

## **Polk County Protocols for Drug Endangered Children**

### **Definition**

A Level 1 drug-endangered child (DEC) is a child who has been exposed to an active or inactive methamphetamine lab AND/OR precursors to manufacture methamphetamines are present, AND the minor child (under 18 years of age) lives or is expected to return to the property (as in a day care home, etc.) in the immediate future. These are environments with conditions of contamination or hazardous life styles 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 Iowa Statutes.

### **Introduction**

Clandestine methamphetamine manufacturing and distribution have created a major public health and safety crisis for the residents of Iowa. In 2002, a total of 1,009 meth labs were seized by law enforcement in Iowa. Of these, 194 were in Polk County. Experience from other states including California and Oklahoma, indicate that there are usually two children on average in a meth using home. This will give Polk County a projected number of 388 children who may have been exposed to meth. 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 that 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.

Home environments with parental substance abuse present many undesirable risks to young children, especially children under the age of five years, and children with special needs. Specific known risks include lack of parental support, social isolation, emotional deprivation, serious neglect, exposure to noxious agents, exposure to environmental hazards, inability of caretakers to meet the ongoing needs of the child, and failure to protect children from accidental injury with potential for serious injury or death. Perceived harm to children living in meth homes include risk of exposure to infections such as hepatitis, HIV and tuberculosis; risk of inadequate immunizations leading to outbreaks of infectious diseases such as measles and polio; risk of developmental delays due to toxic smoke exposure; risk of pulmonary problems such as apnea, asthma, and chronic lung deficiency; risk of liver failure from

toxins in ether or ammonia and risk of lead exposure and poisoning with resulting mental retardation.

Prior to the creation of this program there had been no formalized collaborative efforts to address the needs and problems relating to drug endangered children in Polk County.

### **Mission**

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

### **Purpose**

In the interest of protecting children found in or near methamphetamine laboratories or homes serving as distribution sites, the Drug Endangered Children Response Team project has developed a multi-agency cooperative effort involving the Iowa Department of Public Safety, the Mid Iowa Narcotics Enforcement (M.I.N.E), the Des Moines Police Department, The Polk County Sheriff's Office, the Iowa Department of Human Services, Polk County Victim Services, Broadlawns Medical Center, Blank Children's Hospital, the doctors, nurses and staff serving the Polk County area, to address drug-endangered children's issues. These agencies will 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.

### **Project Goal**

The primary goal of the DEC Team 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 the Iowa Department of Human Services in order to establish a database for tracking these children, the services provided, and case outcomes.

### **Project Policy Statements**

The Polk County DEC Team will utilize a multi-disciplinary approach to best meet the needs of drug endangered children and enhance cooperation through a collaborative, team building effort involving all agencies. If any of the children become dependents of the Juvenile Court through CINA proceedings, the Iowa Department of Human Services will recommend an appropriate treatment plan and suitable living environment commensurate with the needs of the children.

### **DEC Team Implementation Managers:**

Polk County Attorney  
Law Enforcement  
DHS  
Medical Professionals  
Polk County Victim Services

As indicated by evidence gathered in each individual case, the Polk County Attorney's Office will review, file, and prosecute each DEC case in Polk County. 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, DHS, and other agencies.

M.I.N.E. 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. Task Force personnel will advise and assist local agencies in taking photographs, 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. Lab certified law enforcement personnel will determine the need for decontamination of the children at the scene. Upon first being notified of the existence of a clandestine lab where a child is located, the Task Force case agent will immediately page an investigator from the County Attorney's Office at 234-1791. They, in turn, will contact Child Abuse Intake (283-9222) to report that children have been detained on site by the investigating officer or the Task Force agent. Child Abuse Intake will be advised of the location and condition of the child.

Upon notification, DHS will respond within one hour if children are present, regardless of the age of the child or the time of day the referral is received. Parents/caretakers will be asked to complete urinalysis testing within 12 hours or

as soon as a testing facility is open for business. For reasons of imminent danger, law enforcement will remove the children from the caretaker's custody. DHS will accept custody of the children and will transport them to either Blank Children's Hospital or Broadlawns Medical Center, where the medical protocol will put in place. The initial complete medical assessment should be completed within 12 hours and should include the following: growth assessment, vital signs, complete physical exam including neuromuscular exam, assessment of nutritional status, documentation of abusive injuries, documentation of signs of denial of critical care, and drug testing. Children should be tested for presence of illegal drugs if it is believed they have been exposed within the previous 48 hours.

