



Rescue. Defend. Shelter. Support

Pima County Drug Endangered Children Multidisciplinary Protocol

Pima County Drug Endangered Task Force



Office of the Pima County Attorney
Barbara LaWall, Pima County Attorney

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ACKNOWLEDGEMENTS

In response to the statewide implementation of the Arizona Attorney General's Drug Endangered Children's protocol Barbara LaWall, Pima County Attorney, hosted a meeting that resulted in the creation of the Pima County Task Force responsible for producing a local version of the protocol. This protocol, adapted from the statewide protocol and developed from the collaborative effort of Law Enforcement, Medical and Social Service Agencies is presented as the model for handling cases involving Drug Endangered Children (DEC) in Pima County. It provides guidelines to assist those who investigate and work with drug endangered children and to reduce the secondary trauma often associated with such investigations.

The collaborative partners set the following goals for this document:

1. A recognition that children should be treated with dignity, compassion and respect.
2. To promote a system that recognizes the standards, requirements and authorities of the various disciplines involved.
3. To create workable guidelines for joint investigations of all cases involving drug endangered children.
4. To provide a consistent and efficient approach to the investigation, prosecution and management of drug endangered children cases in Pima County.
5. To limit the number of interviews of the child victim or witness.
6. To develop a method of monitoring joint investigations.

While it is recognized that each partner/agency has its own mandate to fulfill, the DEC Task Force also acknowledges that no one single agency or discipline can fully address the problem of drug endangered children. Therefore, each agency must be cognizant of the needs of the victim, as well as sensitive to the needs of other agencies and professionals involved. Where any interagency conflict exists, the best interests of the child shall be the over-riding concern. Tools have been provided herein to provide up-to-date information so that professionals and other individuals have access to resources to address this growing problem in our community.

Representatives from the following agencies participated in the Task Force:

Arizona Attorney General's Office
Marana Police Department
Pima County Sheriff's Department
South Tucson Police Department
Tohono O'Odham Nation Police Dept.
Tucson Police Department
University of Arizona Police Department

Child Protective Services
Pima County Attorney's Office
Sahuarita Tucson Department
Southern Arizona Children's
Advocacy Center
University of Arizona Medical
Center Pediatrics

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. The stated intent of the program was 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, Medical Personnel and related Service Agencies. Representatives from those groups developed a model interagency protocol for the investigation of methamphetamine lab cases with children involved.

In 2003 the current Attorney General, Terry Goddard, carried this effort forward and the DEC Program focused primarily on Maricopa County cases and Task Force members provided training and technical assistance to agencies throughout the state. The Governor's Division of Substance Abuse Policy provided funding, which 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.

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

As the impetus of the DEC program progressed, Pima County Attorney, Barbara LaWall, convened a meeting of Law Enforcement and service agency professionals to develop this protocol, based on the statewide initiative, to address the issue of drug endangered children in Pima County. The Pima County Task Force was organized under the leadership of Deputy County Attorney William McCollum, Supervisor of the PCAO Special Victim's Unit, with the assistance of the Southern Arizona Children's Advocacy Center. Representatives of the Law Enforcement, Medical and Service Agency communities reviewed the statewide protocol and, using it as a guide, developed this response specific to Pima County's needs and the operations and resources of its agencies.

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 (MOU) among the key partners should also be considered to formalize roles and relationships beyond the protocol.

Implementation of this DEC protocol that has been adapted for Pima County ensures that children who may be at risk for exposure to clandestine drug laboratories 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, thus endangering children in the process.

BACKGROUND/PROBLEM

The production of illegal drugs in clandestine, home-based drug laboratories confronts Arizona with a unique set of problems that other illegal drugs have never before presented. The chemicals used to manufacture these illegal drugs, 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 clandestine 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 clandestine lab where children are present requires a carefully planned and coordinated approach involving multiple partners. Those who make illegal drugs, especially methamphetamine, often use the drugs themselves, making them prone to violent behavior. Additionally, illegal drug manufacturers often try to keep their illegal operations a secret through the use of weapons, explosive traps, and surveillance equipment. This protocol is intended to coordinate and improve the efforts of local Law Enforcement, Child Protective Services (CPS), Medical Professionals, and the County

Attorney's Office to respond to investigations of clandestine drug labs where children are present, to protect those children 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.

MISSION AND GUIDING VALUES

The following mission and guiding values were adapted from the National Steering Committee for the Advancement and Adoption of the Concept of Drug Endangered Children and from the Arizona Statewide DEC Protocol. They reflect the commitment of the Pima County DEC Task Force to ensure that children exposed to drug environments are protected.

Mission

The Pima County Drug Endangered Children Task Force 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. These 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
- break the cycle of drug abuse caused by those who manufacture, sell, and use drugs,
- aggressively investigate violations and prosecute the offenders.

Guiding Values

The Pima County DEC Protocol 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 place children in, or return them to, family environments that are completely free of dangerous drugs.

Collaboration

- We will insist on the participation of Law Enforcement, Medical Providers, Service Agencies, Prosecutors and the general public 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 that the 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 and the Pima County DEC Protocol.
- We will vigorously pursue the institutionalization of the Arizona DEC Program and the Pima County DEC Protocol.
- We will continually evaluate the effectiveness of our efforts to ensure the Arizona DEC Program's mission, and that of the Pima County DEC Protocol are achieved.

PARTNER AGENCIES AND THEIR RESPONSIBILITIES

There are several agencies and organizations that participate in the DEC protocol. 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 clandestine lab. Law Enforcement includes representatives from a variety of agencies including the Pima County Sheriff's Office, the local community Police Departments (Marana, Oro Valley, Tucson, South Tucson, Sahuarita, and the University of Arizona). The agencies are encouraged, depending on agency size and resources, to include both an individual who specializes in child crimes investigation as well as a drug investigator. The focus of the drug investigator is to collect evidence for prosecution purposes. The child crimes investigator coordinates the forensic interview of the child victim with CPS and the Southern Arizona Children's Advocacy Center to establish the elements of child abuse, to conduct the child crimes investigation and to collect evidence for prosecution purposes. There may also be a DEC investigator to provide coordination of activities. The DPS crime laboratory and/or the local jurisdiction's laboratory provide 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. The investigator should

determine if there have been other children in the area of the investigation site who may have been exposed.

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 the Southern Arizona Children's Advocacy Center whenever possible, 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 clandestine 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. The University Medical Center, The Tucson Medical Center, and, when appropriate, the Southern Arizona Children's Advocacy Center will be the locations for medical evaluations and examinations. This is done to provide a specific physician, clinic or hospital that has expertise in medical examinations for suspected child abuse including exposure to drug environments.

Tribal Agencies: The respective Tribal Police Departments are responsible for all investigative activities taking place at clandestine labs on Tribal lands. Those agencies are encouraged, depending on size and resources, to include both a child crimes investigator as well as a drug investigator to collect evidence for prosecution purposes. The Tribal Police Departments will coordinate the forensic interviews of child victims at Southern Arizona Children's Advocacy Center. The DPS crime laboratory provides support to the Tribal agencies criminal investigations including testing samples for forensic evidence. Investigations of children residing on the reservation fall under the jurisdiction of the Tribal Law Enforcement Agency and Tribal Social Services.

Prosecution: Responsible for the prosecution of all criminal offenses involving child abuse and narcotics violations, the Office of the Pima County Attorney interacts on a daily basis with Law Enforcement and Child Protective Services in the investigation and prosecution of cases in which children are victims of abuse and/or witnesses to felony offenses involving narcotics. Cases are prosecuted with a goal of holding offenders as fully accountable for their crimes as is possible while being ever mindful of the needs of the child victim. Deputy Pima County Attorneys participate in Multidisciplinary Team staffing and in the training of Law Enforcement, Child Protective Services and other partners who work with and provide services to victims of abuse and neglect. The Pima

County Attorney's Office will be involved in the criminal prosecution related to DEC cases (i.e. child abuse and drug charges). The Arizona State Attorney General's Office handles the child dependency action in Juvenile Court.

Victim Witness: The Pima County Attorney's Office Victim Witness Program provides advocacy and crisis intervention for child victims. Victim Witness Court Advocates work 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. Crisis Advocates provide crisis response to drug endangered children in the Tucson/Pima County area. They provide emotional support, answer questions, assess needs, and provide referrals to other community resources.

The Southern Arizona Children's Advocacy Center: The Southern Arizona Children's Advocacy Center has trained pediatric physicians under contract who may provide medical services concerning suspected child maltreatment cases for Law Enforcement and CPS, as well as physicians and other health care providers,. These services include medical exams, consultations, review and interpretations of lab tests and other medical findings obtained by forensically trained professionals. Medical Personnel will provide witness testimony on findings and diagnosis reached during such evaluations and consultations. The Children's Advocacy Center's physicians often refer cases to Medical Personnel in the community for specialized treatments and assessments.

DANGERS OF FIRST RESPONDERS

A clandestine laboratory is any laboratory that manufactures illegal, controlled drugs or substances. Clandestine or illegal drug laboratories are not a new hazard but their numbers are growing at an alarming rate. Awareness of this growing problem is extremely important because of the inherent danger to all first responders. The primary dangers are the possibility of explosions due to volatile chemicals and the possibility of unknowingly inhaling airborne chemical substances. Do not underestimate these dangers.

Note: If you believe that you have found yourself in a residence or facility that houses a clandestine drug laboratory the most important thing to do upon realization is to get out of the premises and to contact Law Enforcement immediately. There is great danger at any clandestine lab site. Safety is a priority and any investigation beyond your identification MUST be handled by trained personnel.

First responders to a clandestine laboratory investigation scene include Law Enforcement (both child crime investigators and drug investigators), CPS Investigators, Medical Personnel (generally the EMT/Paramedic responders), Fire Departments, HAZMAT Teams, Victim Witness Advocates and sometimes prosecutors. Additionally, doctors and nurses who treat the children at the appropriate medical facility and/or Southern Arizona

Children's Advocacy Center staff, are at risk of contamination. These individuals are at risk due to their possible exposure to contaminants at the investigation site, or from secondary contamination through their contact with child victims.

Many of the hazards associated with making illegal drugs are derived from the ingredients, many of which are hazardous substances. Some are raw products or pure chemicals but many ingredients come from over-the-counter products such as cold medicine, dietary supplements, and even Draino. When these products are released they can harm responders through inhalation or skin contact. It is possible to become contaminated through inhalation or skin contact and NOT be aware of the contamination until sometime later. **Remember, safety is a priority.**

It is important to realize that there are many illegal drugs that are produced at clandestine labs. Examples include; LSD, PCP (Angel Dust or Crystal), Phenyl-2-Propanone (P2P), MDA/MDPP ("ecstasy"), Methaqualude, Methcathinone ("Cat") and Fentanyl. Perhaps the most common illegal drug that is made in clandestine labs is methamphetamine which is a central nervous system stimulant. Meth users may become agitated and feel "wired". Their behavior may be very unpredictable and they may not sleep for days at a time while on a meth binge.

Note: If you believe that you have found a clandestine lab, it is not your responsibility to attempt to identify what drug is being produced there. Your responsibility is to ensure your own safety by immediately leaving the site and contacting Law Enforcement. Law Enforcement has the primary responsibility for the identification of the nature of the clandestine lab and to warn and evacuate others from the site.

To ensure your own safety it's critical to know what the "**Exposure Routes of Entry**" are when dealing with a clandestine lab.

THE EXPOSURE ROUTES OF ENTRY

- 1. Inhalation - Most Common**
- 2. Absorption - No Warning**
- 3. Ingestion - Poor Hygiene**
- 4. Contact - Skin and Eyes**
- 5. Puncture - Chemical Injection
(either intentional or accidental)**

Adapted from
<http://www.health.state.mn.us/divs/eh/meth/training/workersafety.pdf>

ISSUES OF CONCERN FOR FIRST RESPONSE

Once Law Enforcement has responded to a clandestine drug lab site, Law Enforcement (and no others) should immediately accomplish the following:

- Evacuate and secure the area. Insure that all persons in the immediate area (including other first responders) are removed to a safe location. Depending upon the size of the lab and the amount of toxic chemicals being emitted this may involve evacuation of the neighborhood.
- If necessary, medical aid should be given.
- Suspects should be detained, or arrested if probable cause exists.
- Do not attempt to stop the chemical reaction.
- Do not turn any electrical devices/lights on or off. The simple act of turning on an electrical switch may cause an explosion. In an explosive atmosphere even turning on a flashlight might cause an explosion.
- Do not shut off the water supply to the house or the chemical reaction.
- Call for fire/hazmat to respond to the location.
- Establish an outer perimeter area and keep all unnecessary persons from entering.
- Call your nearest Clandestine Lab Investigation Team.
- **SAFETY IS A PRIORITY IN ACCOMPLISHING THE MISSION OF THE PROTOCOL.**

Adapted from <http://www.stopdrugs.org>

CHILD DECONTAMINATION

It is important to recognize that children who have been exposed to the chemicals used to produce the illegal drugs in a lab may be in danger from their exposure to the chemicals. Children need to go through a decontamination process to assure their own safety as well as for the safety of the first responders and others with whom the children may come into contact. Once children at the site have been located and assessed for possible immediate need for medical attention by the Law Enforcement, EMT, paramedics, or CPS workers the children are to be separated from other victims at the scene. When possible, dress the child victim in protective clothing (Tyvex suit) to prevent exposure to first responders at the scene and follow the appropriate protocol for gathering evidence off the child. No clothing, toys, baby bottles, food or drink should be removed from the site, as these items are likely contaminated.

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 clandestine 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

The Southern Arizona Children’s Advocacy Center coordinates training programs on Drug Endangered Children’s issues for Law Enforcement, Child Protective Services, Medical Personnel and Service Provider Agencies. The Children’s Advocacy Center will also provide programs to educate the public about the Drug Endangered Children response.

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 <http://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 <http://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 clandestine lab, they will first determine through a thorough investigation if a clandestine 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 by cell phone or pager as soon as possible and respond. The County Attorney's child abuse prosecutor on call and the Southern Arizona Children's Advocacy Center are also to be contacted whenever possible. Typically, drug investigators call out other first responders upon discovery of children.

- At the scene of the suspected clandestine lab the lead Law Enforcement drug investigator is the individual in charge.
- CPS is in charge of the child(ren) found at any suspected scene.
- 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.
- A minimal screening of the child may take place at the scene, but in-depth forensic interviews will be held in at the Southern Arizona Children's Advocacy Center.

- After the child is removed, the crime scene is isolated. If it is determined that there is sufficient information to indicate child abuse, the CPS hotline is called.
- 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:

Children are not to be released to anyone prior to CPS approval. Only CPS will determine where a child is to be placed.

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 at the Southern Arizona Children's Advocacy Center. 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 clandestine lab site is cleared of the evidence needed for prosecution, depending on the nature of the drug identified, a police officer will initiate the appropriate notification and remediation protocol. Wherever necessary, Law Enforcement will also further the investigation in order to determine if any children outside the home may have been exposed.

Prosecution:

The Pima County Attorney's Office has primary responsibility in Pima County for prosecution of cases of both child abuse and dangerous drug manufacturing.

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 or have been otherwise exposed.
- ✓ Notify drug investigators, child investigators, CPS investigators, and prosecutors

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 at the Children's Advocacy Center whenever possible.
- ✓ 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
- ✓ Initiate the appropriate notification and remediation protocol

Prosecution

Law Enforcement coordinates gathering of all evidence and refers for prosecution

- ✓ Refers to the Pima 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
IN TABLE FORMAT**

The following table of the Pima County DEC Protocol attempts to provide information in a chronological outline 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.

The protocol is intended to provide a general guideline for the procedures to be followed when there is an investigation involving a drug-endangered child. It is based on the Arizona statewide protocol and model guidelines from throughout the country. The statewide protocol was revised and adapted to be more descriptive and specific for Pima County in order to enhance its usefulness at the local level. This protocol will 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.

Location	Team Member	Procedure	Timeline
Law Enforcement Offices	Law Enforcement Investigator	Call a briefing about the upcoming investigation. Invite Child Protective Services, a prosecutor and the Southern Arizona Children’s Advocacy Center, time and circumstances permitting.	At a time determined appropriate by Law Enforcement
Law Enforcement Offices .	Law Enforcement Investigator(s)	At the Initial stages of a drug lab investigation where there are indications of suspected child abuse the Investigator should contact a Child Crimes Supervisor.	At a time appropriate to make the Officer a part of the investigation
On-site at suspected Clandestine Lab	Law Enforcement Investigator	Law Enforcement Investigator facilitates immediate contact with local CPS or contact the CPS hotline.	Upon Arrival

Location	Team Member	Procedure	Timeline
CPS Staff location	CPS Worker	CPS will respond to the request for involvement either when directly contacted by Law Enforcement or through the child abuse hotline. The CPS Hotline MUST be called and the report made as soon as appropriate information is obtained. CPS will check for prior reports in the CPS registry.	Within two working hours
On-site at suspected Clandestine Lab	Law Enforcement Investigator(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.	Immediately
On-site at suspected Clandestine Lab	Law Enforcement Investigator(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
On-site at suspected Clandestine Lab	Law Enforcement Investigator(s)	Ensure photographs are taken, prior to searching or removal of any evidence.	As soon as appropriate within the investigation process
On-site at suspected Clandestine Lab	Law Enforcement Investigator	Identify the parents and obtain biographical information on suspects, caregivers and witnesses.	As soon as appropriate within the investigation process
On-site at suspected Clandestine Lab	Law Enforcement Investigator(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
On-site at suspected Clandestine Lab	CPS 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

Location	Team Member	Procedure	Timeline
On-site at suspected Clandestine 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
On-site at suspected Clandestine Lab	Law Enforcement Investigator and CPS Worker	Conduct a brief 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 brief interview should be recorded. CPS may be present at the interview.	As soon as appropriate within the investigation process
On-site at suspected Clandestine Lab	CPS Worker	CPS and/or Law Enforcement Investigator will transport the child to the Advocacy Center if possible, or to medical facilities for additional medical assessment. CPS will make arrangements with Medical Personnel for appointments. Following the medical assessment a complete forensic interview is to be conducted and recorded at the Advocacy Center.	Initial exam should be set up within 12 hours of contact with child if possible. Ideally 3 hours after contact
On-site at suspected Clandestine Lab	CPS Worker and /or Law Enforcement Investigator	If the child needs to be removed from the caregiver's care, serve a temporary custody notice.	As soon as is appropriate
On-site at suspected Clandestine Lab	CPS Worker	Work with the appropriate agencies such to identify a placement for the child.	As soon as is appropriate
On-site at suspected Clandestine Lab	CPS 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 entry into the lab site with this individual to ensure no disruption or contamination of evidence. If possible, obtain birth & medical information from caregivers	As soon as is appropriate

Location	Team Member	Procedure	Timeline
At the most appropriate location, when needed	CPS Worker and/or Law Enforcement Investigator	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.	As soon as is practical, preferably within 12 hours from initial involvement, ideally within 3 hours of contact
On-site at suspected Clandestine Lab	CPS Worker	Prior to transporting the child to the medical exam or placement, the CPS worker must 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 is practical
Transportation	CPS Worker and/ or Law Enforcement Investigator	Transport the child to the Advocacy Center or medical facility, and later to placement.	As soon as is practical
At Child Advocacy Center, medical facility or child's point of placement.	Victim Witness	Victim Witness Advocates from the Pima County Attorney's Office can be requested by Law Enforcement. In the case of multiple children to be seen at multiple medical facilities, Advocates will assist CPS with transportation and/or supervision. Advocates may remain with the child victim(s) until the medical assessment/interview process is completed.	As soon as is practical
On-site at suspected Clandestine Lab	Law Enforcement Investigator	Diagram and measure all the rooms at the site. Note if the child had access to the lab.	As soon as is practical
On-site at suspected Clandestine Lab	Law Enforcement Investigator	Identify hazards to the child.	As soon as is practical
On-site at suspected Clandestine Lab	Law Enforcement Investigator	Measure and photograph the child's belongings in proximity to the hazards.	As soon as is practical

Location	Team Member	Procedure	Timeline
On-site at suspected Clandestine Lab	Narcotics Investigator	Handling of Evidence: The clandestine 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 a crime lab (usually the DPS Lab).	Not Applicable
On-site at suspected Clandestine Lab	Narcotics Investigator	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 Offices	Law Enforcement Investigator	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 Offices	Law Enforcement Investigator	Follow-up with Medical Personnel about findings and test results and with CPS concerning medical placement, and follow-up medical evaluations.	As soon as is practical
At Advocacy Center, medical clinic or child's point of placement.	CPS Worker and/ or Law Enforcement Investigator	Follow the appropriate protocol for evidence collection.	As soon as is practicable
At Advocacy Center, medical clinic or child's point of placement.	CPS Worker and/ or Law Enforcement Investigator and/or Victim Witness	The Instructions for Care Givers of Children Exposed to Methamphetamine Laboratories should be provided to the caregiver concerning how to bathe the child and how to handle clothing and the Tyvex suit.	As soon as is practicable
At Advocacy Center or medical clinic	CPS Worker and/ or Law Enforcement Investigator	Ensure that the child receives an initial medical examination.	Preferably within 12 hours of identification, ideally within 3 hours

