

758 Appendix -SC Drug Endangered Children –Investigative Guidelines for Law Enforcement, Child Welfare and Med

CHAPTER 7, Child Protective and Preventive Services

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758 Appendix -South Carolina Drug Endangered Children –Investigative Guidelines for Law Enforcement, Child Welfare and Medical Personnel

I. OVERVIEW

The following set of guidelines is suggested for assisting law enforcement, child welfare and medical personnel who are involved in the investigation of reports where children are found, 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. The use of these guidelines is voluntary and they are intended to serve only as a multidisciplinary collaborative guide for the professionals charged with the duty to seek safety, placement, medical treatment, and care for the children of South Carolina.

II. DRUG ENDANGERED CHILD, DEFINED

A drug endangered child (hereinafter DEC) is a person, under the age of eighteen (18), who lives in or is exposed to an environment where drugs, including pharmaceuticals, are used, possessed, trafficked, diverted and/or manufactured illegally and, as a result of that environment:

1. The child experiences, or is at risk of experiencing, physical, sexual, or emotional abuse;
2. The child experiences, or is at risk of experiencing, medical, educational, emotional, or physical harm or neglect.
3. The child is harmed or is at risk of being harmed from the inhalation, ingestion, absorption of illegal drugs or access to illegally possessed prescription drugs.
4. The child is harmed or is at risk of being harmed from exposure to intimate partner violence or domestic violence.
5. The child is harmed or is at risk of being harmed by exposure and access to weapons;
6. The child is forced to participate in illegal or sexual activity, (including, but not limited to human trafficking, prostitution, and child pornography), of that minor in exchange for drugs or money, likely to be used to purchase drugs.

A DEC may also be a child whose caretaker's substance abuse interferes with the caretaker's ability to provide a safe and nurturing environment resulting in some form of maltreatment, abuse and/or neglect. Effective intervention requires multidisciplinary collaboration that includes prevention, enforcement and treatment and involves law enforcement, solicitors, courts, probation, social services providers, treatment professionals, the mental health and medical profession, child welfare, education, public health, federal agencies, non-profit organizations, and the community as a whole.

III. GUIDELINES OBJECTIVES

A. **Multidisciplinary Team Approach.** To provide for a coordinated, multidisciplinary team (hereinafter MDT) investigation of reports to law enforcement (hereinafter LE) and/or Department of Social Services (hereinafter DSS) regarding children suspected of being exposed to a controlled/dangerous substance and/or found in proximity to a clandestine drug lab in order to:

- 1) Ensure the immediate safety of the children;
- 2) Determine need and provide for medical assessment/ treatment;
- 3) Determine placement of children;
- 4) Ensure safety of LE, DSS workers, Fire, EMS, and medical personnel;
- 5) Ensure that children are informed of the process and their questions are answered:

- i. "What happens to me?"
 - ii. "What happens to my parent(s) or guardian?"
- 6) Develop coordinated response from service delivery partners to implement education, life skills training, substance abuse training and therapy on a case-by-case basis.
- 7) Ensure that children are classified as victims on all police incident reports and seek criminal charges against caretakers for child maltreatment when probable cause exists. Even if children are not originally identified as victim(s) on the incident reports then all follow up and supplemental reports are to reflect the children as victim(s) and those records shall be provided to DSS, the local child advocacy center (CAC) and any other agencies involved in the continuing investigation of the case.

B. Joint Investigation. It is recommended that DEC investigations be worked jointly by the DSS county office, the appropriate law enforcement agency having jurisdiction, the local fire and emergency departments, the appropriate emergency medical facility, and designated follow-up treatment professionals. All agencies will share information, as appropriate, and respond in a coordinated, collaborative manner throughout the investigative process. A cross reference of information by LE and DSS will broaden the information available on DEC and thereby facilitate a more effective intervention. In all cases, the health and safety of the children involved will take precedence. LE officers, while being aware of this priority, will have the added responsibility of identifying and preserving evidence of child endangerment as they proceed. All individuals involved in this process will take care to be responsive to the potential emotional trauma on the child.

