

***PUTNAM COUNTY
DRUG ENDANGERED CHILDREN'S TEAM***

INTERAGENCY OPERATING AGREEMENT

Table of Contents

<u>Table of Contents</u>	<u>Page</u>
Interagency Operating Agreement	3 - 5
Law Enforcement	6 - 7
Fire/EMS.....	8 - 9
Department of Children’s Services.....	10 - 12
Medical.....	13 - 14
Upper Cumberland Child Advocacy Center.....	15
Prosecution.....	15

**PUTNAM COUNTY
DRUG ENDANGERED CHILDREN'S TEAM
INTERAGENCY OPERATING AGREEMENT**

November 17, 2008

Whereas: The increasing number of child abuse cases, related or unrelated to the growth of illegal methamphetamine labs and/or other illegal drugs is a major safety issue for the children of Putnam county; and

Whereas: The children are the innocent victims of abuse and/or exposure of methamphetamine labs and other illegal drugs; and

Whereas: The emerging needs of these children who are negatively effected by the epidemic of child abuse, methamphetamine and/or other illegal drugs must be addressed; and

Whereas: The mission of the Drug Endangered Children's Team is to bring together appropriate agencies and organizations to present a process and method of information sharing, cooperation, and coordination leading to improve public policy for these children in need;

We, the members of the Drug Endangered Children's Team, vested with the responsibility of ensuring the safety and well-being of our children and our youth, agree to adopt this Interagency Operation Agreement in order to:

1. Promote information sharing strategies that support comprehensive, proactive partnerships between juvenile court, law enforcement, schools, government agencies, and social services providers.
2. Share information for planning and research purposes in a manner that is legal and appropriate.
3. Establish an interagency working group to identify and address the victimization of children as related to the abuse, illegal drugs and/or illegal operation of methamphetamine labs.
4. Maintain a comprehensive strategy that coordinates, assesses, plans and acts upon identified implementation phases.

5. Develop organizational processes and policies to coordinate information and services in a collaborative manner to improve systemic responses to youth related issues.
6. Share information between participating agencies with the justice system regarding any form of child abuse, methamphetamine and/or other illegal drug related crimes against children.
7. Utilize all services to reduce trauma of child abuse victims and to promote the healing process.

This memorandum of understanding is agreed upon on this the 17th day of November 2008.

Algood Fire Department **Date**

Algood Police Department **Date**

Baxter Fire Department **Date**

Baxter Police Department **Date**

Cookeville Fire Department **Date**

Cookeville Police Department **Date**

Cookeville Regional Hospital **Date**

Putnam County District Attorney **Date**

Putnam County EMS **Date**

Putnam County Fire Department **Date**

Putnam County Sheriff's Department **Date**

Tennessee Bureau of Investigation **Date**

Tennessee Department of Children's Services **Date**

Upper Cumberland Child Advocacy Center **Date**

METHAMPHETAMINE PROTOCOL

LAW ENFORCEMENT

RESPOND TO CALL – REPORT TO DCS IF CHILD IS INVOLVED

1. Secure the scene of suspected methamphetamine lab – ensure the safety of initial responders, children and others at the scene.
 - a) Contact Fire/EMS for evaluation and decontamination of child and others at the scene or at the appropriate medical facility as indicated.
 - b) Notify clan lab certified officers who will start the investigation.

ASSESS CONDITION OF CHILD

2. Take child into protective custody and notify DCS to respond.
 - a) Leave all toys and other personal belongings at the site.
 - b) Leave all food and drink (including baby bottles) at the site.

PLACE CHILD IN PROTECTIVE CUSTODY PENDING TRANSFER TO DCS IF NECESSARY (DRY DECON REC)

3. Transfer custody of child to DCS once decontamination is completed by Fire/EMS or appropriate medical facility
 - a) Do not release child to immediate family members or neighbors. Can be detached family if approved by DCS.
 - b) The child remains in the protective custody of law enforcement until DCS arrives and takes physical custody or transported to medical by EMS – all placement decisions are made by DCS.

COLLECT PHYSICAL EVIDENCE FOR COURT PROCEEDINGS

4. Examine scene for evidence that indicates the presence of a child
 - a) Document by video or photograph the scene giving particular attention to the following:
 - Child's accessibility to drugs, chemicals, syringes and drug paraphernalia (measurements of height, depth of shelves, tables, etc. for comparison with height and reach of child)
 - Proximity of hazards to child's play and sleep areas

Non-drug hazards and other indications of neglect
Access to pornography
Access to weapons
Food quantity and quality
Sleeping conditions
Sanitary conditions

b) Photograph the child at the scene if possible and document the following:

Injuries
Cleanliness (or lack thereof) and dress
Signs of neglect or abuse

c) Identify the parents of the child and obtain biographical information on suspects, caregivers and witnesses.

