### **State of Delaware**

### **Child Protection Accountability Commission (CPAC)**



# Children's Justice Act Annual Progress Report and Grant Application

May 29, 2020

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### I. Annual Progress Report and Grant Application

### A. Task Force Membership and Function

Name and Title	Task Force Designation	Description
Colonel Nathaniel McQueen, Jr., Superintendent, Delaware State Police	Law Enforcement Community	Colonel McQueen represents the Delaware State Police (DSP) on the Task Force. He joined the DSP ranks in 1988 and has served in many leadership roles during his career. He regularly sends Cpl. Adrienne Owen as his proxy. She is a 24-year veteran of DSP, and for the last seven years, Adrienne has served as the DSP Domestic Violence Policy and Training Coordinator.
Captain Joseph Bloch, New Castle County Police Department		Captain Joseph Bloch represents the New Castle County Police Department on the Task Force. Captain Bloch joined the County Police in 1997 and has been assigned to the Patrol Division, Criminal Investigation Unit, and Professional Development Unit.
The Honorable Michael K. Newell, Chief Judge, Family Court	Criminal Court Judge	The Chief Judge of the Family Court has statewide administrative responsibilities, and the Family Court has extensive jurisdiction over domestic matters, including juvenile delinquency, child neglect, child abuse, adult misdemeanor crimes against juveniles, orders of protection from abuse, intra-family misdemeanor crimes, etc.
The Honorable Joelle Hitch, Judge, Family Court	Civil Court Judge	Judge Hitch hears a broad range of cases including child neglect, dependency, child abuse, custody and visitation of children, adoptions, terminations of parental rights, etc.
James Kriner, Esquire, Deputy Attorney General, Department of Justice	Prosecuting Attorney(s)	Mr. Kriner heads the Special Victims Unit, which is a specialized unit within the Department of Justice that handles all felony level, criminal child abuse cases involving the death or serious physical injury of a child, as well as all sexual abuse cases.
Abigail Rodgers, Esquire, Deputy Attorney General, Department of Justice		Ms. Rodgers is the Director of the Family Division and oversees three units: Child Support, Child Protection, and Juvenile Delinquency and Truancy.
Kathryn Lunger, Esquire, Deborah L. Carey, Esquire Assistant Public Defender, Office of Defense Services	Defense Attorney	Ms. Lunger is an Assistant Public Defender at the Delaware Office of Defense Services, which is responsible for representing indigent people at every stage of the criminal process in both adult and juvenile courts. Deborah L. Carey, Esquire

Name and Title	Task Force Designation	Description
		replaced Ms. Lunger on the Task Force in March 2020. Ms. Carey is also an Assistant Public Defender.
Tania M. Culley, Esquire, Child Advocate, Office of the Child Advocate	Child Advocate (Attorney for Children)	As the Child Advocate, Ms. Culley is responsible for coordinating the programs which provide legal representation for children, including the Court Appointed Special Advocate (CASA) Program and serving as the Executive Director of CPAC.
Ellen Levin, CASA	Court Appointed Special Advocate Representative	Ms. Levin is a volunteer for the Court Appointed Special Advocate Program. She also serves as the Chair of the Child Abuse and Neglect Panel.
Allan De Jong, M.D., Medical Director, Nemours/Alfred I. duPont Hospital for Children	Health Professional	Dr. De Jong is a pediatrician and the Co-Director of the Children at Risk Evaluation (CARE) Program at the Nemours/Alfred I. duPont Hospital for Children.
Robert Dunleavy, LCSW Director, Division of Prevention and Behavioral Health Services	Mental Health Professional	Mr. Dunleavy is the Director of the Division of Prevention and Behavioral Health Services, which provides a statewide range of voluntary mental health and substance abuse treatment and prevention services for children and youth.
Josette Manning, Esq., Cabinet Secretary, Department of Services for Children, Youth and Their Families	Child Protective Service Agency	As the Cabinet Secretary of the Department of Services for Children, Youth and Their Families, Ms. Manning is responsible for a staff of 1,200 professionals tasked with coordinating services for children and youth who have experienced abuse and neglect, are in foster care or awaiting adoption, are in need of behavioral health services, or have been court ordered to juvenile detention services.
Trenee Parker, Director, Division of Family Services		Ms. Parker is the Director of the Division of Family Services, which investigates child abuse, neglect and dependency, offers treatment services, foster care, adoption, independent living and child care licensing services.
Meg Garey, Member of the Interagency Committee on Adoption	Parent and/or Representative of Parent Groups	Ms. Garey is a member of the Interagency Committee on Adoption and the Executive Director of A Better Chance for Our Children, a non-profit agency that provides services and resources to families and children involved in foster care and adoption.

Name and Title	Task Force Designation	Description
Nicole Magnusson	Young Adult <sup>1</sup>	Ms. Magnusson is a Financial Advisor at Ameriprise Financial Services. She is a former foster youth in Delaware and was appointed to CPAC after the statutory changes were approved on July 15, 2014.
Wendy Strauss, Executive Director, Governor's Advisory Council for Exceptional Citizens	Individual experienced in working with children with disabilities	As the Executive Director, Ms. Strauss has liaison responsibilities specifically with the Department of Education (DOE) and generally within Delaware's human services delivery system. At a federal level, the Council serves as the State Advisory Panel for the Individuals with Disabilities Education Act (IDEA) and its amendments. As such, the Council advises the DOE of unmet needs within the state in the education of children with disabilities. Ms. Strauss participates in one of the Committees under the Task Force.
John Hulse, Education Associate, 21st CCLC and Title I Programs, Department of Education	Individual experienced in working with homeless children and youths (as defined in section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a)).	Mr. Hulse is an Education Associate and he serves as the State Coordinator for Homeless Children and Youth. He also serves as the 21st Century Community Learning Centers (CCLC) State Program Officer. He participates in one of the Committees under the Task Force.

### i. Purpose and Statutory Requirements

The Child Protection Accountability Commission's (CPAC) purpose is to monitor Delaware's child protection system to ensure the health, safety, and well-being of Delaware's abused, neglected, and dependent children (16 <u>Del. C.</u> § 931(b)). CPAC is comprised of key child welfare system leaders, who meet regularly with members of the public and others, to identify system shortcomings and the ongoing need for system reform.

In Delaware, CPAC serves as the federally mandated Citizen Review Panel and CJA State Task Force, and as such, fulfills specific statutory requirements for each. To accomplish its duties under CJA, CPAC maintains a multidisciplinary Task Force on children's justice as specified in Section 107(c)(1) of CAPTA. Delaware's Task Force membership is also designated under Section 931(a) of Title 16 of the Delaware Code, and it includes members from other disciplines.

<sup>&</sup>lt;sup>1</sup> Adult former victims of child abuse and or neglect

The 23 Task Force members are as follows (16 <u>Del. C.</u> § 931(a)): (1) The Secretary of the Department of Services for Children, Youth and Their Families; (2) The Director of the Division of Family Services; (3) Two representatives from the Attorney General's Office, appointed by the Attorney General; (4) Two members of the Family Court, appointed by the Chief Judge of the Family Court; (5) One member of the House of Representatives, appointed by the Speaker of the House; (6) One member of the Senate, appointed by the President Pro Tempore of the Senate; (7) The Secretary of the Department of Education; (8) The Director of the Division of Prevention and Behavioral Health Services; (9) The Chair of the Domestic Violence Coordinating Council; (10) The Superintendent of the Delaware State Police; (11) The Chair of the Child Death Review Commission; (12) The Investigation Coordinator, as defined in § 902 of this title; (13) One youth or young adult who has experienced foster care in Delaware, appointed by the Secretary of the Department; (14) One Representative from the Office of Defense Services, appointed by the Chief Defender; and (15) Seven at-large members appointed by the Governor with 1 person from the medical community, 1 person from the Interagency Committee on Adoption who works with youth engaged in the foster care system, 1 person from a law-enforcement agency other than the State Police and 4 persons from the child protection community.

### ii. Structure and Staff

The Office of the Child Advocate (OCA) is a non-judicial state agency charged with safeguarding the welfare of Delaware's children. OCA was created in 1999 in response to numerous child deaths in Delaware resulting from child abuse. These cases pointed to deficiencies in the child protection system that could only be remedied through the collaborative efforts of Delaware's many child welfare agencies. The General Assembly determined that an office to oversee these efforts, staff CPAC, and provide legal representation on behalf of Delaware's dependent, neglected, and abused children was necessary. Pursuant to 29 Del. C. § 9005A, OCA is mandated to coordinate a program of legal representation for children which includes the Court Appointed Special Advocate Program (CASA); to periodically review all relevant child welfare policies and procedures with a view toward improving the lives of children; recommend changes in procedures for investigating and overseeing the welfare of children; to assist the Office of the Investigation Coordinator in accomplishing its goals; to assist CPAC in investigating and reviewing deaths and near deaths of abused and neglected children; to develop and provide training to child welfare system professionals; and to staff CPAC.

In addition to managing OCA, the Child Advocate serves as the Executive Director of CPAC and is responsible for overseeing the OCA staff who perform the duties of the Task Force. The OCA staff are as follows:

- Contract Training Specialist, who develops and provides a variety of trainings to the multidisciplinary team (MDT) and other professionals;
- Contract Data Analyst, who gathers, analyzes and produces reports on the various measurable aspects of the child welfare system;
- Child Abuse and Neglect Review Specialist, who prepares reviews of deaths and near deaths of abused and neglected children;
- Child Abuse Investigation Coordinator together with the MDT Case Review Specialists, who monitor each reported case involving the death of, serious physical injury to, or allegations of sexual abuse of a child from inception to final criminal and civil disposition; and,
- Chief Policy Advisor/CJA Coordinator, who shepherds staff and committees to ensure accomplishment of tasks and compliance with the charge assigned by CPAC.

The Task Force accomplishes its goals through the work of its 9 committees: Grants Oversight (formerly Abuse Intervention), Child Abuse and Neglect Steering, Data Utilization, Education, Executive, Legislative, Substance-Exposed Infants/Medically Fragile Children, Training and Youth in Transition. In February 2020, CPAC expanded the role of the Abuse Intervention Committee, which is a longstanding committee that oversees the federal Children's Justice Act (CJA) grant. The Committee's new charge is providing measurable oversight of the CJA grant as well as monitoring and coordinating activities, strategic plans and reporting of grants received or administered by Task Force members or their agencies, which relate to child protection. As such, it was renamed the Grants Oversight Committee. It is anticipated that this revitalized group will help ensure the CJA program's activities and goals align with other federal and state grants, such as the Court Improvement Program, Victims of Crime Act and CAPTA, and to identify gaps in services provided to victims of child abuse.

The remaining Task Force committees help shape how Delaware responds to cases of child abuse and neglect. The Child Abuse and Neglect Steering Committee supervises the confidential investigation and retrospective review of deaths and near deaths of abused or neglected children pursuant to 16 <u>Del. C.</u> §§ 932-935. The next committee, Data Utilization, assesses the voluminous data presented to CPAC on a quarterly basis to inform system improvement and CPAC initiatives.

The fourth committee, Education, is charged with the following: implementing the Memorandum of Understanding between the Department of Services for Children, Youth and Their Families (DSCYF) and the Department of Education (DOE), its school districts, and its charter schools, which focuses on child abuse reporting and school enrollment for youth

in foster care; streamlining training and education on issues related to child welfare; and looking at educational outcomes for children in foster care and exploring ways to improve those outcomes. Additionally, the Task Force has an Executive Committee, and its primary function is to hire, supervise and terminate the Executive Director of the Task Force. However, the Executive Director may also call upon the Executive Committee for consultation regarding the functions of the Office of the Child Advocate. Another committee under the Task Force, the Legislative Committee, is responsible for reviewing proposed legislation related to child protection and making recommendations to the full Task Force for action.

The Task Force partnered with the Child Death Review Commission for its Joint Committee on Substance-Exposed Infants/Medically Fragile Children, and the Committee is charged as follows: To a) establish a definition of medically fragile child, inclusive of drug-exposed/addicted infants; b) draft a statute to mirror the definition as needed and consider adding language to the neglect statute; c) recommend universal drug screenings for infants in all birthing facilities in the state; d) review and revise the DFS Hospital High Risk Medical Discharge Protocol to include all drug-exposed and medically fragile children. It shall include: responding to drug-exposed infants and implementing the Plan of Safe Care per CAPTA; and, involving the MDT in ongoing communication and collaboration for medically fragile children; referring medically fragile children to evidence-based home visiting programs prior to discharge; and, reviewing and including the Neonatal Abstinence Syndrome Guidelines for Management developed by Delaware Healthy Mother & Infant Consortium's Standards of Care Committee.

Another longstanding group, the Training Committee, is charged with ensuring the training needs of the child protection system are being met through ongoing, comprehensive, multidisciplinary training opportunities on child abuse or neglect. The Training Committee is mainly responsible for carrying out the activities identified under the CJA grant. The last committee under the Task Force, the Youth in Transition Committee, is a new group responsible for administering a state scholarship fund, donations and the Chafee Educational and Training Vouchers Program for the purpose of supporting young adults who have experienced foster care.

### iii. Meeting Frequency and Minutes

The Task Force meets on a quarterly basis to oversee the work of its 9 committees. Between quarterly Task Force meetings, CPAC's various committees and workgroups engage in substantive work at the direction of the Task Force. Minutes are taken for all meetings and posted in compliance with the Freedom of Information Act (See Appendix A: CPAC Quarterly Meeting Minutes).

#### iv. Work Plan

The Task Force meets approximately every 1.5 years with the Child Death Review Commission (CDRC) to review the statistics, strengths and findings, and other necessary information related to the investigation and review of deaths and near deaths of abused or neglected children. As a result of this meeting, the Joint Commissions (CPAC and CDRC) establish an Action Plan with its prioritized recommendations for system improvement. Then twice a year, at its quarterly meetings, the Task Force monitors the Action Plan and provides an update on the status of its recommendations. CPAC also uses this forum as its three-year assessment.

#### v. Administration of the Grant

The OCA Chief Policy Advisor/CJA Coordinator is responsible for administering the CJA grant on behalf of CPAC. Specifically, the Chief Policy Advisor/CJA Coordinator is responsible for the following activities: drafting the Annual Progress Report, Grant Application and Three-Year Assessment; submitting an annual grant application and quarterly fiscal and progress reports to the Criminal Justice Council; and administering and overseeing the activities under the grant. As such, to administer and oversee the activities, the OCA Chief Policy Advisor/CJA Coordinator staffs the Grants Oversight Committee, and chairs the Training Committee.

### vi. Fiscal Management of the Grant

Since October 1, 2012, the Criminal Justice Council (CJC), with assistance from the Administrative Office of the Courts, has supported OCA with the fiscal management of the grant. The CJC is also responsible for the financial reporting to the Administration on Children, Youth and Families on behalf of CPAC. In addition, CJC staff meets quarterly with the Chief Policy Advisor/CJA Coordinator to provide oversight for program and fiscal activities under the grant.

### **B. Prior Year Performance Report** (May 2019-May 2020)

### i. Description of Activities Using CJA Funds

### a. Activity: Contract with a Training Specialist

**Description:** The Task Force contracted with a Training Specialist, Kathleen McCormick, to provide administrative support to CPAC for all child abuse intervention training activities related to the CJA grant, including the mandatory reporting training programs and any ongoing comprehensive training to multidisciplinary team members and other professionals. During this period, the responsibilities of the Training Specialist included: identifying training needs of the Task Force; annually updating and revising the mandatory reporting training programs; organizing the train-the-trainer session; developing advanced training programs both in-person and web-based; evaluating the effectiveness of all training programs; organizing and facilitating in-person training programs with local and national subject matter experts; maintaining the number of professionals trained; utilizing available software to develop web-based training programs; providing technical support to users on OCA's online training system; managing the online training system and surveys; collaborating with educators and the medical community to make the mandatory reporting trainings available on their professional development systems; and staffing the CPAC Training Committee and its workgroups. This position was contracted by OCA, on behalf of CPAC, and no benefits were provided. CJA funds were utilized to pay for the contractual services provided by the Training Specialist.

Task Force Recommendation(s): 1. Support of training and education initiatives related to the investigation and prosecution of child abuse and neglect cases using a multidisciplinary team approach; 2. Recommend education for medical providers around the standard of care for providing medical exams to siblings and other children in the home; and, 3. Offer regular training to law enforcement agencies on how to conduct doll re-enactments, which are part of both infant death and near death scene investigations.

### **Description of Evaluation Work**

**Evaluation Methods:** The Chief Policy Advisor/CJA Coordinator submitted quarterly program reports to the Criminal Justice Council, the agency responsible for the fiscal management of the grant. The quarterly reports described the accomplishments and activities of the Training Specialist together with the other activities funded by the CJA Grant. The Chief Policy Advisor/CJA Coordinator also met quarterly with staff from the Criminal Justice Council to discuss these activities and progress towards meeting the task

force recommendations and the extent to which it contributes to the reform of state systems (See Appendix B: Criminal Justice Council Program Reports). Lastly, the Chief Policy Advisor/CJA Coordinator had monthly meetings with the Training Specialist and plans to evaluate the contract annually.

Output: The Training Specialist worked an average of 35 hours a week. In June 2019, Kathleen McCormick finalized a 30-minute web-based training called the Mandatory Reporting Refresher Training for professionals who have already completed Delaware's Mandatory Reporting Training. This training gives professional reporters a refresher of the essential information from the Mandatory Reporting Training, while allowing for more in-depth information on topics such as sexual abuse and reporting requirements for educators. The training also has detailed explanations of educators' statutory reporting requirements for physical and sexual violence under Titles 14 (School Crimes) and Title 16 (Abuse of Children) of the Delaware Code. The training was made available on OCA's online training system, and the Department of Education made the training available on their professional development management system for all public school employees.

In the same month, Ms. McCormick facilitated training on Microsoft PowerPoint to the Office of the Advocate staff to help employees enhance their training and presentation skills. During this time, she also began creating a Mandatory Reporting Resource Guide for the state of Delaware. Available in both English and Spanish, the Resource Guide covers topics including Delaware's reporting law, failures to report, handling a disclosure, information needed to make a report, and child abuse and neglect definitions/indicators. With the help of the Division of Family Services (DFS) and the Department of Justice, a list of Frequently Asked Questions was developed and included in the Resource Guide. The following topics were discussed: burdens of proof, teen dating violence, normal versus abusive sexual behavior in children, student-on-student violence, leaving children home alone, sexting, and disclosures of past child abuse or neglect by adults. The Resource Guide was approved in August 2019 by the CPAC Training Committee and is now distributed prior to all in-person Mandatory Reporting Trainings, and is available on OCA's training page and the DFS website.

In August 2019, Ms. McCormick began working with other child welfare agencies to develop a comprehensive web-based training titled Introduction to Delaware's Child Welfare Agencies. The training will provide an overview of the roles and responsibilities of Delaware's Family Court, Office of the Child Advocate, Children's Advocacy Center, Domestic Violence Coordinating Council, Child Death Review Commission, and the Division of Family Services. Components of the training were previously developed, but were not finalized due to other training priorities. Once complete, the training will be

made available on OCA's online training system. In October 2019, OCA transitioned its online training to the Delaware Learning Center, a learning management system that is free for state agencies to use. Ms. McCormick worked with the Delaware Department of Human Resources, the agency responsible for the Delaware Learning Center, to establish a registration portal and tracking system that will cater to the large variety of individuals who are trained by CPAC. OCA's online training system now includes the 3-in-1 Mandatory Reporting Training, Mandatory Reporting Refresher Training, and Minimal Facts: Guidelines for Mandated Reporters. During this time, it was also decided that supplemental trainings on child neglect, parental substance abuse, and other related child welfare topics would be made available online due to requests for additional training. Ms. McCormick developed the in-person Child Neglect Training, which was approved by the CPAC Training Committee. She also finalized the web-based training using Articulate software, and it was made available on OCA's online training system in May 2020. This training provides guidance on the difference between poverty and neglect, and discusses the different types of child neglect: physical, medical, emotional, educational, and supervisory. Ms. McCormick also developed a survey for Intake Workers at the DFS Child Abuse and Neglect Report Line to gain a better of understanding of the barriers between mandated reporters and the Intake Workers, who are receiving these reports. The feedback showed that Intake Workers are not fully aware of the information being told to mandated reporters in the Mandatory Reporting Training. As a result, Ms. McCormick is developing an Intake Worker Training, which will be finalized in the next reporting period.

In October 2019 and January 2020, Ms. McCormick was responsible for managing the registration for the two trainings provided by Victor Vieth and Rita Farrell from the Zero Abuse Project on the ChildFirst® Forensic Interview Protocol. Ms. McCormick was also responsible for managing OCA's online training system and training evaluations through Survey Monkey, as well as providing technical support to participants taking the webbased trainings. She also maintained the number of professionals trained, and reported those numbers to the CPAC Training Committee and its Mandatory Reporting Workgroup. Lastly, she staffed the Training Committee on 5/3/19, 8/2/19, 11/1/19, 2/13/20, and 5/14/20; the Mandatory Reporting Workgroup on 7/10/19, 10/23/19, 1/22/20, and 5/21/20; and the Protecting Delaware's Children Conference Workgroup on 6/18/19 and 2/5/20.

**Outcome:** Improved coordination of training programs on the investigative, administrative and judicial handling of cases of child abuse and neglect provided by or sponsored by the Task Force.

# b. Activity: Provide Ongoing Comprehensive Training to Multidisciplinary Team Members and Others involved in the Judicial/Administrative Handling of Cases

**Description:** The Task Force provided regular training and demonstrative tools to investigators and prosecutors involved in the investigation and prosecution of child abuse and neglect cases. Several training opportunities were provided on the ChildFirst® Forensic Interview Protocol and the Memorandum of Understanding (MOU) for the Multidisciplinary Response to Child Abuse and Neglect (MDT Best Practices MOU). The trainings were targeted to law enforcement, prosecutors, case workers from the Division of Family Services, forensic interviewers from the Children's Advocacy Center (CAC), staff from the Office of the Investigation Coordinator and staff from OCA/CPAC. CJA funds were used for the speakers' fees, per diem and travel for two national experts from the Zero Abuse Project. The OCA Management Analyst, who supports the work of the Child Abuse and Neglect Panel and Office of the Investigation Coordinator, received training on Tableau to evaluate the effectiveness of the multidisciplinary response to child abuse and neglect cases using data visualizations. An annual fee was also paid to the company that hosts the MDT Best Practices MOU mobile application.

Task Force Recommendation(s): 1. Support of training and education initiatives related to the investigation and prosecution of child abuse and neglect cases using a multidisciplinary team approach; 2. Revive the CPAC CAN Best Practices Workgroup to integrate the following into MOU training, or in the development of protocols to address coordination of medical services and the MDT as follows: a. Develop a protocol or plan to coordinate hospital discharge between DFS, law enforcement and the identified medical coordinator of care for children of any age who present to the hospital and where child abuse or neglect is suspected; b. Develop a protocol or plan for meetings between MDT and medical providers on immediate safety plan during child's hospital admission; c. Develop a protocol or plan to seek medical examinations at the children's hospital for victims, siblings and other children in the home, 6 months or younger, when child abuse or neglect is suspected; or contact the designated medical services provider within 24 hours if the examination occurred elsewhere; d. Develop a protocol or plan to assign a detective to review complaints of child abuse or neglect involving children, 6 months or younger, prior to closing the case; e. Consider other recommendations that were not prioritized as follows: Assist the MDT in receiving all medical records, including preliminary and subsequent medical findings and photographic documentation of injuries, through use of the identified medical coordinator of care in the hospital; Allow in-house forensic nurse examiners to be accessible to the MDT 24 hours a day in the children's hospital and other hospitals in Delaware; and, Provide a list of direct contact numbers for all forensic nurse examiner teams and identified medical coordinators of care to the MDT; and 3. Offer regular training to law enforcement agencies on how to conduct doll re-enactments, which are part of both infant death and near death scene investigations.

### **Description of Evaluation Work**

Evaluation Methods: To evaluate the effectiveness of the multidisciplinary response to child abuse and neglect cases, the Task Force relied on the reviews of child abuse and neglect deaths and near deaths by the CPAC Child Abuse and Neglect Panel<sup>2</sup> and cases monitored by the Office of the Investigation Coordinator.<sup>3</sup> During this reporting period, the Child Abuse and Neglect Panel identified 50 findings (46% decrease from prior period) and 60 strengths (57% decrease from prior period) from its reviews, which related to the MDT Response (See Appendix C: Child Abuse and Neglect Panel Findings and Strengths – MDT Response). The findings that were seen most often involved joint interviews between DFS and law enforcement for adults. Crime scene investigations, interviews of children at the Children's Advocacy Center, and medical exams for children had very few findings, unlike the prior reporting period. There were also several strengths noted generally for the MDT response, particularly by DFS and law enforcement. At every quarterly meeting, the Task Force reviews the work of the Panel and findings and strengths related to the MDT response, and a letter is submitted to the Governor, General Assembly and public describing how it plans to address the issues identified (See Appendix D: Child Abuse and Neglect Panel Letters to Governor). Lastly, the findings help identify the current training needs for the MDT.

Additionally, the Office of the Investigation Coordinator monitored 1,971 cases (33 deaths, 83 serious physical injury cases, 1,823 suspected sexual abuse cases, and 32 suspected sex trafficking) in SFY19 by initiating and facilitating communication between the MDT and addressing any issues with non-compliance of the MDT Best Practices MOU. The IC also provides the county based MDT members with an email notification upon receipt of child victims of serious physical injury and death to ensure a coordinated, immediate MDT response. Any system issues are immediately brought to the attention of the individual agencies, and for cases also referred to the Child Abuse and Neglect Panel, the Office of the Investigation Coordinator presents those findings to the Panel.

<sup>&</sup>lt;sup>2</sup> The Child Abuse and Neglect Panel is authorized by the Task Force to conduct the confidential investigations and retrospective reviews of deaths or near deaths of abused or neglected children.

<sup>&</sup>lt;sup>3</sup> The Office of the Investigation Coordinator is responsible for monitoring each reported case involving the death of, serious physical injury to, or allegations of sexual abuse of a child from inception to final criminal and civil disposition.

In the next reporting period, the Task Force plans to utilize Tableau to evaluate the effectiveness of the multidisciplinary response to child abuse and neglect cases using data visualizations. To accomplish this, the OCA Management Analyst participated in an Intermediate Virtual Training for Tableau Desktop from January 6-10, 2020.

Output: In October 22, 2019, the Task Force facilitated a training with Victor Vieth, the Director of Education and Research at the Zero Abuse Project, to discuss the history of the ChildFirst® Program and answer questions. This training was the first step in the process of renewing Delaware's status as a ChildFirst® State and transitioning to the ChildFirst® Forensic Interview Protocol with the Task Force's approval. Thirty-one members of Delaware's multidisciplinary team were in attendance. On November 20, 2019, the Task Force voted to approve the recommendation to become a ChildFirst® State and transition to the ChildFirst® Protocol. On January 8-9, 2020, the Task Force hosted a two-day training with Rita Farrell, the Director of ChildFirst®. The first day of training provided an overview of the protocol and the second covered more in-depth topics such as recantation and reluctant children. The purpose of this training was to help the ChildFirst® faculty and Forensic Interviewers at the Children's Advocacy Center understand how the protocol changed since Delaware left the program in 2015, and to provide an opportunity for advanced training. Sixteen representatives were in attendance from law enforcement, CAC, DFS, Department of Justice, Office of the Investigation Coordinator and OCA/CPAC. The Task Force was planning to hold two 5-day trainings on the ChildFirst® Forensic Interview Protocol in July and September 2020; however, the July training will likely be cancelled due to COVID-19. Delaware was officially recertified as a ChildFirst® state at the Zero Abuse Project Summit in February 2020.

On September 10, 2019, Cpl. Adrienne Owen from the Delaware State Police, Rosalie Morales from OCA/CPAC, and Jen Donahue from the Office of the Investigation Coordinator gave a presentation to the Delaware Police Chief's Council. Most of the police jurisdictions represented on the Council were in attendance. The law enforcement findings and strengths from death and near death reviews of child abuse and neglect cases were discussed along with the MOU for the MDT Response to Child Abuse and Neglect. Ms. Donahue also discussed the role of the Office of the Investigation Coordinator in monitoring each reported case involving the death of, serious physical injury to, or allegations of sexual abuse of a child from inception to final criminal and civil disposition.

Throughout this period, Cpl. Adrienne Owen provided training on the MOU for the MDT Response to Child Abuse and Neglect to multiple law enforcement jurisdictions throughout the state. On May 15 and May 23, 2019, she provided training to the Capitol Police Department. On June 14 and June 19, 2019, training was provided to the

Middletown Police Department. On October 15, 2019, she provided training to the Delaware State Police Academy, and various enforcement agencies were in attendance from the following police departments: State Police, Dover, Smyrna, Georgetown, Department of Natural Resources and Environmental Control, Camden, Laurel and Dewey Beach. Cpl. Owen also provided training to the Greenwood and Delaware City Police Departments on March 27, 2020 and the Delaware State Police Academy on May 20, 2020 for various jurisdictions.

Rosalie Morales and Cpl. Adrienne Owen also provided training to a national audience at the 35th San Diego International Conference on Child & Family Maltreatment on January 29, 2020. The purpose of the training was to help MDT members develop best practice protocols for responding to child abuse and neglect allegations. Sixty-four participants were in attendance (See Appendix E: Conference Evaluation).

The MDT Best Practices MOU mobile application had 470 active users during this period and 2,085 opens.

**Outcome:** Improved understanding of best practices associated with the investigation and prosecution of cases of child abuse and neglect, child death and child sexual abuse.

c. Activity: Provide MDT Scholarships to representatives involved in the investigation, prosecution and judicial handling of cases of child abuse and neglect

**Description:** Partial scholarships were provided to representatives from the multidisciplinary team, who were directly responsible for the investigation and prosecution of child abuse and neglect cases or the review of such cases, to give them the opportunity to attend national conferences, to learn advanced techniques, and to enhance their relationship with other members of the MDT. Priority was given to representatives from the Division of Family Services, Office of the Investigation Coordinator, statewide law enforcement agencies, criminal/civil Deputy Attorneys General from the Department of Justice, and OCA/CPAC staff. CJA funds paid a portion of the travel and per diem expenses.

**Task Force Recommendation(s):** 1. Support of training and education initiatives related to the investigation and prosecution of child abuse and neglect cases using a multidisciplinary team approach.

### **Description of Evaluation Work**

**Evaluation Methods**: As previously mentioned, the Task Force relied on the reviews of child abuse and neglect deaths and near deaths by the CPAC Child Abuse and Neglect Panel and cases monitored by the Office of the Investigation Coordinator to evaluate the effectiveness of the multidisciplinary response to child abuse and neglect cases.

Output: Three representatives attended the 2019 New York City Babies and Toddlers Conference on September 12-13, 2019. The representatives were from the Office of the Investigation Coordinator and OCA/CPAC. Three representatives attended the 35<sup>th</sup> San Diego International Conference on Child & Family Maltreatment from January 27-31, 2020. The representatives were from the Delaware State Police and OCA/CPAC. Representatives from Delaware also presented on the MDT Best Practices MOU at the 35<sup>th</sup> San Diego International Conference on Child & Family Maltreatment to support other states in implementing best practice guidelines. Other Delaware MDT members presented on the following topics: dealing with prenatal drug exposure, coordinating a multidisciplinary team (MDT) response to child abuse investigations, and sexually transmitted infections. A representative from OCA/CPAC attended the Zero Abuse Project's 2020 Summit on February 27-28, 2020 and participated in the Annual ChildFirst® Meeting with another representative from the Children's Advocacy Center. During the summit, Delaware was welcomed back as a ChildFirst® state.

**Outcome**: Improved understanding of best practices associated with the investigation and prosecution of cases of child abuse and neglect, child death and child sexual abuse; and, improved reviews of child abuse and neglect deaths and near deaths.

# d. Activity: Train Professionals on the Recognition and Reporting of Child Abuse and Neglect through in-person and web-based training

**Description:** The Task Force is responsible for overseeing the statewide training on the recognition and reporting of child abuse and neglect. CPAC accomplishes this through its existing mandatory reporting training programs for educators, medical professionals, and general community and professional audiences. The training programs are revised and updated annually by the Training Specialist with oversight by the CPAC Training Committee and its Mandatory Reporting Workgroup, and the web-based trainings are available on OCA's online training system and other agency's learning management systems, as appropriate. CJA funds were used to pay annual fees for the Articulate: Elearning software and Survey Monkey, and monthly fees for OCA's online training system until September 2019.

**Task Force Recommendation(s):** 1. Support of training and education initiatives related to the investigation and prosecution of child abuse and neglect cases using a multidisciplinary team approach; and, 2. Recommend education for medical providers around the standard of care for providing medical exams to siblings and other children in the home.

### **Description of Evaluation Work**

**Evaluation Methods**: Surveys were used as the evaluation method for the mandatory reporting trainings (See Appendix F: Mandatory Reporting Training Evaluations). The survey responses not only help with identifying the training needs but other necessary resources or tools for mandated reporters.

Output: As previously mentioned, in June 2019, the Training Specialist, Kathleen McCormick, finalized a 30-minute web-based training called the Mandatory Reporting Refresher Training for professionals who have already completed Delaware's Mandatory Reporting Training. The training was made available on OCA's online training system, and the Department of Education made the training available on their professional development management system for all public school employees. Ms. McCormick also created a Mandatory Reporting Resource Guide for the state of Delaware, which is available in both English and Spanish. The Resource Guide covers topics including Delaware's reporting law, failures to report, handling a disclosure, information needed to make a report, and child abuse and neglect definitions/indicators. After it was approved in August 2019, the Resource Guide was made available on OCA's training page and the DFS website (See Appendix G: Mandatory Reporting Resource Guide). Lastly, Ms. McCormick developed a Child Neglect Training, which was approved in January 2020 and made available on OCA's online training system in May 2020.

Staff from the Division of Family Services and Office of the Child Advocate conducted in-person Mandatory Reporting Training sessions for 26 educators and 658 participants from general professional audiences. For the web-based Mandatory Reporting Training on OCA's online training system, 1,128 participants completed the training for general community and professional audiences, 229 completed the training for educators, and 1,338 completed the training for medical professionals. Another 534 professionals completed the Minimal Facts web-based training, and 1,294 professionals completed the Mandatory Reporting Refresher Training. Through the Department of Education's professional development management system, 3,095 educators completed the web-based Mandatory Reporting Training, 314 completed the Minimal Facts Training, and another 276 completed the Mandatory Reporting Refresher Training.

**Outcome**: Improved recognition and response to suspicions of child abuse and neglect by educators, medical providers and general community and professional audiences.

## e. Activity: Make web-based training available to the child welfare community through OCA's Online Training System

**Description:** OCA's online training system was utilized to provide web-based training to professionals statewide. The training programs included: 3 in 1 Mandatory Reporting Training; Minimal Facts: Guidelines for Mandated Reporters; and Mandatory Reporting Refresher Training. CJA funds were used to pay the monthly fees to TraCorp, the company that hosted OCA's online training system until September 2019, and the annual fees for the Articulate: E-learning software and Survey Monkey. The Training Specialist also received training on Articulate to improve the development and delivery of web-based training.

**Task Force Recommendation(s):** 1. Support of training and education initiatives related to the investigation and prosecution of child abuse and neglect cases using a multidisciplinary team approach; and, 2. Recommend education for medical providers around the standard of care for providing medical exams to siblings and other children in the home.

#### **Description of Evaluation Work**

**Evaluation Methods:** All web-based training programs are evaluated utilizing Survey Monkey.

Output: In October 2019, OCA transitioned from TraCorp, the learning management system used by OCA since 2012, to the Delaware Learning Center. The Delaware Learning Center is the State of Delaware's learning management system, which is utilized by various state agencies to train its employees and contractors at no cost. In addition, the Training Specialist worked with the Delaware Department of Human Resources, the agency responsible for the Delaware Learning Center, to make the learning management system available to external users, such as medical professionals, educators and general professional audiences. Since October 2019, 2,079 professionals were trained using OCA's new online training system. The web-based training is now available at: <a href="https://stateofdelaware.csod.com/LMS/catalog/Welcome.aspx?tab\_page\_id=-67&tab\_id=20000766">https://stateofdelaware.csod.com/LMS/catalog/Welcome.aspx?tab\_page\_id=-67&tab\_id=20000766</a>

**Outcome:** Improved access to child welfare trainings developed by the Task Force.

### f. Activity: Attend the CJA Grantee Meeting/National Citizen Review Panel Conference

**Description:** The CJA Coordinator and Task Force Chairperson attend the annual CJA Grantee Meeting and the National Citizen Review Panel Conference due to CPAC's roles as the CJA Task Force and Citizen Review Panel. CJA funds were used to pay for travel and per diem expenses.

**Need:** To fulfill the CAPTA requirements as the CJA Task Force and Citizen Review Panel, attendance at these meetings is necessary.

#### **Description of Evaluation Work**

**Output:** The Chief Policy Advisor/CJA Coordinator and Executive Director of CPAC attended the National Citizen Review Panel Conference from June 7-8, 2019. In addition, the Chief Policy Advisor/CJA Coordinator and Executive Director of CPAC attended the CJA Grantee Meeting on March 11-12, 2020.

