

Section 1000 Drug Endangered Children

I. Introduction

North Carolina is being confronted with problems unmatched by other illegal drugs in the past. While there are other drugs that are produced in clandestine laboratories, this section refers to methamphetamine laboratories **only**. Methamphetamine is inexpensive and easy to make and the ingredients are easy to obtain. The chemicals, production process and the waste generated by the production of methamphetamine in clandestine labs pose very serious dangers to public safety and the environment. Some of these dangers are toxic poisoning, chemical and thermal burns, fires and explosions. One pound of methamphetamine produces six pounds of toxic waste and this waste is being introduced into the environment by burning or dumping.

The number of methamphetamine laboratories discovered in North Carolina has continued to increase yearly. While the majority of the methamphetamine laboratories have been located in the western part of the state, there has been a gradual progression across the state. There were 9 confirmed methamphetamine laboratories in North Carolina in 1999. That number rose to 16 in 2000, 34 in 2001, 98 in 2002 and 177 in 2003. As of September 15, 2004 there have been 277 methamphetamine laboratories confirmed in North Carolina. Not only have the number of confirmed laboratories continued to grow each year, North Carolina is also seeing an increase in the size of the laboratories. "Super labs" are laboratories that produce ten pounds of methamphetamine at a time.¹

Children were found in approximately 25 percent of these laboratories. The children who live in and around methamphetamine laboratories have a high risk of harm due to their developmental nature, the abuse and neglect that their parents/caretakers and others that frequent the home inflict on them and their inability to protect themselves. The children in these homes are also exposed to serious toxicities and dangers that could have long term effects on their health and development. These effects have not yet been well-studied.

Representatives from several county and State agencies have come together as a work group to address the issues of methamphetamine laboratories and safety for the children and the professionals that respond to these sites. The Division of Social Services has taken the lead in writing policy and protocol with the help of this work group. The Division of Social Services took the lead because the number of children found in methamphetamine laboratories has increased. Because of the safety risks to children and county Departments of Social Services staff in responding to these situations, it is imperative that guidelines and procedures for responding are in place. It is also very important that everyone has clear role definitions in regards to responding to a methamphetamine laboratory site that involves children. The North Carolina General Assembly appropriated funding for Child Protective Services policy development and training for county Child Protective Services social workers. Because of the seriousness of the situation the General Assembly also passed [House Bill 1510](#) and [House Bill 1536](#) that gives stiffer penalties for possession of precursor substances and manufacturing methamphetamine in the presence of a person under the age of 18.

¹ North Carolina State Bureau of Investigation

II. Purpose

Responding to a suspected methamphetamine laboratory where children are involved requires a coordinated approach involving a multidisciplinary team to ensure everyone's safety. Those who make methamphetamine often use methamphetamine, making them prone to violence. It is a powerful stimulant and produces physiological changes similar to the fight or flight response. Methamphetamine use can cause aggression, paranoia, depression and irritability, making the user's behavior unpredictable. Methamphetamine users will often use weapons, explosives traps and surveillance equipment to protect and keep their operations secret.

The purpose of a multidisciplinary protocol is to provide local professionals with specific procedures for response to situations where there are drug endangered children as a result of secret methamphetamine laboratories or other drug production, trafficking and abuse. Memoranda of Agreement among these local multidisciplinary teams should also be developed to formalize roles and relationships at the local level.

Implementing a Drug Endangered Children (DEC) protocol that has been developed with local community requirements ensures that children who may be at risk for exposure to methamphetamine and methamphetamine laboratories receive protection, advocacy and support. This protocol also ensures that investigations provide the best opportunity for prosecution, while ensuring the safety of the local professionals (social workers, first responders, etc).

The following policy is designed to outline the process for county Departments of Social Services' response to methamphetamine laboratories when children are involved, as well as provide guidance around developing the local multidisciplinary protocol. While the dangerous nature of responding to methamphetamine laboratories requires some very different responses by county Departments of Social Services that may seem contrary to the usual practices in child welfare, many of the usual policies and procedures that apply across child welfare will remain the same. In the following policy, special attention will focus on the unusual requirements in methamphetamine laboratory situations, while referring back to the existing policy when appropriate.