Location	Team Member	Procedure	Timeline
At Advocacy Center or medical clinic	Medical Personnel and/or Victim Witness	Obtain child's medical history, either from CPS, Law Enforcement Investigator, or from caregiver.	Preferably within 12 hours of identification
At Advocacy Center or medical clinic	Medical Personnel	Administer tests & procedures. Ensure urine sample was gathered/ Request Urine Screen. Perform complete pediatric exam & include as much of the Early Periodic Screening, Detection & Treatment (EPSDT) Protocol as possible. Emphasis to be placed on neurological screen, respiratory status, & cardiovascular status. Required evaluations include: vital signs, height, weight. Head circumference to be measured for children less than two years & arm span and reach for those less than five years. Optional tests: CBC, Liver Function, Electrolytes & Kidney Function, Complete Metabolic Panel, Pulmonary Function Tests, Chest X-Ray, Skeletal Survey for children less than three years when physical abuse is suspected, Oxygen Saturation, & Heavy Metals Screen.	Preferably within 12 hours of identification
At Advocacy Center or medical clinic	Medical Personnel	Conduct Suspected Child Abuse and Neglect Screen.	Preferably within 12 hours of identification
At Advocacy Center or medical clinic	Medical Personnel	Provide a behavioral health referral if appropriate.	Preferably within 12 hours of identification
At Advocacy Center or medical clinic	CPS Worker and/ or Law Enforcement Investigator	Secure release of the child's medical records to appropriate authorities (CPS, Law Enforcement)	Preferably within 12 hours of identification

Location	Team Member	Procedure	Timeline
CPS staff location	CPS Worker	Identify the ongoing worker to whom the case will be transferred and notify the Law Enforcement Investigator.	Within 30 days
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 and informing the Law Enforcement Investigator of medical findings. (This is a CPS responsibility where & when CPS is involved. But when the child is not in CPS custody it becomes a Law Enforcement responsibility).	2-4 weeks after initial medical visit
At Advocacy Center or medical clinic	Assigned Child Advocacy Center Case Manager	Insure that Medical Personnel conduct reevaluation of the comprehensive health status of the child.	2-4 weeks after initial medical visit
At Advocacy Center or medical clinic	Assigned Child Advocacy Center Case Manager	Insure that Medical Personnel conduct formal development assessment on child less than six years of age using the CPS required Developmental Screening Tool.	2-4 weeks after initial medical visit
At Advocacy Center or medical clinic	Assigned Child Advocacy Center Case Manager	Insure that Medical Personnel follow-up on any abnormal screening laboratory tests, or administer screening laboratory tests as indicated.	2-4 weeks after initial medical visit
At Advocacy Center or medical clinic	Assigned Child Advocacy Center Case Manager	Arrange for appropriate follow-up as indicated.	2-4 weeks after initial medical visit
At Advocacy Center or medical clinic	Assigned Child Advocacy Center Case Manager	Evaluate adequacy of placement with regard to medical needs.	2-4 weeks after initial medical visit

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Appendix A: Resource Information

Please visit the Arizona Drug Endangered Children Website which is a part of the Arizona Attorney General's Office website at <http://www.azag.gov/DEC/> for a comprehensive listing of resource information including upcoming training, conferences, events, and helpful information for treating children that have been exposed to clandestine labs. The following are highlights of the available information:

WEBSITES

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

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

Arizona State DEC Protocol Website: <http://www.azag.gov/DEC/>

California Department of Justice and the California Narcotic's Officer Association:
<http://stopdrugs.org/>

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

Children at Clandestine Methamphetamine Labs: Helping Meth's Youngest Victims
<http://www.ojp.usdoj.gov/ovc/publications/bulletins/children/welcome.html>

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

Clandestine Methamphetamine Labs Frequently Asked Questions: How to Care for Children Removed from a Drug Endangered Environment
<http://www.colodec.org/decpapers/Documents/Meth%20Labs%20FAQ%203.pdf>

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

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

Drug Endangered Children Resource Center, www.decresourcecenter.org

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

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

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

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

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

Research Overview: Methamphetamine Production, Precursor Chemicals, and Child Endangerment: <http://www.nmsc.state.nm.us/download/MethLabReport2004.pdf>

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

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

We Care: Recommended Best Practices Addressing the Needs of Drug Endangered Children. Washington State DEC Protocol:
<http://www.doh.wa.gov/ehp/ts/CDL/we-care.pdf>

MEDICAL SOURCES:

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

Clandestine Methamphetamine Labs Frequently Asked Questions: Medical Evaluation of Children
<http://www.colodec.org/decpapers/Documents/Meth%20Labs%20FAQ%202.pdf>

Illicit Methamphetamine and Amphetamine Laboratories.
http://www.publichealth.arizona.edu/divisions/envirocom/meth_literature.htm

This site is a review of adverse health effects associated with methamphetamine and amphetamine laboratories was limited to professional literature, including medical literature and governmental and non-governmental agency documents and websites.

