



**Office of the Arizona Attorney General
Terry Goddard, Attorney General**

Arizona Drug Endangered Children (DEC)

Multidisciplinary/Integrated Protocol

**DEC Task Force
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ACKNOWLEDGEMENTS

The development of the protocol and web site were made possible through the dedication and commitment of the representatives of the DEC Task Force. Tools have been developed to provide up-to-date information so that professionals and other individuals have access to resources to address this growing problem in their local community.

Representatives from the following agencies participated in the Task Force:

- Office of the Arizona Attorney General
- Arizona Department of Economic Security, Child Protective Services (DES-CPS)
- Maricopa County Sheriff's Office, High Intensity Drug Traffic Area (MCSO/HIDTA) Clandestine Lab Task Force
- Phoenix Police Department, Family Investigations Bureau, Child Crimes
- St. Joseph's Hospital
- Childhelp USA
- Mesa Center Against Family Violence

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Multidisciplinary/Integrated Protocol for Drug Endangered Children (DEC)

INTRODUCTION

The Arizona Drug Endangered Children (DEC) Program (formerly referred to as the Meth and Kids Initiative) was established in 2000 by Arizona's former Attorney General, Janet Napolitano, to address problems associated with methamphetamine production in homes with children present through a coordinated response by the Attorney General's Office, state and local law enforcement, Child Protective Services and medical personnel. Representatives of the Arizona Attorney General, Maricopa County Sheriff's Office High Intensity Drug Trafficking Area (MCSO/HIDTA) Clandestine Lab Task Force, Phoenix Police Department-Family Investigations Bureau, Child Crimes Unit, Arizona Department of Economic Security, Child Protective Services (DES-CPS), St. Joseph's Hospital and Childhelp USA, and Department of Public Safety (DPS) Crime Lab serve on the DEC Task Force and have developed a model interagency protocol for the investigation of methamphetamine lab cases with children involved.

The current Attorney General, Terry Goddard, has carried this effort forward. For the past three years the DEC Program has focused primarily on Maricopa County cases and Task Force members have provided training and technical assistance to agencies throughout the state. The Governor's Division of Substance Abuse Policy has provided funding, which has enabled the Attorney General's Office to dedicate a prosecutor and legal assistant to the DEC Program. Since implementation of the collaborative, multidisciplinary approach, investigations and communications have improved in every respect among all involved agencies.

Planning for the future of the DEC Program is now underway. Participants in this effort include staff from the Governor's Division of Substance Abuse Policy, the Attorney General's Office, the Arizona Department of Economic Security-Child Protective Services (DES-CPS), medical personnel, and law enforcement agencies, primarily MCSO/HIDTA.

Representatives from the DEC Task Force worked together to formalize the multidisciplinary protocol to address the needs of children and ensure the safety of children who are present at an investigation of a methamphetamine laboratory. Additionally, the representatives have finalized web-based content to provide an overview of the problem that methamphetamine production presents to the community and the amount of risk that children face who live in those environments. The website may be accessed through the Arizona Attorney General's site at www.azag.gov/DEC.

PURPOSE OF THE MULTIDISCIPLINARY PROTOCOL

The purpose of the multidisciplinary protocol is to provide professionals from Child Protective Services, Law Enforcement, Medical Services, and Prosecution a basis for the development of community specific procedures for situations where there are drug endangered children as a result of clandestine methamphetamine labs or other drug production, trafficking and abuse. Memoranda of Understanding among the key partners should also be considered to formalize roles and relationships beyond the protocol.

Implementation of a DEC protocol that has been adapted for local community requirements will ensure that children who may be at risk for exposure to methamphetamine receive protection, advocacy and support through a multidisciplinary approach and that investigations provide the best opportunity for prosecution of individuals involved in manufacturing, selling, and abusing methamphetamine and other drugs and endangering children in the process.

BACKGROUND/PROBLEM

The production of methamphetamine (meth) in home-based drug labs confronts Arizona with a unique set of problems that other illegal drugs have never before presented.

The chemicals used to manufacture meth, the production process, and the waste generated as a result of that process pose very real and serious dangers to the public and the environment. These dangers include toxic poisoning, chemical and thermal burns, fires, and explosions. The children who live in and around meth labs are at the greatest risk of harm due to their developmental nature, the abuse and neglect perpetrated on them by their caretakers and the many others who frequent their drug-laden homes, and their inability to protect themselves.

Responding to a suspected meth lab where children are present requires a carefully planned and coordinated approach involving multiple partners. Those who make meth often use meth, making them prone to violent behavior. Meth producers often try to keep their illegal operations a secret through the use of weapons, explosive traps, and surveillance equipment.

The DEC Program has coordinated and improved the efforts of local law enforcement, Child Protective Services (CPS), medical professionals, and the Attorney General's Office to respond to meth labs where children are present, and to prosecute those responsible. The DEC Program ensures timely access to qualified personnel who can respond to the immediate and longer-term medical and safety needs of drug endangered children.

Since 2000, the Arizona DEC Program has resulted in the successful prosecution of nearly 100 meth lab cases involving nearly 200 children. Building on its success in Maricopa County, efforts continue through training and technical assistance to expand the DEC Program throughout Arizona.

MISSION AND GUIDING VALUES

The following mission and guiding values¹ reflect the commitment of the DEC Task Force and program to ensure children exposed to drug environments are protected.

Mission

We will be unrelenting in the pursuit of safety for children exposed to the extreme dangers of drug abuse environments in a manner that gives the child the best opportunity for a happy and productive future. Our efforts will include government agencies, private organizations, and the general public working in collaboration to:

- prevent drug abuse,
- provide resources to children when drug abuse prevention efforts fail, and
- aggressively break the cycle of drug abuse caused by those who manufacture, sell, and use drugs.

Guiding Values

The Arizona DEC Program is guided by and promotes the following values:

Safety

- We will relentlessly pursue the end of drug abuse to prevent children from experiencing the physical, emotional, and psychological damage that exposure to drug environments cause.
- We will enhance the safety of children by removing them from dangerous drug environments and providing them with appropriate follow-up care and services.
- We will return or place children in family environments that are completely free of dangerous drugs.

Collaboration

- We will insist on the participation of everyone to actively pursue the end of social tolerance to the abuse of dangerous drugs.
- We will form alliances, partnerships, and organizations across all government and private services to ensure appropriate tools and resources exist to identify, remove, and treat children in dangerous drug environments.
- We will identify and implement multidisciplinary services and strategies necessary to break the cycle of drug abuse.

Dedication

- We will hold ourselves accountable to appropriately provide the services necessary to accomplish the mission of the Arizona DEC Program.
- We will vigorously pursue the institutionalization of the Arizona DEC Program.
- We will continually evaluate the effectiveness of our efforts to ensure the Arizona DEC Program's mission is achieved.