**Outcome:** Distinct path forward in the dual role as the CRP and CJA Task Force; and improved understanding of the obligations under each and where the obligations intersect.

# ii. Description of Activities Aligned with the Children and Family Services Plan (CFSP) and Annual Progress and Services Report (APSR)

### a. CFSP/APSR Input

In SFY19, the Division of Family Services continued to share writing and editorial input for the Annual Progress and Services Report with over twenty agencies and community partners. The Chief Policy Advisor/CJA Coordinator submitted a report on behalf of OCA/CPAC and all if its program areas, including the Court Appointed Special Advocates Program, the Child Abuse and Neglect Panel, and the Office of the Investigation Coordinator. DFS distributes the APSR to stakeholders annually, and the reports are made available online: <a href="http://kids.delaware.gov/fs/fs\_cfs\_review\_plan.shtml">http://kids.delaware.gov/fs/fs\_cfs\_review\_plan.shtml</a>.

As a result of the COVID-19 pandemic, DFS cancelled its 2020 CFSP Stakeholder Meeting, which was scheduled for March 2020. DFS convenes this meeting annually to seek input on child welfare strengths and areas of concern. In addition, it serves as a review of agency priorities and updates, the agency's mission and vision, guiding principles, contextual data, population statistics and performance measures. Despite this, the goals and activities of the CFSP and APSR were monitored through the quarterly Task

Force meetings. The DFS Director and Cabinet Secretary for the Department of Services for Children, Youth and Their Families provide an update at every meeting.

### **b.** Chafee Education and Training Vouchers (ETV)

In April 2020, the Task Force entered into a Memorandum of Agreement with the Division of Family Services to administer the Chafee ETV Program together with a state scholarship program for young adults who have experienced foster care. To accomplish this, the Task Force established the Youth in Transition Committee to monitor the scholarships and partnered with DFS to transition the responsibilities to OCA/CPAC staff. The Committee will begin meeting in the next reporting period to review the applications received from youth and to approve the policy and procedures.

#### c. Plans of Safe Care

The Joint Committee on Substance-Exposed Infants and Medically Fragile Children continued to meet during the reporting period to monitor the Plans of Safe Care for infants with prenatal substance exposure. More recently, a Medical Plan of Safe Care was developed for women prescribed a medication that may cause withdrawal symptoms for infants, and this plan will be implemented once approved by the Committee. The Committee also continued to monitor the implementation of the federal Regional Partnership Grant award, received by Children and Families First, to increase the well-being of and to improve the permanency outcomes for children affected by substance abuse. Lastly, a mobile application is being created for Plans of Safe Care.

## d. Training for Child Welfare Staff involved in Investigation and Treatment of Child Maltreatment

The CPAC Training Committee is a longstanding committee under the Task Force, which is charged with ensuring the training needs of the child protection system are being met through ongoing, comprehensive, multidisciplinary training opportunities on child abuse or neglect. This Committee and its workgroups are responding for regularly updating the child abuse mandatory reporting trainings, planning the biennial Protecting Delaware's Children conference, facilitating the ChildFirst® Forensic Interview Training, and identifying the ongoing training needs of the MDT. The Division of Family Services is a steadfast partner on the Committee and its workgroups.

### e. Linkages between CJA and Other Children's Bureau Programming

As previously mentioned, in February 2020, CPAC expanded the role of the Abuse Intervention Committee, which is a longstanding committee that oversees the federal

Children's Justice Act (CJA) grant. The Committee's new charge is providing measurable oversight of the CJA grant as well as monitoring and coordinating activities, strategic plans and reporting of grants received or administered by Task Force members or their agencies, which relate to child protection. As such, it was renamed the Grants Oversight Committee. It is anticipated that this revitalized group will help ensure the CJA program's activities and goals align with other federal and state grants, such as the Court Improvement Program, Victims of Crime Act and CAPTA, and to identify gaps in services provided to victims of child abuse. This group will begin meeting in the next reporting period.

### C. Prior Year Line Item Budget Expenditures (May 2019-May 2020)

While CJA funds must be obligated and liquidated no later than three years after the end of the fiscal year in which the funds are awarded, Delaware has always obligated and liquidated the funds during the last year of the grant award. For instance, the FFY17 grant award was received in 2017. However, CPAC did not begin obligating those funds until October 1, 2018; the remaining funds were obligated and liquidated by September 30, 2019. As a result of this practice, both FFY17 and FFY18 funds were used during the reporting period. As such, partial budgets will be listed below.

FFY17 (Grant Av	ward \$88,956)	FFY18 (Grant Award \$88,957) October 1, 2019 – May 15, 2020		
May 16, 2019 - Se	eptember 30, 2019			
Funding Activity	<u>Total</u>	Funding Activity	Total	Grand Total
Training Specialist	\$14,832.28	Training Specialist	\$33,368.56	\$48,200.84
Comprehensive Training to MDT	\$487.20	Comprehensive Training to MDT	\$2,928.85	\$3,416.05
MDT Scholarships	\$291.74	MDT Scholarships	\$4,658.34	\$4,950.08
Web-based Training	\$2,871.20	Web-based Training	\$1,351.00	\$4,222.20
CJA Grantee Meeting/National Citizen Review Panel Conference	\$1,710.85	CJA Grantee Meeting/National Citizen Review Panel Conference	\$965.41	\$2,676.26
Total FFY17 Funds	\$20,193.27	Total FFY18 Funds	\$43,272.16	<u>\$63,465.43</u>

### **D. Application for Proposed Activities** (September 2020-September 2021)

### i. Description of Proposed Activities Using CJA Funds

### a. Activity: Contract with a Training Specialist

**Description:** The Task Force will contract with a Training Specialist to provide administrative support to CPAC for all child abuse intervention training activities related to the CJA grant, including the mandatory reporting training programs and any ongoing comprehensive training to multidisciplinary team members and other professionals. The position will be contracted by OCA, on behalf of CPAC, and no benefits will be provided.

**Goal(s):** Education on child abuse intervention is coordinated and accessible to child welfare professionals and others statewide.

**Objective(s):** 1. Identify the training needs of the Task Force; 2. Annually update and revise the mandatory reporting training programs; 3. Organize in-person mandatory reporting training to educators and general professional audiences; 4. Organize train-the-trainer sessions; 5. Develop advanced training programs both in-person and web-based; 6. Evaluate the effectiveness of all training programs; 7. Organize in-person training programs with local and national subject matter experts; 8. Maintain the number of professionals trained; 9. Utilize available software to develop web-based training programs; 10. Provide technical support to users on OCA's online training system; 11. Manage the online training system and surveys; and 12. Staff the CPAC Training Committee and its workgroups.

**Reform of State Systems:** This activity contributes to the investigative, administrative, and judicial handling of cases of child abuse and neglect.

**Task Force Recommendation(s):** 1. Support of training and education initiatives related to the investigation and prosecution of child abuse and neglect cases using a multidisciplinary team approach; 2. Recommend education for medical providers around the standard of care for providing medical exams to siblings and other children in the home; and, 3. Offer regular training to law enforcement agencies on how to conduct doll re-enactments, which are part of both infant death and near death scene investigations.

**Description of Evaluation Methods:** The Chief Policy Advisor/CJA Coordinator will submit quarterly program reports to the Criminal Justice Council, the agency responsible for the fiscal management of the grant. The quarterly reports will describe the

accomplishments and activities of the Training Specialist together with the other activities listed in the CJA grant application. The Chief Policy Advisor/CJA Coordinator will also meet with staff from the Criminal Justice Council to discuss these activities and progress towards meeting the task force recommendations and the extent to which it contributes to the reform of state systems. Lastly, the Chief Policy Advisor/CJA Coordinator will meet monthly with the Training Specialist and evaluate the contract annually.

# b. Activity: Provide Ongoing Comprehensive Training to Multidisciplinary Team Members and Others involved in the Judicial/Administrative Handling of Cases

**Description:** The Task Force will provide regular training and demonstrative tools to investigators and prosecutors involved in the investigation and prosecution of child abuse and neglect cases. The training will be targeted to the Division of Family Services, Office of the Investigation Coordinator, statewide law enforcement agencies, criminal/civil Deputy Attorneys General from Department of Justice, Children's Advocacy Center forensic interviewers and clinicians, and related child welfare partners such as hospital based Sexual Assault Nurse Examiners. Training will also be made available to professionals involved in the judicial and administrative handling of child abuse cases.

Goal(s): Specialized training will be provided to professionals involved in the investigative, administrative, and civil and criminal judicial handling of child abuse cases.

**Objective(s):** 1. Provide ongoing training on the MDT Best Practices MOU, including the coordination of medical services and safety planning during a child's hospital admission and the revisions to the MDT Case Review Protocol; 2. Facilitate ongoing county-based trainings for law enforcement agencies on conducting doll re-enactments in child abuse and neglect death and near death cases; 3. Promote use of the mobile application on the MDT Best Practices MOU; 4. Facilitate and sponsor the ChildFirst<sup>TM</sup> Forensic Interview Training for professionals involved in the investigative handling of child abuse cases; and, 5. Sponsor a one-day conference with the Court Improvement Program, Division of Family Services and other child welfare agencies on topics relevant to professionals involved in the investigative, administrative, and civil and criminal judicial handling of child abuse and neglect cases.

**Reform of State Systems:** This activity contributes to the investigative, administrative, and judicial handling of cases of child abuse and neglect as well as the reform of State protocols and procedures.

**Task Force Recommendation(s):** 1. Support of training and education initiatives related to the investigation and prosecution of child abuse and neglect cases using a multidisciplinary team approach; 2. Revive the CPAC CAN Best Practices Workgroup to integrate the following into MOU training, or in the development of protocols to address coordination of medical services and the MDT as follows: a. Develop a protocol or plan to coordinate hospital discharge between DFS, law enforcement and the identified medical coordinator of care for children of any age who present to the hospital and where child abuse or neglect is suspected; b. Develop a protocol or plan for meetings between MDT and medical providers on immediate safety plan during child's hospital admission; c. Develop a protocol or plan to seek medical examinations at the children's hospital for victims, siblings and other children in the home, 6 months or younger, when child abuse or neglect is suspected; or contact the designated medical services provider within 24 hours if the examination occurred elsewhere; d. Develop a protocol or plan to assign a detective to review complaints of child abuse or neglect involving children, 6 months or younger, prior to closing the case; e. Consider other recommendations that were not prioritized as follows: Assist the MDT in receiving all medical records, including preliminary and subsequent medical findings and photographic documentation of injuries, through use of the identified medical coordinator of care in the hospital; Allow in-house forensic nurse examiners to be accessible to the MDT 24 hours a day in the children's hospital and other hospitals in Delaware; and, Provide a list of direct contact numbers for all forensic nurse examiner teams and identified medical coordinators of care to the MDT; and, 3. Offer regular training to law enforcement agencies on how to conduct doll re-enactments, which are part of both infant death and near death scene investigations.

**Description of Evaluation Methods:** The Task Force will use the reviews of child abuse and neglect deaths and near deaths by the CPAC Child Abuse and Neglect Panel and cases monitored by the Office of the Investigation Coordinator to evaluate the effectiveness of the multidisciplinary response to child abuse cases and neglect cases. Tableau will also be used to evaluate the effectiveness of the multidisciplinary response to child abuse and neglect cases using data visualizations. In addition, Survey Monkey will be used to evaluate the training programs.

c. Activity: Provide MDT Scholarships to representatives involved in the investigation, prosecution and judicial handling of cases of child abuse and neglect

**Description:** Partial scholarships will be provided to representatives from the multidisciplinary team, who are directly responsible for the investigation and prosecution

of child abuse and neglect cases or the review of such cases, to give them the opportunity to attend national conferences, to learn advanced techniques, and to enhance their relationship with other members of the MDT. Priority will be given to representatives from the Division of Family Services, Office of the Investigation Coordinator, statewide law enforcement agencies, criminal/civil Deputy Attorneys General from the DOJ, and OCA/CPAC staff. The national conferences may include: San Diego International Conference on Child and Family Maltreatment; the International Conference on Shaken Baby Syndrome/Abusive Head Trauma; the International Symposium on Child Abuse; and the Annual Crimes Against Children Conference.

Goal(s): Specialized training will be provided to investigators and prosecutors responsible for the most difficult child abuse and neglect cases.

**Objective(s):** Offer partial scholarships to representatives from the MDT to attend national conferences.

**Reform of State Systems:** This activity contributes to the investigative, administrative, and judicial handling of cases of child abuse and neglect.