Medical Response:

We Care: Recommended Best Practices Addressing the Needs of Drug Endangered Children. Page 8 details medical response:
<http://www.doh.wa.gov/ehp/ts/CDL/we-care.pdf>

WRITTEN SOURCES:

Mecham N, Melini J. *Unintentional victims: development of a protocol for the care of children exposed to chemicals at methamphetamine laboratories.* Pediatric Emergency Care, 2002 Aug; 18(4): 327-32.

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

Appendix B: Arizona 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 clandestine 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 clandestine labs. This addition to Arizona law essentially creates strict liability when a person places a child in a location where a clandestine 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 C:
Exposing Children to Drugs and
Clandestine Labs is Child Abuse**

Exposure to clandestine lab manufacturing can harm anyone, but is particularly dangerous to children. This is why once discovered; children who live in clandestine 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 clandestine 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 clandestine 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 the illegal drugs 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 clandestine 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 drug manufacturing exposure in childhood, potential damage from chemical exposure includes anemia, neurological symptoms, and ongoing respiratory problems.

Fires and Explosions: Many clandestine 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 clandestine 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 clandestine drug 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 clandestine 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 clandestine labs are also exposed to pornographic material and overt sexual activity.

Hazardous Living Conditions: Hazardous living conditions and filth are common in home-based clandestine 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 clandestine 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 clandestine 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 clandestine manufacturing process. Dangerous dogs used to protect the premises from intruders can also pose physical danger to the children.

Social Problems: Children living in clandestine 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 the following sources: the Arizona Statewide Protocol, 2003; 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 D:
Medical Personnel DEC Protocol**

Location	Procedure	Timeline
At Advocacy Center or medical clinic	Obtain child's medical history, either from CPS or from caregiver.	Within 12 hours of identification; preferably within 3 hours
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.	Within 12 hours of identification; preferably within 3 hours
At Advocacy Center or medical clinic	Conduct Suspected Child Abuse and Neglect Screen.	Within 12 hours of identification, preferably within 3 hours

Location	Procedure	Timeline
At Advocacy Center or medical clinic	Provide a behavioral health referral if appropriate.	Within 12 hours of identification; preferably within 3 hours
At Advocacy Center or medical clinic	Secure release of the child's medical records to appropriate authorities (CPS, Law Enforcement)	Within 12 hours of identification; preferably within 3 hours
At Advocacy Center or medical clinic	Conduct reevaluation of the comprehensive health status of the child.	2-4 weeks after initial medical visit
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
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
At Advocacy Center or medical clinic	Arrange for appropriate follow-up as indicated.	2-4 weeks after initial medical visit
At Advocacy Center or medical clinic	Evaluate adequacy of placement with regard to medical needs.	2-4 weeks after initial medical visit

From the Arizona Statewide DEC Protocol, 2003

**Appendix E:
Sample Memoranda of Understanding**

The following Memoranda of Understanding (MOU) was agreed upon by the participating agencies. The intent of having a Memoranda of Understanding among the key partners is to formalize roles and relationships for investigations involving Drug Endangered Children as well as to coordinate activities in the best interests of the child victims beyond the protocol. Each agency received a personalized copy of the MOU for signature. All signed copies are maintained by the Pima County Attorney's Office.

Memorandum of Understanding

FOR THE PROTOCOL FOR DRUG ENDANGERED CHILDREN IN PIMA COUNTY

This Agreement is entered into by and between the Pima County Attorney's Office, acting in its coordinating role as administrative entity for the Pima County Task Force on Drug Endangered Children, and the undersigned participating agencies.

Pima County has experienced an increase in the reporting of children present at dangerous locations resulting from the use and production of illegal drugs in clandestine, home based laboratories. We recognize that the current system which deals with investigation and prosecution of illegal narcotic sales and manufacturing, although comprised of agencies committed to the protection and best interest of the citizens of Pima County, often are presented with the challenge of coordinating investigations and ensuring the protection and safety of child victims.

