



KANSAS ALLIANCE
FOR DRUG ENDANGERED CHILDREN

Rescue. Defend. Shelter. Support.

Kingman County

DEC Protocol & MOU

A Project of Kingman County Agencies
Drug Endangered Children Task Force

12/04/2006



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1. 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. A child is defined as a person under the age of 18 years.

2. 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. Steps have been taken in Kingman County to address the needs of these children who have been found in meth labs in Kingman County. The following protocol sets down in writing the Kingman County Agency-by-Agency approach to addressing this problem.

3. Mission

The mission of the Drug Endangered Children Task Force is to identify and protect drug endangered children and to identify, provide, and continue services to them utilizing the criminal justice system, law enforcement, child welfare, and other community agencies with the goal of continuing to improve 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.



4. Purpose

In the interest of protecting children found in or near methamphetamine laboratories, the Drug Endangered Children Task Force project has developed a multi-agency cooperative effort involving the Kansas Bureau of Investigation, the Drug Enforcement Task Force, the Kansas Attorney General's Office, the Kingman County Attorney's Office, Social and Rehabilitation Services, Restorative Justice Authority, The Kingman Police Department, the Kingman County Sheriffs Department, and all other county/city Police Departments, the Kingman County Mental Health, Kingman Emergency Medical Services, Juvenile Justice Authority, Safe Harbor Recovery, Inc., Horizon's Mental Health, and Kingman Community Hospital to address drug-endangered children's' issues. These agencies will continue to 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.

5. Project Goal

The primary goal of the DEC Task Force is 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 Kingman County Attorney's Office and SRS in order to establish a data base for tracking these children, the services provided, and case outcomes.



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The Kingman County DEC Task Force will utilize a multi-disciplinary approach to best meet the needs of drug endangered children and enhance cooperation through a collaborative, effort involving all agencies who participate as needed: law enforcement, SRS, emergency medical services, mental health, and prosecution. If any of the children become dependants of the Juvenile Court through C.I.N.C. proceedings, SRS will recommend an appropriate treatment plan and suitable placement of the children as required.

6. Exchange of Information Between Agencies

All law enforcement agencies, within Kingman County, will exchange verbal and written reports, with SRS, as deemed necessary for the completion of assuring the safety of drug affected children. For law enforcement, the reports will include the Standard Offense Report and the accompanying narrative report.

SRS will provide law enforcement with any appropriate, relevant information received during the course of their Family Based Assessment.

These forms will include the CFS (Children and Family Services) 1000, 1001, 1002, CFS203A-F and the YA 1010, which contains all narrative information.

Information gathered by Juvenile Intake and Assessment will be faxed to the SRS office as soon as the documents are completed.

All interviews, by all agencies, will be documented and provided to each other in an expedited manner. Any exchange of information shall be subject to the HIPAA Privacy Rules & Regulations per 42 C.F.R. Parts 160 & 164.

The same reports will be provided to the Kingman County Attorney's Office.



7. Reimbursement/Expense

In the event of potential contamination of clothing, charitable organizations will be sought out for donations to the identified children in need. It is the expectation that child(ren) be properly clothed before transported to a designated emergency placement.

As dictated by Social Rehabilitation Service (S.R.S.) policy, all law enforcement protective custody placements of children are funded by S.R.S. An example of this would be emergency placement with Foster Care Family.

8. Agency-by-Agency Protocol Approach

a. Law Enforcement

When a Law Enforcement Officer responds or discovers a child(ren), who fits the definition for drug-endangered children included in this document, they will notify their supervisor to activate the Kingman County DEC protocol.

The officer will perform an immediate assessment of the child(ren) and scene to determine if there was an exposure and if so evaluate the level of contamination to the child(ren) and if necessary call for immediate medical attention. If the child(ren)'s exposure is determined to be acute, the appropriate agency will decontaminate the child(ren) at the scene when possible.

Notification of S.R.S. will be the responsibility of the agency that has jurisdiction at the crime scene in the event child(ren) is found, so that S.R.S. may become involved from the onset. Any exchange of information shall be subject to the HIPAA Privacy Rules & Regulations per 42 C.F.R. Parts 160 & 164.

