

Northwest Florida Drug Endangered Children (DEC)



Multidisciplinary Protocol

Northwest Florida
DEC Work Group

2005

Table of Contents

ACKNOWLEDGEMENTS	1
INTRODUCTION	2
BACKGROUND/PROBLEM	2
OVERVIEW.....	3
PROTOCOL OBJECTIVES	3
SUMMARY OF PROTOCOL	3
PROTOCOL	5
KNOWN/SUSPECTED LAB	5
UNKNOWN LAB	5
IMMEDIATE PROCEDURES	6
DCF INVESTIGATION	6
LAW ENFORCEMENT INVESTIGATION	7
MEDICAL ASSESSMENT/TREATMENT	9
FIRE DEPARTMENT	10
SAFETY PROCEDURES	11
TEAM REVIEW	11
ATTACHMENTS	
1. INTERVIEW GUIDELINES (12-17)	
2. CAREGIVER FACT SHEET (18)	
3. SIGNATURE PAGE (19-22)	

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- ❑ Chautauqua Offices of Psychotherapy and Evaluation
- ❑ Department of Children and Families
- ❑ Department of Environmental Protection (Division of Law Enforcement)
- ❑ Emerald Coast Children's Advocacy Center
- ❑ Families Count Child Protection Team
- ❑ Florida Department of Law Enforcement
- ❑ Niceville Police Department
- ❑ Okaloosa County Emergency Medical Services
- ❑ Okaloosa County Fire Rescue Organization
- ❑ Okaloosa County Sheriff's Office
- ❑ State Attorney's Office, First Judicial Circuit
- ❑ Twin Cities Hospital
- ❑ Walton County Health Department
- ❑ Walton County Sheriff's Office

INTRODUCTION

Community representatives identified child safety issues associated with methamphetamine (Meth) production in homes with children present. Representatives from the Northwest Florida Drug Endangered Children (DEC) Work Group worked together to formalize a multidisciplinary protocol to address the needs of children and ensure the safety of children who are/were present at a Meth laboratory. The purpose of the protocol is to provide professionals from Law Enforcement, Department of Children and Families, Social Services, Fire Department, Medical Services, and Prosecution a basis for the development of community specific procedures for situations where there are drug production, trafficking, and abuse. Implementation of the protocol will ensure that children who may be at risk for exposure to Meth 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 Meth and other drugs.

BACKGROUND/PROBLEM

The production of Meth in home-based drug labs confronts Florida 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 agencies. Those who make Meth often use the drug, 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.

OVERVIEW

RECOMMENDED PROTOCOL FOR INVESTIGATION OF SUSPECTED/WORKING CLANDESTINE DRUG LABORATORY WHERE CHILDREN ARE PRESENT.

The following protocol is suggested for assisting law enforcement, child welfare and medical personnel who are involved in the investigation of reports where children are found at the scene, or known to have been present at the scene of a clandestine drug lab or suspected of being exposed to a controlled/dangerous substance. These procedures are informational and are not intended to supersede any applicable statutes, rules, laws, or policies or regulations of any governmental agency.

PROTOCOL OBJECTIVES

To provide for a coordinated multidisciplinary investigation of reports to law enforcement (LE) and/or Department of Children and Families (DCF) regarding children suspected of being exposed to a controlled/dangerous substance and/or found in proximity to a clandestine lab in order to:

- a. Ensure the immediate safety of the children;
- b. Determine need and provide for medical assessment/treatment;
- c. Determine placement/services needs of children;
- d. Ensure safety of law enforcement, DCF, and medical personnel case workers

SUMMARY OF PROTOCOL

1. Joint Investigations

Contact and coordinate with counterpart investigative, emergency and medical treatment agencies

2. Immediate procedures at the scene of clandestine labs or when precursors (chemicals/paraphernalia) are present

- a. All personnel are required to follow **their agency safety procedures** when dealing with hazardous materials (Hazmat)
- b. Immediate removal of all individuals present in the home and secure the scene
- c. Initial assessment of children at scene
- d. Notification of Narcotics Unit and/or appropriate law enforcement agency
- e. Notification of Emergency Medical Service (EMS) and Fire Department
- f. Turn scene over to the “Lab Safety Team”

3. DCF Investigation (On-Scene)

- a. Take children into protective custody
- b. Leave all personal items at the scene and initiate decontamination process
- c. Advise of parental rights and Health Insurance Portability and Accountability Act (HIPAA) requirements
- d. Obtain medical release for children
- e. Conduct appropriate interviews

