

Jasper County DEC Protocol

DEFINITION

A Level 1 Drug-Endangered Child (DEC) is defined as an active OR inactive controlled substance lab or where precursors for a controlled substance lab are located, AND the minor child (under 18 years of age) lives or is expected to return to the property (as in a day care home, non custodial parent visits, 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 controlled substance 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.

A Level 2 Drug-Endangered Child (DEC) is defined as any illegal scheduled controlled substance paraphernalia in reach of a child except marijuana, any illegal scheduled controlled substances located in the residence (except marijuana), marijuana grow is located in or around the residence, any illegal scheduled controlled substance accessible to a child, parent test positive for any illegal scheduled controlled substance (other than marijuana), and the minor child (under 18 years of age) lives or is expected to return to the property (as in a day care home, non custodial parent visits, etc.) in the immediate future, a child born positive with any illegal scheduled controlled substances in their system and/or any condition or behaviors of the caretaker which pose a threat of maltreatment or neglect to the child that cause imminent danger.

A Level 3 Drug-Endangered Child (DEC) is defined as a parent who is in possession of a small amount of marijuana (not accessible to a child), controlled substance paraphernalia (not accessible to a child) and/or marijuana paraphernalia within the reach of the child, parent test positive for marijuana, AND the minor child (under 18 years of age) lives or is expected to return to the property (as in a day care home, non custodial parent visits, etc.) in the immediate future. The behaviors of the caretaker pose a threat of maltreatment and/or neglect to the child that does not cause imminent danger.

INTRODUCTION

Clandestine controlled substance manufacturing and distribution have created a major public health and safety crisis for the residents of Iowa. In 2003, a total of 1,289 clandestine methamphetamine labs were seized by law enforcement in Iowa. Of these, 51 were in Jasper County. Experience from other states including California and Oklahoma indicate that there are usually two children on average in meth using homes. This will give Jasper County a projected number of 102 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 manufacturing of methamphetamine and other controlled substances 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 risks to children at these locations are 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 that may result in mental retardation.

Prior to the creation of this program there had been no formalized collaborative efforts to address the needs and problems related to Drug Endangered Children in Jasper County.

MISSION

The mission of the Jasper County Drug Endangered Children Program is to provide protection and service to Drug Endangered Children in Jasper County and to discourage the production, possession, and usage of any illegal scheduled controlled substances in the presence of children.

PROJECT GOAL/PURPOSE

The Drug Endangered Children Response Team project has developed a multi-disciplinary cooperative effort involving the Iowa Department of Public Safety, the Jasper County Attorney's Office, the Mid Iowa Narcotics Enforcement (MINE), the Newton Police Department, the Jasper County Sheriff's Office, the Iowa Department of Human Services, the Iowa Department of Corrections, Skiff Medical Center, Blank Children's Hospital, and the doctors, nurses and staff serving the Jasper 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 clandestine controlled substance laboratories or places where controlled substances are kept or sold.

The primary goal of the DEC Team is to establish a multi-disciplinary methodology for the appropriate diagnosis and treatment of children who have been exposed to the chemicals used to manufacture methamphetamine in a clandestine laboratory setting or any and all controlled substances, including but not limited to methamphetamine, marijuana and prescription medications, 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 and other agencies in the successful DEC case investigations and response.

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

Jasper County Attorney
Law Enforcement
DHS
Medical Professionals
Department of Corrections

As indicated by evidence gathered in each individual case, the Jasper County Attorney's Office will review, file, and prosecute each DEC case in Jasper County. The assigned prosecutor will handle all pre-trial motions. The County Attorney's Office will convene periodic meetings of the DEC team. When appropriate, the County Attorney's Office will hold training for law enforcement, DHS, and other agencies.

MINE (Mid-Iowa Narcotics Enforcement): will respond according to MINE policy. 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, as well as testifying in court. Lab certified law enforcement personnel would determine the need for decontamination of the children at the scene. Upon first being notified of the existence of a Level 1 or 2 drug endangered child(ren), the Law Enforcement Officer will immediately page MINE East on call person at 641-792-5912. They, in turn, will contact Child Abuse Intake 1-800-362-2178 on all levels of drug endangered child(ren).

If necessary, Jasper County EMS will respond to controlled substance laboratories where children are present. Lab certified law enforcement personnel would 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 safe clothing at the scene.