All law enforcement agencies and their officers will work with S.R.S to interview victims and other persons, collect evidence, photograph victims and crime scene as needed to assist the County Attorney in protection of child(ren).



b. Emergency Medical Services

If necessary, Kingman EMS personnel will respond to methamphetamine or other drug laboratories where children are present. If children are contaminated, they will be decontaminated by the appropriate agency on scene prior to assessment. The appropriate field treatment will be provided by EMS and if indicated, transports made to local health care facilities for further assessment and treatment. At the request of the appropriate prosecutor, Kingman EMS will make available EMS records for trial purposes. In addition to its regular billing methods, Kingman EMS will provide invoicing to the appropriate prosecutor for recovery of expenses incurred by EMS.

c. Fire Departments

Kingman Fire Department's primary function will be to control, contain, or extinguish fire.

If requested, Kingman Fire Department will assist in contacting the appropriate Hazardous Materials agency to manage the decontamination of affected children, and/or adults, and cleanup of affected sites.

If requested by the agency in command of a Hazardous Materials incident, the Kingman Fire Department will assist in the decontamination of victims to the best of the Department's ability, availability of equipment and level of training.

In the event that Kingman Fire Department is the first agency to identify a drug endangered child, the Incident Commander will immediately notify local law enforcement, and EMS.

Depending upon the location of the incident, the volunteer Fire Departments located in Kingman County may be requested to respond to the scene and provide gross decontamination (washing the victim down with a small fire hose).



In the event that the Fire Departments in Kingman County are the first agency to identify the drug endangered child, the Incident Commander will immediately notify local law enforcement and EMS. If necessary and if requested by law enforcement Fire Department will notify local SRS authorities and initiate the decontamination process.

d. Health Agencies

Scene Triage by EMS:

- ⇒ No need for immediate care ⇒ Protective Custody ⇒ Baseline exam in physicians office within 24-48 hours
- ⇒ Need for immediate care ⇒ Transport to the appropriate hospital

Children that require immediate medical evaluation and treatment will be taken to the Emergency Department at the appropriate hospital. Upon arrival at the hospital the Emergency Department staff will evaluate the child. The Emergency Department staff as indicated by the individual patient's needs will determine the appropriate treatment and testing. Medical records will be maintained by each health agency.

When evaluation and treatment is completed the child will be admitted to the hospital or discharged to protective custody, depending on their condition. If discharged to protective custody, that agency will arrange for Baseline evaluation in a physician's office in 24-48 hours and any further follow-up that is needed.

The KBI, Kingman or Norwich Police Department, or the Kingman County Sheriffs Department will maintain preservation of evidence - all relevant evidence.

e. Physician Clinics

Kingman County Family Medicine, Kingman Health Clinic and Donley Memorial Clinic are to be available to see a child within a short amount of time after contact by law enforcement or S.R.S. If the problem were acute or emergent, the patient would be



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directed to Kingman Community Hospital. If the incident were after business hours the patient would be directed to Kingman Community Hospital.

In the event the patient required a routine physical examination for evaluation purposes, the philosophy of Kingman County Family Medicine, Kingman Health Clinic and Donley Memorial Clinic is to get the patient in within 2-3 business days.

f. Juvenile Intake

The child(ren) will be taken to an office for processing by Juvenile Intake and an assessment and an intake interview will be completed for each child. A worker will see each child(ren) and placement will be determined at this time.

The Police or Sheriff's Office will provide transportation to placement to either foster care, shelter or to a group home as required. The intake interview will be sent to SRS and to the Kingman County Attorney.

g. Social and Rehabilitation Services (SRS)

SRS will provide law enforcement with any appropriate, relevant information received during the course of their Family Based Assessment.

These forms will include the CFS (Children and Family Services) 1000, 1001, 1002, CFS203A-F and the YA 1010, which contains all narrative information.

All interviews, by both agencies, will be documented and provided to each other in an expedited manner.

The same reports will be provided to the Kingman County Attorney's Office.

In the event that children are in need of clothing or other supplies due to potential contamination, charity organizations will be sought for donations.



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The designated point of contact for these agencies will be 911 dispatcher as they have a listing for after hour's numbers.

As is dictated by SRS policy, all law enforcement protective custody placements of children are funded by SRS.

Exams related to assessments of abuse and neglect is typically funded by SRS/Medicaid or family service funds.

h. Kingman County Attorney

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

- ⇒ Aggressively prosecute drug-endangered children cases.
- ⇒ Provide training for Kingman County Law Enforcement Agencies on strategies and court preparation for drug-endangered children cases.
- ⇒ Provide child victim advocacy throughout the legal process.
- ⇒ Maintain statistical data on the number of drug-endangered child cases referred by law enforcement, those filed, those prosecuted and include disposition. The data will be accessible to agencies involved in this protocol.

9. Supporting Forms and Documents

Each supporting agency will share documents according to current agency protocols and procedures. Forms and documents will be filled out and submitted at appropriate times to appropriate agencies as current policy dictates.