IV. Part 1: Pre-Response

A. LAW ENFORCEMENT

1. **Make every effort to determine if children will be present.** When LE is conducting a drug investigation, one of the initial steps involve determining if children are or could be in the surroundings where the target of the investigation is located.
2. **Contact a DSS Child Protective Services caseworker.** Whenever LE has advance notice that children may be present at a location where drug manufacturing, use or distribution is suspected, and LE intends to execute a

search warrant or conduct a knock-and-talk investigation, they shall, when practicable, contact the on-call DSS caseworker. When LE has been able to obtain approximate ages and/or sizes of children involved and reasonably believes a child or children will be placed in protective custody, they are to provide DSS with this information as soon as possible to allow time for the DSS caseworker to collect supplies needed should children be taken into protective custody, including but not limited to clothing, shoes, blankets, toys, comfort items, etc.

3. **Obtain search warrants.** When drafting warrants, LE should consider the need to search for and seize evidence of danger to children and share this information with the appropriate solicitor.

B. CHILD PROTECTIVE SERVICES - DSS

1. **Provide LE with relevant information.** Upon request, pull together all relevant information regarding the children suspected to be at the location where the search warrant or knock-and-talk is to be executed. DSS shall provide to LE information from the DSS database regarding prior child abuse or neglect referrals, vital records and other available information insofar as release is allowed by state and federal law concerning the target of the investigation when such information is used in furtherance of a joint LE/ DSS child endangerment investigation.

2. **Evaluate potential placements.** Temporary placement of a child is the responsibility of DSS personnel. If practicable, prepare preliminary background checks of known relatives prior to search warrant execution when it is expected a child will be placed in Emergency Protective Custody (EPC). A background check should include, but is not limited to, criminal history and a home visit by LE to alternative caregiver placement. Law enforcement is authorized to provide state criminal history and sex offender registry information, upon request, to DSS pursuant to S.C. Code Ann. §63-7-990;

"Notwithstanding any other provision of law, upon request of the department, a criminal justice agency having custody of or access to state or local law enforcement records or county sex offender registries shall provide the department with information pertaining to the criminal history of an adult residing in the home of a child who is named in a report of suspected child abuse or neglect or in a home in which it is proposed that the child be placed. This information shall include conviction data, nonconviction data, arrests, and incident reports accessible to the agency. The department **shall not** be charged a fee for this service."

3. **Relative placement.** It is preferred practice for the DSS caseworker to determine the relative placement with the assistance of the involved law enforcement agency. Involving DSS prior to any release to a relative allows for proper screening, tracking and follow-up care of the DEC which is recommended by these guidelines.

V. Part 2: Responding at the Scene

A. Law Enforcement

1. **Take the lead in securing the scene.** In addition to securing the scene for evidence collection purposes, LE must secure the scene to protect all people present. DSS responders should not approach or enter buildings until the premises are declared safe by LE and LE has completed the necessary sweep and collection of evidence from the scene.
2. **Notify DSS immediately if children are at the scene.** If DSS has not been involved in the pre-operational briefing, notify DSS immediately if children are found at the site. DSS should also be notified if children are not at the scene, but there is reason to believe there have been children exposed to a drug environment. (For example, there is a formula can on the kitchen counter, a pacifier on the coffee table, or even a child's room but no child physically present.)
3. **Protect any children at the scene.** One officer and/or Law Enforcement Victim Advocate (LEVA) should have primary care of and responsibility for ensuring the safety of children at the scene. This officer/LEVA should:

- a. **Take Emergency Protective Custody (EPC)** of the child. There will need to be a case-by-case determination of whether EPC is warranted. However, even if DSS plans to place the child with a relative, it is important to place the child in EPC if there is imminent and substantial danger to the child.
 - b. **DEC as Victims.** All children found at the scene where any drug related warrant is executed shall be declared a victim on all police reports. If at the time of the investigation of the drug lab and collection of evidence it is apparent that probable cause exists to support the conclusion that children were exposed to and/or living in the drug environment, and as a result suffered neglect, abuse and/or maltreatment, then those children shall be entered as victims on the incident report and all subsequent supplemental reports filed by law enforcement in the criminal case.
 - i. Naming the children as victims on the crime incident report OR in a supplemental incident report is a crucial step if those children are to meet eligibility criteria as established by SOVA laws. Those SOVA laws and requirements must be followed for any consideration of payment. (For more information on SOVA policy and procedure go to www.sova.sc.gov)
 - c. **Remain with the child until DSS arrives.** If DSS was involved in the pre-operational briefing, the transfer to DSS can be immediate.
4. **Notify EMS as needed.** EMS will evaluate and transport children to a medical facility when urgent health concerns are present.
 - a. In a situation where the drug environment is a clandestine drug lab and there is a risk of exposure to these contaminants by and through handling the children, the local Fire Department shall respond to the children and decontamination shall take place prior to transporting the child to a medical facility. Once decontamination is completed, DSS and EMS can then have direct contact with those children and accompany them to the medical facility. (See Guidelines for Response to Clandestine Drug Labs)
 5. **Collect Evidence.** (See Law Enforcement Checklist Form One)
 - a. Photograph or videotape the location, paying special attention to any drugs, paraphernalia, and weapons accessible to children.
 - b. Photograph or videotape the children, making sure to record their general condition and any evidence of abuse, neglect, contamination, or other injury.

- c. Measure and record location/height of drugs, paraphernalia, and/or weapons and other items that may be a danger to children by using a tape measure or ruler and document the ages and height of the children in the home.
- d. Seize physical evidence pursuant to local evidence handling procedures and appropriate agency protocols and policies.
- e. Photograph or videotape the conditions of the bathrooms, bedrooms, children's play areas and food supply (e.g., lack of running water, filth, unsafe sleeping conditions, lack of hygiene products, etc.).

6. **Interview children as soon as possible.** Make every effort to interview DEC no later than 48 hours, regarding any harm they may have experienced. This interview should be outside the presence of the caretakers so the children may feel free to answer. If possible, DSS and law enforcement will collaborate with one another to determine the least intrusive method of interviewing the child. They will assist one another in the gathering of relevant information both for the drug investigation and in relation to the child's maltreatment. LE and DSS may determine that the extent of neglect and or abuse of the children require a referral to the local CAC for a forensic interview.

7. **Contact the Solicitor's Office.** At the beginning of the investigation or soon thereafter inquire as to whether there are any other charges pending. Inform the Solicitor that a child was present at the time of the drug raid and that evidence is being collected to assist in the prosecution of potential charges involving abuse and neglect of that child. If probable cause exists, consider the following possible charges: Cruelty to Children (S.C. Code Ann. §63-5-80), Unlawful Conduct towards a child (S.C. Code Ann. §63-5-70), Exposure of the Child to Methamphetamines (S.C. Code Ann. §44-53-378), Contributing to the Delinquency of a Minor (S.C. Code Ann. §16-17-490) or any other relevant criminal statute involving the abuse or neglect of that child. Coordinate with the Solicitor to determine all possible charges in relation to the child victim.

B. CHILD PROTECTIVE SERVICES - DSS

1. **Attend to Children at the Scene.** Once DSS arrives on the scene or at the medical facility treating the child, the DSS caseworker becomes the primary caretaker of any child at the scene. DSS is to remain with the child until

a proper placement is found. DSS will explain to the child why he/she is being separated from his/her parents and ensure ongoing services are provided to the child and parents/guardians.

2. **Collect information on children's health history.** Using the relevant, current Intake Form (See DSS Investigation Checklist Form Two and Medical History Form Three) collect health history about the children from parents, children, or other adults available at the scene. This form shall become a part of the medical record at the facility evaluating the children. To the extent possible, obtain a signed release from parents or legal guardians for access to all prior medical records for the children.
3. **Collect children's medication from home.** If a search can be safely conducted, check the home for children's medication(s) and medical equipment (e.g., nebulizer, glucometer), glasses, contacts, etc. Thoroughly describe these medical items on the DSS Investigation Checklist Form Two.
4. **Accompany children to the medical facility.** If there is no immediate danger of exposing the DSS caseworker to contaminants, the DSS caseworker will stay with the children at all times until proper placement is determined. All documentation acquired in the prior two steps should be relayed to the healthcare provider or primary care provider (hereinafter PCP).[1]
5. **Attend to children not at the scene.** Consideration should be given to whether there are children that may not be at the scene at the time of the arrests but are normally living in the home. DSS must evaluate these children in cooperation with LE, and promptly attend to their safety and health needs.

VI. Part 3: Medical Evaluation and Assessments of Children

A less prescriptive approach is appropriate for all potential drug endangered children that are not found in an active clandestine drug laboratory. This is due to the fact that there is a wide range of potential situations. If the child shows symptoms of a drug exposure; an urgent evaluation at an emergency department is appropriate. The evaluation should be guided by the exposure, symptoms, and potential outcome from exposure.