If not admitted to the hospital for care and treatment, the children will be placed either in shelter care or foster care and a referral will be made to the ongoing treatment unit at DHS. Information necessary to file a Child In Need of Assistance petition will be provided to the County Attorney's Office. If parents provide names of relatives who might be available to care for their children in lieu of foster care, **the following shall occur prior to completing background checks** on these household members: ALL household members shall complete UA's and DHS will have results prior to background checks being initiated. Potential caretakers shall be willing to apply for TXIX and FIP if necessary to support the child(ren) financially. Potential caretakers shall agree to abide by the terms of the safety plan/case plan regarding ongoing care, supervision, parental contact.

If necessary, Polk County EMS will respond to methamphetamine or other drug laboratories where children are present. Lab certified law enforcement personnel will evaluate the child for any acute symptoms of chemical exposure and determine whether the child needs decontamination and/or emergency medical care. Any indicated decontamination of the child will occur at the scene. Task Force and DHS personnel will place the child into clean clothing at the scene, and the contaminated clothing of the child will be retained as evidence.

The paramedics will make all reports available for the preparation for trial. When applicable, law enforcement will provide a statement of services from Polk County EMS to the prosecutor for consideration of financial restitution.

### **Operational Procedure**

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 or an investigator from the County Attorney's Office will ensure that contact is made with DHS who will respond as above. 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 as indicated in the medical protocol.

## **Crime Scene Processing and Child Intervention**

The Task Force agent will process the methamphetamine or other drug lab pursuant to the guidelines established by the Iowa Department of Public Safety and the Iowa Department of Public Health. All photographs of the scene will be maintained by the local law enforcement agency, or in Task Force initiated cases by the Task Force. All physical evidence (excluding contaminated evidence) will be similarly sampled and retained. All photographs that pertain to child endangerment filings will be shared with DHS to support allegations of child endangerment in the CINA hearings.

## **Interviewing of Victims, Witnesses and Parents**

Task Force agents and the investigating officers will conduct preliminary interviews of witnesses and parents at the scene whenever possible. While at the scene every effort should be made to have medical releases signed by the parents or caregivers to assist in obtaining medical histories and to assist in the medical exam. However, in every case where the child is removed from the custodian's care, a pre-placement physical exam including testing indicated in the medical protocols is required. Consent for such physicals is implicit in removal cases and will be included in all ex-parte orders otherwise.

## **Procedure for Examination and Testing of Victims**

Upon arrival to Broadlawns/Blank Medical Center, an emergency room physician and/or technician will medically assess the child. 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. Test results will be sent to the CPC for follow up evaluation, monitoring, and tracking purposes.

Triage by an RN from the CPC is available at 241-4311 at all times. If calling after hours, the answering service will contact them to determine what needs to be done on each individual case. Physical assessments done can be used for foster care purposes. After hours at Blank, the ER will page Dr. Shah and would assure that all information would get to the CPC.

The initial medical assessment can also be done at Broadlawns Medical Center. The test results reports will be transported by DHS to Dr. Shah for follow up.

## **Exchange of Information Between Agencies**

The Task Force, local law enforcement, and DHS 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**

The established medical protocol will be followed. 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 CINA hearings. All reports containing spontaneous or interview statements made by victims, witnesses to the crimes, and doctors will be maintained by the respective teams. In every case where children have been removed there should be a separate child endangerment report filed.

### **Assignment of Cases**

DHS is notified for assistance at the time law enforcement identifies children exposed and in danger. If/when DHS workers discover labs, they are to leave the home and call 911, call the CPA intake supervisor, and call their own supervisor. They will remain near the scene until law enforcement arrives. In home treatment workers should call 911 then the child abuse intake number and remain near the scene until law enforcement arrives.

### **DEC Team Debriefing**

Upon completion of the investigation of the drug laboratory where a child is 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.

### **Reimbursement/Expense Detail**

Polk County Victim Services has set up a DEC bank account containing funds donated to the DEC program. In the event that an investigator has used personal funds to purchase clothing and/or personal hygiene items for drug endangered children, the investigator is eligible for reimbursement. A reimbursement/expense detail shall be completed and submitted with the appropriate receipts to Victim Services for reimbursement. In the event donated funds are not available, the investigator will follow their agency's established protocol for requesting reimbursement. Store receipts must accompany the reimbursement/expense detail to be considered for reimbursement.