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

Upon notification, DHS will respond according to their child abuse protocols if child (ren) 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 rapid drug screen within 24 hours. 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 Skiff Medical Center Emergency Department, where the medical protocol will be put in place. The initial complete medical assessment should be completed within 24 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 controlled substances 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 or another suitable adult, who might be available to care for their child (ren) in lieu of foster care, **the following shall occur prior to placing the child (ren) with a relative or another suitable adult**; Rapid drug screens will be used to determine if child(ren) can be placed with a relative or non-custodial parent at the time of removal. Rapid drug screens will be observed by a member of the MINE Task Force, unless opposite gender then Jasper County Sheriff's Office staff will observe according to the Jasper County Sheriff's Office policy. A positive rapid drug screen is considered positive and precludes the caretaker that tested positive to be a placement option for the child(ren). If the tested caretaker argues the results of the drug screen they can submit to another drug screen at their own cost for confirmation. Background checks will be completed on ALL adult household members prior to placement of the child (ren) in the home. DHS will complete a home visit, inspection, and safety check. 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 relative memo of understanding regarding ongoing care, supervision, parental contact, etc.

CRIME SCENE PROCESSING AND CHILD INTERVENTION

The Task Force Agent will process all evidence pertaining to the manufacture, possession, usage, or distribution of controlled substances 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 tested and retained. All photographs that pertain to a DEC case 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. Parent or Guardian will be asked to sign a consent form for pre-placement physical exam.

PROCEDURE FOR EXAMINATION AND TESTING OF VICTIMS

Upon arrival to Skiff Medical Center Emergency Department, an emergency room provider 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 RCPC for follow up evaluation, monitoring, and tracking purposes.

EXCHANGE OF INFORMATION BETWEEN AGENCIES

The Task Force, local law enforcement, Medical and DHS will exchange information regularly during DEC case investigations. All interviews will be documented and provided to team members. Photographs and/or 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.

RESPONSE TO ASSIGNED 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. In the event that DHS workers and/or in-home treatment workers encounter drug paraphernalia or other controlled substances they will immediately notify law enforcement officers.

DEC TEAM DEBRIEFING

Upon completion of the DEC investigation, DEC team members will meet monthly 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

Jasper County Attorney's Office 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 Jasper County Attorney's Office 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 clandestine controlled substance lab and/or
2. Where precursors for an controlled substance lab are present and

3. Minor children live on or are expected to return to the property (as in a day care home, non custodial parents, 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 or Law Enforcement transports child (ren) to Skiff Medical Center Emergency Department. Medical protocol needs to be followed. ED staff may need gentle prompting to do so.
4. Ask all adult household caretakers to drop rapid urine drug screens within 24 hours. If they say they won't go for testing, ask CAO for motion to compel.
5. If not admitted, place child (ren) in Shelter Care/Foster Care. If parents provide names of relatives or suitable adult, who might be able to care for their children in lieu of foster care **the following shall occur prior to placing the child (ren) with a relative or suitable adult** on all adult household caretakers:
 - All adult household caretakers shall complete rapid urine drug screens at their own expense.
 - Law Enforcement will run a criminal background check on all adult household caretakers.
 - DHS will complete child abuse checks on all adult household caretakers.
 - 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 relative memo of understanding regarding ongoing care, supervision, parental contact, etc.
 - DHS will complete a home visit, inspection, and safety check.
6. Refer to CPS supervisor for assignment to CPS
7. 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 at RCPC.
8. One month after the initial assessment, a team staffing should occur to follow the progress of the case and to determine future service needs.
9. Provide information to CAO to file a CINA petition.

LEVEL 2 DRUG ENDANGERED CHILDREN

DEFINITION

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1. Any illegal scheduled controlled substance paraphernalia in reach of a child (ren), except marijuana.
2. Any illegal scheduled controlled substances located in the residence (except marijuana).
3. Marijuana grow is located in or around the residence.
4. Any illegal scheduled controlled substances accessible to a child.
5. Minor child (ren) live on or are expected to return to the property (as in a day care home, non custodial parents, etc.) in the immediate future where a Schedule II controlled substance has been located.
6. Child (ren) born positive with controlled substances in their system, or condition and/or behaviors of the caretaker pose a threat of maltreatment and/or neglect to the child that cause imminent danger.
7. Parents test positive for any illegal scheduled controlled substances (except marijuana)
8. Condition and/or behaviors of the caretaker pose a threat of maltreatment and/or neglect to the child that cause imminent danger.