**Task Force Recommendation(s):** Support of training and education initiatives related to the investigation and prosecution of child abuse and neglect cases using a multidisciplinary team approach.

**Evaluation Methods:** The Task Force will use the reviews of child abuse and neglect deaths and near deaths by the CPAC Child Abuse and Neglect Panel and cases monitored by the Office of the Investigation Coordinator to evaluate the effectiveness of the MOU. Tableau will also be used to evaluate the effectiveness of the multidisciplinary response to child abuse and neglect cases using data visualizations.

## d. Activity: Train Professionals on the Recognition and Reporting of Child Abuse and Neglect through in-person and web-based training

**Description:** The Task Force is responsible for overseeing the statewide training on the recognition and reporting of child abuse and neglect. CPAC accomplishes this through its existing mandatory reporting training programs for educators, medical professionals, and general community and professional audiences. The training programs are revised and updated annually by CPAC staff, and the web-based trainings are available on OCA's online training system.

**Goal(s):** Enhanced recognition and reporting of child abuse and neglect.

**Objective(s):** Provide in-person and web-based mandatory reporting training to educators, medical professionals and general professional audiences.

**Reform of State Systems:** This activity contributes to the investigative, administrative, and judicial handling of cases of child abuse and neglect.

**Task Force Recommendation(s):** 1. Support of training and education initiatives related to the investigation and prosecution of child abuse and neglect cases using a multidisciplinary team approach; and, 2. Recommend education for medical providers around the standard of care for providing medical exams to siblings and other children in the home.

**Evaluation Methods:** Surveys will be used as the evaluation method for the mandatory reporting trainings.

# e. Activity: Make web-based training available to the child welfare community through OCA's Online Training System

**Description:** OCA's online training system will be utilized to provide web-based training to professionals statewide. The current training programs include: 3 in 1 Mandatory Reporting Training; Minimal Facts: Guidelines for Mandated Reporters; Mandatory Reporting Refresher Training; and Child Neglect.

**Goal(s):** 1. Education on child abuse intervention is coordinated and accessible to child welfare professionals and others statewide; and, 2. Enhanced recognition and reporting of child abuse and neglect.

**Objective(s):** 1. Partner with the Delaware Learning Center to host web-based trainings on OCA's online training system; 2. Utilize Articulate: E-learning software and/or a professional videography services to develop additional web-based training programs; 3. Research topics on child abuse intervention or utilize subject matters experts to develop the advanced training courses; and, 4. Maintain training evaluations through Survey Monkey.

**Reform of State Systems:** This activity contributes to the investigative, administrative, and judicial handling of cases of child abuse and neglect.

**Task Force Recommendation(s):** 1. Support of training and education initiatives related to the investigation and prosecution of child abuse and neglect cases using a

multidisciplinary team approach; and, 2. Recommend education for medical providers around the standard of care for providing medical exams to siblings and other children in the home.

**Evaluation Methods:** All web-based training programs will be evaluated utilizing Survey Monkey. The online training system will be evaluated based on the amount of technical assistance needed from the Training Specialist and the comments about technical issues listed in the survey results.

### f. Attend the CJA Grantee Meeting/National Citizen Review Panel Conference

**Description:** The CJA Coordinator and Task Force Chairperson will attend the annual CJA Grantee Meeting and the National Citizen Review Panel Conference due to CPAC's roles as the CJA Task Force and Citizen Review Panel.

### E. **Proposed Line Item Budget** (September 2020-September 2021)

FFY18 (Grant Award \$89,008.00)		
<b>Funding Activity</b>	<u>Total</u>	
Training Specialist	\$54,600.00	
Comprehensive Training to MDT	\$29,890.00	
MDT Scholarships	\$2,120.00	
Web-based Training	\$1,262.00	
CJA Grantee Meeting/National Citizen Review Panel Conference	\$1,136.00	
Total FFY18 Funds	\$89,008.00	

F. Governor's Letter



### STATE OF DELAWARE OFFICE OF THE GOVERNOR

TATNALL BUILDING, SECOND FLOOR
MARTIN LUTHER KING, JR. BOULEVARD SOUTH
DOVER, DELAWARE 19901

PHONE: 302-744-4101

FAX: 302-739-2775

JOHN CARNEY GOVERNOR

May 29, 2020

Elizabeth Darling, Commissioner Administration on Children, Youth and Families (ACYF) Mary E. Switzer Building 330 C Street, SW Washington, D.C. 20201

Dear Commissioner Darling:

Delaware is pleased to submit an application for funding under the Children's Justice Act.

Please be assured of the following:

- Delaware received the FY 2019 child abuse and neglect Basic State Grant and continues to comply with the requirements stipulated in Section 106(b) of the Act;
- Delaware has maintained a State multidisciplinary task force on children's justice;
- Delaware has adopted or continues to progress in adopting recommendations of the State Task Force or a comparable alternative to such recommendations;
- Delaware will make such reports to the Secretary as may reasonably be required, including an annual report on how assistance received under this program was expended throughout the State, with particular attention to the areas described in paragraphs (1) through (3) of Section 107(a);
- Delaware will maintain and provide access to records relating to activities under CJA; and
- Delaware will participate in at least one Federally initiated CJA meeting each year that the grant is in effect and are authorized to use grant funds to cover travel and per diem expenses for two CJA representatives (CJA Coordinator and Task Force Chairperson) to attend the meeting.

We are looking forward to continuing the projects supported by these funds.

Sincerely,

John C. Carney Governor

John C. Carry

**G. Certification Regarding Lobbying** 



CERTIFICATION REGARDING LOBBYING

### **CERTIFICATION REGARDING LOBBYING**

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, ``Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or

entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, ``Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature

Title Child Advocate

Organization

Office of the Child Advocate

Listen

(https://app.readspeaker.com/cgi-bin/rsent? customerid=7596&lang=en\_us&readid=main&url=https%3A%2F%2Fwww.acf.hhs.gov%2Fgrants%2Fcertification-regarding-lobbying)



### III. Appendices

# WEDNESDAY, MAY 22, 2019 9:00 AM – 11:30 AM – New Castle County Courthouse 500 King Street, 12<sup>th</sup> Floor, Wilmington, Delaware

Those in Attendance:

Members of the Statutory Role:

**Commission:** 

Mary Dugan, Esq., Chair Child Protection Community 16 <u>Del. C.</u> § 931(a)(15)

The Hon. Josette Manning Secretary of Services for Children, Youth & Their Families 16 Del. C. § 931(a)(1)

Trenee Parker Director, Division of Family Services 16 <u>Del. C.</u> § 931(a)(2)

James Kriner, Esq. Two Representatives from the Attorney General's Office 16 <u>Del. C.</u> § 931(a)(3)
Abigail Layton, Esq. Two Representatives from the Attorney General's Office 16 <u>Del. C.</u> § 931(a)(3)

The Honorable Michael Newell Family Court <u>16 Del. C.</u> § 931(a)(4)
The Honorable Joelle Hitch Family Court <u>16 Del. C.</u> § 931(a)(4)

The Honorable Bryan Townsend One member of the Senate 16 <u>Del. C.</u> § 931(a)(6)

Susan Haberstroh

Designee for Secretary of the Department of Education 16 <u>Del. C.</u> § 931(a)(7)

Robert Dunleavy

Director, Div. of Prevention of Behavioral Health Services 16 <u>Del. C.</u> § 931(a)(8)

Maureen Monagle

Chair of the Domestic Violence Coordinating Council 16 <u>Del. C.</u> § 931(a)(9)

Cpl. Adrienne Owen

Designee for Superintendent of the Delaware State Police 16 <u>Del. C.</u> § 931(a)(10)

Dr. Garrett Colmorgen Chair of the Child Death Review Commission 16 Del. C. § 931(a)(11)

Jen Donahue, Esq. Investigation Coordinator 16 <u>Del. C.</u> § 931(a)(12)

Ellen Levin At-large Member - Child Protection Community 16 <u>Del. C.</u> § 931(a)(15)

Meg Garey At-large Member – Interagency Committee on Adoption 16 <u>Del. C.</u> § 931(a)(15)

Dr. Allan De Jong
At-large Member - Medical Community 16 <u>Del. C.</u> § 931(a)(15)
Cpt. Joseph Bloch
At-large Member - Law Enforcement Agency 16 <u>Del. C.</u> § 931(a)(15)

Staff:

Tania Culley, Esq. Rosalie Morales Stepfanie Scollo

Members of the Public:

Deborah Colligan Rachael Neff JoAnn Santangelo Charles Tate, Esq.
Islanda Finamore, Esq.
Leslie Newman Meredith Seitz Eleanor Torres, Esq.
Hannah Lafargue Anne Pedrick Lori Sitler Brittany Willard

Sgt. Jamie Leonard

# I. WELCOME/INTRODUCTIONS

Mary Dugan, Esq. opened the meeting and welcomed the attendees.

# II. APPROVAL OF MINUTES

Secretary Manning suggested two additions to the minutes. The first involved the discussion about chronic absences for children in the custody of the Department of Services for Children, Youth and Their Families (DSCYF). The second was the amount of time the Office of the Investigation Coordinator is spending to track each reported case involving child sexual abuse and the length of time these cases remain open with the Division of Family Services (DFS) and law enforcement agencies.

A motion was made by Dr. Colmorgen to approve the minutes as amended, and Chief Judge Newell seconded the motion. All other members voted in favor, and the motion carried.

# III. EXECUTIVE DIRECTOR'S REPORT

Ms. Culley provided the Executive Director's report. She discussed the representation of clients in the custody of the DSCYF. The Deputy Child Advocates are representing 110 clients right now with 75% of them being in Kent and Sussex Counties. The Contract Child Attorneys are representing 305 clients; 22 of those clients are currently on Extended Jurisdiction. In addition, there are 260 Volunteer Attorneys; 203 of those attorneys are assigned to 310 kids. Another 37 attorneys are available to take a case, and 20 attorneys are on hold until further notice by them. There are 220 CASA Volunteers who are assigned to 305 clients; 23 volunteers are available and most are in Sussex County. There were 14 newly trained CASA Volunteers – 5 in Kent, 5 in New Castle and 4 in Sussex. In 2018, the Office of the Child Advocate (OCA) had 80 clients and 66 petitions in Kent, 244 clients and 213 petitions in New Castle, and 72 clients and 56 petitions in Sussex. In total, 396 children came into DSCYF custody and 475 children exited in 2018.

Next, Ms. Culley provided an update on the CASA media campaign that took place from January 15 to February 15, 2019. The WJBR campaign, which was funded by the Victims of Crime Act Grant, brought in a lot of volunteer interest in New Castle and Kent Counties. The CASA Program also began a new flex training this year. The flex training has been successful and is improving diversity by allowing training to be conducted in a face-to-face setting as well as online. A CASA retreat is scheduled for June 13, and it will involve stakeholders to develop a brand and mission for the program. Ms. Culley discussed the advanced trainings for volunteers, and the 2019 training calendar with various topics.

Lastly, Ms. Culley discussed OCA's data management system. As of December 2017, OCA implemented a cloud-based system called Apricot to track its program areas in one central location. The Court Improvement Program (CIP) funded the initial setup and all the costs for the first two years of operations. OCA expressed its gratitude to Family Court for its ongoing support. Two of OCA's program areas, legal services and Office of the Investigation Coordinator (IC), are currently utilizing the data management system. The remaining programs that will be moved over in the future are as follows: intakes, the Child Abuse and Neglect (CAN) Panel, infants with prenatal substance exposure, and the Child Death Review Commission (CDRC) when/if they merge with OCA. The second contract year is up in December, and OCA will be requesting funding through CIP again this year.

# IV. REVIEW OF CPAC ACTION PLAN

Ms. Culley discussed the Commission's 2018-2019 Action Plan and reviewed the status of the five prioritized recommendations from the 2018 Joint Retreat. First, it was reported that the CPAC CAN Best

Practices Workgroup will be meeting in 2019 to review the suggested revisions to the Memorandum of Understanding (MOU) drafted by a smaller working group. In response to the second recommendation, CDRC established a Home Visiting Committee, which will begin meeting on June 11. To address Medicaid reimbursement for evidence-based home visiting providers, the Commission learned that the Division of Public Health is working to address the issue with managed care organizations and is evaluating contracts. CDRC will discuss this recommendation further at its next Commission meeting. For the fourth recommendation in support of the Special Victims Unit, Ms. Dugan and Ms. Culley sent a letter to the Joint Finance Committee in March 2019 requesting additional resources. The final recommendation continues to be addressed by the CPAC Caseloads/Workloads Committee, which presented an update at the March 2019 CPAC meeting. A final report with recommendations will be forthcoming. In summary, one of the five recommendations has been completed.

