

MEDICAL PROFESSIONALS AND EMS

CRAWFORD

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. SEKDETF 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 SEKDETF initiated methamphetamine investigations, the SEKDETF case agent will be responsible for the above duties. Upon first being notified of a methamphetamine seizure where a child is located, the SEKDETF 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 SEKDETF 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, SEKDETF 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, SEKDETF 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.

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.

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.

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.

SEDGWICK

Evaluation of Children after exposure to Methamphetamine lab:

Name: _____ Age: _____

Field Officer:

Lab Type:

A. NAZI Cook

(exposures include: methanol, ammonia, lithium hydroxide, ether, hydrogen chloride, sulfuric acid, hydrochloric acid)

B. Red Phosphorous

(exposures include: red phosphorous, iodine, sodium hydroxide, phosphine gas, hydriotic acid, hydrogen chloride, ether, methanol, hydrochloric acid)

Fume Exposure: Yes / No

On site evidence of gross contamination? (Were child's clothes removed at the scene?)

Physical Exam:

Respiratory Rate _____ O2 saturation on Room Air _____

Peak Flow _____ Pulse _____ Temp _____

Ht _____ % _____ / Wt _____ % _____

General Appearance: _____

HEENT: _____

Lungs: _____

Heart: _____

Abd. _____

Extremities: _____

Skin: _____

Neuro Exam: Cranial Nerves 2-12:

Gross Motor Skills:

Fine Motor Skills:

Romberg:

Heel to Toe Walking:

Lab Evaluation:

- a. CBC with Differential
- b. Basic Metabolic Panel:
- c. Liver Function Test: SGOT, SGPT, Total Bilirubin, Alk Phos
- d. Urine Tox Screen to evaluate for Methamphetamines:

(NOTE: Use appropriate chain of evidence procedures and request urine screen and confirmatory results to be reported at **any detectable level**).

Optional Clinical Evaluations:

Pulmonary Function Tests
Heavy Metals Screens

If stable: Dismiss to Emergency Care

If needs admission: Admit to Wesley Pediatric Clinic

Care Coordinator Notified: _____

FINNEY

- If necessary, request EMS to respond and conduct a field medical assessment on the DEC; or, have DEC transported to Emergency Room of St. Catherine's Hospital.

I. Medical Protocols

Upon determining that DEC are involved with a scene of illegal drug activity and require medical attention, HAZMAT, Law Enforcement, Fire, Emergency Medical Personnel, SRS and physicians shall complete the following tasks:

#1 FIELD MEDICAL ASSESSMENT PROTOCOL

The field medical assessment is done to determine whether children discovered at the scene of a methamphetamine laboratory discovery are in need of *emergency medical care*. Medically trained personnel (e.g. EMT or paramedic) must do the assessment. If no medical personnel are available on-site, the child must be seen at a medical facility. In either case, a medical assessment should be done for each child *within 2 hours* of discovering children at a methamphetamine lab site.

#1 STEPS

- For child with obvious injury or illness, call 911 or other emergency number.
- For all children who are not obviously critical, perform field medical assessment consisting of:
 - Vital signs (temperature, blood pressure, pulse, respirations)
 - Pediatric Triangle of Assessment (Airway, Breathing, Circulation)
 - For life-threatening findings, seek immediate medical attention. (See Protocol #2) Transport to a facility capable of pediatric emergency response appropriate to findings.

- A child's personal possessions should always be left at lab scene to avoid possible chemical/drug contamination in other settings. It is necessary to remove a child's clothing, decontaminate the child in a minimally traumatic manner (such as warm water) and provide clean and appropriate attire prior to removing them from scene. (The child's clothing and belongings remain at the scene and are bagged as evidence.)
- If there are no pressing clinical findings, short-term shelter or other secure placement should be implemented by child welfare personnel.