III. Intake

1. Report from Law Enforcement

If county Departments of Social Services receive a CPS report from law enforcement of children living in or present where the methamphetamine laboratory was located or were otherwise endangered by exposure to the drug, its ingredients, its by-products or waste, they shall gather the basic identifying information and household composition.

Follow instructions outlined in Volume 1, Chapter VIII, Section 1407, Structured Intake of the Family Services Manual for screening criteria when there are additional allegations. A two level review is required for all CPS reports.

If the referral comes from law enforcement it should be considered a confirmed methamphetamine laboratory. It would be rare that a referral with these allegations would not be accepted for investigative assessment.

The social worker shall also gather other specific information from law enforcement relating to methamphetamine laboratories to include, but not limited to:

- What time is the raid planned?
- Where are the children now? At the time of the planned raid?
- Is there a briefing meeting planned? If so, when and where?
- Has the rest of the first responders team been contacted?
- Has there been prior law enforcement involvement with this family?

Law Enforcement should contact other appropriate law enforcement investigators to include the Drug Enforcement Agency (DEA) Certified officer/SBI. If the report only alleges exposure to a methamphetamine laboratory and there are no other allegations, the report should be **screened in** as injurious environment.

In the Multiple Response System (MRS) counties, all reports of children being exposed to suspected or confirmed methamphetamine *laboratories* will be accepted on the forensic track.

Referrals alleging methamphetamine *use only* may be accepted as a family assessment.

2. Report from Non Law Enforcement Individuals

If county Departments of Social Services receives a CPS report from someone other than law enforcement of children living in or present where the methamphetamine laboratory was located or were otherwise endangered by exposure to the drug, its ingredients, its by-products or waste, they shall gather the basic identifying information and household composition. Follow instructions outlined in Volume 1, Chapter VIII, Section 1407, Structured Intake of the Family Services Manual for screening criteria. A two level review is required for all CPS referrals. The social worker shall also gather other specific information relating to methamphetamine laboratories to include but not limited to:

- Specific description of condition of the house fires? Safety hazards?
- Proximity of the lab to the home? In the home? In a shed in the back yard?
- Are the children present when the drug is being cooked?
- High degree of adult traffic at the home?
- Drug paraphernalia? Chemicals? [Precursor List](#)

Drug Endangered Children

01/01/05

- Surveillance equipment?
- Description of adult substance abuser behavior (paranoia, abnormal patterns, aggression, tweaker). [Glossary](#)
- Have the police ever been to the home?
- Where are the children at time of report?

Whether the report is screened out or in, DSS shall make an immediate oral and subsequent written report of that information to the district attorney or the district attorney's designee and to the appropriate local law enforcement agency within 48 hours after receipt of the information as outlined in Volume I, Chapter VIII, Section 1408 of the Family Services Manual.

When deciding whether the report is accepted for abuse, neglect, or dependency there are several things to consider.

- Where is the laboratory in relation to the children?
- Are the parents smoking methamphetamine in the home?
- Is the product being brought into the home?
- Are chemicals accessible to the children?
- Have the children been injured by the chemicals? Is the reporter aware of the children being present during a cook?
- Is the reporter doubtful or certain of the presence of a methamphetamine laboratory?
- Are there any other allegations of abuse, neglect or dependency?

In the Multiple Response System (MRS) counties all reports of children being exposed to suspected or confirmed methamphetamine *laboratories* will be accepted on the forensic track.

Referrals alleging methamphetamine *use only* may be accepted as a family assessment.

IV. Initiation

Upon acceptance of a CPS report which includes a methamphetamine laboratory, the county DSS must cooperate with the law enforcement agency or agencies in planning any initial contact. Social Workers **should not** respond to a suspected laboratory site without the presence of law enforcement, preferably a DEA certified officer. **All methamphetamine laboratory reports require law enforcement assistance regardless of whether they are suspected or confirmed.** When advance notice is possible, the social worker responding to the scene should attend the law enforcement briefing held prior to responding to the suspected or confirmed laboratory site. The social worker should document any reasons for delay in initiating the investigative assessment.

Please be aware that one social worker alone may not be able to do everything that needs to be completed at the initial contact in a CPS investigative assessment regarding drug endangered children. While one social worker may be assigned to the referral, it is highly recommended that

Drug Endangered Children

01/01/05

a team be assigned to assist with the initial response, so someone is available to file non-secures or petitions with the Court, assist with the care of the children, get food for the children, etc.