## LEVEL 1 DRUG ENDANGERED CHILDREN

### Definition

1. An active OR inactive lab and/or
2. Precursors present and
3. Minor children live on or are expected to return to the property (as in a day care home, etc.) in the immediate future

### Response when reported by law enforcement:

1. Response time is 1 hour if child(ren) are present, regardless of the age of the child or the time of day the referral is received.
2. Law enforcement takes custody of the child(ren). Lab certified law enforcement personnel determine if decontamination of the child(ren) is indicated. If there is direct exposure, decontamination will occur at the scene. If the exposure is non-direct (such as evidence of previous exposure), child victims will be given clean clothing and will be transported to the hospital for further testing. It is suggested that a bed sheet be used to cover the child seat and car seat.
3. DHS transports child(ren) to Blank Children's Hospital Emergency Department. Medical protocol needs to be followed. ED staff may need gentle prompting to do so.
4. If not admitted, place child(ren) in Shelter Care/Foster Care. If parents provide names of relatives who might be available to care for their children in lieu of foster care, **the following shall occur prior to completing background checks** on these household members:
  - ALL household members shall complete UA's and DHS will have results.
  - Potential caretakers shall be willing to apply for TXIX and FIP if necessary to support the child(ren) financially.
  - Potential caretakers shall agree to abide by the terms of the safety plan/case plan regarding ongoing care, supervision, parental contact, etc.
5. Refer to Trisha for assignment to CPS
6. Provide information to CAO to file a CINA petition

### Tracking information

1. Case assignment information is logged in RED ink.
2. RED file folders are used at every level (intake, referral to service, legal file) (Code 60)

## LEVEL 2 DRUG ENDANGERED CHILDREN

### Definition

4. Children born positive with methamphetamine and/or
5. Allegations that caretakers use, sell, and/or possess methamphetamine or paraphernalia

### Response

7. Response times are determined using criteria on all other CPA intakes.
8. Ask all household members to drop UA's within 12 hours or as soon as the testing lab is open for business. If they say they have no money for testing, give them a payment voucher. If they say they won't go for testing, ask CAO for a motion to compel.
9. Meth may show up in children in as much as 48 hours after exposure so they also need to be tested if within that window of time. Lab certified law enforcement personnel determine if decontamination of the child(ren) is indicated. If there is direct exposure, decontamination will occur at the scene. If the exposure is non-direct (such as evidence of previous exposure), child victims will be given clean clothing and will be transported to the hospital for further testing. It is suggested that a bed sheet be used to cover the child seat and car seat.
10. The children need to have a medical evaluation if they may have been exposed to methamphetamines or precursors as much as one year prior.
11. When, in the course of an assessment, parents share information about meth use three years prior, CPA's should assess the long-term effects of meth exposure, neglect, and the impact on brain development. Does the caretaker talk about the child's behavior being developmentally inappropriate for their age? For infants and toddlers, this may include feeding problems, language delays, attachment issues, neuromuscular issues, sensory integration problems, abnormal sleep patterns, etc. If the caretaker's meth use coincided with pregnancy, the CPC would want to evaluate those children for prenatal meth exposure, even if it was passive exposure, i.e., someone else using meth around the pregnant mother. For older children, it may present more as behavioral issues.
12. Developmental assessment and planning for long term follow up should be completed in 7-10 days including a developmental assessment exam, follow up on previously identified problems, psychological evaluations if underlying issues of hyperactivity, depression, anxiety, or developmental delay are suspected, and recommendations for ongoing services needed for the child.
13. One month after the initial assessment, a team staffing should occur to follow the progress of the case and to determine future service needs.

14. Additional follow should occur in 6 months and after one year.
15. For older children school psychologists and Heartland AEA may be asked to complete the necessary evaluations.
16. Use normal Court protocols but there will always be an element of flexibility, depending on the circumstances. Any deviation from the norm shall be approved by supervisors.
8. Refer to Trisha for assignment to CPS. If child is in placement, procedures for approving relative placements as indicated in Level 1 DEC cases shall be followed.

### **Tracking information**

3. Case assignment information is logged in GREEN ink.
4. GREEN file folders are used on confirmed and founded meth cases only (Code 55 and/or 57)
5. Follow normal protocols for referrals to CPS.