The Commission also discussed the six additional recommendations from the 2018 Joint Retreat; three of the recommendations have been completed. The IC has continued to meet with several jurisdictions over the last year to ensure that findings from the Child Abuse and Neglect (CAN) Panel are being addressed with local law enforcement agencies. In addition, the CPAC Training Committee released its training for medical providers in January 2019, which included recommendations for medical exams for siblings and other children in the household. The Delaware State Police facilitated doll re-enactment training on August 2, 2018 for statewide law enforcement agencies and additional trainings are being scheduled. CDRC's Home Visiting Committee will consider the recommendation regarding the encrypted evidence-based home visiting referral form for all pregnant women. The last two recommendations regarding home visiting were completed.

A motion was made by Judge Hitch to approve the Action Plan, and Chief Judge Newell seconded the motion. All other members voted in favor, and the motion carried.

# V. CHILD ABUSE AND NEGLECT DEATH/NEAR DEATH REVIEWS

# A. CAN CASELOADS REPORT/ADMINISTRATIVE UPDATE

Rosalie Morales reported that the CAN Panel has 68 cases open with 19 cases before the Commission today for approval. Thirty-six cases are listed as initials, and another 32 are finals. In April, the Panel reviewed 4 initials, and 2 of those were resolved so the Panel will not need to review those cases again. The Panel also reviewed three finals. At the May meeting, the Panel will be reviewing another 3 initials and 4 finals. Thus far, in 2019, the Panel has received 13 cases - 7 near deaths and 6 deaths.

# B. CAN FINDINGS/DETAILS/LETTER TO GOVERNOR

Ellen Levin reported on the 19 cases reviewed by the CAN Panel in the last quarter. Three of the cases (1 death and 2 near deaths) were finals, so they had been previously reviewed by the Panel and were awaiting the completion of prosecution. Two of the cases were ultimately prosecuted. As a result of the sentencing in one case, the CAN Panel made a finding that the SENTAC guideline's presumptive sentence should be greater in child abuse cases. The 16 remaining cases were reviewed for the first time. There were 4 deaths and 12 near deaths, and these incidents occurred between July 2018 and October 2018. Other than one sibling group, the children range in age from three weeks old to six years old. The children were victims of poisoning, unsafe sleep and physical abuse.

These 16 cases resulted in 70 strengths and 80 current findings across system areas. 34 strengths and 29 findings were noted for the multidisciplinary team (MDT). Findings demonstrate a struggle with promptly invoking the MDT Best Practices MOU in cases such as poisoning or unsafe sleep. CPAC plans to meet with the Police Chief's Council to refresh all jurisdictions on the MOU and mandatory reporting laws. Eleven medical findings were made this quarter, with most focusing on failure to report. Training was improved and delivered by CPAC in early 2019 to all Delaware physicians, and it is hopeful that training will serve as a reminder as to these obligations. Some progress with DFS regarding the use of safety agreements, unresolved risk and risk assessment was again seen this quarter. Thirty-nine findings and 24 strengths were made in these categories.

A motion was made by Dr. Colmorgen to approve the CAN packet, and Chief Judge Newell seconded the motion. All other members voted in favor, and the motion carried.

Ms. Levin shared the Committee asked for the Investigation Coordinator, Jennifer Donahue, to be added as a Steering Committee member. A motion was made by Dr. Colmorgen to add Ms. Donahue as a member, and Dr. De Jong seconded the motion. All other members voted in favor, and the motion carried.

There was general discussion about physicians complying with the reporting obligations under 16 <u>Del.</u> <u>C.</u> § 903. DFS was asked to determine if there has been an increase in reporting by physicians between 2016 to the present. In addition, the Commission asked the CPAC Training Committee's Mandatory Workgroup to analyze the CAN Panel data to determine if specific physicians and/or practices are failing to report.

#### VI. INVESTIGATION COORDINATOR REPORT

Ms. Donahue gave a presentation on the quarterly data received by the Office of the Investigation Coordinator (IC). Ms. Donahue presented on the child death, serious physical injury, juvenile trafficking and sexual abuse cases opened between January and March 2019. Ms. Donahue described victim and offender profiles together with the types of cases associated with these maltreatment types. Allegations of sexual abuse in the school environment versus non-school settings were presented separately due to the unique characteristics in those cases. Ms. Donahue also discussed the backlog and need for additional resources.

#### VII. CPAC DATA DASHBOARD

Brittany Willard gave a presentation on the quarterly child welfare trends identified by the CPAC Data Utilization Committee. This included a discussion of the DFS caseloads, the DFS hotline reports, Children's Advocacy Center case types, children entering DSCYF custody, permanency outcomes and county profiles of youth with Another Planned Permanent Living Arrangement (APPLA). Ms. Willard also presented the Committee's recommendation to update the dashboard and utilize Tableau software to present the data. There was further discussion about adding raw numbers, data sources and definitions to ensure the data is clearly interpreted by others. As an example, the Commission was concerned that the data can be interpreted to conclude that several of the data points reference confirmed victims of child abuse or neglect instead of allegations received by the DFS Report Line.

A motion was made by Secretary Manning to revise the dashboard, and Dr. Colmorgen seconded the motion. All other members voted in favor, and the motion carried.

#### VIII. COMMITTEE REPORTS

# A. LEGISLATIVE

Ms. Culley reported the Committee has not met since the last Commission meeting as there has been no movement with the proposed changes to the Criminal Code, which is a key component of the Committee's work.

An update was provided on the two child abuse bills approved by CPAC at the last Commission meeting. Rather than moving forward with the proposed bills, the Commission discussed a renewed commitment to draft a section in the Criminal Code that is Crimes Against Children. Abigail Layton, Esq. agreed that the bills should be tabled for now to focus on drafting a more comprehensive package, but said this remains a priority for Attorney General Kathy Jennings.

There was also discussion about HB10, which sets a minimum age at which a child may be prosecuted, except for certain crimes. This bill prohibits the prosecution of children under the age of 12 and it bars the transfer of juvenile prosecution to the Superior Court for children under 16 (except for certain crimes).

# **B. EDUCATION**

Susan Haberstroh reported that the CPAC Education Committee continues to oversee its workgroups: Data, MOU, Non-Academic Training, and Title IX. Ms. Haberstroh reported that she is going over the education data and working closely with Brittany Willard to make sure the definitions and business rules are the same. The MOU Workgroup is developing a survey about implementation of the MOU, and they are hoping to disseminate it soon. The Title IX Workgroup is drafting a best practice document for reporting, and it will be included as part of the mandatory reporting refresher training. As for the Non-Academic Training Workgroup, 21 school districts or charter schools have selected a curriculum and 11 have not. Eleven schools have selected Prevent Child Abuse Delaware to provide the education on personal body safety. Lastly, Eliza Hirst, Esq. and her team are developing a training on trauma-informed practice to make available to educators.

#### C. TRAINING

Ms. Morales shared feedback about the Protecting Delaware's Children Conference that was held in April. There were 400 professionals in attendance, which was a 20% no show rate. The workgroup is meeting next month to discuss the attendance, evaluations and identify the 2021 conference date.

Ms. Morales also provided an update on the ChildFirst® Forensic Interview Training Program. Diane Klecan, from the Children's Advocacy Center, and Ms. Morales had a teleconference with Rita Farrell from the Zero Abuse Project. The Zero Abuse Project is now responsible for the ChildFirst® Forensic Interview Protocol and Program. The next steps are to speak with a few other states about their successes and challenges with the protocol and program. If the feedback is positive, a recommendation

will be submitted to CPAC to consider contracting with the Zero Abuse Project to renew our status as a ChildFirst® State, and transition to the ChildFirst® Protocol.

OCA, on behalf of CPAC, is working with the Delaware Learning Center to transition the mandatory reporting training to the state's learning management system. Ms. Morales hopes to have it fully transitioned by October 2019. This will free up Children's Justice Act funds for other training opportunities.

Finally, the Children's Justice Act grant was used to award training scholarships to members from the MDT. Six investigators and one prosecutor attended the 35th International Symposium on Child Abuse and Neglect in Alabama from March 19-21, 2019. In total, 18 professionals from Delaware attended the conference.

# IX. COMMISSIONER REPORTS

# A. DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

Secretary Manning reported that SB94, which allows for two unmarried persons to adopt, has made it through to the Senate. Additionally, Trenee Parker presented to the Legislative Kids Caucus on the Report Line. Daphne Warner, Deputy Director of the Division of Prevention and Behavioral Health Services (DPBHS) discussed Take Care Delaware, which was adapted from a West Virginia program, Handle with Care. Secretary Manning also discussed the increase in teens entering care and spike in residential placements for youth with complex issues.

#### I. DIVISION OF FAMILY SERVICES

Trenee Parker shared that May is Foster Parent Awareness Month, and last week, DSCYF hosted its annual Foster Parent Conference. Ms. Parker also discussed the graduation programs for the 35 youth, who will be graduating from high school this year. The Youth Advisory Council (YAC) Conference is also scheduled for this summer, and the youth are responsible for most of the planning. At the end of the month, Kind to Kids will be honoring two former foster youth, Mayda Berrios and Rashawn King, with the Rising Star Award.

#### II. PREVENTTION AND BEHAVIORAL HEALTH SERVICES

Bob Dunleavy reported that DPBHS has been serving many children at risk for suicide. He also discussed three articles related to these trends. Nationally, these youth are often seen at the hospital emergency departments and are held until a program becomes available. Delaware is sending more youth out of state since hospitals are full and not equipped to take the more complex youth. DPBHS is looking for ways to serve these youth better.

# **B. CHILDREN'S ADVOCACY CENTER**

No report provided as Commissioner was not in attendance.

#### C. LAW ENFORCEMENT

No report provided.

#### D. INTERAGENCY COMMITTEE ON ADOPTION

Meg Garey reported that training is being provided to DSCYF staff, Delaware State Police and families on post-adoption services. Any family in Delaware is eligible if they have adopted, and the services are free. Ms. Garey has also been talking to Trenee Parker about linking with post-adoption services if these families come in through investigation.

# E. DEPARTMENT OF JUSTICE

Islanda Finamore, Esq. reported that the FY20 Governor's Recommended Budget included a position for her unit. Jim Kriner, Esq. added that the Special Victims Unit had turnover in 2018.

#### F. OFFICE OF DEFENSE SERVICES

Charles Tate, Esq. said their priority is to make sure youth are no longer referred to the Department of Corrections' Youthful Criminal Offender Program (YCOP) for cases sentenced by the Superior Court. However, Secretary Manning stated that YCOP has undergone significant improvements and encouraged the Commission to learn about the new program. Now, there is not much of a difference between the YCOP facilities and facilities run by DSCYF.

#### X. NEW BUSINESS

There was no new business.

# XI. PUBLIC COMMENT AND ADJOURNMENT

Mariann Kenville-Moore shared public comment about how to better integrate services for teens.

The meeting was adjourned at 11:21 a.m.