4. LE Investigation (On-Scene)

- a. Photo-documentation of scene to include evidence of child endangerment
- b. Collection and preservation of evidence
- c. Identification of chemicals/hazmat materials
- d. Conduct appropriate interviews
- e. Coordination for removal of Hazmat (chemicals and related paraphernalia)

5. Medical assessment /treatment

- a. Initial Medical Assessment (On-Scene by Emergency Medical Service)
- b. Immediate Care Protocol (Hospital emergency room or pediatric facility)
- c. Baseline Assessment Protocol (Pediatric provider, Health Department, Child Protection Team (CPT))

6. Fire Department

- a. On-scene support
- b. Fire Department/EMS reports

7. Safety procedures

8. Team Coordination/Review

- a. On-Scene Team Coordination
- b. Multidisciplinary Review Team (MDRT) Meeting

PROTOCOL FOR DRUG ENDANGERED CHILDREN (DEC)

1. Joint Investigation

It is recommended that Drug Endangered Children (DEC) investigations be worked jointly by the Department of Children and Families (DCF), the appropriate law enforcement agency having criminal jurisdiction, and the appropriate emergency medical agency (EMS and Fire Department), and follow-up treatment agencies. All agencies will share information, and respond in a coordinated, collaborative effort throughout the investigative process.

a. Known/Suspected Clandestine Drug Lab

1. **When DCF receives the initial DEC report**, they will notify the appropriate law enforcement agency and provide them with all known information. Information should include all prior DCF reports on members of the household. Law enforcement should request a call history of the current address and any available criminal intelligence, and share all information with the responding DCF investigator.
2. **When law enforcement receives the initial DEC report**, they will notify the Abuse Registry/Hotline and request an immediate DCF response. Law enforcement should request a call-history of the current address, coordinate with their Narcotics Unit (if available) for any prior narcotics intelligence, and share all pertinent information with the DCF investigator. The DCF investigator should provide law enforcement with all current and previous DCF report information on members of the household. (When deemed appropriate, law enforcement should make initial contact at the residence, ensuring safety and security of the law enforcement operation.)
3. If possible and prior to making initial contact, the law enforcement and DCF representatives should develop an investigative plan based on all available information. Once it is determined a DEC situation exists, the law enforcement or DCF representative will notify and coordinate with appropriate medical personnel (EMS and Fire Department). When appropriate and without compromising the criminal investigation, EMS and Fire Department personnel should be directed to a “staging location” ready to immediately respond to the Meth lab.

b. Unknown Clandestine Drug Lab – Discovered on Unrelated Complaint

1. **DCF Discovery** – If children are present, take children to a safe environment outside the home. Notify law enforcement immediately and do not re-enter the home.
2. **Law Enforcement Discovery** – Immediately remove all individuals from the home and secure the crime scene. Contact the appropriate narcotics unit, medical personnel, and the DCF Abuse Hotline, requesting an immediate response from DCF Investigations.

2. Immediate procedures at the scene of clandestine drug labs or when precursors (chemicals/paraphernalia) are present

It is recommended that when children are found at the scene, or are known to have been present at the scene of a suspected or working clandestine drug lab, that the following steps be taken for their safety and protection, as well as the safety and protection of responding investigative/medical personnel:

- a. **All investigative/medical personnel** responding/working at the scene of a clandestine drug lab **should follow their agency safety procedures** when dealing with or coming in contact with **HAZMAT**.
- b. All persons inside the home should be **immediately** removed. Law enforcement should take the lead in removing occupants from the home, ensuring their personal safety while preserving the integrity of the crime scene.
- c. Ensure appropriate medical personnel (EMS and Fire Department) respond to the scene.
- d. Law enforcement should immediately notify their Narcotics Unit. If the responding law enforcement agency does not have an internal Narcotics Unit, then notify the appropriate law enforcement agency for assistance.
- e. Upon arrival of the Narcotics Unit, the crime scene should then be turned over to the “Lab Safety Team”.

3. DCF Investigation (On-Scene)

- a. Children located at the scene, or known to have been present at the scene of a clandestine drug lab, should be placed in protective custody by DCF.
- b. To minimize contamination, no personal items should be removed from the scene. If possible and practicable, children’s clothing should be removed, and care should be taken during clothing removal to minimize any possible trauma to the children. Children should be wiped down with baby wipes at a minimum prior to

- removing them from the scene. A private area, such as the use of a privacy tent or similar apparatus should be utilized during this process. DCF and Fire Department personnel should coordinate their activities for decontaminating children on-scene. Whenever possible, a witness should be present during this process. All personnel should wear appropriate protective gear during the handling of children.
- c. Interview the children, if age appropriate, regarding their home situation and any information they may have regarding the Meth lab. Provide relevant information to the LE agency on the scene. If determined by DCF that a forensic interview would be beneficial, it should be scheduled as soon as possible. DCF will help the child understand why he is being separated from his parents and ensure ongoing services will be provided to the child and his parents. Forensic interviews should be conducted on all verbal children who have knowledge regarding the Meth lab operation and drug usage in the home. Children interviews should be conducted at a Children's Advocacy Center (CAC) or similar type facility. (An interview guideline for children exposed to the manufacture of Meth is attached.)
 - d. Obtain the child's medical history. DCF will obtain, if at all possible, a urine specimen from the child to determine if the child has Meth in his/her system. The medical recommendation is to have this obtained within two (2) hours. If possible, arrange an appointment with the child's primary care provider immediately after removal from the scene. Ensure that appropriate information is provided to the caregivers regarding the possible affects of Meth on children. (A Caregiver Fact Sheet is attached.)
 - e. Interview the parents regarding relatives and social history at the time the children are removed. DCF will need to obtain information for the removal packet, Health Insurance Portability and Accountability Act (HIPAA) and Temporary Assistance for Needy Families (TANF). Any other interviews with the parents should be with the approval and coordination of the law enforcement agency.
 - f. Ensure the copy of photographs, evidence sheets and law enforcement reports are obtained in order to ensure that dependency action can be documented clearly for judicial purposes.

4. Law Enforcement Investigation (On-Scene)

- a. Photographs should be taken if children are present, or if evidence exists that children reside at the location. Photographs should include:
 - 1. Location of the incident
 - 2. Interior living conditions of the home
 - 3. Children's ability to access drugs, chemicals, drug paraphernalia and by-products (measurements of furniture height should be taken into consideration based on the age and developmental stages of the children).

4. Play area/yard where the children are exposed
 5. Children's bedroom or sleeping area, to include attempts to reduce exposure to chemical residue
 6. Bathroom conditions
 7. Food supply in kitchen cabinets, pantry, refrigerator or freezer
 8. Proximity of food to chemicals, drugs and paraphernalia
 9. Drug lab components, associated chemicals, paraphernalia, fire and chemical hazards and locations discovered
 10. All samples collected by certified law enforcement personnel
 11. Physical condition of the children and all other occupants of the residence
 12. Any previous or current fires caused as a result of the clandestine production of drugs within the residence
 13. Any and all injection sites or other methods of ingestion of the drug
- b. Law Enforcement Personnel will be responsible for the collection and preservation of all evidence according to DEA and FDLE evidence collection protocol.
- c. Law Enforcement will document and attempt to identify all chemicals located at the residence and provide the information to DCF and medical personnel. If large quantities of chemicals are present in the form of 55-gallon drums or 5-gallon buckets, notify the Department of Environmental Protection (DEP), Division of Law Enforcement via the state warning point (1-800-320-0519). An on-call agent supervisor will contact the reporting officer or agent to discuss the potential environmental impact.
- d. Law Enforcement will conduct criminal interviews with individuals present (suspects, witnesses and children):
1. Interviews with the children should be done jointly (with DCF representative) whenever possible in order to minimize the number of interviews.
 2. Interviews with children should be conducted at a Children's Advocacy Center (CAC) or similar type facility. (Refer to attached interview guidelines.)
 3. Video taped interviews of the children should be conducted whenever possible, utilizing age appropriate methods.
 4. Interviews with parents and witnesses should include targeted questions which address their knowledge of the dangers to children, admissions that children were near lab hazards, or disregard for the danger posed to children, the kinds of chemicals used in production, number of times manufactured, and frequency of occurrences in the presence of the children.
- e. Reports/Documentation:
1. All occupants in the home (full-time and part-time residents) should be identified and included in the report.