RESPONSE

1. Response times are determined using criteria on all other CPA intakes.
2. Ask all adult household caretakers to drop rapid urine drug screens within 24 hours. If they say they won't go for testing, ask CAO for motion to compel.
3. Controlled substances and/or marijuana 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.
4. DHS or Law Enforcement transports child (ren) to Skiff Medical Center Emergency Department. Medical protocol needs to be followed. ED staff may need gentle prompting to do so.
5. If not admitted, place child (ren) in Shelter Care/Foster Care. If parents provide names of relatives or other suitable adult, who might be able to care for there children, in lieu of foster care, **the following shall occur prior to placing the child (ren) with a relative or suitable adult** on all adult household caretakers:
 - All adult household caretakers shall complete rapid urine drug screens at their own expense.
 - Law Enforcement will run a criminal background check on all adult household caretakers.
 - DHS will complete child abuse checks on all adult household caretakers.
 - 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 relative memo of understanding regarding ongoing care, supervision, parental contact, etc.
 - DHS will complete a home visit, inspection, and safety check.

6. 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 at RCPC.
7. One month after the initial assessment, a team staffing should occur to follow the progress of the case and to determine future service needs.
8. Use normal court protocols, but there will always be an element of flexibility, depending on the circumstances. Supervisors shall approve any deviation from the normal.

LEVEL 3 DRUG ENDANGERED CHILDREN

DEFINITION

1. Small amount of marijuana, not accessible to a child (ren)
2. Any illegal scheduled controlled substance paraphernalia not accessible to a child (ren) and/or marijuana paraphernalia within the reach of a child.
3. Schedule I drug paraphernalia accessible to the child
4. Parent test positive for marijuana

5. The behaviors of the caretaker pose a threat of maltreatment and/or neglect to the child that does not cause imminent danger.

RESPONSE

1. DHS referral within 24 hours from Law Enforcement
2. Response times are determined using criteria on all other CPA intakes.

IOWA DEPARTMENT OF HUMAN SERVICES

CHILD ABUSE MULTIDISCIPLINARY TEAM AGREEMENT

WHEREAS, the Department has statutory responsibility to respond to child abuse reports and recommend whether court action be taken, and, if so, what action, and

WHEREAS, many professionals and interested persons in the community have expertise in the area of child abuse, child neglect or child protection and have demonstrated concern for children in the community, and

WHEREAS, the Department has statutory authority to disseminate child abuse information to lawfully constituted multidisciplinary teams,

NOW, THEREFORE, the Jasper County Drug Endangered Children's Team (DEC), here called the "team" and the Iowa Department of Human Services, here called the "Department," agree on this _____ day of _____, 2008, to the following terms and conditions:

1. The team is composed of Department representatives and persons in the community with experience and skills in the protection of children from abuse and who are authorized by law to serve on the team as defined in Iowa Code Section 235A.13. Members serve on a voluntary basis at the request of the Department. The Department has sole responsibility for the selection of its members.
2. The purposes of the activities of the team are to assist the Department in the assessment, diagnosis, and treatment of child abuse cases.
3. The team will select its time and place for meetings at the convenience of the members.
4. Any team member may cause a child abuse case to be reviewed if approved by the Department through use of the process for requesting child abuse information specified in Iowa Administrative Code rule.
5. The Department may consider the recommendation of the team in a specific child abuse case, but shall not be bound by the recommendation in any way.
6. Any written report or document produced by the team shall be made a part of the Department's file for the case and shall be subject to all confidentiality provisions of Iowa Code Section 217.30, Iowa Code Chapter 235A, and 441 Administrative Code Chapter 175.
7. Any written records maintained by the team shall be destroyed when this Agreement lapses.
8. The team members serve without compensation from the Department. Department representatives on the team receive no compensation in addition to salary for serving as team members.
9. The Department will provide office supplies necessary to the operation of the team. The team will acquire no other real or personal property.
10. Any professional work, including treatment, research or publication, undertaken by team members using information obtained from team meeting will be initiated only after obtaining Department authorization through regular procedures.
11. Any party to this agreement may withdraw with or without cause upon 30 days notice. This agreement will expire on _____, _____, unless extended by mutual agreement of the parties on July 1 of each year.

FOR THE IOWA DEPARTMENT OF HUMAN SERVICES:

SERVICE AREA MANAGER	EFFECTIVE DATE

CONSULTATION TEAM	
JASPER COUNTY SHERIFF	ALTERNATE
NEWTON POLICE DEPARTMENT	ALTERNATE

JASPER COUNTY ATTORNEY	ALTERNATE
REGIONAL CHILD PROTECTION CENTER	ALTERNATE
SKIFF MEDICAL CENTER	ALTERNATE
DEPARTMENT OF HUMAN SERVICES	ALTERNATE
KELLOGG POLICE DEPARTMENT	ALTERNATE
BAXTER POLICE DEPARTMENT	ALTERNATE
COLFAX POLICE DEPARTMENT	ALTERNATE
MONROE POLICE DEPARTMENT	ALTERNATE
PRAIRIE CITY POLICE DEPARTMENT	ALTERNATE