#2 IMMEDIATE CARE PROTOCOL

Problems requiring immediate care are those that cannot wait 24 hours to be treated at the baseline exam (discussed in Protocol #3). Immediate care must be provided as soon as possible after significant health problems are identified. Care should preferably be provided *within 2 hours, but not later than 4 hours* after the child is identified at a lab site. Immediate care may be provided in a hospital emergency room, or pediatric or urgent care facility depending on the severity/urgency of the problem and the time of day. If a field medical assessment was not completed (Protocol #1), children should be taken to an immediate care facility within 2 hours for the medical assessment.

#2 STEPS

- Perform the field medical assessment (follow Protocol #1 if not already done in the field).
- Administer tests and procedures as indicated by clinical findings. A urine specimen for toxicology screening should be collected from each child within 12 hours of identification because some chemicals/drugs are eliminated in a short time. Use appropriate chain of evidence procedures and request urine screen and confirmatory test results to be reported at *any detectable level*.
- Call Poison Control if clinically indicated (800-332-6633).
- Follow baseline assessment (see Protocol #3) if appropriate to medical site and time permitting or schedule baseline assessment exam to be completed within 24 hours of lab discovery.
- Secure the release of the child's medical records to all involved agencies to ensure ongoing continuity of care.
- Child welfare personnel should evaluate placement options and implement short-term shelter for the child in which they will be closely observed for possible developing symptoms.

#3 BASELINE ASSESSMENT PROTOCOL

The baseline assessment exam needs to be done within 24 hours of a lab discovery to ascertain a child's general health status. Prompt medical assessment is warranted due to the risk of toxicologic, neurologic, respiratory, dermatologic, or other adverse affects of methamphetamine

lab chemical and/or stimulant or other drug exposure, and the high risk of neglect/abuse.

#3 STEPS

- Obtain child's medical history by calling parents directly for the information, or, if impossible, seek information from social workers who have taken the medical history or from the child's past medical record.
- Perform complete pediatric physical exam. Pay particular attention to:
 - Neurologic screen
 - Respiratory status
- Call Poison Control if clinically indicated (800-332-6633).
- Required Medical Evaluations
 - Temperature (otic, rectal, or oral)
 - Oxygen saturation levels
 - Liver function tests: AST, ALT, Total Bilirubin and Alkaline Phosphatase.
 - Kidney function tests: BUN and Creatinine
 - Electrolytes: Sodium, Potassium, Chloride, and Bicarbonate
 - Complete Blood Count (CBC)
 - Chest x-ray (AP and lateral)
 - Urinalysis and urine dipstick for blood
 - If not done earlier, a urine specimen should be collected. This should be done **within 12 hours** of identification of the child because some chemicals/drugs are eliminated in a short time. Urine screen and confirmatory results should be reported at ***any detectable level***.
- Optional Clinical Evaluations
 - Complete metabolic panel (Chem 20 or equivalent)
 - Pulmonary function tests
 - CPK
 - Lead level (on whole blood)
 - Coagulation studies
 - Carboxyhemoglobin level
- Refer for local (county department of social services/law enforcement) child abuse and neglect evaluation.
- Refer to Pediatric Physicians to conduct a developmental screen. This is an initial age-appropriate screen, not a full-scale assessment; may need referral to a pediatric specialist.
- Provide a mental health screen on all children and crisis intervention services as clinically indicated. These services require a qualified pediatrician or mental health professional and may require a visit to a separate facility.
- Secure the release of child(ren)'s medical records to involved agencies including child welfare worker.
- *Note: Child welfare personnel may not have immediate legal access to certain health care records. Every effort should be made to facilitate*

transfer of medical records, by providing information about where, when, and to whom records should be transferred.

- For any positive findings, follow-up with appropriate care as necessary. ALL children must be provided long-term follow-up care (see Protocol #5) using specified schedule.
- Long-term shelter and placement options should be evaluated and implemented by child welfare worker.

#4 INITIAL FOLLOW-UP CARE PROTOCOL

A visit for initial follow-up care occurs within 30 days of the baseline assessment to reevaluate comprehensive health status of the child, identify any latent symptoms, and ensure appropriate and timely follow-up of services as the child's care plan and placement are established. If possible, the visit should be scheduled late in the 30-day time frame for more valid developmental and mental health results.

