| <input type="checkbox"/> Sodium Hydroxide (Lye) | <input type="checkbox"/> Potassium Dichromate |
| <input type="checkbox"/> Toluene | <input type="checkbox"/> Sulfuric Acid |
| <input type="checkbox"/> Iodine Crystals | <input type="checkbox"/> Muriatic Acid |

These are commonly found chemicals in the manufacture of methamphetamine, as we find them in clandestine laboratories in Crawford, Cherokee, Labette, Neosho, Bourbon and Allen Counties. However, these are not the only chemicals with which we come in contact. There are a number of other similar solvents, reagents, and acids that are not listed, but are commonly substituted for the ones listed above.

SOUTHEAST KANSAS DRUG ENFORCEMENT TASK FORCE (SEKDETF) DRUG ENDANGERED CHILDREN PROGRAM (DEC)

Purpose: The Kansas Bureau of Investigation (KBI), Pittsburg Police Department (PPD), Crawford County Sheriff's Department (CRSO), Social and Rehabilitation Services (SRS), Restorative Justice Authority, and the Crawford County Attorney's Office work cooperatively to facilitate a coordinated response to families involved in drug manufacturing, sales and possession of drugs when children are expected to be present.

1. Identify a social worker with knowledge and training in the area of criminal investigation who is familiar with the inter-workings of a narcotics task force and can be available to assist with the DEC program as needed.
2. Law enforcement agents at a site where drugs, hazardous conditions, unfit home, or parents arrested will immediately page the assigned social worker. SEKDETF agents provide information and lead time when possible to allow completion of a history check and case review by assigned social worker. The social worker will participate in a briefing prior to a response if possible when it is known that children will be present.
3. The social worker and a law enforcement officer will assess, document, and photograph conditions of the house and children. Interviews of parents and children will be conducted. In all cases where hazardous or unfit conditions exist and are accessible to a child, that child shall be taken into police protective custody.
4. Emergency medical services, when available, will transport the children to a local hospital for a medical examination. Any medical records obtained from urine and blood analysis will be collected by law enforcement and provided to the prosecutor for use in court proceedings.
5. Restorative Justice Authority Juvenile Intake Officers will be contacted by law enforcement. The Juvenile Intake Officer will complete an assessment of the child and their reason for being in police protective custody. The Juvenile Intake Officer will then be recommended an appropriate placement for the child to law enforcement. The Juvenile Intake officer will then forward the appropriate paperwork to the prosecuting attorney. An emergency protective order may be issued to ensure immediate, court-ordered protection of the child(ren), when a child is in immediate danger of abuse or abduction by a parent or relative.
6. Exchange of information relevant to the case will proceed as appropriate to provide a timely support to any juvenile or criminal court action that arises.
7. The County Attorney agrees to review and prosecute all appropriate cases where children are exposed to drugs or hazardous toxic materials involved in the clandestine manufacture of controlled substances. An assistant county attorney trained in drug prosecution is assigned 24/7 to assist in case analysis; and will prosecute all appropriate charges and/or CINC cases.

DRUG ENDANGERED CHILDREN (DEC) EVALUATION FORM

DATE & TIME: _____

INVESTIGATIVE POLICE AGENCY: _____ CASE NUMBER: _____

INVESTIGATING OFFICER: _____ AGENCY: _____

1. SUSPECT'S NAME: _____ DATE OF BIRTH: _____

ARREST MADE _____ NO ARREST _____ FORWARDED TO CA: _____

CRIMES CHARGED WITH: _____

2. SUSPECT'S NAME: _____ DATE OF BIRTH: _____

ARREST MADE _____ NO ARREST _____ FORWARDED TO CA: _____

CRIMES CHARGED WITH: _____

TYPE OF DRUGS/CHEMICALS/PARAPHERNALIA SEIZED: _____

OTHER NOTABLE EVIDENCE SUPPORTING CHILD ENDANGERMENT: _____

1. VICTIM'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ PHONE: _____

SOCIAL SECURITY NUMBER: _____

2. VICTIM'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ PHONE: _____

SOCIAL SECURITY NUMBER: _____

S.R.S. SOCIAL WORKER ASSIGNED: _____ PHONE: _____

TIME NOTIFIED: _____ TIME ARRIVED ON SCENE: _____

CHILD REMOVED FROM HOME: _____ CHILD NOT REMOVED FROM HOME: _____

Crawford County Kansas DEC Protocol

ATENDING PHYSICIAN/NURSE: _____ HOSPITAL: _____

MEDICAL TEST COMPLETED: _____

MEDICAL TEST RESULTS: _____

COMMENTS/RECOMMENDATIONS:
