COURSE INFORMATION: Drug Endangered Children (DEC) are those children who suffer physical, sexual or emotional harm or neglect from exposure to environment’s where adults are growing, furnishing, selling, using drugs, or manufacturing. Exposure to these highly toxic substances and chemicals can cause serious short and long term health problems. Many times, the living conditions in these homes are deplorable. In response to this growing epidemic, counties throughout California and the nation are developing coordinated responses to remove these children from dangerous environments. The Drug Endangered Children (DEC) Program joins forces with law enforcement, social services and the DA’s office to assist each other in the investigation and prosecution of these violators, or determine most appropriate services. Curriculum will include the identification of DEC children, protocols, MOU’s, investigative methods, prosecution techniques, preparing for court, benefits of working together, child abuse laws and Cal EMA or the new Board of State and Community Corrections (BSCC) grants requirements.

WHO SHOULD ATTEND: Law enforcement, DA Investigators, patrol officers, detectives, social workers, prosecutors, probation/parole officers, (supervisors, mid managers, Dept. Heads from these agencies), code enforcement, fire/hazmat, animal control, all first responders, medical professionals or any one in a position to affect the lives of drug endangered children, including all mandated reporters. THIS TRAINING IS POST CERTIFIED WITH COLLEGE CREDITS AND STC CERTIFIED. ATTENDANCE IS REQUIRED BY CAL EMA AND THE BSCC FOR THE RECEIPANTS OF ADA AND MSP FUNDING.

TUITION: This is a FREE CLASS. Plan ahead and reserve your spot. Due to space availability pre-register by: 12/3/12.

Mail/fax/email completed registration forms to:
Drug Endangered Children Training and Advocacy Center
1720 Daryl Porter Way, Oroville, CA 95966
(530) 533-2260 • (530) 533-2259 FAX • mhensley@dectrainingcenter.com

DRUG ENDANGERED CHILDREN – REGISTRATION FORM
(Print name as it should appear on certificate)

Name (Last, First, Middle): Position/Rank: DOB:
________________________________________________________
Agency: Agency Address:
________________________________________________________
Agency Phone/Fax: POST ID#:
________________________________________________________
E-mail:
Cal EMA Grant: □ Yes □ No Type: □ ADA □ MSP