#4 STEPS

- Follow-up of any abnormal baseline test results.
- Perform developmental examination (using instruments such as the Denver, Gesell, and Bayley) as indicated by the developmental screen in Protocol #3.
- Conduct mental health history and evaluation (requires a qualified pediatric professional).
- If abnormal findings on any of the above, schedule intervention and follow-up as appropriate to the findings; then proceed with long-term follow-up protocol (see Protocol #5). If no abnormal findings, schedule visits per long-term follow-up protocol (Protocol #5).
- Adequacy of child's shelter/placement situation should be reviewed by child welfare worker and modified if necessary.

#5 LONG-TERM FOLLOW-UP CARE PROTOCOL

Long-term follow-up care is designed to 1) monitor physical, emotional, and developmental health, 2) identify possible late developing problems related to the methamphetamine environment, and 3) provide appropriate intervention. At minimum, a pediatric visit is required 12 months after the baseline assessment. Children considered to be Drug Endangered Children (DEC) cases should receive follow-up services a minimum of 18 months post identification.

#5 STEPS

Required Components of Follow-Up Care

- Pediatric Care Visits. The visits should occur according to the American Academy of Pediatrics' schedule.
 - Follow-up of previously identified problems.
 - Perform comprehensive physical exam and laboratory examination with particular attention to:
 - Liver function (repeat panel at first follow-up only unless abnormal)

- Respiratory function (history of respiratory problems, asthma, recurrent pneumonia, check for clear breath sounds).
- Neurologic evaluation.
- Perform full developmental screen.
- Perform mental health evaluation (requires a qualified mental health professional, pediatrician, licensed therapist, child psychologist or licensed child mental health professional).
- Plan follow-up and treatment or adjust existing treatment for any medical problems identified. Medical records should continue to accompany the child's course of care.
- Adequacy of child's shelter/placement situation should be reviewed by child welfare worker and modified as necessary.
- Plan follow-up strategies for developmental, mental health or placement problems identified.

Optional Enhancements of Follow-up Care

- Conduct pediatric care visits including developmental screen and mental health evaluation at 6, 12, and 18 months post-baseline assessment.
- Conduct home visits by pediatrically trained PHN or other nurse, at 3, 9, 15, and 18 months post-baseline assessment. Ensure that home visits occur between the pediatric clinic visits until the last visit at 18 months.

SEDGWICK

Suggested Protocol for Police Officers:

1. For children with obvious injury or illness, transport via EMS to Wesley Medical Center.

THINGS TO LOOK FOR: SIGNS of respiratory distress (breathing rapidly, working hard to breathe, altered consciousness), Signs of chemical burns.

 - a. Notify Wesley ER of number of children en route from Meth Lab (ph 688-2223)
 - b. If chemical burns are present involving the face or greater than 10-15% of the body surface area, the child needs to go to Via Christi St. Francis due to accessibility of the Burn Unit
 - c. Notify ER personnel of Field Officer to contact regarding lab type/ exposures. Give contact number
 - d. Notify appropriate SRS intake worker (ph 337-6601)
Indicate that you are reporting a Meth Lab case.

2. For children who appear stable, transport to Wesley Medical Center via car.
 - a. Notify Wesley ER of number of children en route from Meth Lab (ph 688-2223)

- b. Notify ER personnel of Field Officer to contact regarding lab type/exposures. Give contact number
- c. Notify appropriate SRS intake worker (ph 337-6601)
Indicate that you are reporting a Meth Lab case.
- d. Only in cases of obvious gross contamination is it necessary to remove child's clothing at the scene. This must be bagged and kept as evidence.
- e. A child's personal possessions, however, must remain at the scene to avoid contaminating the ER, Children's Home, etc. This includes favorite blankets, stuffed animals, etc.

***ER Staff Protocol for Children Exposed at
Methamphetamine Lab Site:***

Initial phone call: received from Officer _____ # _____

Number of children en route:

Ages of children:

Any respiratory symptoms?

Any signs of contamination? (Any chemicals on clothing or skin?)

Any signs of chemical burns?

(If chemical burns are present and involve the face OR are covering more than 10-15% of body surface, direct the officer to transport to Via Christi St. Francis Medical Center.)

Field Officer: Name: _____

Contact Number: _____

NOTIFY:

1. ER staff physician
2. ER charge nurse
3. *ER Care Coordinator*
4. PICU if requested by ER staff physician
5. Wichita Children's Home ph. 684-6581

ER or Pediatric CARE COORDINATOR:
Protocol for Children Removed from Methamphetamine Labs

1. You should be notified by the ER about ANY children brought to Wesley Medical Center for evaluation after removal from a Meth Lab situation—whether they are admitted or not.
2. A CARE Team consult is appropriate for all of these children. However, the CARE Team does not need to see the children in the ER.
 - a. If the children require admission, they will be admitted to the Wesley Pediatrics Clinic service.
 - b. If they are stable, they will be taken into protective custody and placed appropriately for their ages.
 - c. We will still **hold CARE Team meetings within 48 hours**—even if these children are in the outpatient setting.
 - d. SRS will have designated social workers who will be responsible for the children removed from the Meth labs. These workers will be added to the CARE Team roster and will be in attendance at the meetings.

FOLLOW UP ISSUES:

1. Who will see this patient in regular follow up?
2. Child's Medical Records need to be provided to the physician assuming care.
3. Developmental screen is indicated for ALL Drug Affected children.
4. Mental health screen and crisis intervention services as clinically indicated.

Questions:

1. What training do we need to provide and to whom?
2. Where should we be sending this lab in order to ensure we get courtroom worthy results?
3. Who do we need to involve at Via Christi St. Francis for the possible Burn Unit patient?
Contact pending with Janet Cusick
4. There may be children who have identifiable physicians. What are the politics of streamlining health care in a situation like this? (e.g. Admitting solely to Wesley Peds?)
5. How accessible are previous medical records?

RENO

Emergency Medical Services

If necessary, the appropriate EMS agency in Reno County will respond to methamphetamine or other drug laboratories where children are present. If suspected exposure, contact the appropriate fire service and law enforcement agency as soon as possible. If children are contaminated, the fire service, prior to assessment by EMS personnel will decontaminate them. The appropriate field treatment will be provided by EMS and if indicated, transport made to the nearest appropriate hospital for further assessment and treatment. At the request of law enforcement, the hospital medical records department will make available EMS and ED records for trial purposes. When applicable, law enforcement will provide a statement of services from the responding emergency medical service to the prosecutor for consideration of financial restitution.

a. 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 Hutchinson Hospital

Children that require immediate medical evaluation and treatment will be taken to the Emergency Department at Hutchinson Hospital. Upon arrival at Hutchinson 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 Hutchinson Hospital.

The estimated costs associated for laboratory testing if indicated are as follows:

Complete Blood Count (CBC)	\$36.00
Complete Metabolic Profile (CMP)	\$78.00
Urine Analysis (UA)	\$22.00
Urine Drug Screen	\$66.00
Emergency Department Charge	\$128.00
Emergency Department Physician Charge	\$142.00-200.00

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.

Preservation of evidence – All relevant evidence will be maintained by the KBI, Hutchinson Police Department, or the Reno County Sheriffs Department.

b. The Medical Center Central

The Medical Center P.A. follow the Kansas Statute KSA 38-1522 et seq. in dealing with suspected cases of abuse or neglect of any kind with our patients under 18. When making appointments for children, the caller needs to identify the need for the visit and state if it is an emergency or suspects abuse of some sort and if the appointment schedule is full, the receptionist will get a phone note to the nurse and the nurse will identify a time for the young patient to be “worked in” to the days schedule. We are committed to providing our patients with excellent health care and will take immediate steps to notify proper officials if abuse or neglect is suspected.

c. Hutchinson Clinic, P.A.