North Carolina General Statutes mandate that all reports of abuse must be initiated immediately, but no less than 24 hours. All neglect reports shall be initiated within 72 hours. Initiation is defined as having face to face contact with the victim child(ren). **If Social Workers are not able to meet mandated time frames for initiation because of coordinating with Law Enforcement, it must be documented in the record.** Documentation **must** reflect who the social worker spoke with from law enforcement and the reason for the delay in initiating the referral. Documentation must reflect that the social worker spoke with the social work supervisor regarding the delay in initiating the investigative assessment.

The assigned Social Worker(s) shall meet or arrive with Law Enforcement at the suspected laboratory site. The social worker(s) shall identify themselves to all agencies that have responded to the scene. The local law enforcement agency should take the lead at the laboratory site. **At no time should DSS staff enter a methamphetamine laboratory location during this process.**

Law Enforcement should be responsible for securing the area, gathering physical evidence and removing the children if they are in the home at the time of the initial contact. The social worker shall obtain information concerning the general conditions of the home from law enforcement s photos and observations. Law Enforcement should be responsible for documenting what chemicals were found in the home. See [DSS-5259](#) for suggested Exposure Record form. At this point, the information obtained from law enforcement and others at the scene would be used to complete the Safety Assessment with the parents/caretakers.

If Mental Health/Substance Abuse responds to the scene, they should be responsible for assessing the children s current state of mind and assessing for substance abuse regarding the parents/caretakers. The DSS social worker should coordinate with Mental Health to obtain the results of their assessments. This information should also be included in the Structured Decision Making Tools.

1. Children in the home at the time of the first contact

If there is a confirmed laboratory with children present, the children may need to go through a decontamination process facilitated by law enforcement/EMS or other public health agency staff, as assessed by the on scene responders. See [DSS-5258](#) for a suggested Decontamination Field Assessment. As a first responder team member, EMS should be available to evaluate the children s immediate medical needs and transport the children to the hospital for emergency medical treatment.

The Social Worker(s) shall assume the primary role with respect to any children at the scene once law enforcement has removed them from the home. The Social Worker(s) shall remain with the children through the completion of the medical assessment until all children are in an appropriate placement. An appropriate placement may include a

parent that was not involved with the methamphetamine laboratory, a relative or kinship placement or a licensed placement.

Facilitating an immediate medical assessment may include gathering the children's medical history, and transporting the children and the parent or Safety Resource to the primary physician's office, health department or hospital, if ambulance transportation is not required. The social worker should begin gathering information for the Child Health Status Component, [DSS-5243](#) at the initial contact and complete as soon as possible but within 48 hours. Please be aware that this examination may take several hours and the children will need to be fed. Therefore, the social worker should arrive at the scene prepared with baby formula, snacks, money for fast food and vending machines, etc. based on the age of the children involved. Pampers, baby wipes, etc. may also need to be readily available for the social worker.

The children shall be assessed by a physician for any immediate health or safety concerns. The physician shall screen the children for drug and chemical exposure to receive any necessary treatment and gather evidence. This screening may include but is not limited to obtaining a urine sample within 2 but no later than 4 hours, taking the children's vital signs, liver and kidney functioning tests, baseline electrolytes, CBC, pediatric physical exam, etc. Any test run for forensic purposes must follow the chain of evidence procedures required by law enforcement. When requesting laboratory results regarding the levels of methamphetamine in children, the social worker should explain to laboratory staff that any evidence of methamphetamine at all should be reported. Industrial levels should not be used in evaluating children's exposure to methamphetamine. Please see [DSS-5256](#) for the form to be completed by the physician during the medical assessment.

Be aware that if the DSS does not hold custody, the social worker cannot give permission or sign for medical treatment for the children. If a parent/caretaker is not available to give consent for the required medical evaluation, then the parent must give the Safety Resource consent to sign for medical treatment. This consent can be added to the Safety Assessment with the parents/caretakers' signatures. Also, [North Carolina General Statute 90-21.1](#) gives physicians the authority to treat minors without the parent's permission in certain situations. If the parents/caretakers refuse to give the Safety Resource consent, DSS may file a petition to ask the Court's permission for medical treatment or file a non-secure custody order and petition and assume custody of the child.

