



MEMORANDUM OF UNDERSTANDING PERTAINING TO DRUG ENDANGERED CHILDREN

This Memorandum of Understanding is entered into on the date set forth in the signature block by and between the **Office of the District Attorney, Third Judicial District** [hereafter DA] and the **Shawnee County Sheriff's Office**, [hereafter SCSO] and the **Topeka Police Department** [hereafter TPD] and the **Kansas Bureau of Investigation** [hereafter KBI] and the **Juvenile Intake Assessment Services of the Shawnee County Family Resource Center** [hereafter Juvenile Intake] and the **Kansas Social and Rehabilitation Services** [hereafter SRS] and the **Stormont Vail Regional Health Center** [hereafter Stormont Vail] and the **St. Francis Health Center** [hereafter St. Francis] and the **Topeka Fire Department** [hereafter TFD].

The purpose of this Memorandum of Understanding (MOU) is to unify core agencies in Shawnee County to provide the most effective response possible for Drug Endangered Children (DEC). Children living in environments where methamphetamine or other drugs are manufactured experience physical, emotional and developmental harm including abuse and neglect. For the purposes of this MOU, the definition of a Drug Endangered Child is one found in an environment where methamphetamine is being manufactured or the ingredients to manufacture methamphetamine are stored or where there is other significant evidence manufacturing has occurred. The goal is to ensure that all children removed from a methamphetamine environment will not only receive necessary immediate medical care and other services but will also receive long-term services. It is recognized that similar responses may be appropriate in circumstances other than methamphetamine labs. However, the purpose of this MOU is to address children in methamphetamine or other drug lab environments.

Each subscribing agency retains the sole discretion to determine the ability of that agency to comply with the terms of this MOU to the circumstances and resources existing at any given time. This MOU is not a contractual agreement that would impose any liability on the subscribing agencies for non-compliance. In consideration of the mutual promises and agreements herein contained, the parties do mutually promise and agree as follows:

The Shawnee County Law Enforcement Agencies agree to take all reasonable steps to:

1. Assign an investigator to collect evidence in reference to the drug endangered children investigation.
2. Use all reasonable efforts to ensure that a child found in a meth lab environment is, as soon as possible, removed from the immediate vicinity of the methamphetamine lab scene to a place of safety.
3. Use all reasonable efforts to ensure that children found in meth lab environments are decontaminated, including the removal of clothing, to the extent practicable at the scene given the available resources and the likely extent of contamination.
4. Use all reasonable efforts to ensure that the investigator locates and collects all evidence that may support or refute allegations of child endangerment including photographs and videotapes of the child and child's surroundings. Documentation should include how accessible dangerous items in the home (finished product, paraphernalia, chemicals used in manufacturing meth, etc.) are to the children.
5. Have children who are taken into protective custody for methamphetamine exposure transported by Emergency Medical Services or Law Enforcement to ST. FRANCIS or STORMONT-VAIL for a medical examination and methamphetamine exposure analysis as deemed appropriate and practicable. Ideally, a medical assessment (wellness check) should be done on exposed children within two hours of discovery at a methamphetamine lab site.
6. Transport child to STORMONT VAIL if sexual abuse is suspected. Request immediate assistance of SANE/SART Nursing staff.
7. Place any Drug Endangered Child into Police Protective Custody and turn the child over to JUVENILE INTAKE AND ASSESSMENT or SRS for a safe placement. An emergency protective order shall be issued to ensure immediate, court-ordered protection of the child(ren).
8. Seek to obtain insurance information, hospital preference and medical history of child from parents.
9. Conduct a follow-up investigation regarding children of the suspects who are not present at the scene but may have been previously exposed. If exposure has occurred, officers shall place the child(ren) in accordance with #7 when appropriate.
10. Promote educational endeavors within the agency and the community to enhance the successful identification and prosecution of all drug-endangered children cases.
11. Require officers to attend all Child In Need Of Care (CINC) and S.R.S. Fair Hearings when their testimony is deemed necessary by the Shawnee County District Attorney's

Office and/or S.R.S. to support permanent or long-term child placement other than with the child's legal guardian.

12. Share information with S.R.S. to assist in the caseworker's CINC investigation.
13. Complete all necessary reports including El Paso Intelligence Center (EPIC) forms if it is a case where methamphetamine manufacturing is suspected.
14. Provide report to District Attorney's Office and SRS within 72 hours of the incident.
15. Maintain fund for DEC cases to purchase items such as clothing, personal care items, and comfort items for children. Funds would be obtained through donations. Items donated or purchased would be stored at the Law Enforcement Center.

