



Department of Children and Family Services Policy and Procedure Guide

Division No: 3–Child Welfare
Chapter No: 3–Initial Response/Detention
Item No: 29–Drug Endangered Children

Effective Date:
September 7, 2007

POLICY: Drug endangered children are those children who suffer physical or psychological harm or neglect resulting from:

LEVEL 1 (RESPONSE): Exposure to dangerous environments where drugs are being manufactured or chemicals used to make drugs are accessible. These harms may include: injury from explosion, fire or exposure to toxic chemicals found at clandestine lab sites; physical abuse; sexual abuse; medical neglect and; lack of basic care including failure to provide meals, sanitary and safe living conditions or schooling.

LEVEL 2 (RESPONSE): Exposure to illegal drugs or persons under the influence of illegal drugs.

PURPOSE: The purpose of implementing an active Fresno County DEC protocol is to promote a collaborative intervention on behalf of children who have been exposed to methamphetamine or its precursor chemicals as a result of residing, or being taken into a home-based drug lab or other drug endangered environment.

Around the country, DEC programs have been developed to coordinate the efforts of law enforcement, medical services, child welfare workers, and prosecuting attorneys to ensure that children found in drug environments receive appropriate attention and care and that cases are successfully prosecuted. Each entity usually responds according to their own agency's protocols, and in most instances operate independently where multidisciplinary teams have not been established. When jurisdictions do not coordinate their responses to these complicated scenes, personnel often overlook children's needs or assume another agency will address these needs, resulting in the failure to remove children from conditions of endangerment.

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REFERENCE: Fresno County DEC Protocol (December 4, 2004);
National Protocol for Medical Evaluation of Children Found In Drug Labs (June 2004);
Chemical Residual Removal for Children Associated With Clandestine Methamphetamine Laboratories (April 2006)

PROCEDURE:

- I. LEVEL 1 (EMERGENCY RESPONSE): CHILD(REN) WHO HAS BEEN EXPOSED TO METHAMPHETAMINE LAB OR ITS PRECURSOR CHEMICALS
 - A. DCFS Social Worker will need to review the referral with Social Work Supervisor and make contact with primary Officer for further instructions prior to responding to the scene.
 1. Social Worker will determine number of car seats
 2. Provide primary Officer with estimated time of arrival (ETA)
 - B. Upon arrival to the scene, make contact with Scene Commander and/or Lab Team. No entry into the scene shall be made by the Social Worker unless it is cleared by the Scene Commander. The Scene Commander will designate a DEC Investigator once it is determined to be a DEC case. The Scene Commander will make a determination when it is safe for the Social Worker to take custody of the child(ren) found at the scene. Work with the DEC Investigator to ensure the following actions are taken:
 1. The lab scene is photographed including all hazards or W&I300 violations to which the child(ren) might have been exposed, any indicators of abuse/neglect including photographs of the living conditions, food supply, and the physical condition of the child(ren). A Level II scene will be treated the same way and photographs will be taken of the location of the narcotics and the accessibility of the narcotics to the child(ren).
 2. The videotaping of the scene (when appropriate but recommended).
 3. The listing of all drug manufacture-related chemicals and /or controlled substances found at the scene. Chemical check list (See attached copy).

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4. The preliminary interview of verbal minors including discussion of abuse, neglect, knowledge of lab operations, substance abuse, drug trafficking, or other conduct falling within W&I300 taking place within the home. The interviews will be audio and video taped unless it is not possible to do so.
5. The interviewing of parents and other involved adults to determine if protective intervention is required. (Co-defendants, off-site relatives, etc.)
6. The completion of the DEC Initial Intake Form (See attached copy) for each child present or residing at the location of the DEC response.
7. That two copies of all photographs, audio and videotapes are made. One copy is for law enforcement and the second copy is to be provided to the primary Social Worker for their case file.

C. Items from the drug site are left on site and not taken with the child.

II. MEDICAL PROCEDURES

- A. Child(ren) placed into protective custody will go through a dry-decontamination process conducted by Law Enforcement. Following decontamination, Child(ren) are to be transported to Children's Hospital, Central California by DCFS Social Worker for medical evaluation.
1. Prior to arrival, contact the DEC Hospital Liaison to notify him/her in advance of planned arrival. This should help resolve confusion upon arrival in the ER. The Hospital Liaison will be responsible for notifying the ER and hospital security. Law Enforcement will accompany the DCFS Social Worker to the hospital. If Child(ren) is transported via ambulance, DCFS Social Worker to follow.
 2. Provide Children's ER with a copy of the Chemical CheckList and Initial DEC Intake Form.
 3. Request for Children's ER to follow the National Protocol For Medical Evaluation Of Children Found In Drug Labs (See attached copy)

4. Urine toxicology screening should be at no more than 50 nanograms, and any detectable level should be noted. (Please keep copies of the current Fresno County Standing Order, regarding toxicology testing). (See attached copy)
5. Obtain a copy of the completed medical report
6. Request a copy of the preliminary toxicology screening at the time of discharge.
7. Request copies of the additional hospital laboratory tests be faxed to the DCFS Social Worker
8. Request medical clearances as needed to enable minors to be transported to placement home.

III. PLACEMENT

- A. Provide Foster Parent/Caregiver with the Instruction Sheet For Caregivers of Children Exposed to Meth Lab (See attached copy)
- B. Law Enforcement and/or the Deputy District Attorney shall be notified if relative placement is considered and shall have input.

IV. ON-GOING INVESTIGATION

- A. Complete a Critical Incident Report for any child who has been placed on a 300 hold as a result of being exposed to a methamphetamine lab or its precursor chemicals. Please include the DEC Liaison, DEC SWS, and ER Program Manager when sending out this report for the purpose of tracking.
- B. Report should include: Where and when toxicology was performed on child(ren) as well as the results, primary DEC Investigators name, badge number as well as report number and a brief synopsis.
- C. Complete the Follow-up DEC Intake Form with parents prior to TDM (See attached copy)
- D. Social Worker to notify the designated Public Health Nurse of the placements of all DEC Children for consultation regarding on-going medical evaluations.

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V. PROCEDURE: LEVEL 2 (EMERGENCY RESPONSE): EXPOSURE TO ILLEGAL DRUGS OR PERSONS UNDER THE INFLUENCE OF ILLEGAL DRUGS

- A. If a 300 hold is placed on a child(ren) where “Level 2” exposure has occurred, the expectation is that the child be taken directly to the ER at Children’s Hospital, Central California for toxicology screening.
1. Provide Children’s ER with a copy of the Fresno County Standing Order, regarding toxicology testing (See attached copy).
 2. Urine toxicology screening should be at no more than 50 nanograms, and any detectable level should be noted.
 3. Request a copy of the preliminary toxicology screening at the time of discharge.
 4. Request that copies of additional hospital laboratory tests be faxed to the DCFS Social Worker.

VI. ON-GOING INVESTIGATION

- A. Critical Incident Report (Reportable Incident) should be completed for any child(ren) who has been placed on a 300 hold as a result of being exposed to illegal drugs or persons under the influence of illegal drugs. Please include the DEC Liaison, DEC SWS, and ER Program Manager when sending out this report for the purpose of tracking.
1. Report should include: Where and when toxicology was performed on child(ren) as well as the results, primary Officer’s name, badge number, report number and a brief synopsis.