When the children are removed from the laboratory site, none of their belongings may be removed from the home and taken with them to their new placement. An **exception** to this may be necessary medication or medical equipment that may be decontaminated by wiping off with soap and hot water. DSS may consider having items such as bottles, blankets, teddy bears, pacifiers, diapers, snacks, juices, formula, children's books, toys, toothbrushes, hair brushes, pajamas and other necessary clothing in all sizes, etc. available to replace some of the children's belongings. DSS may also consider having shoe protectors, latex gloves and disposable wipes available for the social workers' safety.

Drug Endangered Children

01/01/05

If the media arrives at the scene, please be mindful of the children and their exposure to the cameras and reporters. If at all possible, the children should be protected from media exposure.

The social worker(s) shall also be responsible for initiating a CPS investigative assessment according to policy outlined in Volume I, Chapter VIII, Section 1408 of the Family Services Manual and locating safe housing for the children. Locating safe housing may include completing a Safety Assessment with the parents at the scene or in the jail and a Kinship Assessment on the home the children will be going to or assuming legal custody and placing the children in foster care. As of January 1, 2005 [General Statute 130A-284](#) goes into effect. This statute states that for the protection of the public health, the Commission shall adopt rules establishing decontamination standards to ensure that certain property is reasonably safe for habitation. An owner, lessee, operator or other person in control of a residence or place of business or any structure appurtenant to a residence or place of business, and who has knowledge that the property has been used for the manufacture of methamphetamine, shall comply with these rules. The contaminated property shall **not be occupied** prior to decontamination of the property in accordance with these rules.

The Social Worker(s) shall provide the person assuming care of the children with a description of what the child has been exposed to, any medical treatment the child has received, any follow up appointments the child has, instructions for avoiding contamination, observing the child for symptoms that require medical care and the name and number of whom to call if the caregiver has concerns. Please see [DSS-5257](#) Placement Guidelines for a form to give to the placement provider with all necessary information.

The social worker may take temporary custody per General Statute 7B-500 and General Statute 7B-501. If legal custody is taken, the social worker(s) shall complete all necessary legal paperwork and file the petition and non-secure custody order with the Clerk of Court.

If there is not a confirmed laboratory in the home, the Social Worker(s) shall continue with the investigative assessment based on any other allegations of abuse, neglect or dependency that may have been alleged in the referral as outlined in Volume I, Chapter VIII, Section 1408 of the Family Services Manual.

2. Children not in the home at the time of the first contact

If the children are not in the home at the time of the initial contact, the Social Worker(s) will locate them and assess their health, safety and well being. The children may not need to be decontaminated if they have been out of the home for 72 hours, but they will need to be examined by their physician. If the children are at school, the risk is minimal that they may have contaminated other children or school personnel because most of the chemicals dissipate in the air once the child is out of the area where the laboratory is located.

V. Ongoing Investigative Assessment

DSS shall work with Law Enforcement and the District Attorney's Office to make a decision regarding any charges filed. DSS shall assist with this process by sharing information and testifying in court, if necessary.

The social worker(s) shall make contact within 48 hours with the children and caregiver to determine how the children are doing and if there are any medical follow-up needs and if a referral to Children's Developmental Services Agency (CDSA) for an early intervention evaluation or the Local Management Entity for a mental health assessment, if needed. This time frame is necessary because of assuring any medical needs are met and because at this time the effects of long term exposure to methamphetamine are unknown. Any necessary evaluations need to be scheduled as quickly as possible to ascertain and obtain the appropriate services needed for the children.

The social worker(s) shall coordinate a joint interview of the children with law enforcement at a child friendly site within 48 hours, if not completed at the initial contact. At the initial contact, the children's medical evaluation and needs take priority. This time frame is necessary to assure that the children are interviewed quickly and to gather as much information as is needed to make an informed decision regarding abuse, neglect or dependency.

The social worker(s) shall ensure that any necessary follow up medical care is received and may refer the children for a Child Medical Evaluation for a more thorough forensic examination. A developmental screening shall take place at this examination. If the initial urine screen was negative for methamphetamine, DSS may consider having a hair sample taken to determine any levels of methamphetamine the child may have. This examination shall be scheduled within 30 days of the initial evaluation, although the actual examination may take place later than 30 days.

