SRS

SEDGWICK

PROTOCOL FOR SRS SOCIAL WORKERS
RE: METH LABS INVOLVING CHILDREN

Law enforcement will call SRS Intake, 337-6601 to report meth lab cases involving children. Irene Andrews is the identified Intake program support worker to take these reports immediately upon receiving the call.

These cases will be flagged for assignment to specific SRS investigation social workers. At this time those workers are:
Collen King
Jo Shaver
Amber Schrag
Shelley Wilkinson
Stephanie Binkley
Raeann Rose (back up if needed)

Once assigned, social workers should make contact with Allen Price, WPD, Special Investigations, 4th floor. Arrangements should be made to meet with the case detective who can share information and show the scene video/photographs to the social worker. The social worker can also ascertain if other law enforcement history with the family is known.

The social worker should coordinate with law enforcement to determine what other steps should be taken to initiate our involvement in the investigation regarding the parents. Task force protocol calls for all children to be taken to Wesley Hospital for examination to evaluate their exposure to meth/chemicals, etc. Law enforcement will take the child(ren) to the hospital and WCH staff will join them in order to remain with the child pending the medical exam. **NOTE: PPC WILL START AT THIS TIME, NOT WHEN THE CHILD ACTUALLY ARRIVES AT THE WCH.**

During the investigation the SRS social worker should:

1. Contact the hospital care coordinator as a collateral and determine that the child's(ren's) exams have been completed; obtain any medical information available.
2. When interviewing parents, inquire as to primary care physician to determine if regular health care occurred. This information will be important to develop a baseline regarding the child's health.
3. Inquire about any relative resources.
4. If the child does not have a medical card or medical insurance; determine if payment for the exam during PPC should be paid per agency policy (PPM

2450). The Forensic Science Center may be willing to absorb costs of lab work.
5. Contact WCH staff for information relevant to the hospital evaluation.
6. Attend the Hospital Care Team Meeting (CPS staffing). All cases will be staffed at the hospital for a time so the team can coordinate and adjust the process as needed.
7. If the child(ren) are in school or daycare, determine if there are any developmental or school related issues. This too is to get a baseline if the child(ren) have been affected by the meth/chemicals.
8. Determine if there is a need for a developmental screen, mental health, or crisis intervention services.
9. If the parents are charged (expectation within 24 hours), the social worker can request a copy of the affidavit prepared as part of the information needed for the SRS investigation and possible filing of a CINC petition.

Social workers will not be expected to go to the meth lab or put themselves at any unnecessary risk for exposure. Law enforcement will have videotaped the home environment and will share that information for assessment of the home. Any exposure should be reported immediately to the supervisor.

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.

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.

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.

The Crawford 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

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.

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.

<u>For clandestine drug labs and illegal drug sales, S.R.S. will, to the best of their ability:</u>

5. Make every effort to have a S.R.S. caseworker attend law enforcement's pre-search warrant service briefing in suspected drug-endangered children cases, when requested.
6. 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.
7. Help the child understand why they are being separated from his/her parents. The social worker assist the child in understanding the actions being taken on his/her behalf and what actions will be taken to help their parents.
8. 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.
9. SRS will provide services to drug-endangered children, and their families, who remain in the custody of SRS.
10. 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.
11. 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.
12. As a last resort and in the DEC cases where private or Medicaid insurance is not available, S.R.S. 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. Mt. Carmel Regional Center will accept in full whatever payment is allowed by Medicaid.

FINNEY

I. Initial Investigation

Upon determining that DEC are involved with a scene of illegal drug activity, law enforcement and/or SRS shall take the following steps:

- Law enforcement agents at a location where there is evidence of drugs, hazardous conditions, an unfit home and/or parents who are arrested immediately, will contact SRS as soon as possible. As much lead time as possible shall be given to SRS to allow for completion of history check and case review by the assigned social worker. The assigned social worker may attend a briefing with law enforcement prior to a response when it is known that children will be present.
- The DEC should immediately be taken into police protective custody (PPC) as provided in K.S.A. 38-1524 and K.S.A. 38-1527. It shall be the decision of law enforcement whether the DEC is returned to parents, placed with relatives or other out-of-home placement. In the event that a relative placement or other out-of-home placement occurs, a packet of information from the DEC Team shall accompany the DEC to his/her placement. Law enforcement shall consider referring aggravated endangerment of a child and/or endangerment of a child charges in addition to all drug-related charges, when appropriate.
- The welfare of the DEC inside the affected area shall be documented, specifically noting the DEC's appearance and demeanor. Photographs will be taken to document the DEC's appearance, including any injuries.
- Photograph and/or videotape the home including the relationship of the chemicals, drugs and/or lab to the DEC's area(s) and/or within reach of the DEC.
- Interview DEC, if appropriate, to include the following: information regarding the behaviors of the inhabitants in the home; the environment of the residence; and, any specifics regarding their knowledge of the usage, sale, delivery, distribution, prescription, administration, dispensation, and/or, manufacture of drugs. These statements shall be obtained outside the presence of suspects. If possible, this interview shall be conducted by a forensic interviewer and video-taped.
- Interview neighbors to ascertain if they have seen DEC unattended or in some kind of danger; and, what kind of contact they have had with the children.

- Interview parent(s) and/or care-giver(s) individually/separately and ascertain as much information regarding the situation as possible utilizing topics from previous sections and the following:
    - Who is the current and/or prior primary care physician for the DEC or if regular health care has occurred;
    - What kind of insurance/medical card/Healthwave does the DEC have;
    - Possible relative placements;
    - Obtain a medical release from the parents for the DEC's medical records;
    - Does DEC have any known medical conditions/allergies;
    - Are there any religious/cultural beliefs that need to be taken into consideration for the medical treatment of the DEC
- If appropriate, obtain reports from fire personnel:
    - If the lab or chemicals caught fire:
        - How quickly would the lab structure burn;
        - spread to residence area;
        - what would the survivor rate be
        - any escape routes
        - smoke detectors
        - fire walls
        - fire extinguishers
        - what "fire loading" debris contributes to the spread and danger;
    - How do the lab chemicals present contribute to the danger
    - What is the flammability of the chemicals.
- Within twelve hours of coming into PPC, obtain a urine sample of the DEC to be sent to the KBI. Within forty-eight hours of the child coming into PPC, contact the Finney County Attorney's Office to determine if taking a hair sample is appropriate.
- 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.
- Obtain opinion of qualified health professional as to the likelihood of great bodily injury based on specific case.
- Exchange of information relevant to the case will proceed, as appropriate, to provide timely support to any child in need of care or criminal court action that arises.
- The County Attorney agrees to review and prosecute all appropriate cases where children are exposed to drugs and/or hazardous toxic materials involved in the clandestine manufacture of controlled substances.

II. Follow-Up Investigation

SRS and/or Law Enforcement shall take the following steps:

- If DEC is under 36 months old contact Russell Child Development Center (RCDC) and/or contact Parents as Teachers (PAT) with USD-457 when DEC comes into PPC to determine if DEC is involved in early intervention programs.
- Obtain written consent/release from parent(s) to obtain an initial screen for the DEC or continue with services from RCDC and/or PAT.
- Obtain a report from RCDC and/or PAT to determine if DEC is delayed in any fashion.
- If they are currently or have previously provided services, RCDC and/or PAT shall also be notified if any members of their staff have been exposed to toxic materials.
- Prepare any follow-up reports and/or photographs and submit to County Attorney's Office as soon as possible.
- Follow-up with KBI and/or any other appropriate entity to determine test results for DEC.
- Interview other persons who have had contact with the DEC to include, but not limited to: teachers, friends, family members, or other professionals working with the DEC or have previously worked with DEC, to determine:
  - Any observations regarding the environment of the residence;
  - Any knowledge they have regarding the usage; sale; delivery; distribution; prescription; administration; dispensation; and/or, manufacture of drugs in the residence;
  - Any observations they have noted about DEC being in danger or left unattended;
  - Any developmental delays in DEC.

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.

RENO

a. Juvenile Intake

The child(ren) will be taken to Reno County Juvenile Intake and Assessment by SRS and the Juvenile detectives for processing. An intake interview will be completed for each child transported into the intake and assessment office and placement will be determined at this time. The intake and assessment worker will provide transportation to the designated placement. The intake interview will be sent to SRS, the District Attorney, and the Judge.

b. Social and Rehabilitation Services (SRS)

SRS will provide law enforcement with any information received during the course of their Family Based Assessment that will 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 both agencies, will be documented and provided to each other in an expedited manner.