¹ Adapted from the National Steering Committee for the Advancement and Adoption of the Concept of Drug Endangered Children

PARTNER AGENCIES

There are several agencies and organizations that participate in the DEC protocol. First responders to an investigation scene include Law Enforcement (both child crime investigators and drug investigators), CPS Investigators, Medical Personnel (generally medical doctors and nurses who treat the children at the appropriate medical facility), Fire Departments, HAZMAT Teams and fire departments.

The following provides an overview of the responsibilities of the primary responders as well as other partner agencies:

Law Enforcement: Responsible for all investigative activities taking place at the site of the meth lab. Law Enforcement includes representatives from a variety of agencies including the county Sheriff's Office, the local community Police Department, the Arizona Department of Public Safety (DPS), the MCSO/HIDTA and should include an individual that specializes in child crimes investigation. The focus of the drug investigator is to collect evidence for court purposes. The child crimes investigator conducts the forensic interview of the child victim to establish the elements of child abuse and to conduct the child crimes investigation. There may also be a DEC investigator to provide coordination of activities. The DPS crime laboratory provides support to the criminal investigation including testing samples for forensic evidence. Law enforcement and CPS cooperate at the scene to insure the child's safety.

Child Protective Services (CPS): Provides for the immediate protection and insures the safety of the child, addresses temporary custody and shelter needs, transports the child for medical evaluation, and coordinates placement of the child. The CPS Investigator also addresses the needs of the caregivers related to other community services. The CPS Investigator also ensures that law enforcement knows where the child is being placed and coordinates arrangements for the medical evaluation either at a child advocacy center or at the appropriate medical facility. The focus of the CPS investigation is to gather factual information related to the potential dependency case, identify hazards to the child, ensure the welfare of the child and arrange for other needed services.

Fire Department, Emergency Response, and HAZMAT Team: Provide assistance in assessment of environmental hazards that the meth lab presents and assist in facilitating access to the certified environmental remediation agencies that have expertise in clean-up and certifying that the home is again habitable. HAZMAT will test the air quality at the scene for both safety and evidentiary purposes.

Medical Personnel: Conduct medical evaluations including an Early Periodic Screening, Diagnosis and Treatment (EPSDT) screen. In general, when a community has a child advocacy center, the center should be used as the location for medical evaluations and examinations. If a community does not have an advocacy center, inclusion of a specific physician, clinic or hospital that has expertise in medical examinations for suspected child abuse including exposure to drug environments would be appropriate.

Prosecution: The Attorney General's Office and/or the County Attorney's Office will be involved in the criminal prosecution related to DEC cases (i.e. child abuse and drug charges). In general, due to the highly specialized nature of the cases, the Attorney General's Office has the primary responsibility for prosecution in Maricopa County (and is available to provide prosecution statewide). The Attorney General's Office also handles the child dependency action in Juvenile Court, statewide. The Attorney General's Office of Victim Services (or the County Attorney's Office in most of the other counties) provides victim advocacy for child victims, which includes working with CPS and the legal guardian as appropriate to keep them apprised of criminal proceedings and the child's rights as a victim of abuse.

SUGGESTED TRAINING

As practical, all members of the response team should have specialized safety and hazards training related to the investigations of drug environments and meth labs in order to protect against possible exposure to dangerous substances. Law enforcement training and certification is available through the U.S. Drug Enforcement Administration (DEA) in connection with the MCSO/HIDTA Clandestine Lab Task Force. Cross training, particularly between Child Protective Services and Law Enforcement is also critical to ensure that appropriate evidence and information is collected that is necessary for either the child abuse investigation or the drug investigation.

Law Enforcement recommends that the DEC Officer be a specialized "crimes against children" investigator with a suggested minimum requirement of a Clandestine Lab Certification through the DEA as well as participating in the following trainings:

- Basic Investigation Course
- 40 hours of Child Forensic Interview training

DEC PROGRAM TRAINING COMPONENT

The Arizona Attorney General's Office in conjunction with COPS and HIDTA offers *Responding to Drug Endangered Children Training*. This is a one-day training session regarding methamphetamine, its manufacture, volatility, and perilous effects on adults, children, and the environment. Emphasis is placed on all aspects of the multidisciplinary approach. The DEC training team usually consists of a drug detective, child crimes detective, CPS investigator, Assistant Attorney General, and a physician. Occasionally, a DPS crime lab chemist will also comprise the training agenda.

The website located at www.azag.gov/DEC has up to date information on available training. Specific requests for training in areas statewide can also be accommodated.

WEBSITE

The Arizona Drug Endangered Children Website is part of the Arizona Attorney General's Office website at www.azag.gov/DEC, and is a comprehensive and companion resource for the protocol. The website includes:

- A more in-depth overview of the methamphetamine problem.
- Links to Arizona Revised Statutes related to the DEC program.
- Links to articles about the methamphetamine problem.
- Links to other resource websites that provide in-depth information about DEC programs in other states, recognition of methamphetamine use and manufacture, treatment resources, articles and other information.
- Information about upcoming training, conferences and other DEC events.

INTRODUCTION TO THE DEC PROTOCOL

The following provides an overview of the DEC protocol:

Initial Actions:

- When local law enforcement personnel receive a report of a suspected meth lab, they will first determine through a thorough investigation if a meth lab is likely operating. If children are present, their safety is a primary concern. The appropriate investigators, including the drug investigators, child crimes investigator, and CPS are notified and respond. Typically, drug investigators call out other first responders upon discovery of the children.
- CPS works jointly with law enforcement at the scene to ensure that the child is protected from further chemical exposure and that information necessary for both the drug investigation and the potential child abuse case is collected.
- An interview of the child can take place at the scene, but generally occurs in a more child friendly environment such as a family advocacy center.
- After the child is removed, the crime scene is isolated. If the CPS worker determines that there is sufficient information to indicate child abuse, the CPS hotline is called and a formal report is filed. This is different from the general practice where a CPS report is made before an investigation takes place. Concurrent investigations include drug/narcotics, child crimes, and Child Protective Services. Investigators share information with each other to facilitate their collaborative, multidisciplinary effort.

Safeguarding Children:

- In the past, if a child was found at a meth lab, the child was removed from the scene, often to the care of a family friend or relative and insufficient consideration was given to the effects of the toxic chemicals or hazards the child faced on a daily basis. At best, a referral would be made to a social service agency.

- The Arizona DEC Program ensures that children receive an immediate and appropriate medical exam, including a test for exposure to toxic chemicals and developmental screening. Upon being removed from the crime scene, the children are showered or bathed to reduce chemical exposure, they are provided with new clothing, food, and, if needed, crisis counseling. A forensic interview will be conducted with the child, most often in a child friendly environment. The medical exam and interview provide important evidence to be used in the drug and child abuse prosecutions and the dependency case.

On-site Investigation:

- After the initial emergency response, the appropriate law enforcement unit will complete the investigation. Once a meth lab site is cleared of the evidence needed for prosecution, a police officer will affix on the dwelling a notice; this notice will state that a drug lab was seized and that it is unlawful for anyone, other than the owner, manager, or remediation firm personnel, to enter the premises. Once the property owner or manager is notified, a remediation firm recognized by the Arizona State Board of Technical Registration must clean up the property.