10. Conclusion

The Kingman County DEC Task Force has established the protocols in this document to cover the respective needs of Drug Endangered Children in Kingman County.



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MEMORANDUM OF UNDERSTANDING
Between the
KANSAS ATTORNEY GENERAL'S OFFICE
the
KANSAS BUREAU OF INVESTIGATION
the
KINGMAN COUNTY SHERIFF'S OFFICE
the
KINGMAN POLICE DEPARTMENT
the
NORWICH POLICE DEPARTMENT
the
KINGMAN COUNTY ATTORNEY'S OFFICE
the
SOCIAL AND REHABILITATION SERVICES
the
KINGMAN COMMUNITY HOSPITAL
the
KINGMAN COUNTY FAMILY MEDICINE
the
KINGMAN HEALTH CLINIC
the
DONLEY MEMORIAL CLINIC
the
KINGMAN COUNTY YOUTH SERVICES - JUVINLE INTAKE
the
SAFE HARBOR RECOVERY, INC.
the
KINGMAN EMERGENCY MEDICAL SERVICES
the
NORWICH EMERGENCY MEDICAL SERVICES
the
KINGMAN FIRE DEPARTMENT
the
NORWICH FIRE DEPARTMENT
the
CUNNINGHAM FIRE DEPARTMENT
the
ZENDA FIRE DEPARTMENT
and the
NASHVILLE FIRE DEPARTMENT



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Whereas, Kingman County law Enforcement Agencies are the primary responders to, or discoverers of, drug-endangered children environments;

Whereas, drug-endangered children environments are defined as conditions of contamination or hazardous life style that results in abuse, life or health endangerment, or neglect perpetrated on a child as a result of illicit drug use, sales or manufacturing;

Whereas, Kingman County Law Enforcement Agencies must grapple with an investigatory role dichotomy when encountering both illegal drugs and drug-endangered children (DEC);

Whereas, the Kingman County Attorney's Office has assigned an Assistant Attorney to prosecute cases involving clandestine drug labs and/or large-scale drug trafficking;

Whereas, drug-endangered children require the specific and immediate attention of a S.R.S. Social Worker to ensure the child's safety and to mitigate the environmental trauma;

Whereas, sustainment of a safe and healthy environment for a drug-endangered child is achieved in part by the periodic and unannounced legal inspections of that environment;

Whereas, it is recognized that each law enforcement agency subscribing to this Agreement has varying levels of staffing and other resources available;

Now, Therefore, each subscribing agency retains the sole discretion to determine the ability of that agency to comply with the terms of this Agreement to the circumstances and resources existing at any given time.

Now therefore, in consideration of the mutual promises and agreements herein contained, the parties do mutually promise and agree as follows:

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

1. To assign a Law Enforcement Officer from the jurisdiction where the suspected drug-endangered child(ren) is located. This officer will work in conjunction with investigating officers when a child(ren) is found in a suspected drug-endangered environment. This officer will have the primary function to investigate any crimes involving drug-endangered children or child in-need of care cases. If the local jurisdiction is unable to provide an officer, the Sheriff's Office will assign an officer.
2. In illegal drug related cases, ensure that the officer interviews the victimized child(ren) and other persons involved in the case. The officer will also be tasked with locating and



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collecting evidence and statements involving the child(ren) that will aid in supporting any crimes against the children or C.I.N.C. cases.

3. When necessary, request a Social Rehabilitation Service (S.R.S.) social worker. Brief the S.R.S social worker assigned to the drug-endangered child investigation about all relevant matters pertaining to the endangerment allegation. When possible as appropriate, the S.R.S social worker should be involved in pre-service search warrant briefings in which drug-endangered children have been alleged. The S.R.S. social worker, however, will not be asked to enter the dwelling or other structure in which there is clandestine drug laboratory.
4. Place any child(ren) found in a drug-endangered environment into protective custody and turn the child over to Juvenile Intake for a safe placement. 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, relative, or someone known to them.
5. Have children who are taken into protective custody for drug exposure transported by Emergency Medical Services or Law Enforcement to a medical facility as dictated by EMS protocols for a medical examination and drug exposure analysis as appropriate and practicable. Ideally, a medical assessment (wellness check) should be done on exposed children within two hours of discovery at methamphetamine lab site. If the child(ren)'s exposure is determined to be acute, the appropriate agency will decontaminate the child(ren) at the scene when possible.
6. Require the case officer, or someone assigned by law enforcement, to contact the designated child "service facilitator" or counselor at the child's school of attendance and notify him/her that the drug-endangered child unwittingly experienced a traumatic event, which may affect the child's behavior or performance at school. An agency may choose to negotiate this requirement with S.R.S. by requesting the assigned social worker to make the service facilitator notification.
7. Be responsive to all investigative follow-up requests by the Kingman County Attorney's Office in an expedited manner.
8. Promote educational endeavors within the agency and the community to enhance the successful identification and prosecution of all drug-endangered children cases.