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

In the event that children are in need of supplies and clothing such as when their clothes are potentially contaminated, and clothing needs to be replaced before they are transported to homes of relatives or protective custody, charity organizations will be sought for donations.

The designated point of contact for these agencies will be 911 dispatches 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.

The Hutchinson 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.
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 caseworkers 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 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.

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. Hutchinson Hospital will accept in full Medicaid allows.

HARVEY

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 Juvenile Intake (Director of Juvenile Intake), who will in turn contact the designated Newton SRS officer (Director of Child Protection Services). In the event the child is contaminated, decontamination will occur immediately. If necessary, the child then shall receive immediate medical attention and be transported to the hospital for the appropriate testing. Juvenile Intake shall be notified for determination of temporary placement if there are no immediate appropriate family members available to take the child.

Interview – The investigating officers assigned to the case, and the Harvey County Drug Task Force if involved, will conduct the preliminary interviews of witnesses and parents at the scene whenever possible, and at their earliest opportunity if not at the scene. The emergency medical services officers may obtain further information from the child during decontamination. Juvenile Intake shall obtain as much information on the child and the child's history as possible, and will contact law enforcement for further interview of the child at the Heart to Heart Child Advocacy Center if appropriate. The interview of the parents,

witnesses, and child will have a three-prong purpose: possible criminal charges on the parents, possible child in need of care procedures on behalf of the child, and medical needs of the child.

If the child is taken into Newton SRS custody, additional testing may be done at that time to determine whether and what type of additional medical services the child needs upon consent of Newton SRS.

Exchange of Information Between Agencies

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

Newton SRS will provide law enforcement with any information received during the course of their Family Based Assessment that will 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.

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

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

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

SECTION SIX

Preparation of Reports

The law enforcement officers who investigated the criminal case, the Harvey County Drug Task Force officers who investigated the criminal case, and/or the Newton SRS workers who investigated a CINC shall provide their reports to the Harvey County Attorney for examination and determination of appropriate action. The Harvey County Attorney shall determine whether it is appropriate for filing criminal drug charges, criminal child endangerment charges, or CINC proceedings for the protection of the child. The Harvey County Attorney can determine that any of the above, all of the above, or none of the above may be appropriate, based upon his assessment of the case. The Harvey County Attorney may designate one of his assistants to handle the appropriate case filed in District Court.

As is dictated by Newton SRS policy, all law enforcement protective custody placements of children are funded by Newton SRS. An example of this would be the Wichita Children's Home.

The precise funding source within Newton SRS will likely fluctuate. However, it will be the responsibility of Newton SRS to determine which funding source is appropriate for the payment of physical exams related to abuse and neglect assessments.

The Newton 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 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.
5. **For clandestine drug labs and illegal drug sales. Newton SRS will, to the best of their ability:**
    a. Make every effort to have a Newton SRS caseworker attend law enforcement's pre-search warrant service briefing in suspected drug-endangered children cases, when requested.
    b. 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.
    c. 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.
    d. Upon release of the parents or caretakers, will work with other agency professionals, including substance abuse and Probation/Parole, to ensure that the parents are mandated to attend and work meaningfully on their substance abuse issues.
    e. SRS will provide services to drug-endangered children, and their families, who remain in the custody of SRS.
    f. 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.
    g. 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.

h. As a last resort and in the DEC cases where private or Medicaid insurance is not available, Newton 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.

RICE

EXCHANGE of INFORMATION BETWEEN AGENCIES:

All law enforcement agencies, within Rice 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 information received during the course of their Family Based Assessment that will assist in criminal prosecution.

These forms will include the CFS (Children and Family Services) 1000, 1001, 1002, and the CFS, 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.

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

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 children be properly clothed before transport to a designated emergency placement.

The designated point of contact for these agencies will be the Rice County Sheriff's Office 911 Center as they have a listing for after hour contacts and numbers.

As dictated by SRS policy, all law enforcement protective custody placements of children are funded by SRS. An example of this would be emergency placement with a Foster Care family.

The precise funding source within SRS will likely fluctuate. However, it will be the responsibility of SRS to determine which funding source is appropriate for the payment of physical exams related to abuse and neglect assessments.

The Rice 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 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.
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. S.R.S. will, to the best of their ability:
6. Make every effort to have a S.R.S. caseworkers 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, S.R.S. 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. Hospital District #1 of Rice County, Sterling Medical Center and Lyons Medical Center will accept in full Medicaid allowance.