The social worker(s) shall continue with the protocol for completing a CPS investigative assessment as outlined in Volume I, Chapter VIII, Section 1408 of the Family Services Manual.

VI. Case Decision

The social worker(s) shall complete the North Carolina Structured Decision Making Tools to assist in making the case decision as outlined in Volume I, Chapter VIII, Section 1408 and staff the case with the supervisor/team once the investigative assessment is complete.

Prior to any child's return to the home where the methamphetamine laboratory was **located**, the home must have been decontaminated in accordance with the rules in N.C.G.S. 130A-284 effective January 1, 2005. Also, remember that another Safety Assessment must be completed prior to a child returning to the parent's care if a Safety Resource was identified to care for the child initially.

VII. Social Worker Safety

Seventy-five percent of methamphetamine laboratories that have been discovered in North Carolina have been stumbled upon. These laboratories are most dangerous when they are operational. Please be advised, if you enter a home for any reason and discover strong indications of a methamphetamine laboratory remove yourself immediately and report to your supervisor and local law enforcement agency. All allegations, whether contained in the original report or uncovered during the course of the investigative assessment, shall be documented in the case record. All information gathered during the fact finding process shall be incorporated into one case decision and one DSS-5104.² Any allegation and/or incident that meets the legal definitions of abuse, neglect or dependency received at any time during the course of In-Home or Placement Services, shall be documented as a new report and the agency shall conduct a prompt and thorough investigative assessment.³ **Do not confront** the parent/caretaker about your suspicions. Most people who manufacture methamphetamine use it. Methamphetamine is a powerful stimulant and can cause aggression, paranoia, depression and irritability. Methamphetamine users behaviors are unpredictable. They often have access to weapons. They also may use booby traps and explosives to protect their laboratories. The social worker will return with appropriate law enforcement officers to address the allegations of the methamphetamine laboratory with the parents/caretakers. It is also important to understand that a cook that is interrupted is extremely dangerous and volatile. The process **needs** to be completed in order to avoid an explosion or fire. Find an excuse to get out of the home as quickly as possible, such as I just stopped by for a minute to see how you were doing because I was in the area for another appointment. **The social worker should never use sense of touch or smell to try to identify chemicals or unknown substances.**

If after being in the home or laboratory site, the social worker begins to have headaches, burning eyes, difficulty breathing, etc. medical attention should be sought **immediately**. The social worker may also have come into contact with chemicals or toxins that could contaminate others. This contamination may not be obvious, so some precautions are necessary. Place any clothes worn at the lab site into a plastic bag until they can be washed. The clothes should be washed separately on the hottest setting. Rewash a second time and air dry outside the home, **not in the dryer**. Run the washer once empty to clean it thoroughly. Shoes should be washed with the clothes if possible or wiped clean with soap and hot water. The social worker should bathe in very warm, but not hot water and use lots of soap. Wash completely including hair, face, between toes and other hard to reach places. Drain the tub and take a second bath to remove any residual chemical. Drain and clean the tub thoroughly afterwards.

VIII. Placement Provider Preparation and Safety

It is imperative that the placement providers are given as much information concerning what the child has been exposed to, what medical treatment the child has received and any follow up appointments the child will need to attend. The social worker will need to provide the placement provider or safety resource with the Child Health Status Component at the time of placement.

² Children s Services Standard #18

³ Children s Services Standard #19

Drug Endangered Children

01/01/05

The placement provider also needs to be given instructions for decontamination to reassure themselves regarding their risk of contamination and what symptoms to look for in the child. Some contamination may not be obvious, so some precautions may be necessary. Place any clothes worn by the child into a plastic bag until they can be washed. The clothes should be washed separately on the hottest setting. Rewash a second time and air dry outside the home, **not in the dryer**. Run the washer once empty to clean it thoroughly. Shoes should be washed with the clothes if possible or wiped off with soap and hot water. The child should bathe in very warm, but not hot water and use lots of soap. Wash the child completely including hair, face, between toes and other hard to reach places. Drain the tub and give the child a second bath to remove any residual chemical. Drain and clean the tub thoroughly afterwards. The social worker and licensing social worker should reassure the placement provider that their risk of exposure is minimal since the child has either been decontaminated or assessed to not need decontamination prior to placement.