2. Agency reports regarding Meth exposure (manufacture, sale and/or possession) should be documented, ie., Exposure Hazard Reports, etc.
 3. A listing of all chemicals discovered at the site should be immediately reported and provided to DCF for their dependency action.
 4. Upon discovery and verification of a Meth lab at a residence, it is strongly recommended that law enforcement notify the following agencies:
 - i. Health Department (community safety)
 - ii. Property Owner (responsible for HAZMAT clean-up)
 - iii. Property Appraisal Office (require disclosure to future residents)
- f. The “Lab Safety Team” will be responsible for the coordination of the removal of the chemicals and by-products at the residence.

5. Medical Assessment/Treatment

a. Initial Medical Assessment (On scene by Emergency Medical Service):

1. Conduct assessment to determine whether the child needs **emergency medical care**.
2. For obvious injury or illness, call **911** for emergency assistance.
3. If EMS or Paramedic on scene, perform field medical assessment - Airway, Breathing, Circulation vital signs (pulse, blood pressure, respirations, temperature).
4. Transport to nearest facility capable of treating pediatric emergencies, for life-threatening findings.
5. Leave child’s personal possessions at scene. Do not transport clothing/possessions from scene to avoid contaminating other settings. Child should be decontaminated at the scene by following routine decontamination protocols.

b. Immediate Care Protocol (Hospital emergency room or pediatric facility)

Immediate care should be provided as soon as possible after significant problems are identified, preferably **within 2 hours, but not later than 4 hours** after the child is identified at the lab site. Child should be transported to nearest facility capable of treating pediatric emergencies for immediate care.

1. Conduct initial assessment.
2. Administer tests and procedures as clinically indicated by findings.
3. Obtain a urine specimen (clean catch or bag) for toxicology screen for methamphetamines and other drugs of abuse. Request lab identify ANY DETECTABLE LEVEL of drug. Use appropriate chain of evidence procedures.
4. Call Poison Control if clinically indicated. **1-800-222-1222**.
5. Complete baseline assessment if appropriate or refer to pediatric facility for follow-up assessment.

c. Baseline Assessment Protocol (Pediatric provider, Health Department, CPT)

To be completed within 24 hours after child removed from lab site at pediatric facility or with pediatric medical provider to ascertain child's general health status. The DCF Child Protective Investigator or Families First Counselor should refer child for evaluation with the child's healthcare provider, the Health Department or Child Protection Team as indicated.

1. Obtain medical history from parents if available; otherwise obtain medical records for review and continuity of care.
2. Perform complete pediatric physical examination (ESPDT). Pay attention to neurological screen and respiratory rate.
3. Call Poison Control if clinically indicated **(1-800-222-1222)**.
4. Required clinical evaluations:
 - a. Temperature
 - b. Liver function tests: SGPT, SGOT, Total Bilirubin and Alkaline Phosphatase
 - c. Kidney function test: BUN and Creatinine
 - d. Baseline electrolytes: Sodium, Potassium, Chloride, and Bicarbonate
 - e. CBC
 - f. Collect urine specimen for toxicology, if not collected earlier. Clean catch or bag specimen. Maintain chain of evidence procedures for forensic purposes.

Optional Clinical Evaluations:

- g. Complete metabolic panel
 - h. Pulmonary function tests
 - i. Oxygen saturation
 - j. Heavy metal screens (Lead, Arsenic, Mercury)
5. Developmental Screening
6. Mental health screen and crisis intervention services as indicated
7. Refer to Child Protection Team for medical evaluation for child abuse and/or neglect, if indicated.
8. Follow-up with appropriate care for any positive findings.

Note: It is strongly recommended that a system be established to collect and analyze medical data for child victims of Meth Labs. Recommend follow-up care data (within 30 days of discovery) and long-term follow-up care data (12-18 months after discovery) be collected, analyzed and reported.

6. Fire Department (On-Scene)

- a. Fire Department, Emergency Medical Response, and Special Operations Team: To provide decontamination support to children removed from Meth Lab environments. To transport the children to the closest proper medical facility for definitive treatment and further testing as needed. To provide support to law enforcement agencies and DCF representatives at the site in any way possible based on the capabilities of units, equipment, and personnel currently on the scene of the incident.

- b. Fire Department and EMS reports, including identification of responding personnel should be made available by appropriate request (via subpoena if required), and forwarded to the requesting agency.

7. Safety Procedures

- a. We are facing an unprecedented epidemic of clandestine Meth Labs in the U.S. Seizures of Meth Labs continue to rise putting police and first responders at risks for a variety of hazards. First responders and children residing in the home are at risk for exposures to the chemical hazards and the fire, explosion, and safety hazards inherent with clandestine manufacture of Meth. Responding investigative and medical personnel should follow their agency safety procedures and corresponding OSHA requirements.