Prosecution:

- The Arizona Attorney General's Office has assumed primary responsibility in Maricopa County for prosecution of cases of both child abuse and dangerous drug manufacturing. In other areas, the County Attorney assumes responsibility for the criminal prosecution.
- The Arizona Attorney General's Office has statewide jurisdiction over the dependency action. The Arizona Attorney General's Office of Victim Services will work with CPS to identify the guardian of the child victim, and will provide written notification of case status, including dates and times of all legal hearings to the guardian. A Victim Advocate is available to accompany the child and/or their legal guardian to court, as well as to detail victim's rights and make needed social service referrals. In some instances, losses to the victim as a result of the crime may be reimbursable, and the Victim Advocate can provide information about victim compensation, including costs for such items as counseling.

Overview of Investigation

Initial Actions

Report Received by Law Enforcement

- ✓ Confirm Report
- ✓ Establish whether children are present
- ✓ Notify drug investigators, child crime investigators, and CPS investigators

Safeguarding Children

At the Scene

- ✓ Protect children from further exposure
- ✓ Provide emergency medical treatment if needed.

Remove the Children from the Scene

- ✓ Arrange for bathing and clean clothing
- ✓ Schedule medical exam
- ✓ Conduct interview in child friendly environment
- ✓ Identify safe placement with relatives or within the foster care system

On Site Investigation

Law Enforcement

- ✓ Secure the scene
- ✓ Gather evidence for child abuse and drug charges
- ✓ Post notice that the dwelling was a drug

- ✓ Owner / landlord obtains remediation firm to clean up the property pursuant to A.R.S. 12-

Prosecution

Law Enforcement coordinates gathering of all evidence and refers for prosecution

- ✓ Refers to the Attorney General's Office or County Attorney's Office for criminal prosecution.
- ✓ The Attorney General's Office is responsible for the dependency action initiated by a CPS dependency petition

DRUG ENDANGERED CHILDREN (DEC) PROTOCOL

The following information provides a chronological outline of the DEC Protocol incorporating the activities of law enforcement, CPS and medical personnel. Although it follows a general chronological order, by the very nature of the process, many activities will be taking place concurrently. Individual protocols separating the procedures by profession (law enforcement, CPS, and medical personnel) are included in Appendix A, B, and C.

The protocol provides a general guideline for the procedures to be followed when there is an investigation involving a drug-endangered child. It is based on model guidelines from throughout the country. The protocol can be revised and adapted to be more descriptive and specific for local communities to enhance its usefulness at the local level. It is also suggested that the protocol be reviewed annually and updated as necessary.

Note: For the purposes of this protocol, Law Enforcement could include any combination of a DEC Investigator, a drug investigator, a child crimes investigator, or an officer that performs multiple functions as may be the case in small jurisdictions and considering available resources.

<input checked="" type="checkbox"/>	Location	Team Member	Procedure	Timeline	Reporting Form
	Law Enforcement Offices	Law Enforcement Officer	Call a briefing about the upcoming investigation. Invite Child Protective Services	At a time determined appropriate by Law Enforcement	Not applicable
	Law Enforcement Offices: Initial stages of a drug lab investigation where there are indications of suspected child abuse.	Law Enforcement Officer(s)	Investigator may want to contact a DEC Officer or other Officer who has specialized expertise in child crimes.	At a time appropriate to make the Officer a part of the investigation.	Law Enforcement forms

☑	Location	Team Member	Procedure	Timeline	Reporting Form
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Contact CPS. In Maricopa County, contact can be made through the pager number established for meth lab investigations. In other districts, utilize local procedure that has been established between law enforcement and CPS.	At a time determined appropriate by law enforcement	Law Enforcement forms
	CPS staff location	CPS Investigative Worker	CPS will respond to the request for involvement. In Maricopa County, if CPS is notified by pager, the CPS Hotline is called and the report made as soon as appropriate information is obtained. CPS may check for prior reports on the family in the CPS registry	Within two working hours	Standard Intake Reporting Requirements
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Locate the child victim and assess the child's immediate need for medical attention. This may be done in concert with the medically trained personnel (EMT, paramedics) who are on site. If child's need are emergent, call 911.	As soon as possible, but not later than four hours after the child is identified at the lab site.	Not applicable
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Separate the victim from the suspects at the location and safeguard the child out of view of the suspects if possible.	As soon as appropriate within the investigation process	Not applicable
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Ensure photographs are taken, prior to searching or removal of any evidence.	As soon as appropriate within the investigation process	Not applicable
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Identify the parents and obtain biographical information on suspects, caregivers and witnesses.	As soon as appropriate within the investigation process	Not applicable

☑	Location	Team Member	Procedure	Timeline	Reporting Form
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Dress the child victim in protective clothing (Tyvex suit) to prevent exposure to CPS staff, investigators and others.	As soon as appropriate within the investigation process	Not applicable
	On-site at the suspected Meth Lab	CPS Investigative Worker	Protective suit or other protective covering such as shoe covers, gloves, and masks should be worn at the site. All protective covering should be disposed of at the site. Check with the Lead Officer for disposal method.	As appropriate.	Not applicable
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Clothing, toys, baby bottles, food or drink shall not be removed from the scene, as these items are likely contaminated.	Not applicable	Not applicable
	On-site at the suspected Meth Lab	CPS Investigative Worker	Clothing, toys, baby bottles, food or drink shall not be removed from the scene, as these items are likely contaminated.	Not applicable	Not applicable
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Conduct a forensic interview (if possible) of the child that includes determination of the following: primary caregiver, child's knowledge of the drug manufacturing process, victim's living area in relation to the lab, medical problems, and school attendance. The child's height and reach should be measured. The interview should be recorded. CPS may be present at the interview.	As soon as appropriate within the investigation process	DEC Form
	On-site at the suspected Meth Lab	CPS Investigative Worker	CPS will transport the child to the child advocacy center or medical facilities for interviews and additional medical assessment. CPS will make arrangements with the advocacy center or medical personnel for medical appointments.	Initial exam should be set up within 12 hours of contact with child if possible	Not applicable
	On-site at the suspected Meth Lab	CPS Investigative Worker	If the child needs to be removed from the caregiver's care, serve a temporary custody notice.	As soon as is appropriate.	Temporary Custody Notice