- 1) Get addresses, phone numbers and other identifying information for parents
 - 2) Determine family composition and the existence of siblings (ensure to the extent possible that a sibling is not temporarily absent – e.g. at school or staying with a friend or family member)
 - 3) Identify other caregivers if appropriate
5. Receive and submit biological samples, including, but not limited to, urine samples collected at the medical facility for any child found in the methamphetamine lab and submit to the appropriate testing facility.
6. Surveillance equipment, weapons, and explosives will be noted, photographed, and measured. Document if the weapons were loaded or the explosives were live.

FACILITATE CLEAN UP AND DATA COLLECTION

7. Contact local Drug Enforcement Administration (DEA) office to coordinate clean up of hazardous material on site.
8. Submit data to EPIC (El Paso Intelligence Center) and other appropriate data bases.

FIRE/EMS

RESPOND TO CALL – IF CHILD INVOLVED CONTACT LAW ENFORCEMENT

1. Secure the scene and ensure the safety of initial responders, children and others found at the site.
2. Set up appropriate field decontamination measures. Ensure that all individuals exposed to toxic chemicals are properly decontaminated.
3. ensure that any child at the scene is appropriately decontaminated
 - a) Photograph the child prior to decontamination if possible
 - Document injuries
 - State of cleanliness and clothing
 - Signs of neglect or abuse
 - b) For a symptomatic child, decontaminate at the scene and transport immediately to the appropriate pediatric medical facility
 - c) For an asymptomatic child
 1. If the child can be wrapped in a Tyvex or other appropriate blanket, wrap the child and transport to the appropriate pediatric medical facility for decontamination.
 2. If the child cannot be wrapped, decontaminate on site and transport to the appropriate pediatric medical facility
4. Leave all personal belongings (toys, books, etc) and all food items (baby bottles, snacks, etc.) at the lab site.

ASSESS CONDITION OF CHILD – PROVIDE MEDICAL CARE AS INDICATED

5. Perform a field medical assessment to see if emergency medical care is necessary
 - a) For a child with obvious injuries or illness, transport immediately and notify DCS to meet the child at the hospital
 - b) For child not obviously critical perform field medical assessment consisting of vital signs (temperature, blood pressure, pulse, respirations) pediatric triangle of assessment (airway, breathing, circulation)

COORDINATE TRANSPORTATION OF CHILD TO HOSPITAL

6. Transport the child to the hospital for further medical evaluation after decontamination as set out above.

DEPARTMENT OF CHILDREN'S SERVICES (DCS)

RECEIVE AND REVIEW LAY ENFORCEMENT REPORTS OF POSSIBLE CHILD ABUSE/NEGLECT

1. Respond expeditiously and appropriately.
 - a) If contacted by law enforcement or Fire/EMS, respond immediately to the medical facility to which the child will be transported by Fire/EMS personnel.
 - b) If the first report of a suspected methamphetamine lab site is received by DCS, contact law enforcement for assistance and respond as instructed.
2. Evaluate family composition and identify all available relative resources.
 - a) Interview individuals with information about the child and the child's circumstances.
 - b) Obtain information collected by law enforcement regarding family members and other caretakers including names, addresses and telephone numbers and availability of alternative placement options.
 - c) Attempt to locate and coordinate removal of children that were not actually at the location of the methamphetamine lab but who are family members (e.g. children at school)

ASSUME CUSTODY

3. Assume physical custody of child once decontamination has been completed by Fire/EMS or hospital personnel.
 - a) Ensure that the child has no toys or other personal belongings from the site.
 - b) Ensure that no food or drink (including baby bottles) from the site accompanies the child.

ENSURE LEGAL DETERMINATION

4. Follow established DCS policy for obtaining legal custody of the child.
 - a) Contact immediate supervisor and others as appropriate

- b) Contact DCS legal for permission to remove the child and to evaluate the appropriate placement options.

RESPOND TO MEDICAL FACILITY

- 5. Fire/EMS will be responsible for transportation of the child to the appropriate medical facility and notifying DCS of the location of the child.
 - a) Respond expeditiously to the designated medical facility
 - b) Ensure that appropriate decontamination (to be performed either by Fire/EMS or hospital personnel) has been completed.
- 6. Ensure that appropriate medical care is provided.
 - a) Medical evaluations and testing completed as necessary
 - b) Obtain all medical records available including emergency room records – follow up with additional medical requests as further medical records are identified.
 - c) Notify the Health Department of methamphetamine exposure when requesting EPSD&T evaluation or when scheduling other medical evaluations
 - d) Review emergency room records to determine if further medical evaluation is recommended.