- a) A drug screen may be appropriate for clinical reasons because of the history of exposure and to confirm a diagnostic impression.
- b) For forensic purposes, it may be appropriate to collect urine or other specimens for toxicology screening. The responding or investigating officer will be responsible for the chain of custody. All forensic samples of urine, hair or blood should be processed by SLED or a reference lab identified by SLED where all samples shall be sent for processing. Forensic toxicology samples should be obtained within six (6) to twelve (12) hours but no later than twenty-four (24) hours of exposure to the children.

A. Baseline Medical Assessment (within 72 hours)

If there are no symptoms or concerns of recent exposure, the child should receive a baseline assessment from an appropriate healthcare provider within seventy-two (72) hours. An appropriate healthcare provider is: (a) a healthcare provider affiliated with a regional child advocacy medical assessment center; or (b) a PCP familiar with the SCDEC Guidelines. Prompt medical assessment is warranted due to the risk of toxicological, neurologic, respiratory, dermatologic, or other adverse effects of methamphetamine or other lab exposure, and the high risk of abuse and neglect.

1. The healthcare provider will receive information from the DSS caseworker regarding the conditions in which the child was found (See DSS Investigation Checklist Form Two).
2. The healthcare provider will conduct a standard medical review.
3. If appropriate to the medical facility, the healthcare provider will perform the following steps of the Baseline Medical Assessment:
 - a) Review the child's medical history.
 - b) Perform a complete pediatric physical exam paying particular attention to vital signs (temperature, heart/respiratory rate, blood pressure), the neurologic and developmental exams and respiratory status.
 - c) Perform laboratory or imaging testing as indicated by clinical status.
 - d) Follow up with appropriate long-term care where any test results suggest a need on behalf of that child.

V. Part 4: Follow-up Care

A. **Thirty (30) day visit.** The PCP may perform this care but a referral for follow up to the local children's advocacy center (CAC) to address any pending forensic needs and a mental health assessment and therapy may

often be indicated. The CAC staff will maintain a collaboration and line of communication with child's PCP, so PCP is aware of further pediatric, developmental, or medical needs of the child pertaining to the exposure that have been identified and need to be followed up by the PCP. This visit for initial follow-up care should occur within thirty (30) days of the baseline medical assessment to reevaluate comprehensive health status of the child, identify any latent symptoms, and ensure appropriate and timely follow-up of services. If possible, the visit should be scheduled late in the thirty (30) day timeframe for more valid developmental and mental health assessments. At this visit follow-up of abnormal laboratory, imaging, and toxicological testing is indicated.

B. **Long-term Follow-up Care.** Long term follow-up care is designed to monitor physical, emotional, and developmental health; identify possible late developing problems related to the drug environment (if exposure at the time was a possibility); and provide appropriate intervention. At a minimum, a pediatric visit is required at six (6) and twelve (12) months after the baseline medical assessment. Children considered to be drug exposed or endangered should receive follow-up services at a minimum of eighteen (18) months after identification.

- 1) Follow-up of previously identified problems.
- 2) Perform comprehensive physical exam and diagnostic testing as indicated with particular attention to prior abnormal findings.

C. **Developmental and Mental Health Assessments.** For many children further developmental and mental health assessments are appropriate. The need for these evaluations can be determined by consultation between the PCP and the CAC staff. The following services require a child psychologist, qualified mental health professional, or licensed therapist.

- 1) Perform a full developmental examination using an age-appropriate instrument within thirty (30) days, six (6) months and twelve (12) months, after the baseline medical assessment. If abnormal findings indicated, schedule referral and intervention with appropriate provider.
- 2) Perform a mental health assessment within thirty (30) days, six (6) months, and twelve (12) months, after the baseline medical assessment. If abnormal findings indicated, schedule referral and intervention with appropriate provider.

Explanation of Forms

1. The forms and checklists appended to these guidelines and are intended to be incorporated as part of the SCDEC Guidelines for Response to Clandestine Drug Laboratories. The forms are:

Form One: Law Enforcement Checklist
Form Two: DSS Investigation Checklist
Form Three: Medical History Checklist
Form Four: List of Chemicals

Endorsements

Individuals endorse the SCDEC Guidelines on behalf of their agencies or associations. See the Signature Page.2014 Guidelines.pdf

Referenced Documents

Until SCDEC **Guideline** Forms are available in the Master Forms Index, Common Non-DSS Forms, use copies of the forms included in the manual memo releasing this revision.

NOTE: (Forms also located in "REFERENCE DOCUMENTS" folder on Policy SharePoint site.)

Revision Comments-

2014-Updated version of document previously known as South Carolina Drug Endangered Children Protocol.