☑	Location	Team Member	Procedure	Timeline	Reporting Form
	On-site at the suspected Meth Lab	CPS Investigative Worker	Work with the appropriate contact (such as the After Hours Investigative Team [AHIT] or Resource Unit in Maricopa County) to identify a placement for the child.	As soon as is appropriate.	Not applicable
	On-site at the suspected Meth Lab	CPS Investigative Worker	Complete any other on-site investigation necessary with the assistance of Law Enforcement. (In general, the law enforcement officer that has initiated the investigation is the lead individual at the site.) CPS staff should coordinate any entry into the lab site with this individual to ensure no disruption or contamination of evidence. Obtain birth and medical information from caregivers if possible.	As soon as is appropriate.	DEC Form
	At the most appropriate location, when needed	CPS Investigative Worker	If possible, make arrangements for a urine sample to be obtained from the child or other means for testing the child for the presence of meth such as Cozart, which will be used by law enforcement or physicians. Urine samples should be labeled with date, time, child's name, and investigator's name and brought to the medical personnel who will be conducting the examination. (In the case of Maricopa County, this is the child advocacy center.)	As soon as is practical, preferably with 12 hours from initial involvement.	Not applicable
	On-site at the suspected Meth Lab	CPS Investigative Worker	Prior to transporting the child to the medical exam or placement, the CPS investigative worker should notify the Law Enforcement Officer of the intent to leave with the child and provide information about where the child is being placed.	As soon as practical	Not applicable
	Transportation	CPS Investigative Worker	Transport the child to the advocacy center, medical facility, or placement.	As soon as practical	Not applicable

<input checked="" type="checkbox"/>	Location	Team Member	Procedure	Timeline	Reporting Form
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Diagram and measure all the rooms at the site. Note if the child had access to the lab.	As soon as practical	Not applicable
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Identify hazards to the child.	As soon as practical	Not applicable
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Measure and photograph the child's belongings in proximity to the hazards.	As soon as practical	Law Enforcement forms
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Handling of Evidence: The meth lab investigator will retain the evidence. Toys, food and any other items found in proximity to the chemicals should be included in the items to be tested by the crime lab (usually the DPS).	Not applicable	Law Enforcement forms
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Surveillance equipment, weapons, explosives will be noted, photographed, and measured. Document if the weapons were loaded or the explosives were live.	Not applicable	Law Enforcement forms
	Law Enforcement Offices	Law Enforcement Officer(s)	Complete Child Abuse report that includes CPS notes, medical records, autopsy reports, diagrams, and photographs and submit to the appropriate law enforcement offices.	At the conclusion of the on-site investigation	Law Enforcement forms
	Law Enforcement Offices	Law Enforcement Officer(s)	Follow-up with medical staff about findings and test results and with CPS concerning medical placement, and follow-up medical evaluations.	As soon as is practical.	Not applicable

☑	Location	Team Member	Procedure	Timeline	Reporting Form
	At advocacy center, medical clinic or child's point of placement.	CPS Investigative Worker	For purposes of evidence collection, the child's clothing should be removed and placed in a brown bag. The caregiver should seal the bag with tape and sign it. The CPS Investigative Worker should return the clothing to law enforcement. Arrangements should be made for the child to be bathed and new clothing put on as soon as is practical. Also for purposes of evidence collection as well as safety, children should be handled with gloves until such time that the child has been bathed and decontamination has taken place. If the CPS Investigative Worker does not personally complete the bathing, specific instructions including the Instructions for Care Givers of Children Exposed to Methamphetamine Laboratories should be provided to the caregiver concerning how to bath the child and how to handle clothing and the Tyvex suit.	As soon as is practical.	Instructions for Care Givers of Children Exposed to Methamphetamine Laboratories
	At advocacy center or medical clinic	CPS Investigative Worker	Ensure that the child receives an initial medical examination.	Preferably within 12 hours of identification	Not applicable
	At advocacy center or medical clinic	Medical Personnel	Obtain child's medical history, either from CPS or from caregiver.	Preferably within 12 hours of identification	Medical Records if available

☑	Location	Team Member	Procedure	Timeline	Reporting Form
	At advocacy center or medical clinic	Medical Personnel	Administer test and procedures. Ensure that urine sample was gathered. Request Urine Screen. Perform complete pediatric exam and include as much of the Early Periodic Screening, Detection and Treatment (EPSDT) Protocol as possible. Particular emphasis should be placed on neurological screen, respiratory status, and cardiovascular status. Required clinical evaluations include: vital signs, height, and weight. Head circumference should be measured for children less than two years old and arm span and reach for all children less than five years old. Optional tests as medically necessary including CBC, Liver Function, Electrolytes and Kidney Function, Complete Metabolic Panel, Pulmonary Function Tests, Chest X-Ray, Skeletal Survey for children less than three years of age when physical abuse is suspected, Oxygen Saturation, and Heavy Metals Screen.	Preferably within 12 hours of identification	EPSDT Form
	At advocacy center or medical clinic	Medical Personnel	Conduct Suspected Child Abuse and Neglect Screen.	Preferably within 12 hours of identification	Medical records forms
	At advocacy center or medical clinic	Medical Personnel	Provide a behavioral health referral if appropriate.	Preferably within 12 hours of identification	Local forms if available.
	At advocacy center or medical clinic	Medical Personnel	Secure release of the child's medical records to appropriate authorities (CPS, Law Enforcement)	Preferably within 12 hours of identification	Not applicable
	CPS staff location	CPS Investigative Worker	Identify the ongoing worker to whom the case will be transferred and notify the DEC Officer or Officer Assigned	Within 30 days	CPS forms

☑	Location	Team Member	Procedure	Timeline	Reporting Form
	CPS staff location	CPS Investigative or Ongoing Worker	The CPS Investigative or Ongoing Worker is responsible for ensuring that the child is seen for follow up examinations.	2-4 weeks after initial medical visit	Not applicable
	At advocacy center or medical clinic	Medical Personnel	Conduct reevaluation of the comprehensive health status of the child.	2-4 weeks after initial medical visit	Medical records forms
	At advocacy center or medical clinic	Medical Personnel	Conduct formal development assessment on child less than six years of age using the Denver Developmental Screening Tool.	2-4 weeks after initial medical visit	Denver Developmental Screening Tool
	At advocacy center or medical clinic	Medical Personnel	Follow-up on any abnormal screening laboratory tests, or administer screening laboratory tests as indicated.	2-4 weeks after initial medical visit	Not applicable
	At advocacy center or medical clinic	Medical Personnel	Arrange for appropriate follow-up as indicated.	2-4 weeks after initial medical visit	Not applicable
	At advocacy center or medical clinic	Medical Personnel	Evaluate adequacy of placement with regard to medical needs.	2-4 weeks after initial medical visit	Not applicable

APPENDICES

The following appendices are attached:

Appendix A: Child Protective Services DEC Protocol

Appendix B: Law Enforcement DEC Protocol

Appendix C: Medical Personnel DEC Protocol

Appendix D: Resource Information

Appendix E: Statutes

Appendix F: How to Start a Local DEC Team

Appendix G: Exposing Children to Drugs and Clandestine Meth Labs is Child Abuse

Appendix H: Sample Forms

Appendix A: CPS DEC Protocol

<input checked="" type="checkbox"/>	Location	Procedure	Timeline	Reporting Form
	CPS staff location	The CPS Investigative or Ongoing Worker is responsible for ensuring that the child is seen for follow up examinations.	2-4 weeks after initial medical visit	Not applicable
	CPS staff location	CPS will respond to the request for involvement. In Maricopa County, if CPS is notified by pager, the CPS Hotline is called and the report made as soon as appropriate information is obtained. CPS may check for prior reports on the family in the CPS registry	Within two working hours	Standard Intake Reporting Requirements
	On-site at the suspected Meth Lab	Protective suit or other protective covering such as shoe covers, gloves, and masks should be worn at the site. All protective covering should be disposed of at the site. Check with the Lead Officer for disposal method.	As appropriate.	Not applicable
	On-site at the suspected Meth Lab	Clothing, toys, baby bottles, food or drink shall not be removed from the scene, as these items are likely contaminated.	Not applicable	Not applicable
	On-site at the suspected Meth Lab	CPS will transport the child to the child advocacy center or medical facilities for interviews and additional medical assessment. CPS will make arrangements with the advocacy center or medical personnel for medical appointments.	Initial exam should be set up within 12 hours of contact with child if possible	Not applicable
	On-site at the suspected Meth Lab	If the child needs to be removed from the caregiver's care, serve a temporary custody notice.	As soon as is appropriate.	Temporary Custody Notice
	On-site at the suspected Meth Lab	Work with the appropriate contact (such as the After Hours Investigative Team [AHIT] or Resource Unit in Maricopa County) to identify a placement for the child.	As soon as is appropriate.	Not applicable
	On-site at the suspected Meth Lab	Complete any other on-site investigation necessary with the assistance of Law Enforcement. (In general, the law enforcement officer that has initiated the investigation is the lead individual at the site.) CPS staff should coordinate any entry into the lab site with this individual to ensure no disruption or contamination of evidence. Obtain birth and medical information from caregivers if possible.	As soon as is appropriate.	DEC Form
	At the most appropriate location, when needed	If possible, make arrangements for a urine sample to be obtained from the child or other means for testing the child for the presence of meth such as Cozart, which will be used by law enforcement or physicians. Urine samples should be labeled with date, time, child's name, and investigator's name and brought to the medical personnel who will be conducting the examination. (In the case of Maricopa County, this is the child advocacy center.)	As soon as is practical, preferably with 12 hours from initial involvement.	Not applicable
	On-site at the suspected Meth Lab	Prior to transporting the child to the medical exam or placement, the CPS investigative worker should notify the Law Enforcement Officer of the intent to leave with the child and provide information about where the child is being placed.	As soon as practical	Not applicable
	Transportation	Transport the child to the advocacy center, medical facility, or placement.	As soon as practical	Not applicable
	At advocacy center, medical clinic or child's point of placement.	For purposes of evidence collection, the child's clothing should be removed and placed in a brown bag. The caregiver should seal the bag with tape and sign it. The CPS Investigative Worker should return the clothing to law enforcement. Arrangements should be made for the child to be bathed new clothing put on as soon as is practical. Also for purposes of evidence collection as well as safety, children should be handled with gloves until such time that the child has been bathed and decontamination has taken place. If the CPS Investigative Worker does not personally complete the bathing, specific instructions including the Instructions for Care Givers of Children Exposed to Methamphetamine Laboratories should be provided to the caregiver concerning how to bath the child and how to handle clothing and the Tyvex suit.	As soon as is practical.	Instructions for Care Givers of Children Exposed to Methamphetamine Laboratories
	CPS staff location	Identify the ongoing worker to whom the case will be transferred and notify the DEC Officer or Officer Assigned	Within 30 days	CPS forms
	At advocacy center or medical clinic	Ensure that the child receives an initial medical examination.	Preferably within 12 hours of identification	Not applicable

Appendix B: Law Enforcement DEC Protocol

<input checked="" type="checkbox"/>	Location	Procedure	Timeline	Reporting Form
	Law Enforcement Offices	Call a briefing about the upcoming investigation. Invite Child Protective Services	At a time determined appropriate by Law Enforcement	Not applicable
	Law Enforcement Offices:	Initial stages of a drug lab investigation where there are indications of suspected child abuse. Investigator may want to contact a DEC Officer or other Officer who has specialized expertise in child crimes.	At a time appropriate to make the Officer a part of the investigation.	Law Enforcement forms
	On-site at the suspected Meth Lab	Contact CPS. In Maricopa County, contact can be made through the pager number established for meth lab investigations. In other districts, utilize local procedure that has been established between law enforcement and CPS.	At a time determined appropriate by the law enforcement	Law Enforcement forms
	On-site at the suspected Meth Lab	Locate the child victim and assess the child's immediate need for medical attention. This may be done in concert with the medically trained personnel (EMT, paramedics) who are on site. If child's need are emergent, call 911.	As soon as possible, but not later than four hours after the child is identified at the lab site.	Not applicable
	On-site at the suspected Meth Lab	Separate the victim from the suspects at the location and safeguard the child out of view of the suspects if possible.	As soon as appropriate within the investigation process	Not applicable
	On-site at the suspected Meth Lab	Ensure photographs are taken, prior to searching or removal of any evidence.	As soon as appropriate within the investigation process	Not applicable
	On-site at the suspected Meth Lab	Identify the parents and obtain biographical information on suspects, caregivers and witnesses.	As soon as appropriate within the investigation process	Not applicable
	On-site at the suspected Meth Lab	Dress the child victim in protective clothing (Tyvex suit) to prevent exposure to CPS staff, investigators and others.	As soon as appropriate within the investigation process	Not applicable
	On-site at the suspected Meth Lab	Clothing, toys, baby bottles, food or drink shall not be removed from the scene, as these items are likely contaminated.	Not applicable	Not applicable
	On-site at the suspected Meth Lab	Conduct a forensic interview (if possible) of the child that includes determination of the following: primary caregiver, child's knowledge of the drug manufacturing process, victim's living area in relation to the lab, medical problems, and school attendance. The child's height and reach should be measured. The interview should be recorded. CPS may be present at the interview.	As soon as appropriate within the investigation process	DEC Form
	On-site at the suspected Meth Lab	Diagram and measure all the rooms at the site. Note if the child had access to the lab.	As soon as practical	Not applicable
	On-site at the suspected Meth Lab	Identify hazards to the child.	As soon as practical	Not applicable
	On-site at the suspected Meth Lab	Measure and photograph the child's belongings in proximity to the hazards.	As soon as practical	Law Enforcement forms
	On-site at the suspected Meth Lab	Handling of Evidence: The meth lab investigator will retain the evidence. Toys, food and any other items found in proximity to the chemicals should be included in the items to be tested by the crime lab (usually the DPS).	Not applicable	Law Enforcement forms
	On-site at the suspected Meth Lab	Surveillance equipment, weapons, explosives will be noted, photographed, and measured. Document if the weapons were loaded or the explosives were live.	Not applicable	Law Enforcement forms
	Law Enforcement Offices	Complete Child Abuse report that includes CPS notes, medical records, autopsy reports, diagrams, and photographs and submit to the appropriate law enforcement offices.	At the conclusion of the on-site investigation	Law Enforcement forms
	Law Enforcement Offices	Follow-up with medical staff about findings and test results and with CPS concerning medical placement, and follow-up medical evaluations.	As soon as is practical.	Not applicable