FOSTER CARE/RELATIVECARE

- 7. Contact resource management and evaluate placement options.
 - a) Identify appropriate relative resources if possible
 - b) Facilitate foster care or relative kinship care as appropriate.

CONDUCT INTERVIEWS, GATHER INFORMATION AND COLLECT EVIDENCE

- 8. Ensure that urine sample is collected from child at medical facility within two (2) hours of custody unless exigent circumstances exist.
- 9. Obtain evidence from law enforcement and independently.
 - a) Photograph physical condition of child if possible

b) Interview child and any other available witnesses to determine

- Primary caregiver
- Child's knowledge of drug manufacturing process
- Child's living area in relation to the actual methamphetamine lab
- Medical problems
- School attendance
- Did they assist with the production process
- Who else visits in the home
- Identify odors in the home

c) Coordinate further interviews with law enforcement.

PARTICIPATE IN ALL LEGAL PROCEEDINGS

10. Follow up with DCS legal to complete necessary legal proceedings.

- a) Contact DCS legal next working day to complete legal documents
- b) Participate in all hearings scheduled
- c) Assist with identifying and contacting witnesses and gathering evidence.

MEDICAL

MEDICAL FACILITY SHALL COMPLETE DECONTAMINATION PROCEDURES AS DETERMINED TO BE APPROPRIATE

1. Complete decontamination as consistent with unknown chemical exposure.
 - a) For children who are symptomatic of a chemical exposure with respiratory, cardiac, neurological, or dermatologic compromise, further cleansing of the exposed surfaces should be considered.
 - b) For an asymptomatic child
 1. If the child can be wrapped in a tyvex or other appropriate blanket, the child will be wrapped and transported by Fire/EMS to the appropriate medical facility for decontamination
 2. If the child cannot be wrapped, Fire/EMS will decontaminate on site and transport to the appropriate medical facility.

MEDICAL PERSONNEL WILL PERFORM NECESSARY MEDICAL EMERGENCY CARE

2. Conduct emergency evaluation including:
 - a) Baseline vital signs
 - b) Respiratory and cardiac status
 - c) Dermatology review
 - d) Neurologic screen
 - e) Consider calling local child abuse specialist
 - f) Note other signs of neglect or abuse (e.g. growth parameters, developmental delays)
3. Assist with collection of urine sample for evidentiary purposes
 - a) Ideally, should be collected within two (2) hours of child's removal from methamphetamine site
 - b) Urine sample shall be maintained by hospital personnel until collected by law enforcement

CHILD SHALL REMAIN AT MEDICAL FACILITY PENDING DCS CUSTODY

4. Hospital security shall ensure that the child remains at the hospital and is released to no one other than that identified DCS personnel

- a) DCS shall respond promptly to the medical facility
- b) DCS shall make an evaluation of custody options and place appropriately

MEDICAL RECORDS SHALL BE RELEASED TO DCS ALONG WITH THE CHILD

- 5. Emergency medical records shall be recorded, copied and made available to DCS before the child is released
 - a) A HIPAA exception exists for endangered children
 - b) Any ongoing medical problems should be documented and brought to the attention of DCS personnel
 - c) Follow up with appropriate DCS personnel to ensure that medical problems are identified and appropriate referrals are made.

PROSECUTION

1. PROSECUTION OF THE PERPETRATOR

- a) Be available for initial contact when law enforcement feels it is necessary to report alleged crime to the District Attorney's office.
- b) Work hand in hand with law enforcement to advise them on how the case is proceeding.
- c) Review all evidence and make the final decision on the appropriate criminal charge for the alleged crime.
- d) Help navigate the case through the court system from initial charge to plea/trial.

2. PROTECTING THE RIGHTS AND INTERESTS OF THE VICTIMS AND THEIR FAMILIES

- a) Successfully shield the victim from any unnecessary trauma that may arise from exposure to the court system.
- b) Work closely with the staff at the Upper Cumberland Child Advocacy Center (UCCAC) to bring all agencies of interest together to a victim-friendly environment to proceed with interview/investigation.
- c) Minimize number of interviews of victim by utilizing the UCCAC.
- d) Take into consideration the feelings of the victim and victim's family when making decisions regarding the prosecution of the perpetrator.
- e) Help guide victim and victim's family through the court system maze.
- f) Take into consideration wishes of victim and victim's family when making final decision of disposition of case. (i.e. trial/plea)