The Topeka Fire Department agrees to take all reasonable steps to:

1. Assist law enforcement as necessary with appropriate decontamination of children found in methamphetamine lab environments.

The Shawnee County District Attorney's Office agrees to take all reasonable steps to:

1. Aggressively prosecute drug-endangered children cases. A Child In Need of Care (CINC) case would be filed by the end of the first business day after receipt of necessary law enforcement investigative reports.
2. Provide consultation to Shawnee County Law Enforcement Agencies on strategies and court preparation for drug-endangered children cases.
3. Provide child victim advocacy throughout the criminal legal process.
4. Assign an Assistant District Attorney to handle drug-endangered children cases. The assigned Assistant District Attorney will be given the opportunity to develop an expertise in drug-endangered children prosecutions through training and experience. The assigned Assistant District Attorney will, when possible, respond to the scene of the most serious cases of drug-endangered children.
5. Attempt to recover lab costs incurred by the investigating agency and/or S.R.S. for blood and urine analysis and medical evaluations of drug-endangered children when a suspect(s) is convicted of a DEC charge.
6. Attend joint drug-endangered children training sessions with law enforcement and other appropriate agencies when available.
7. Provide victim/witness personnel to be present with children involved in DEC cases who are awaiting medical testing at the medical facility.

8. Will exercise its obligations and responsibilities pursuant to Guidelines for the Presentation and Filing of Child in Need of Care Proceedings Predicated on Drugs, Particularly Methamphetamine, being in the Child's Environment and/or the Filing of Criminal Charges of Child Endangerment.

Shawnee County Family Resource Center including Juvenile Intake and Assessment Services agrees to take all reasonable steps to:

1. If available, assist in the supervision of a child placed in Police Protective Custody that has been found to have been exposed to a DEC environment which may include supervision of the child while awaiting medical assessment at the hospital or other medical facility.
2. Assist in the temporary placement of a child away from the DEC environment and the DEC suspect(s) to a location where it is reasonably assured that the child will remain in a safe environment until placement has been ordered by the District Court.
3. Assist in the preparation of necessary documentation for a Temporary Custody Hearing, and provide this documentation to the S.R.S. caseworker.
4. Provide such records, reports, and assessments to the District Attorney's Office before the end of the next business day.
5. Assure that the child's placement have the necessary information on what is required for a 24 hours baseline health assessment (utilizing one-page baseline assessment checklist).
6. Ensure that no child will be placed with a family member or neighbor or friend of the offending parent or parents, except on order of the court.

Shawnee County Social and Rehabilitation Services (SRS) agrees to take all reasonable steps to:

1. Coordinate services to drug-endangered children, including the sharing of information with law enforcement, after a search warrant service or DEC investigation has been initiated and law enforcement has established probable cause to suspect that a child has been abused or neglected.
2. Attend joint drug-endangered children training sessions with law enforcement and other appropriate agencies when available.
3. SRS will assess and investigate all the presenting concerns specific to each individual child, within accordance to Kansas Statute and Regulations. Children found in methamphetamine labs reported by law enforcement to SRS will be deemed abused and neglected and the SRS social workers will follow all related policies to ensure their safety.

4. Obtain the drug-endangered child's medical history and history of SRS involvement, if available, and provide relevant information to law enforcement (or other assigned personnel) after a drug-endangered child has been taken into police protective custody.
5. Help the child understand why they are being separated from his/her parents. The social worker will assist the child in understanding the actions being taken on his/her behalf and what actions will be taken to help their parents.
6. Attend training when available in the provision of services to substance-addicted parents and their children.
7. Make a referral to the appropriate community based service (foster care) provider if the child is placed in SRS Custody with out of home placement. Child Welfare Community Based Service Providers (The Farm or KVC) will be responsible for complying with all aspects of their contracts and comply with all court orders and make decisions in the best interest of the child.
8. Ensure that the school counselor, at the child's school of attendance, is aware that this child unwittingly experienced a traumatic event, which may affect the child's behavior or performance at school.
9. SRS will seek payment from parental insurance to cover the costs of medical testing. SRS will be payer of last resort for any necessary medical expenses not covered by established medical insurance, within available resources.