8. Team Coordination/Review

- a. On-Scene Team Coordination
There are several agencies and organizations that participate in the DEC protocol. First responders to an investigation scene include law enforcement, DCF Investigators, EMS personnel, Fire Departments, and HAZMAT teams. It is essential all agencies work together, share information and respond in a coordinated, collaborative effort. In general, law enforcement should take the lead role at the scene. Law enforcement should be responsible for securing the scene and conducting the criminal investigation. Whenever children are found at the scene or are suspected of exposure to toxic chemicals, DCF should be notified and children should be taken into protective custody. EMS should perform field medical assessment and if required, transport to nearest medical facility. HAZMAT teams should be responsible for removal of toxic waste.
- b. Multidisciplinary Review Team (MDRT) Meeting
Whenever children are found at the scene of a Meth Lab and law enforcement make an arrest for child abuse/neglect, the cases will be reviewed at the MDRT. MDRT meetings will be set by the CAC Team Facilitator and chaired by the Assistant State Attorney. Child abuse investigations will be considered for criminal prosecution, issues of dependency, mental health referrals and treatment, victim advocacy and medical issues.

NORTHWEST FLORIDA DRUG ENDANGERED CHILDREN (DEC) INTERVIEW GUIDELINES

Children living In Residences Where Meth Is Manufactured

I. Introduction/Developing Rapport

“I talk with boys and girls about things that have happened in their home. Today we’re going to do that but I need to get to know you a bit better first. We tape what we talk about so I don’t have to write things down - I can listen to you. If I ask you a question you don’t understand, please let me know. If I say something that is not correct, please correct me.”

“So tell me your whole name...”

Compliment the child on something about them.

Structure one neutral question that will require a narrative so you can assess the child’s language style (e.g. “Tell me about school...; Tell me about what you do for fun...etc.)

II. Elicit a Narrative About Alleged Activities

A. For the child who was present in the home when Police/DCF arrived:

“I understand that some police came to your home today. Tell me about that so I can know what happened...”

Then structure direct questions based upon the child’s narrative.

Specific clarification should be sought regarding:

- a. what was happening right before the police got there
- b. what was happening when the police were trying to get in
- c. what happened when the police came into the house
- d. clarify where the child was (location in the home) at the time
- e. what has the child been told to do when police come to the house

B. For the child who was NOT present in the home when police arrived:

“I talk with boys/girls all the time about things that happen in their home. Tell me about that so I can understand what happened there.

Then structure the questions based on the child's response

Specific questions about drugs should be asked of all children when they discuss the topic:

- a. Tell me what they look like (specific to each drug).
- b. Tell me how they are used (specific to each drug).
- c. How are they made?
- d. Where do they get the stuff to make them?
- e. How are they given to people?
- f. What kinds of things do you have to do?
- g. Who cleans up the area where the cooking” is done? (If a child has described cooking)
- h. What special things are used with the drugs? Tell me about that.
- i. Who have you seen making “stuff”. Tell me about that.
- j. Have you seen drugs on movies or books. How is that different than what you have told me about?

III. Household Information

Draw for me a picture of the rooms in your house. (Label as per child’s description). Use the picture as a frame of reference for the child to ask the following questions:

A. Physical Layout

- a. Where do you sleep in the house?
- b. Where does everyone else sleep?
- c. Show me any places in the house that are kept locked. Tell me about how come these are locked.
- d. Show me any places in the house where special things are kept locked. Tell me about that.

B. Rules

- a. Are there any places in the house that you can not go into? Tell me about that.
- b. Have your (mom/dad) said anything to you about if the police come. Tell me about that
- c. Are there any things in the house that you can not touch? Tell me about that.
- d. Are there special ways for you to go in or out of the house? For other people?
- e. What happens to you if you do something you're not supposed to do?

C. Traffic

- a. Tell me about who visits your house.
- b. Tell me about what kinds of things people who visit your house do.
- c. Tell me about the time of day that most people visit your house.
- d. Do you know the names of some of the people?

D. Sensory Information

- a. Does anything smell funny in your house? Tell me about that.
- b. When you are sleeping, does anything wake you up at night? Tell me about that.
- c. Have you touched anything in your house that made you sick? Tell me about that.
- d. Has anyone told you not to touch something in the house? Tell me about that.

E. Weapons

- a. Does your family keep guns in the house? Tell me about that.