# WEDNESDAY, AUGUST 21, 2019 9:00 AM – 11:30 AM – New Castle County Courthouse 500 King Street, 12<sup>th</sup> Floor, Wilmington, Delaware

#### **Those in Attendance:**

6.41

Members of the	Statutory Role:
<b>Commission:</b>	

Mary Dugan, Esq., Chair Child Protection Community 16 <u>Del. C.</u> § 931(a)(15)

The Hon. Josette Manning Secretary of Services for Children, Youth & Their Families 16 Del. C. § 931(a)(1)

Trenee Parker Director, Division of Family Services 16 Del. C. § 931(a)(2)

James Kriner, Esq. Two Representatives from the Attorney General's Office 16 <u>Del. C.</u> § 931(a)(3)

Abigail Layton, Esq. Two Representatives from the Attorney General's Office 16 <u>Del. C.</u> § 931(a)(3)

The Honorable Michael Newell Family Court <u>16 Del. C.</u> § 931(a)(4)
The Honorable Joelle Hitch Family Court <u>16 Del. C.</u> § 931(a)(4)

The Honorable Bryan Townsend One member of the Senate 16 <u>Del. C.</u> § 931(a)(6)

Susan Haberstroh

Designee for Secretary of the Department of Education 16 <u>Del. C.</u> § 931(a)(7)

Robert Dunleavy

Director, Div. of Prevention of Behavioral Health Services 16 <u>Del. C.</u> § 931(a)(8)

Maureen Monagle

Chair of the Domestic Violence Coordinating Council 16 <u>Del. C.</u> § 931(a)(9)

Cpl. Adrienne Owen

Designee for Superintendent of the Delaware State Police 16 Del. C. § 931(a)(10)

Jen Donahue, Esq. Investigation Coordinator 16 <u>Del. C.</u> § 931(a)(12)

Kathryn Lunger, Esq. One Representative from the Office of Defense Services 16 <u>Del. C.</u> § 931(a)(14)

Ellen Levin At-large Member - Child Protection Community 16 <u>Del. C.</u> § 931(a)(15)
Randall Williams At-large Member - Child Protection Community 16 <u>Del. C.</u> § 931(a)(15)
Elizabeth Higley At-large Member - Child Protection Community 16 <u>Del. C.</u> § 931(a)(15)

Meg Garey At-large Member – Interagency Committee on Adoption 16 <u>Del. C.</u> § 931(a)(15)

Dr. Allan De Jong
At-large Member - Medical Community 16 <u>Del. C.</u> § 931(a)(15)
Cpt. Joseph Bloch
At-large Member - Law Enforcement Agency 16 Del. C. § 931(a)(15)

#### **Staff:**

Tania Culley, Esq. Stepfanie Scollo

#### **Members of the Public:**

Linda Carmichael, Esq. Islanda Finamore, Esq. Leslie Newman Meredith Seitz Kristi Daniels Caroline Jones A.J. Roop, Esq. Lori Sitler

Kelly Ensslin, Esq. Kim Liprie JoAnn Santangelo Eleanor Torres, Esq.

# I. WELCOME/INTRODUCTIONS

Mary Dugan, Esq. opened the meeting and welcomed the attendees.

# II. APPROVAL OF MINUTES

James Kriner, Esq. requested to strike specific language about the Special Victims Unit as it was worded incorrectly.

A motion was made by the Honorable Michael Newell to approve the minutes as amended, and Abigail Layton, Esq. seconded the motion. Randall Williams abstained. All other members voted in favor, and the motion carried.

#### III. EXECUTIVE COMMITTEE REPORT

Tania Culley, Esq. provided a report on the CPAC Executive Committee. The Committee met a couple of weeks ago and discussed the FY21 budget requests for CPAC and the Office of the Child Advocate (OCA). As such, the Executive Director and Chair prepared its annual letter to send to the Administrative Office of the Courts (AOC) describing these budget priorities. Mr. Williams made a motion to approve the letters, and Ms. Layton seconded the motion. All other members voted in favor, and the motion carried.

Ms. Culley also discussed the proposed changes to the CPAC Bylaws. Changes were made to the role of the Executive Committee, and Jen Donahue, Esq. was added to the Child Abuse and Neglect (CAN) Steering Committee. Mr. Williams made a motion to approve the amended Bylaws, and Captain Bloch seconded the motion. All other members voted in favor, and the motion carried.

# IV. EXECUTIVE DIRECTOR'S REPORT

Ms. Culley provided the Executive Director's report. She discussed the change in staffing at OCA, which included an update on the three positions funded by the Victims of Crime Act (VOCA) Grant. In addition, Ms. Culley discussed the representation of clients in the custody of the Department of Services for Children, Youth and Their Families (DSCYF), and Kelly Ensslin's new role as the Chief of Legal Services. She also shared that the Court Appointed Special Advocate (CASA) Program had a retreat in June and developed a strategic framework. Additionally, an update on training and recruitment for the CASA Program was discussed.

In addition, Ms. Culley discussed CPAC's FY20 budget requests. She explained that if the request was not already in the Governor's recommended budget, then it was not included in the FY20 State Budget. Therefore, any references to CASA Attorneys in the budget bill were not changed to Child Attorneys. In addition, while CPAC was tasked with the responsibility of administering the Ivyane Davis Memorial Scholarship Fund, funding was not appropriated to OCA in the FY20 State budget; however, DSCYF received the funding. Similarly, Prevent Child Abuse Delaware did not receive an increase in grant in aid funding as requested despite the statutory mandate for both CPAC and DFS to identify and maintain personal body safety instruction for approximately 75,000 children in pre-kindergarten through 6<sup>th</sup> grade. An increase in funding for the Children's Advocacy Center (CAC) was also not included in the FY20 State Budget, nor was funding for the new courthouses in Kent and Sussex Counties.

For the FY21 State Budget, the budget requests were due to AOC last week. Ms. Culley requested three

additional months of funding for the two MDT Coordination Specialist positions and CASA Training Director position as VOCA funding ends in March 2021. In addition, OCA is requesting a third MDT Coordination Specialist position and a Deputy position for the Office of the Investigation Coordinator (IC). OCA's budget requests will again include a change to the references from CASA Attorney to Child Attorney, and to move the Ivyane Davis Scholarship Fund from DFS to OCA.

Lastly, Ms. Culley shared that a smaller group continues to work on the crimes against children code, and another small group is separately revising the definitions for abuse, neglect and dependency.

#### V. CHILDFIRST® PRESENTATION

Mr. Williams discussed the recommendation from the CPAC Training Committee to renew Delaware's status as a ChildFirst® State, and transition to the ChildFirst® Forensic Interview Protocol. He provided information about our history with ChildFirst®, and he said that the CAC supports this transition. To move forward with this recommendation, the first step is a presentation to the multidisciplinary team (MDT). Victor Vieth from the Zero Abuse Project, the organization responsible for the ChildFirst® Program and Protocol, has agreed to come to Delaware in October to discuss the program and answer questions from the MDT. The Commission will then be asked to approve the recommendation at its November meeting.

A motion was made by the Honorable Michael Newell to explore the CPAC Training Committee's recommendation, and Maureen Monagle seconded the motion. All other members voted in favor, and the motion carried.

# VI. CHILD ABUSE AND NEGLECT DEATH/NEAR DEATH REVIEWS

# A. CAN CASELOADS REPORT/ADMINISTRATIVE UPDATE

Ellen Levin reported that the CAN Panel has 68 cases open with 19 cases before the Commission today for approval. Thirty-five cases are listed as initials, and another 33 are finals. In April, the Panel reviewed four initials, and two of those were resolved so the Panel will not need to review those cases again. The Panel also reviewed three finals. At the May meeting, the Panel will be reviewing another three initials and four finals. Thus far, in 2019, the Panel has received 20 cases - 13 near deaths and 7 deaths.

# B. CAN FINDINGS/DETAILS/LETTER TO GOVERNOR

Ellen Levin reported on the 18 cases reviewed by the CAN Panel in the last quarter. Eight of the cases (all near deaths) had been previously reviewed and were awaiting the completion of prosecution. All eight of the cases were prosecuted, although two were subsequently nolle prossed. The remaining six cases resulted in one Child Abuse 1st plea, two Assault 2nd pleas, one Child Abuse 3rd plea, and two Endangering the Welfare pleas (one misdemeanor and one felony). Four of these cases were abusive head trauma cases and the strongest sentence was one case with two years at Level V. One other case received a one-year sentence - all others received probation. As a result, CPAC has once again made findings that the SENTAC guideline's presumptive sentence should be

greater in child abuse cases. Five findings were made during these final reviews. The ten remaining cases were from deaths or near deaths that occurred between August 2018 and January 2019. Of these cases, five will have no further review. These timely reviews enable CPAC to address current system issues as well as celebrate accomplishments. The children range in age from newborn to three years of age with four deaths and six near deaths. The children were victims of poisoning, unsafe sleep and physical abuse/torture. These ten cases resulted in 47 strengths and 46 current findings across system areas.

Mr. Kriner requested to strike the findings against the Department of Justice (DOJ) and Superior Court. After general discussion by the Commissioners and members of the public, a motion was made to remove the findings against the DOJ and Superior Court. Thirteen commissioners voted in favor, and the motion carried.

Jen Donahue, Esq. made a motion to add a finding regarding the SENTAC guidelines to another CAN case, and Dr. Allan De Jong seconded. All other members voted in favor, and the motion carried.

The Honorable Michael Newell made a motion to approve the CAN packet, and Maureen Monagle seconded the motion. All other members voted in favor, and the motion carried.

# VII. INVESTIGATION COORDINATOR REPORT

Ms. Donahue provided a report on the Office of the Investigation Coordinator. She discussed the two MDT Coordination Specialist positions funded by VOCA, and the need for two additional positions. Ms. Donahue reported on the ongoing workload issues and the number of open cases. She shared that Delaware MDT members will be facilitating three presentations at the 35th Annual San Diego International Conference on Child and Family Maltreatment, and IC will be one of them.

Additionally, Ms. Donahue gave a presentation on the quarterly data received by the IC. Ms. Donahue presented on the child death, serious physical injury, juvenile trafficking and sexual abuse cases opened and closed between April and June 2019. Ms. Donahue described victim and offender profiles together with the types of cases associated with these maltreatment types.

# VIII. COMMITTEE REPORTS

# A. EDUCATION

Susan Haberstroh reported on the progress of the CPAC Education Committee's three workgroups. The Committee will be reviewing the Title IX Workgroup's document on statutory reporting requirements for school employees. In addition, the Data Workgroup will be looking at chronic absenteeism for ninth graders. Ms. Haberstroh reported that Erin's Law goes into effect this school year, which means education on personal body safety will be provided for students in grades Pre-K to six. She also shared that Judge Vari will replace Judge Crowell on the Committee. Lastly, the Committee received a presentation on Kind to Kids' UGrad Education Program.

# **B. SEI/MEDICALLY FRAGILE**

Ms. Donahue reported that the Committee continues to meet quarterly, and they are discussing the appropriate pathways for receiving a plan of safe care. There are three current pathways, and the Committee is proposing a fourth for infants experiencing withdrawal symptoms due to medications prescribed to the mother for mental health or medical issues. Ms. Donahue also provided an update on the Delaware HOPE model.

# C. CASELOADS/ WORKLOADS

Trenee Parker reported that the Committee has completed the draft report. The final report and recommendations will be presented to CPAC for review and approval at the next Commission meeting.

#### IX. COMMISSIONER REPORTS

# A. DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

Secretary Manning reported that there was some progress with worker caseloads, and Trenee Parker would provide additional detail.

#### I. DIVISION OF FAMILY SERVICES

Trenee Parker shared that DFS received 39 positions in the FY20 State Budget, with one of them being in the Criminal History Unit. Training and support will be provided to the new employees by "practice coaches." Ms. Parker also shared that Beech Street and University Plaza will be moving to one location in November. In addition, DFS is working on a contract to serve approximately 200 families experiencing chronic neglect.

# II. PREVENTTION AND BEHAVIORAL HEALTH SERVICES

Bob Dunleavy reported that DPBHS has been using grant funds to provide training on special populations, particularly to first responders. The training on autism has been helpful to staff.

# **B. FAMILY COURT**

JoAnn Santangelo reported that the Court Improvement Program (CIP) just completed its assessment on quality assurance for kids in foster care. CIP also continues to participate in the Visit Host pilot project, and the feedback has been positive. A training on the value of visitation is scheduled for October.

Chief Judge Newell stated that CIP is convening a workgroup on quality legal representation. In addition, the National Council of Juvenile and Family Court Judges selected Delaware to receive technical assistance. Chief Judge Newell also discussed the Court's request for new courthouses in Kent and Sussex Counties.

# C. MEDICAL

Dr. Allan De Jong reported a nurse practitioner was hired in New Castle County to work with the CARE Team. The CAC and CARE Team will be housed in the same facility as of November 2019. The new facility, across the street from the hospital, features four exam rooms for medical evaluations. Dr. De Jong stated that they have not been able to fill the downstate positions supported by the VOCA grant.

# X. NEW BUSINESS

There was no new business.

# XI. PUBLIC COMMENT AND ADJOURNMENT

There was no public comment.

The meeting was adjourned at 11:43 a.m.