Appendix C: Medical Personnel DEC Protocol

<input checked="" type="checkbox"/>	Location	Procedure	Timeline	Reporting Form
	At advocacy center or medical clinic	Obtain child's medical history, either from CPS or from caregiver.	Preferably within 12 hours of identification	Medical Records if available
	At advocacy center or medical clinic	Administer test and procedures. Ensure that urine sample was gathered. Request Urine Screen. Perform complete pediatric exam and include as much of the Early Periodic Screening, Detection and Treatment (EPSDT) Protocol as possible. Particular emphasis should be placed on neurological screen, respiratory status, and cardiovascular status. Required clinical evaluations include: vital signs, height, and weight. Head circumference should be measured for children less than two years old. Arm span and reach for all children less than five years old. Optional tests as medically necessary including CBC, Liver Function, Electrolytes and Kidney Function, Complete Metabolic Panel, Pulmonary Function Tests, Chest X-Ray, Skeletal Survey for children less than three years of age when physical abuse is suspected, Oxygen Saturation, and Heavy Metals Screen.	Preferably within 12 hours of identification	EPSDT Form
	At advocacy center or medical clinic	Conduct Suspected Child Abuse and Neglect Screen.	Preferably within 12 hours of identification	Medical records forms
	At advocacy center or medical clinic	Provide a behavioral health referral if appropriate.	Preferably within 12 hours of identification	Local forms if available.
	At advocacy center or medical clinic	Secure release of the child's medical records to appropriate authorities (CPS, Law Enforcement)	Preferably within 12 hours of identification	Not applicable
	At advocacy center or medical clinic	Conduct reevaluation of the comprehensive health status of the child.	2-4 weeks after initial medical visit	Medical records forms
	At advocacy center or medical clinic	Conduct formal development assessment on child less than six years of age using the Denver Developmental Screening Tool.	2-4 weeks after initial medical visit	Denver Developmental Screening Tool
	At advocacy center or medical clinic	Follow-up on any abnormal screening laboratory tests, or administer screening laboratory tests as indicated.	2-4 weeks after initial medical visit	Not applicable
	At advocacy center or medical clinic	Arrange for appropriate follow-up as indicated.	2-4 weeks after initial medical visit	Not applicable
	At advocacy center or medical clinic	Evaluate adequacy of placement with regard to medical needs.	2-4 weeks after initial medical visit	Not applicable

Appendix D: Resource Information

Please visit the Arizona Drug Endangered Children Website which is a part of the Arizona Attorney General's Office website at www.azag.gov/DEC for a comprehensive listing of resource information including upcoming training, conferences and events. The following are highlights of the available information:

Colorado's Alliance for Drug Endangered Children,
<http://www.nmtf.us/colodec/colodec.htm>

Riverside County California, Drug Endangered Children Program,
<http://dec.co.riverside.ca.us/>

Drug Endangered Children Resource Center, www.decresourcecenter.org
Child Abuse and Training and Technical Assistance Centers, California Institute on Human Services, Sonoma State University, 1801 E. Cotati Ave., Rohnert Park, California 94928, 707.664.2416

Methamphetamine Laboratories, A Prosecutor's Guide, Los Angeles County District Attorney's Office, Barbara Turner, Assistant Head Deputy, Major Narcotics Division

Child Abuse in Meth Labs, Detective Tim Ahumada, Phoenix Police Department Crimes Against Children Detail

Drug Endangered Children, Drug Endangered Children Resource Center, Sabine M. Oishi, Kathleen M. West, and Shelby Stuntz, with assistance from Mark Miller and Amanda L. Noble, May 2000

Stopdrugs.org, California Department of Justice and the California Narcotic's Officer Association

American Council for Drug Education, <http://www.acde.org>

Center for Disease Control CDC, <http://www.cdc.org>

Child Help USA, <http://www.childhelpusa.org>

Clandestine Laboratory Investigator's Association, <http://www.clialabs.com>

Crystal Meth Anonymous, <http://www.crystalmeth.org>

Koch Crime Institute (KCI), <http://www.kci.org>

National Crime Prevention Council, <http://ncpc.org>

National Institute on Drug Abuse (NIDA), <http://www.NIDA.nih.gov>

National Clearinghouse for Alcohol and Drug Abuse Information 1-800-729-6686,
<http://www.health.org>

Office of National Drug Control Policy, <http://www.whitehousedrugpolicy.gov>

U.S. Department of Justice, Office for Victims of Crime, <http://www.ojp.usdog.gov/ovc>

Arizona Revised Statutes, <http://www.azleg.state.az.us/ars/ars.htm>

Appendix E: Statutes

The following provides an overview of statutes relevant to the DEC program. The complete Arizona Revised Statutes can be found at <http://www.azleg.state.az.us/ars/ars.htm>.

There are several laws that apply to the operation of a meth lab, drug laws and environmental laws, and where children are involved, child abuse laws. Like many other states, Arizona law requires a mandatory prison sentence when there is a conviction for methamphetamine production. Manufacturing dangerous drugs in the presence of children, especially young children, can dramatically increase the penalties incurred from the drug charges.

In July 2000, Arizona child abuse law, A.R.S. §13-3623, was expanded to add a provision that provides a presumption of endangerment when children or vulnerable adults are discovered at meth labs. This addition to Arizona law essentially creates strict liability when a person places a child in a location where a meth lab is present.

Child Abuse

A.R.S. §13-3623, Child or vulnerable adult abuse; emotional abuse; classification; exception; definitions, (C) provides:

For the purposes of subsections A and B of this section, the terms endangered and abuse include but are not limited to circumstances in which a child or vulnerable adult is permitted to enter or remain in any structure or vehicle in which volatile, toxic or flammable chemicals are found or equipment is possessed by any person for the purpose of manufacturing a dangerous drug in violation of A.R.S. § 13-3407, subsection A, paragraph 4.

Drug Offenses

A.R.S. §13-3407, Possession, use, administration, acquisition, sale, manufacture or transportation of dangerous drugs; classification, defines the class of felony for a variety of drug related crimes.

A.R.S. §13-3401, Drug Offenses, Definitions, provides definitions for drugs and substances and other related terminology, including the definition of manufacture.

A.R.S. §13-3404.01, Possession or sale of precursor chemicals, regulated chemicals, substances or equipment: exceptions and classifications defines the class of felony related to precursor chemicals and related items. Pseudoephedrine is a precursor chemical to the manufacture of methamphetamine. Regulated chemicals include Iodine and Red Phosphorous.

Environmental Law

Effective July 1, 2003, A.R.S. §12-1000, Clandestine drug laboratories; notice; cleanup; residual contamination; civil penalty; immunity; restitution; violation; classification indirectly supports the child abuse law. In summary, this law makes it unlawful for any person other than the owner, landlord or manager to enter the property where dangerous drugs were being manufactured until it is cleaned of residual contamination by a state approved drug laboratory site remediation firm. This law ensures that CPS will not be returning a child to a residence that operated as a drug lab, at least until it is determined safe by strict standards. This law also protects the public, who knowingly or otherwise would become residents of a former drug lab where residual contamination from the manufacturing of dangerous drugs remained.