F. Eating

- a. From the morning when you get up until you go to bed, tell me about what you eat on most days.
- b. Who makes food for you in your house? Tell me about that.
- c. Do you get any special food/drinks if you are especially good? If you misbehave?

G. School & Friends

- a. Tell me about school.
- b. Who wakes you up for school?
- c. How do you get to school?
- d. Do friends get to stay over? What do you and your friends do?

IV. Neutral Closure

“I’ve been asking so many questions, is there anything you want to ask me? Tell me about what you are doing later this (afternoon, evening, etc..).
Thank you for talking with me.”

PROPOSED INTERVIEW QUESTIONS FOR CHILDREN FOUND AT METH LABS

Preliminary Matters

1. Use child's first name
2. If possible, gather information from others involved before the interview
3. Do not conduct interview if child is hungry, sleepy, or otherwise distracted
4. Do not rush the interview; 1.5 hours is maximum time before child may be overtaxed
5. Do not keep child waiting; anxiety will increase
6. A victim-witness advocate can accompany the child to provide support and act as a witness, but a single interviewer should be used.
7. Position yourself at eye level and give the child choices about where to sit.
8. Use clear easy to understand words.
9. Tell the child when you are changing topics or shifting among past, present, and future tenses.
10. Never threaten or try to force a child to talk or continue an interview.
11. Explain that the child should not try to answer a question he/she does not understand or guess at answers.
12. If child appears fearful, ask whether he/she is scared to tell you something and what it is that frightens him/her.

Orientation and Child's Competency

1. Greet and briefly explain who you are and why you need to talk to them in terms they can understand.
2. Explain to the child that they are not in trouble, they are not to blame for anything that has happened.
3. Explain that they can ask questions of you at any time.
4. Explain the importance of honesty and telling you everything that he/she knows.
Determine that child knows the difference between the truth and a lie. (ie., if I said it was raining in this room right now, would that be a lie or the truth?)
5. Explain that they can tell you any secrets if they are true.
6. Do not promise things you cannot deliver.
7. Ask comfortable, age appropriate, easy to answer initial questions:
 - A. How old are you?
 - B. What is your birthday?
 - C. What school do you go to? What grade are you in?
 - D. What's your teacher's name?
 - E. What's your favorite subject in school?
 - F. What are the names of people in your family?
 - G. What are the names of your pets?
 - H. What are the names of your friends?
 - I. What are your favorite games/toys?
 - J. What are your favorite movies/TV shows

8. Sharing personal information to which the child can relate (ie., your dog's name, relationship with children, school experiences, etc.) can help establish rapport.
9. Ask age appropriate questions designed to assess the child's developmental level:
 - A. Can you read and write?
 - B. How high can you count?
 - C. Can you say your ABC's?
 - D. Can you tell time?
 - E. Can you tell me what color this is?
 - F. Can you tell me about your favorite TV character?
 - G. Can you tell me about your last birthday?
 - H. What did you have for breakfast yesterday?
 - I. How much is a quarter worth? (or other money values)
 - J. Do you have chores around your house (ie make bed, feed pets)
 - K. Are you allowed to go around your neighborhood alone?
 - L. Do you make dinner for yourself or your family?
10. Determine whether the child understands the concepts of before and after. (ie., Does breakfast come after lunch?)
11. Determine whether the child understands the concepts of over, under, next to, inside using concrete examples.

Potential Child Abuse Independent of Meth Lab Exposure

A. School/Hygiene

1. Do you go to school every day?
2. Do you take a bath/shower every day?
3. Do you wear clean clothes everyday?

B. Eating

1. Who feeds you breakfast? (other meals)
2. What do you eat for breakfast? (other meals)
3. Who else eats with you?
4. Where do you eat?
5. Who makes your meals?
6. How often do you eat?
7. Does the food you eat (or drinks) ever taste funny?

C. Home Alone/Sleeping

1. Do you stay home alone? (If so, for how long? If so, who would you go to if you needed something?)

2. Where do you sleep?
3. Does anyone else sleep with you?

D. Police Raid

1. Remember when police/DCF worker came to your house?
2. Do you know why they were there?
3. What were you doing when they first got there?
4. What was everyone else doing? (Before and during)
5. What did people say?
6. Where were you when they got there?
7. Did you smell anything before they got there? (Is it something you smelled before?)
(Describe the smell)
8. Did you see anyone in the (suspected lab area)? (Who, when, what were they doing)
9. What did you see in the (suspected lab area)?