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9. All law enforcement agencies will exchange verbal and written reports with each other and with S.R.S., and with the Kingman County Attorney in an expedited manner.
10. Require officers to attend all Child In Need Of Care (C.I.N.C.) and S.R.S. Fair Hearings when their testimony is deemed necessary by the Kingman County Attorney's Office and/or S.R.S. to support permanent or long-term child placement other than with the child's legal guardian.

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

1. Aggressively prosecute drug-endangered children cases.
2. Provide training for the Kingman 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. Maintain statistical data on the number of drug-endangered child cases referred by law enforcement, filed, and prosecuted, including disposition. The data will be readily accessible to the agencies listed on this agreement upon their request.
5. Attempt to recover lab costs incurred by the arresting agency, emergency medical services, 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.

The 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 arrest has been made and law enforcement has established probable cause to suspect that a child has been abused or neglected
2. Work with law enforcement to ensure that a drug-endangered child is given a medical exam (wellness check) as soon as possible.
3. Attend training, when available, in the provision of services to substance-addicted parents and their children.
4. Attend joint drug-endangered children training sessions with law enforcement personnel when available.



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5. There is a difference between children living in dangerous conditions that include clandestine labs and those living with parents who are addicted to a substance, including alcohol. For clandestine drug labs and illegal drug sales. SRS will, to the best of their ability:
6. Make every effort to have a SRS social workers attend law enforcement's pre-search warrant service briefing in suspected drug-endangered children cases, when requested.
7. Obtain the drug-endangered child's medical history, 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.
8. 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.
9. Upon release of the parents or caretakers, will work with other agency professional, including substance abuse and Probation/Parole, to ensure that the parents are mandated to attend and work meaningfully on their substance abuse issues.
10. SRS will provide services to drug-endangered children, and their families, who remain in the custody of SRS.
11. Any follow-up medical procedures, as ordered by a physician or other health care provider, of drug-endangered children in SRS custody will be included on SRS case plans.
12. Recommend that drug-endangered children in SRS custody remain in SRS custody when parents are unwilling to work toward a meaningful recovery and when they place their children at a high risk of abuse, molestation, or deprivation, whether intentional or unintentional.
13. As a last resort and in the DEC cases where private or Medicaid insurance is not available, SRS will be responsible for medical costs incurred by drug-endangered children eligible for SRS services during a DEC investigation as outlined in the DEC Protocol. The Hospital will accept in full what Medicaid allows.

I agree with the above listed provisions and fully support the Kingman County Drug-Engendered Children Program.



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A representative of the office of the,
Kansas Attorney General

Date

Jeff Newsum, KBI Representative
Kansas Bureau of Investigation

Date

Bradford L. Williams, Attorney
Kingman County, Kansas

Date

Randy L. Hill, Sheriff
Kingman County, Kansas

Date

John Braden, Chief of Police
Kingman Police Department

Date

Jan Smith, Chief of Police
Norwich Police Department / EMS

Date

Cyrilla Petracek, Director
Social and Rehabilitation Services

Date

Gary Tiller, CEO
Kingman Community Hospital

Date

Dr. Stephen Grillot, D.O.
Kingman County Family Medicine

Date

Dr. Shane Alexander, D.O.
Kingman Health Clinic

Date

Dr. Victoria Moots, D.O.
Donley Memorial Clinic

Date



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Michael Truman, CEO
Horizons Mental Health Center

Date

Louis Bradbury, Director
Kingman County Juvenile Intake – Community Corrections

Date

Paulette Schlegel, Director
Safe Harbor Recovery, Inc.

Date

Ira Hart, Director
Kingman Emergency Medical Services (EMS)

Date

Cindy Chrissom-Smith, Director
Kingman County Health Department

Date

Steve Drosselmeyer, Chief
Kingman Fire Department

Date

Tab Turner, Chief
Norwich Fire Department

Date

Ryan Ruckle, Chief
Cunningham Fire Department

Date

Jerry Vanlandingham, Chief
Zenda Fire Department

Date

Jerry Westerman, Chief
Nashville Fire Department

Date

Wayne Olm, Chief
Spivey Fire Department

Date