Having recognized these problems we established the Pima County Task Force on Drug Endangered Children in May 2005 to promote a cooperative relationship among the undersigned agencies which has resulted in the Protocol for Drug Endangered Children in Pima County. A multi-disciplinary team approach will be utilized in the investigation, assessment, referral, medical and therapeutic treatment involving child victims found at clandestine lab sites or who have been exposed to hazards at those sites. Each agency will work and assist the others to ensure that the best interests and safety of children will be served.

Each of the undersigned agencies has specific responsibilities with regard to the investigation, assessment, medical/therapeutic treatment, and prosecution of cases of drug endangered children as well as the provision of victim services and community education and prevention. We agree to support the concept and adhere to the guidelines and principles as outlined in the Protocol for Drug Endangered Children in Pima County. We, the undersigned, do hereby acknowledge that the multi-disciplinary team approach, through the adoption of the Protocol for Drug Endangered Children, will serve to unify our community and best serve to protect the children of Pima County.

Statement of Purpose

The undersigned agree to adopt and follow the Protocol for Drug Endangered Children to ensure that a cooperative, multi-disciplinary team will address those clandestine laboratory and related narcotics cases involving children. The Protocol addresses coordinated and comprehensive program elements such as investigation, evidence collection, forensic interviewing, medical and psychological examinations and treatment, social services, victim advocacy and prosecution. All parties to this agreement agree to share case-relevant information in conformance with professional ethics and within the constraints of state and Federal law, and to respect the right to privacy of involved individuals.

Agreement

This Agreement, dated _____, 2005, is entered into by and between the Pima County Attorney's Office acting in its role as administrative entity for the Pima County Task Force on Drug Endangered Children and the undersigned participating agencies.

We, the undersigned agencies, by and through our directors/administrators, do hereby agree to the following policy supporting the continued development and implementation of the Protocol for Drug Endangered Children in the County of Pima, State of Arizona, to-wit:

WITNESSETH:

WHEREAS, Pima County has experienced an increase in the reporting of incidents resulting from the use and production of illegal drugs in clandestine, home based laboratories; and

WHEREAS, this increase has revealed problems resulting from the presence of children found at the clandestine laboratory sites; and

WHEREAS, the welfare and safety of the children found at the scene of or involved in such incidents, including children physically contaminated through exposure to chemicals, is deemed a primary goal among those agencies charged with responding to such reports;

NOW, THEREFORE, in order to undertake a unified approach to Drug Endangered Children cases arising in Pima County, Arizona, the parties hereto agree as follows:

1. Each party agrees to support the concept, philosophy and continued development of the Protocol for Drug Endangered Children to promote the multi-disciplinary team approach to investigating clandestine laboratory cases involving children.
2. Each party agrees that all efforts will be made to coordinate each step of the investigation process to minimize the number of interviews and examinations to which the children are subjected.
3. The parties recognize that each of them has a different role and specific responsibilities in the handling of these cases. It is further recognized that a team approach is more conducive to the resolution of the problems presented by these cases than an individual agency approach.

4. All parties agree to abide by the Protocol for Drug Endangered Children.
5. This is designed to be a "living" agreement that will be revised and updated as necessary on an ongoing basis.

IN WITNESS WHEREOF, we have signed our names to this Agreement in triplicate, any of which shall serve as an original on the date first stated above.

Parties to this Agreement:

- Clarence W. Dupnik, Sheriff of Pima County
- Chief Richard Miranda, Tucson Police Department
- Chief Anthony Daykin, University of Arizona Police Dept
- Chief Danny Sharp, Oro Valley Police Department
- Chief Richard Vidaurri, Marana Police Department
- Chief Sixto Molina, South Tucson Police Department
- Chief Stuart Heller, Sahuarita Police Department
- Lillian Downing, Program Manager, DES, Child Protective Services
- Anna Binkiewicz, M.D., University of Arizona Health Sciences Center
- Mike Rankin, Tucson City Attorney's Office
- Wilene Lampert, Ph.D., Executive Dir., Southern Arizona Children's Advocacy Center
- Chief Richard Saunders, Tohono O'Odham Nation Police Department
- Chief Larry Seligman, Pasqua Yaqui Nation Police Department
- Mark Evans, Arizona Attorney General's Office

INSERT NAME OF Agency Rep.
Will Change by Agency

 Barbara LaWall
 Pima County Attorney

 Date

 Date