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Chapter:	Intake and Assessment	
Subject:	Investigating Reports of Methamphetamine Manufacturing and Caretaker Methamphetamine Abuse	Page 1 of 6
Approved:	Cynthia K. Walcott, Deputy Commissioner	Effective: 1/25/07 INTERIM

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## Purpose

To describe the process and requirements for assessing reports of alleged methamphetamine manufacturing and risk of harm due to a pattern of methamphetamine use by a parent or caretaker.

## Definitions

**Clandestine Lab:** A covert or secret illicit operation containing a combination of apparatus and chemicals that has been or could be used to make controlled substances.

**Dump site:** A location where discarded equipment, containers, waste, pill bottles/packaging, etc. were abandoned or dumped.

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## Policy


As written in Policy No. 55, all intakes with specific information that alleges a parent or caretaker has allowed a child to be exposed to methamphetamine production shall be accepted for risk of harm investigation, unless there are additional allegations that meet criteria for acceptance under another, additional, Chapter 49 option. **All intakes containing these allegations will be referred to the Child Safety Assessment Manager or Child Protection Director for consultation, and will not be commenced prior to this consultation.**

Intakes alleging a pattern of methamphetamine use by the caretaker accepted under Policy No. 55, with or without additional Chapter 49 allegations, shall follow the procedures listed under “Investigating caretaker methamphetamine use” below. **Consultation with the Child Safety Assessment Manager or Child Protection Director prior to commencement is strongly recommended in these cases.**

### **Responding to intakes accepted for allegations of methamphetamine manufacturing**

When DCF receives an intake alleging that a child has been in a clandestine lab in the last thirty days or is currently being exposed to a clandestine lab, DCF will immediately refer that information to the appropriate law enforcement agency, if law enforcement is not the reporter. Responses to these allegations shall always be coordinated with law enforcement, and **no social worker shall knowingly enter a site alleged to contain a clandestine lab, per federal Occupational Safety and Health Administration (OSHA) policy. Only members of the Vermont Clan Lab Team are legally allowed entry into a known clandestine lab site.** If law enforcement declines to respond, the investigator and supervisor shall consult with Child Safety Unit staff around how best to proceed.

If a social worker enters a site for another reason (other type of investigation or assessment, home visit, licensing, etc.) and discovers strong indications of a clandestine lab or dump site, the social worker shall leave the site in a safe but immediate manner and contact their supervisor and law enforcement immediately. Refer to Agency of Human Services document entitled “Methamphetamine Home Visit Tips,” for tips on making a safe and expeditious exit.

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If the social worker experiences any physical discomfort believed to be related to exposure to a clandestine lab, such as respiratory difficulty, chemical irritation, nausea, dizziness, etc., they should move to a safe location and contact medical personnel, and subsequently contact their supervisor and law enforcement. In this case, a Staff Safety Incident Form should be filled out as soon as is practical.

#### **Planning the response**


Law enforcement will take the lead on these investigations, given the dangerous nature, but the response time should be determined jointly by the investigator, supervisor and law enforcement. If DCF and/or law enforcement have information to indicate that a child is in imminent danger, the response time will be adjusted accordingly but shall also take into account the safety of law enforcement personnel entering the site. The response time should follow the DCF 72 hour mandate whenever possible, and the DCF investigator must request and receive a waiver if the mandate is not going to be met.

#### **Social worker tasks prior to responding:**

- Gather any information on prior DCF history with the family and any other adults alleged to be residing in or visiting the residence.
- Conduct DOC checks on all adults (family or not) believed to be residing in or visiting the residence.
- Consult with the intake supervisor and appropriate Child Safety Unit staff
- Share information with law enforcement.
- Determine whether or not law enforcement has a pre-existing plan to search the site. If this is the case, the DCF investigator should make efforts to be present when the search takes place (or another worker should be present) in an area designated safe by law enforcement. The DCF investigator should not enter the site until it has been secured and deemed safe by law enforcement, provided there is no active or suspected clandestine lab.

#### **Conducting the investigation**

In the event that a clandestine lab or dump site is located upon entering a home, the social worker should exit the premises in a safe but expeditious manner. Law enforcement is responsible for contacting the appropriate personnel to handle a clandestine lab. Law enforcement is then responsible for securing the site and for collecting evidence.

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Law enforcement and DCF should collaborate to gather evidence that will assist both the criminal investigation and the CHINS investigation in the event that a clandestine lab or dumpsite is located. In addition to interviewing the child(ren), the following evidence should be gathered by law enforcement, if possible:

- General photographs of the home, including exterior
- Photographs that document the presence of a child or children (i.e. crib, toys, bottles, etc.)
- Photographs that document the proximity of the child(ren)'s items to any chemicals, drugs, drug paraphernalia, or lab equipment. It is important to show distance in these photographs through use of a tape measure or common item (such as a dollar bill).
- Photographs of any evidence of neglect, including kitchen cabinets or refrigerator if there is a lack of food, the interior of the bathroom, etc.
- Photographs of the child, including any injuries (these may be taken at the hospital)

#### **Addressing the Child's Medical Needs**

If a clandestine lab or dump site is located, DCF will allow law enforcement to follow all necessary protocols and procedures. Workers shall follow the National Protocol for Medical Evaluation of Children Found in Drug Labs to address the child's medical needs:

<http://www.nationaldec.org/medical%20protocol/DECNationalProtocol.pdf>

If the child has been placed in DCF custody, the social worker may transport the child for medical attention.


Children removed from lab sites **CANNOT** bring any items with them, as research has shown that the entirety of a residence is contaminated when it is used to manufacture methamphetamine. Social workers should be prepared to provide the child with clean clothing.

#### **Interviewing the Child**

The interview of the child should be conducted jointly by DCF and law enforcement whenever possible.

When interviewing children removed from lab sites, social workers should understand the variety of risks posed to children, beyond the immediate physical safety risk due to the presence of the lab.

These risks include: neglect (as a result of the caretaker's preoccupation with the drug or lengthy period of sleep after a binge, children may not have their basic needs met, including food and medical care), physical abuse (methamphetamine users may be aggressive, violent, experience delusions and auditory hallucinations, or paranoia, and may physically

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abuse their children as a result), and sexual abuse (children exposed to methamphetamine use are at a heightened risk of sexual abuse as a result of the euphoric effects of the drug on the user’s brain, and are at risk of being exposed to pornography).

Thus, the interview should be comprehensive in order to assess for and gather information related to the following:


- Members of the household (family or otherwise), including siblings and adults who frequently visit the residence
- Risk of harm
- Physical abuse
- Neglect – related to basic needs as well as medical neglect
- Sexual abuse

If law enforcement deems it appropriate, the investigator may participate in the interview of the alleged perpetrator(s) and any other persons believed to have information relevant to the investigation. Otherwise, refer to Policy No. 52.

**Responding to intake reports accepted for allegations of risk of harm due to a pattern of use of methamphetamine by a parent or caretaker**

**Planning the response**

The social worker shall follow the procedures set out in Policy No. 52 for investigating reports of abuse and neglect, and refer to the section below titled “Conducting the investigation” for further instructions. Investigations should be conducted jointly with law enforcement whenever possible, as persons using methamphetamines may display violent behavior, aggression, paranoia, auditory hallucinations, delusions, anxiety and should not be considered predictable. When speaking with a person suspected of using methamphetamine, care should be taken to avoid sudden movements or accusatory statements, and use of bright lights at night should be avoided.

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### Conducting the investigation

When interviewing children, social workers should understand the variety of risks that methamphetamine use poses to children, including neglect (as a result of the caretaker's preoccupation with the drug or lengthy period of sleep after a binge, children may not have their basic needs met, including food and medical care), physical abuse (methamphetamine users may be aggressive, violent, experience delusions and auditory hallucinations, or paranoid, and may physically abuse their children as a result), and sexual abuse (children exposed to methamphetamine use are at a heightened risk of sexual abuse as a result of the euphoric effects of the drug on the user's brain, and are at risk of being exposed to pornography).

Thus, the interview of the child should be comprehensive in order to assess for and gather information related to the following:

- Members of the household (family or otherwise) and adults who frequently visit the residence
- Risk of harm
- Physical abuse
- Neglect – related to basic needs as well as medical neglect
- Sexual abuse

### Resources on methamphetamine and its effects of methamphetamine on children

- Drug Enforcement Agency – basic information on methamphetamines and children  
<http://www.dea.gov/concern/amphetamines.html>  
<http://www.ojp.usdoj.gov/ovc/publications/bulletins/children/197590.pdf>
- National Alliance for Drug Endangered Children – information and research  
<http://www.nationaldec.org/>
- Colorado Drug Endangered Children – information and research  
[www.colodec.org](http://www.colodec.org)
- National Center on Substance Abuse and Child Welfare - research and treatment  
<http://www.ncsacw.samhsa.gov/products.asp>