Physical/Emotional

1. How do you feel now?
2. Have you felt sick recently? (Describe - headaches, stomach ache, hard to breathe, eyes burn, feel weak, coughing)
3. Did you tell anyone you were sick?
4. Does anything about the house make you feel sick?
5. How do you feel about the police/DCF worker being there?
6. Are/were you angry with anyone? (Who, why, when)
7. Are/were you sad with anyone? (Who, why, when)
8. Is there anything you want to tell me good or bad about living there?

NORTHWEST FLORIDA DRUG ENDANGERED CHILDREN (DEC) CAREGIVER FACT SHEET

The dangers from chemicals used in the production of methamphetamine (Meth) and the drug itself, are well documented. With each batch of Meth produced, poisons are released into the air that pollute and contaminate the immediate area, putting the children who live in and around clandestine labs at risk for contamination and severe health problems.

How does exposure to Meth and the chemicals used to produce it affect children?

Because of their age and vulnerability to poisons, children may be more significantly affected than adults. They are more likely to show the effects of any toxic exposures and the consequences may be fatal or life impairing.

How are children exposed to the chemicals and lab hazards?

Children explore their surroundings by crawling, touching and putting things into their mouths. They may put contaminated toys and other items in their mouth.

What signs of exposure may children show?

- Headaches
- Shortness of breath
- Skin irritation
- Fatigue (tiredness)
- Dizziness

What other problems may children have from exposure to labs?

Chemical burns on the skin, eyes, nose and mouth

What are the long-term health effects a child may suffer?

- Death-- Even a very small amount of Meth may cause significant injury and sometimes death in a young child.
- Cancer
- Brain damage
- Kidney, liver and lung damage
- Suppressed immune system
- Unborn children may be born with birth defects and addicted to Meth

If your child has been exposed to a clandestine lab, they should be examined by a doctor who can evaluate their health and treat any health problems they may have.

Northwest Florida Drug Endangered Children (DEC)

Memorandum Of Agreement

This agreement is made by and between the Emerald Coast Children's Advocacy Center, Okaloosa County Sheriff's Office, Walton County Sheriff's Office, Fort Walton Beach Police Department, Defuniak Springs Police Department, Crestview Police Department, Niceville Police Department, Valparaiso Police Department, Shalimar Police Department, Office of Special Investigations-Eglin Air Force Base, Office of Special Investigations-Hurlburt Field, Florida Department of Law Enforcement, Santa Rosa County Sheriff's Office, Escambia County Sheriff's Office, Florida Department of Environmental Protection, Federal Bureau of Investigations, Drug Enforcement Agency, Department of Children and Families, Families Count Child Protection Team, Office of the State Attorney First Judicial Circuit, Judge Advocate General Office-Eglin Air Force Base, Judge Advocate General Office-Hurlburt Field, Okaloosa County Fire Rescue Organization, Okaloosa County Emergency Medical Services, Walton County Fire Rescue Organization, and Walton County Emergency Medical Services to take effect as of the date all signatures are affixed.

This agreement is intended to adopt a multidisciplinary approach committed to the following:

1. Share information and resources to enhance the investigation, prosecution and treatment of children exposed to drug abuse environments.
2. Pursue the end of drug abuse in our community to prevent children from experiencing the physical, emotional and psychological damages of drug environments.

3. Promote training opportunities for all agencies involved with dangerous drug environments as well as the community.

Each of the undersigned agencies has specific responsibilities imposed by law and will continue to perform those functions as required. Each agency, however, agrees to work with the others to take whatever steps are necessary to protect children from dangerous drug environments in Okaloosa and Walton Counties, and provide children and their families with proper protection and treatment.

The undersigned agencies and their representatives agree that information pertaining to children and families will be held in the strictest confidence. All agencies will adhere to their individual confidentiality requirements as prescribed by law.

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Emerald Coast Children's
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Regional Director
Florida Department of
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Okaloosa County Sheriff's Dpt

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Sheriff
Walton County Sheriff's Dpt

Ron Bishop
Chief of Police
Ft Walton Bch Police Dpt

Brian M. Cruttenden
Chief of Police
Niceville Police Dpt

Travis Gillihan
Chief of Police
Crestview Police Dpt

Joseph Hart
Chief of Police
Valparaiso Police Dpt

Ray Burgess
Chief of Police
Defuniak Springs Police Dpt

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