Stormont Vail Regional Health Center and St. Francis Health Center agree to the following procedures for the care of drug endangered children:

If possible, obtain a copy of orders from a physician in advance for DEC cases.

If sexual abuse is suspected, child will be transported to Stormont Vail Regional Health Center.

INITIAL CARE AT THE SCENE

Should be administered within 2 hours of discovery

WHO IS RESPONSIBLE TO GIVE CARE—Preferably, EMT, Paramedics, or TFD

ASSESS

Airway

Breathing

Circulation

Vital signs

Treat any questionable findings

DECONTAMINATION

Remove clothing – should be collected by law enforcement at scene

Wash thoroughly with warm water and soap, if possible

Redress in clean clothing
RED FLAGS
Respiratory compromise
Difficulty breathing
Excessive coughing
Shortness of breath
Confusion
Excessive Sleepiness
Excessive Hyperactivity

IMMEDIATE CARE

Should be administered within 2 and no later than 4 hours after discovery.
LOCATION OF CARE—Emergency Room, Urgent Care, or Pediatric Facility

DECONTAMINATION SHOULD ALREADY HAVE BEEN DONE, BEFORE CHILD WAS TRANSPORTED FROM THE SCENE

Continue to monitor
Airway
Breathing
Circulation
Treat any conditions as warranted.

MAINTAIN A CHAIN OF CUSTODY AND REQUEST THE FOLLOWING TESTS
Urine for toxicology, with confirmation testing of any positive findings
Consider doing the lab that is requested in the BASELINE ASSESSMENT

Urine testing should be conducted within 4 hours.

Child Welfare services to arrange for safe placement of child

BASELINE ASSESSMENT

To be done within 24 hours of discovery
LOCATION OF CARE—Child's Primary Care Physician, Public Health Department, Urgent Care Facility. Emergency Department can be utilized in only if other options are not available.

ASSESS/REASSESS
Airway
Breathing
Circulation
Treat as needed

Obtain a medical history of the child

Do a Pediatric Physical Assessment
Special Attention to—
Respiratory Status
Neurological Screen

Obtain

Temperature

Oxygen Saturations

Liver Function Tests—AST, ALT, Total Bili, Alk Phos.

Electrolytes

CBC

Chest Xray

Urine drug screen

Optional clinical tests to be considered

Metabolic Panel

Pulmonary Function Tests

CPK

Lead Levels

Coagulation Studies

Carboxyhemoglobin

Hepatitis C Screen

Refer for Abuse and Neglect Evaluation

Provide or Arrange for Mental Health Screen, to be provided by Qualified Pediatric Professional

FOLLOW UP CARE

Should be done within 30 days of Baseline Assessment

LOCATION OF CARE—Primary Care Physician or Shawnee County Health Agency (whenever possible)

Follow up on any abnormal baseline findings

Perform at least one of the following Developmental Screens

Denver

Gesell

Bayley

Developmental/psychosocial screen may be conducted through Infant Toddler Services or the School District.

Conduct or arrange for Mental Health Screen, to be performed by a qualified Pediatric Practitioner

Schedule interventions to treat any abnormal findings

Assure that child remains in secure and safe environment

LONG TERM FOLLOW UP—should be done in 12 –18 months post exposure, sooner if findings in follow-up care warrant

LOCATION OF CARE—Primary Care Physician or Public Health Department

Follow up on treatments being provided for any previously identified problems

Repeat

Physical Exam

Liver Function Tests

Respiratory Function Tests

Neurological Exam

Developmental Screen—use same one previously conducted

Mental Health Evaluation—by a qualified Pediatric Practitioner

Assess continued residential care and safety

I agree with the above listed provisions and fully support the Kansas Alliance for Drug Endangered Children-Shawnee County.

Robert D. Hecht, District Attorney
Shawnee County, Kansas

Date

Richard Barta, Sheriff
Shawnee County, Kansas

Date

Norton N. Bonaparte, Jr.
City Manager

Date

Kyle Smith, Deputy Director
Kansas Bureau of Investigation

Date

Matt Boddington
Social and Rehabilitation Services

Date

Dorothy Rice
Stormont-Vail Regional Health
Center

Date

Ron Fay
St. Francis Health Center

Date

Julie Reid, Director
Shawnee County Family Resource
Center/Juvenile Intake and Assessment
Services

Date