The Hutchinson Clinic Philosophy is to be available to see a child within a short amount of time, in which a patient or social worker had called us. If the problem were acute the patient would be directed to our Same Day or to the office of the physician, on the day of the initial call. If the incident were after business hours the patient would be directed to the Hutchinson Hospital Emergency Department.

In the event the problem was not acute but the patient still needed to be evaluated the philosophy of the Hutchinson Clinic is to get the patient in within 2 – 3 business days.

HARVEY

Examination – If law enforcement personnel at the scene determine that the child has been exposed to any level of contamination, they shall make arrangements for transport of the child to the Newton Medical Center for further examination. Law enforcement, along with Fire/EMS, will decontaminate the child at the scene prior to transporting the child to Newton Medical Center. If it is determined at the scene that the child has not been exposed to any level of contamination, the child may then be referred to Juvenile Intake for determination of temporary placement and for subsequent medical examination of the child.

If a child is removed from a drug lab environment and is not accompanied by a parent, upon arrival at Newton Medical Center emergency room personnel will provide a medical screening examination upon the child to determine whether the child has an emergency medical condition. If an emergency medical condition

exists, emergency room personnel will stabilize the condition. If the condition is stabilized, the child will be discharged from the emergency room to the person(s) accompanying the child to the emergency room. No tests or evaluations will be performed, without parental consent, unless necessary for the medical screening exam. If a parent or other person with authority to provide consent is present, additional testing may be done as is deemed to be medically necessary.

RICE

Emergency Medical Services-

If necessary, Rice County EMS personnel will respond to methamphetamine or other drug laboratories where children are present. If children are contaminated they will be decontaminated by the Haz Mat Team on scene prior to assessment. The appropriate field treatment will be provided by EMS and if indicated, transport made to local health care facilities for further assessment and treatment. At the request of law enforcement, the hospital medical records department will make available EMS and ED records for trail purposes. When applicable law enforcement will provide a statement of services from Hospital District #1 of Rice County or other medical providers to the prosecutor for consideration of financial restitution.

Health Agencies-

Scene Triage by Rice County EMS:

- NO need for immediate care ? Protective Custody? Baseline exam in physician's office within 24 to 48 hours.
- Need for IMMEDIATE care ? Transport to Hospital District #1 of Rice County

Children who require immediate medical evaluation and treatment will be taken to the Emergency Department of Hospital District #1 of Rice County unless directed to one of the local clinics. Upon arrival, the staff will evaluate the child. Staff will determine the appropriate medical treatment of the patient after their evaluation. Medical records will be maintained by the treating facility.

The estimated costs associated for laboratory testing, if indicated, are as follows

Complete Blood Count (CBC)	\$40.00
Complete Metabolic Profile (CMP)	\$80.00
Urine Analysis (UA)	\$25.00
Urine Drug Screen	\$70.00
Emergency Department Charge	\$140.00
Physician Charge in Emergency Department	\$200.00

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

Juvenile Intake-

The child(ren) will be taken to an office for processing by Juvenile Intake and Assessment. An intake interview will be completed for each child seen by the worker and placement will be determined at this time. The intake and assessment worker will provide transportation to placement to foster care, shelter or group home as required. The intake interview will be sent to SRS, the Rice County Attorney and the Judge.

SRS-

SRS will provide law enforcement with any information received during the course of their Family Based Assessment that would assist in criminal prosecution.

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

All interviews, by all respective agencies, will be documented and provided to one another in a timely manner.

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

In the event that children are in need of supplies and clothing, such as when their clothes have been deemed contaminated, and clothing/ items were secured prior to placement in emergency placement, charity organizations will be sought to help with the expense.

The designated point of contact for these agencies will be the 911 Dispatch Center which will maintain a list of after hours contact numbers.

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

The funding source for comprehensive physical exams and any required testing has yet to be identified.

Exams related to assessments of abuse and neglect is typically funded by SRS/ Medicaid or family services funds. However, this process is somewhat outside of the normal uses of these funds and this issue remains unresolved.

Nothing to this point indicates SRS will not cover these exams; it is only specific funding that has not been identified to this point for such services.