Effective June 11, 2003, A.R.S. §12-1001, Joint legislative oversight committee on residual contamination of drug properties was established to submit a report of findings and provide recommendations to the Governor, President of the Senate and the Speaker of the House of Representatives about the effectiveness of the program established by A.R.S. §12-1000.

A.R.S. §12-990, Article 12. abatement of crime property became effective June 2003, and defines clandestine drug laboratory, drug laboratory site remediation firm, various drugs, and criteria for contamination.

Appendix F: How to Start a DEC Team

The Drug Endangered Children Resource Center

(<http://www.decresourcecenter.org/DECresource.html>) suggests the following steps that local communities can take to start a DEC Team:

1. Consider possible team members from each agency including CPS, Prosecutor's Office, Law Enforcement, and Medical Personnel. Find individuals who are interested in the issue and like working with multidisciplinary teams.
2. Schedule time for regular meetings and decide how to communicate (i.e. email, phone, fax, etc.) Develop a consistent structure for the meetings. Ongoing discussions could take place about what are DEC team goals and what are team priorities in handling a case.
3. Develop a Memorandum of Understanding (MOU). Components of the MOU might include:
 - Purpose
 - Mission, Goals, and Purpose Statement
 - Responsibilities of Each Team Member representing the overall multidisciplinary protocol.
 - Process for Review and Revision
 - Forms
 - Identification of Helpful Resources
 - Signature Page for all Agencies
4. Develop a local protocol for what should happen during an intervention at a meth lab where children are present.
5. Distribute draft protocols among agency colleagues for input/feedback. Revise protocol based on feedback. Publish the protocol with a date and caveat that revisions will take place as appropriate.
6. Identify team member's need for informal and formal training.
7. Identify key auxiliary agencies that the team wants involved in DEC cases that need DEC training. Agencies could include behavioral health providers, fire personnel, foster parents, probation/parole officers, school personnel, substance use treatment providers, domestic violence service providers, and court personnel. Schedule meetings to explain DEC.
8. Outreach to service providers to assist DEC children and families. Develop additional MOUs to build multidisciplinary support and comprehensive interventions.
9. Develop a locally relevant training module that DEC team members can present to non-DEC agencies and organizations for outreach and/or education at the local level to build community support for DEC teamwork and assist in prevention efforts.

10. Develop a method to monitor progress and effectiveness of the protocols and discuss how the DEC process can be improved.

Contact Mark Evans, Assistant Attorney General at mark.evans@azag.gov for additional information.

Appendix G: Exposing Children to Drugs and Clandestine Meth Labs is Child Abuse

Exposure to meth manufacturing can harm anyone, but is particularly dangerous to children. This is why once discovered; children who live in meth labs need special and immediate attention from a variety of professionals including medical, legal, and child welfare. The dangers include contamination, fire and explosions, child abuse and neglect, hazardous living conditions, and other social problems.

Contamination: One of the greatest dangers of a meth lab is contamination. Contamination can occur in a number of ways, through the skin, soiled clothing, household items used in the lab, second hand smoke and ingestion. Children living in meth labs are more likely than adults to absorb more of the chemicals into their bodies because of their size, and higher rates of metabolism and respiration.

The chemicals used to produce meth are often stored in unlabeled food and drink containers on floors and countertops placing toddlers and infants at increased risk of harm due to normal child behaviors such as putting their hands and other objects into their mouths, crawling, and playing on floors. Poor ventilation due to attempts to seal in smells and add privacy increases the likelihood of inhaling toxic fumes. It is common for children living in and around meth labs to be exposed to waste byproducts dumped in outside play areas. While much remains to be learned about the long-term medical consequences of meth exposure in childhood, potential damage from chemical exposure includes anemia, neurologic symptoms, and ongoing respiratory problems.

Fires and Explosions: Many meth labs are discovered as a result of fires or explosions. Even without a heat source, fires can start from chemical vapors and spread very quickly. For instance, plugging in an appliance near lab fumes presents a danger of fire. Young children are less likely than adults to escape from or survive a meth lab-related fire or explosion. This is not only because of their age and lack of mobility, but because their caretakers are often drug dependent and do not attempt to, or may not have the capacity to save them.

Child Abuse and Neglect. The presence of meth manufacturing is often accompanied by increased risk of other problems such as domestic violence; severe physical neglect (i.e., lack of food, medical, and dental care and appropriate supervision); emotional neglect, and physical and sexual abuse. Children who live in meth labs experience chaotic home environments, with poor supervision, and adult role models who are involved in criminal behaviors. The use of illicit drugs and heavy alcohol use affect caregiver judgment, putting children at increased risk of abuse and neglect. Many children who live in meth labs are also exposed to pornographic material and overt sexual activity.

Hazardous Living Conditions: Hazardous living conditions and filth are common in home-based meth labs. Play, sleep and eating areas may be infested with rodents and insects. Rotten food, used needles, dirty clothes and dishes, animal feces, and garbage

piled on floors and counters, are commonly found by investigating officers. Drug paraphernalia such as razor blades, needles, and pipes are often within a child's reach. Explosives and booby traps are used to protect the meth lab from discovery. Booby traps can include hidden sticks with exposed nails or spikes, and switches wired to explosives. Firearms have been found at some meth labs, loaded and in easy-to-reach locations. Children may be shocked or electrocuted from exposed wires or as a result of unsafe electrical practices used in the meth manufacturing process. Dangerous dogs used to protect the premises from intruders can also pose physical danger to the children.

Social Problems: Children living in meth labs often experience stress and trauma that can affect their behavioral, emotional, and cognitive functioning. They often exhibit low self-esteem, a sense of shame, and poor social skills. Many have attachment problems and are not emotionally bonded to a parent or other caring adult. Symptoms of attachment disorder include an inability to trust, form healthy relationships, and adapt to change. Consequences may include mental health problems, delinquency, teen pregnancy, school failure, isolation and poor peer relations. The problems the children encounter may lead them to model their parents' drug use, thus perpetuating the cycle.

(Adapted from Karen Swetlow, June 2003, Children at Clandestine Methamphetamine Labs: Helping Meth's Youngest Victims, OVC Bulletin, pp. 1-10; Clair Keithley, Deputy District Attorney, Butte County, Theories of Child Endangerment)

Appendix H: Sample Forms

Samples of the following are included as examples of forms that are appropriate for use as a part of the DEC protocol.