Because some effects of chemical exposure can develop slowly, the placement provider should seek immediate medical attention if they notice the child experiencing:

- Headache
- Drowsiness
- Unusual movements like tremors, shaking, jumpiness, agitation or seizures
- Difficulty breathing, wheezing, coughing or poor color
- Fever
- Hallucinations or mental confusions
- Any other unusual symptom that seems severe

It is also likely that the circumstances of the discovery of the illegal methamphetamine laboratory and removal have been traumatic for the child. In addition the child may have been subjected to neglect or physical or sexual abuse. It is important for the placement provider to ensure that the child has a warm, stable environment and to understand the emotional reactions that may follow.

IX. Developing Local Multidisciplinary Protocol for Responding to Methamphetamine Laboratories

Suggested Members

Department of Social Services (DSS)
Fire Departments/Fire Marshal/Emergency Management
District Attorney's Office
Mental Health/Substance Abuse
District Court Judges

Guardian ad Litem (GAL)
School System

Law Enforcement
Environmental Health
Physicians/Nurses/Hospitals
Emergency Medical Services (EMS)
Foster Parents/Foster Parent Association
Child Medical/Mental Health Evaluation Program
Media
Juvenile Court Counselors

Drug Endangered Children

01/01/05

Child Advocates
 Early Intervention
 County Manager/Commissioners
 Physical Health

Housing and Urban Development (HUD)
 Domestic Violence Shelters
 County/DSS Attorney
 Children's Developmental Services Agency (CDSA)

Others

Collaboration

Collaboration is an open and shared decision-making process. Those who collaborate draw upon the strengths, abilities and resources of each member of the group. The county Departments of Social Services have legal responsibility for investigating allegations of abuse, neglect and dependency. With the increase in the number of methamphetamine laboratories involving children rising each year and the dangers involved for the professionals that respond to these sites, it is imperative that DSS work very closely with law enforcement and other service providers to ensure the safety of the children and themselves.

X. Suggested Training and other References

Training

Drug Endangered Children presented by the Clandestine Laboratory Unit Coordinator with the State Bureau of Investigation. Contact the State Bureau of Investigation at (704) 948-3660 for training information.

Training offered by the Division of Social Services:

- Legal Aspects of Child Welfare
- Medical Aspects of Child Abuse and Neglect for Non-medical Professionals
- Investigative Assessment in Child Welfare
- Introduction to Substance Abuse for Child Welfare Services
- Drug Endangered Children (Under Development)

References

http://www.usdoj.gov/dea/ http://center.butler.brown.edu/ http://www.uky.edu/RGS/CDAR/cdar2.htm http://itsa.ucsf.edu/~ddrc/ http://www.ojp.usdoj.gov/nij/	http://www.matrixinstitute.org http://msnbc.msn.com http://www.nida.nih.gov/ http://www.health.org/ http://www.samhsa.gov/
---	---

XI. PROTOCOL REVIEW

After each episode of a methamphetamine laboratory, the local DEC group should meet no later than 30 days to debrief, review, learn from each event and adjust the protocol as needed.

There are suggested forms attached that can be used to obtain feedback from everyone involved in the protocol from law enforcement to the caregiver/foster parent. See [DSS-5260](#), [DSS-5261](#), [DSS-5262](#) and [DSS-5263](#) for these forms. The protocol should be a living, breathing document and continue to change and improve as time goes on.

[Attachment A: Medical Assessment, DSS-5256](#)

[Attachment B: Placement Guidelines, DSS-5257](#)

[Attachment C: Field Decontamination, DSS-5258](#)

[Attachment D: Exposure Record, DSS-5259](#)

[Attachment E: Feedback from Law Enforcement, DSS-5260](#)

[Attachment F: Feedback from Social Worker, DSS-5261](#)

[Attachment G: Feedback from Health Provider, DSS-5262](#)

[Attachment H: Feedback from Placement Provider, DSS-5263](#)

[Attachment I: Glossary](#)

[Attachment J: Precursor List](#)

[Attachment K: House Bill 1536](#)

[Attachment L: House Bill 1510](#)

[Attachment M: Senate Bill 1054](#)

[Attachment N: NCGS 90-21.1](#)