H.1. Meth Lab Investigation Form – Child Protective Services

H.2. Methamphetamine Medical Screen Approval Form

In addition, forms used for the medical evaluation can be found at the following websites:

Early Periodic Screening, Diagnosis and Treatment (EPSDT) form --

http://www.ahcccs.state.az.us/PlansProviders/Forms/OMM_EPSDT/epsdt_trackformspg.asp

Denver Developmental Screening Tool -- <http://www.denverii.com/home.html>

Appendix H.1-Meth Lab Investigation Form, Child Protective Services

SAMPLE

CASE NAME _____ **DR#** _____

ADDRESS _____

PHONE# _____

ASSIGNED CASE WORKER: _____

PRIORS **YES** **NO** **UNKNOWN**

RESPONDING LAW ENFORCEMENT SUPERVISOR NAME _____

HIDTA

CHILDHELP DETECTIVE NAME'S _____

MOTHER

MOTHER'S NAME _____ **D.O.B.** _____

SS# _____

PLACE OF BIRTH _____ **RACE** _____

MARRIED **YES** **NO** **IF YES, TO WHOM AND WHEN** _____

MAIDEN NAME _____

EMPLOYMENT INFORMATION _____

OTHER INCOME SOURCES _____

EDUCATION COMPLETED _____

OTHER AGENCY OR PROVIDER INVOLVEMENT _____

OTHER INFORMATION _____

FATHER #1

FATHER'S NAME _____ **D.O.B.** _____

FATHER TO WHOM: _____

SS# _____

PLACE OF BIRTH _____ **RACE** _____

MARRIED **YES** **NO** **IF YES, TO WHOM AND WHEN** _____

EMPLOYMENT INFORMATION _____

OTHER INCOME SOURCES _____

EDUCATION COMPLETED _____

OTHER AGENCY OR PROVIDER INVOLVEMENT _____

OTHER INFORMATION _____

FATHER #2

FATHER'S NAME _____ **D.O.B.** _____

FATHER TO WHOM: _____

SS# _____

PLACE OF BIRTH _____ **RACE** _____

MARRIED **YES** **NO** **IF YES, TO WHOM AND WHEN** _____

EMPLOYMENT INFORMATION _____

OTHER INCOME SOURCES _____

EDUCATION COMPLETED _____

OTHER AGENCY OR PROVIDER INVOLVEMENT _____

OTHER INFORMATION _____

FATHER #3

FATHER'S NAME _____ **D.O.B.** _____

FATHER TO WHOM: _____

SS# _____

PLACE OF BIRTH _____ **RACE** _____

MARRIED **YES** **NO** **IF YES, TO WHOM AND WHEN** _____

EMPLOYMENT INFORMATION _____

OTHER INCOME SOURCES _____

EDUCATION COMPLETED _____

OTHER AGENCY OR PROVIDER INVOLVEMENT _____

OTHER INFORMATION _____

CHILDREN

CHILD NAME #1 _____ **D.O.B** _____

SS# _____

PLACE OF BIRTH _____ **FEMALE** **MALE**

ANY MEDICAL PROBLEMS _____

HEALTH PLAN _____ **DR. NAME** _____

SHOT'S UP TO DATE **YES** **NO** **ATTENDING SCHOOL** _____

ADDRESS _____ **PHONE** _____

OTHER INFORMATION:

CHILD NAME #2 _____ **D.O.B** _____

SS# _____

PLACE OF BIRTH _____ **FEMALE** **MALE**

ANY MEDICAL PROBLEMS _____

HEALTH PLAN _____ **DR. NAME** _____

SHOT'S UP TO DATE **YES** **NO** **ATTENDING SCHOOL** _____

ADDRESS _____ **PHONE** _____

OTHER INFORMATION:

Sample Meth Lab Investigation Form, Child Protective Services (continued)

CHILD NAME #3 _____ **D.O.B** _____

SS# _____

PLACE OF BIRTH _____ **FEMALE** **MALE**

ANY MEDICAL PROBLEMS _____

HEALTH PLAN _____ **DR. NAME** _____

SHOT'S UP TO DATE **YES** **NO** **ATTENDING SCHOOL** _____

ADDRESS _____ **PHONE** _____

OTHER INFORMATION:

CHILD NAME #4 _____ **D.O.B** _____

SS# _____

PLACE OF BIRTH _____ **FEMALE** **MALE**

ANY MEDICAL PROBLEMS _____

HEALTH PLAN _____ **DR. NAME** _____

SHOT'S UP TO DATE **YES** **NO** **ATTENDING SCHOOL** _____

ADDRESS _____ **PHONE** _____

OTHER INFORMATION:

Sample Meth Lab Investigation Form, Child Protective Services (continued)

CHILD NAME #5 _____ **D.O.B** _____

SS# _____

PLACE OF BIRTH _____ **FEMALE** **MALE**

ANY MEDICAL PROBLEMS _____

HEALTH PLAN _____ **DR. NAME** _____

SHOT'S UP TO DATE **YES** **NO** **ATTENDING SCHOOL** _____

ADDRESS _____ **PHONE** _____

OTHER INFORMATION:

RELATIVES

NAME: _____ **PHONE:** _____

ADDRESS: _____

RELATIONSHIP: _____

DOB: _____ **SS#** _____

OTHER INFORMATION: _____

NAME: _____ **PHONE:** _____

ADDRESS: _____

RELATIONSHIP: _____

DOB: _____ **SS#** _____

OTHER INFORMATION: _____

NAME: _____ **PHONE:** _____

ADDRESS: _____

RELATIONSHIP: _____

DOB: _____ **SS#** _____

OTHER INFORMATION: _____

Sample Meth Lab Investigation Form, Child Protective Services (continued)

TYPE OF CUSTODY TCN POA OTHER

ARRESTS: YES NO MOTHER FATHER OTHER

ICWA: _____ DV: _____

CHEMICALS / EQUIPMENT _____

CHILDREN ACCESS TO LAB YES NO WHERE _____

IF YES, HOW AND WHERE _____

VENTING IN HOME YES NO

IF NO, WHERE VENTING _____

- | | |
|--|--|
| <input type="checkbox"/> PHOTOGRAPHS TAKEN BY CPS | <input type="checkbox"/> PHOTOGRAPHS TAKEN BY PD |
| <input type="checkbox"/> VIDEO TAKEN ON SCENE | <input type="checkbox"/> PS045 REVIEWED/SIGNED |
| <input type="checkbox"/> PAC189 GIVEN | <input type="checkbox"/> PAC518 GIVEN |
| <input type="checkbox"/> CHILD SAFETY ASSESSMENT COMPLETED | |

Appendix H.2-Methamphetamine Medical Screen Approval Form

SAMPLE

FORENSIC MEDICAL EXAM APPROVAL FORM

This form is used by CPS and medical professionals to document authorization for a forensic medical exam to be completed.

Case Name: _____ Case ID# _____

Participant Name: _____

Participant ID# : _____

Case Manager: _____ Date: _____

The above listed case has been staffed with the assigned case manager and supervisor in accordance to District I policy. Dr. _____ (Contracted Physician) has been authorized to conduct a forensic medical exam on _____ (today's date).

Additional comments: _____

Signature of Case Manager: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Distribution: CPS Case File

Contracted Forensic Medical Exam Physician