# WEDNESDAY, NOVEMBER 20, 2019 9:00 AM – 11:30 AM – New Castle County Courthouse 500 King Street, 12<sup>th</sup> Floor, Wilmington, Delaware

#### **Those in Attendance:**

Members of the Statutory Role: Commission:

Mary Dugan, Esq., Chair Child Protection Community 16 <u>Del. C.</u> § 931(a)(15)

Trenee Parker Director, Division of Family Services 16 <u>Del. C.</u> § 931(a)(2)

James Kriner, Esq. Two Representatives from the Attorney General's Office 16 <u>Del. C.</u> § 931(a)(3)
Abigail Rodgers, Esq. Two Representatives from the Attorney General's Office 16 <u>Del. C.</u> § 931(a)(3)

The Honorable Michael Newell Family Court <u>16 Del. C.</u> § 931(a)(4)
The Honorable Joelle Hitch Family Court <u>16 Del. C.</u> § 931(a)(4)

Susan Haberstroh

Designee for Secretary of the Department of Education 16 <u>Del. C.</u> § 931(a)(7)

Robert Dunleavy

Director, Div. of Prevention of Behavioral Health Services 16 <u>Del. C.</u> § 931(a)(8)

Maureen Monagle

Chair of the Domestic Violence Coordinating Council 16 <u>Del. C.</u> § 931(a)(9)

Cpl. Adrienne Owen

Designee for Superintendent of the Delaware State Police 16 Del. C. § 931(a)(10)

Dr. Garrett Colmorgen Chair of the Child Death Review Commission 16 <u>Del. C.</u> § 931(a)(11)

Jen Donahue, Esq. Investigation Coordinator 16 <u>Del. C.</u> § 931(a)(12)

Nicole Magnusson Young Adult 16 Del. C. § 931(a)(13)

Kathryn Lunger, Esq. One Representative from the Office of Defense Services 16 <u>Del. C.</u> § 931(a)(14)

Ellen Levin At-large Member - Child Protection Community 16 <u>Del. C.</u> § 931(a)(15)
Randall Williams At-large Member - Child Protection Community 16 <u>Del. C.</u> § 931(a)(15)
Elizabeth Higley At-large Member - Child Protection Community 16 Del. C. § 931(a)(15)

Meg Garey At-large Member – Interagency Committee on Adoption 16 <u>Del. C.</u> § 931(a)(15)

Dr. Allan De Jong At-large Member - Medical Community 16 <u>Del. C.</u> § 931(a)(15)

Staff:

Tania Culley, Esq. Rosalie Morales Stepfanie Scollo

**Members of the Public:** 

Debbie Colligan Sgt. Hector Garcia JoAnn Santangelo Eleanor Torres, Esq.

Charlotte Granison Caroline Jones Samantha Shewchuk

Islanda Finamore, Esq. Leslie Newman Lori Sitler

#### I. WELCOME/INTRODUCTIONS

Mary Dugan, Esq. opened the meeting and welcomed the attendees.

# II. APPROVAL OF MINUTES

A motion was made by Dr. Garrett Colmorgen to approve the minutes as amended, and Jim Kriner, Esq. seconded the motion. All other members voted in favor, and the motion carried.

#### III. EXECUTIVE COMMITTEE REPORT

Mary Dugan, Esq. provided a report on the CPAC Executive Committee. The Committee met on November 5, 2019 and discussed the FY21 budget requests for CPAC and the Office of the Child Advocate (OCA), the legislative agenda for CPAC and OCA, and the potential changes to the CPAC Abuse Intervention Committee (AIC). The CPAC and OCA budget requests were not included in the Judiciary's budget. As a result, the Executive Director and Chair sent a letter to the Office of Management and Budget (OMB), and plan to send a separate letter to Chief Justice Seitz. At its next meeting, the Committee will consider expanding the role of AIC, which is a longstanding committee that oversees the federal Children's Justice Act (CJA) grant. A proposal will be submitted to CPAC at the February meeting.

Ms. Dugan also congratulated Tania Culley, Esq. for her induction into the Hall of Fame of Delaware Women.

# IV. EXECUTIVE DIRECTOR'S REPORT

Ms. Culley provided the Executive Director's report. She discussed the change in staffing at OCA, which included an update on the three positions funded by the Victims of Crime Act (VOCA) Grant. Lauren Brueckner accepted the position of Court Appointed Special Advocate (CASA) Training Director, and Marissa Reed and Shana Cipparone accepted the positions of Multidisciplinary Team (MDT) Coordination Specialists. A Sussex CASA Coordinator position became vacant when Ms. Brueckner accepted new position. Clark Huffman filled her position. Ms. Culley also discussed the four casual seasonal openings at OCA in New Castle County: CASA Coordinator, Child Attorney, Management Analyst, and Youth in Transition Coordinator. A fifth position, casual seasonal Deputy Child Advocate, became vacant when Elizabeth Fillingame, Esq. accepted a position at the DOJ. A request to fill was submitted to the Administrative Office of the Courts.

In addition, Ms. Culley provided an update on training and recruitment for OCA's legal services program and discussed the representation of clients in the custody of the Department of Services for Children, Youth and Their Families (DSCYF).

Lastly, Ms. Culley shared that the Delaware Mortgage Bankers Association will be holding their annual Holiday Jingle, which benefits the Office of the Child Advocate on December 12, 2019. As of today, the OCA has spent \$8,000.00 this year towards foster youth to give them life experiences.

# V. APPROVAL OF CHILDFIRST® RECOMMENDATION

At the last meeting, the Commission was presented with a memo describing Delaware's history as a ChildFirst state and the recommendation by the CPAC Training Committee to renew Delaware's status

as a ChildFirst® State and transition to the ChildFirst® Forensic Interview Protocol. Since then, Victor Vieth from the Zero Abuse Project, the organization responsible for the ChildFirst® Program and Protocol, came to Delaware on October 22, 2019 to discuss the program and answer questions. Thirty-one MDT partners attended, and there was good discussion about the Protocol. Following this discussion, MDT partners were asked to go back to their agencies with the information and voice any concerns about the recommendation to CPAC Commissioners. There were no concerns received.

A motion was made by Dr. Colmorgen to approve the recommendation to renew Delaware's status as a ChildFirst state, and Abigail Rodgers, Esq. seconded the motion. All other members voted in favor, and the motion carried.

# VI. APPROVAL OF CPAC ANNUAL REPORT

Rosalie Morales discussed the FY19 CPAC Annual Report and highlighted CPAC's accomplishments over the last year, including the work of the committees and workgroups.

A motion was made by Dr. Colmorgen to approve the annual report, and Ellen Levin seconded the motion. All other members voted in favor, and the motion carried.

# VII. CHILD ABUSE AND NEGLECT DEATH/NEAR DEATH REVIEWS

# A. CAN CASELOADS REPORT/ADMINISTRATIVE UPDATE

Ms. Morales reported that the Child Abuse and Neglect (CAN) Panel has 64 cases open with 18 cases before the Commission for approval. Twenty-nine cases are listed as initials, and another 35 are finals. In October, the Panel reviewed three initials, and two of those were resolved so the Panel will not need to review those cases again. The Panel also reviewed four finals. At the November meeting, the Panel will be reviewing another three initials and three finals.

# B. CAN FINDINGS/DETAILS/LETTER TO GOVERNOR

Ellen Levin reported on the 18 cases reviewed by the CAN Panel in the last quarter. Nine of the cases (2 deaths and 7 near deaths) had been previously reviewed and were awaiting the completion of prosecution. All nine of the cases were prosecuted, although three were subsequently nolle prossed. One of the death cases resulted in an outstanding sentence of 35 years at Level V against both defendants. The other death and the four near death cases resulted in sentences of probation. Three findings were made during these final reviews. The nine remaining cases were from deaths or near deaths that occurred between January and April 2019. The children range in age from two months to five years of age with four deaths and five near deaths. The children were victims of poisoning, unsafe sleep, medical child abuse and physical abuse/torture. Of these cases, three will have no further review and will not be prosecuted. These nine cases resulted in 28 strengths and 53 current findings across system areas.

Dr. Colmorgen made a motion to approve the CAN packet, and Dr. Allan De Jong seconded the motion. All other members voted in favor, and the motion carried.

Cpl. Adrienne Owen discussed the 2018-2019 Joint Action Plan recommendation to address CAN Panel findings with local law enforcement agencies, who are not appointed to the CAN Panel. She asked the Commission to reconsider this recommendation and explained it would be helpful for investigators to hear case specific findings to strengthen the MDT response and improve outcomes. As the law enforcement representative on the CAN Steering Committee, Cpl. Owen is willing to communicate the findings and strengths with the law enforcement agencies. CPAC staff will explore how other states handle this issue and revisit the federal Child Abuse Prevention and Treatment Act (CAPTA) requirements. An update will be provided at the next Commission meeting.

# VIII. INVESTIGATION COORDINATOR REPORT

Jennifer Donahue, Esq. provided a report on the Office of the Investigation Coordinator. She discussed the two MDT Coordination Specialist positions funded by VOCA and reported on the ongoing workload issues and the number of open cases. Ms. Donahue also shared that IC, the Wilmington Police Department, and Department of Justice are meeting quarterly to discuss open cases. The IC will also continue to reach out to smaller law enforcement agencies to discuss the role of the IC and the Memorandum of Understanding (MOU) for the MDT Response to Child Abuse and Neglect.

# IX. COMMITTEE REPORTS

# A. CASELOADS/ WORKLOADS

Sue Murray discussed the final report of the CPAC Caseloads/Workloads Committee and shared a handout with highlights from the report. The two recommendations for the General Assembly are as follows: lower the treatment caseloads to 12 cases for Division of Family Services (DFS) treatment workers, and support increased funding for DSCYF/DFS to allow for necessary resources so that DFS can come into compliance with the new mandated caseload standard of 12. DFS would consider additional staffing and/or expanded or new contractual services as the resources needed. DSCYF has already implemented its five-year plan for staffing, and budget requests for treatment worker positions will be included in years three (FY22) and four (FY23).

Ms. Donahue made a motion to approve the Final Report, and Dr. Colmorgen seconded the motion. Trenee Parker abstained, and all other members voted in favor. The motion carried. CPAC will champion the legislation to lower the caseload standard for treatment in advance of the FY22 State Budget.

Dr. Colmorgen made a motion to disband the Committee, and Ms. Donahue seconded the motion. All other members voted in favor, and the motion carried.

#### **B. DATA UTILIZATION**

Ms. Morales reported that the CPAC Data Utilization Committee has not presented data for the past two quarters. The data points that have historically been presented in the dashboard are being updated and transitioned to Tableau, which is a data visualization tool. Tableau is used by several

state agencies, including DSCYF and the Office of State Treasurer. The benefits of Tableau were also discussed. The Committee is hopeful to present the Caseloads Dashboard at the next Commission meeting.

# C. EDUCATION

Susan Haberstroh provided a report on the CPAC Education Committee. She shared that Erin's Law went into effect this school year, which means education on personal body safety will be provided for students in grades pre-kindergarten to six. The Department of Education (DOE) will be submitting its annual report to the Governor and General Assembly in January. Ms. Haberstroh added that funding is still an issue. Several districts have selected Prevent Child Abuse Delaware's (PCAD) B.E. S.M.A.R.T. Program, but there is not sufficient funding to train other districts.

Lastly, Ms. Haberstroh reported she is working closely with the CPAC Data Manager, Brittany Willard, on the education data, and the MOU Workgroup may reconvene to review the MOU between DOE and DSCYF.

# D. LEGISLATIVE

Ms. Culley reported that the CPAC Legislative Committee did not meet last quarter. A meeting will be scheduled once draft legislation is ready to review. Pending legislation includes the Crimes Against Children Code, MDT record sharing, and revisions to the Termination of Parental Rights/Adoption statute.

# E. SEI/MEDICALLY FRAGILE

Ms. Donahue reported that the Joint Committee on Substance Exposed Infants (SEI)/Medically Fragile Children continues to meet quarterly. It has been a little over a year since the statewide implementation of Plans of Safe Care. The Committee continues to have ongoing discussions about the appropriate pathways for receiving these plans. Ms. Donahue also shared that a federal grant was received to develop a mobile application, and Ms. Donahue and Trenee Parker are on the advisory board.

# F. TRAINING COMMITTEE

Ms. Morales reported that the CPAC Training Committee continues to oversee the Protecting Delaware's Children fund, which has a balance of \$14,000.00. CPAC receives donations for this fund through the Stop Child Abuse license plate sales, personal income tax contributions and the donate now button on the OCA website, and the funds are used towards training and prevention efforts. More recently, the funds have be used for the Child Abuse Prevention Month Campaign in April, to translate some of our mandatory reporting resources in Spanish, and towards the cost of pens and magnets with the Stop Child Abuse logo. The Committee also hopes to use the funds for professional voiceovers for CPAC trainings.

The Mandatory Reporting Workgroup has finalized a refresher training for mandated reporters as well as a Mandated Reporter Resource Guide, which is available in English and Spanish. The Resource Guide is published on the OCA website. The Workgroup has transitioned the CPAC mandatory reporting training, refresher training and minimal facts training to the Delaware Learning Center, which means these trainings will be accessible to all state employees as well as external partners.

The Conference Workgroup has reserved the Dover Downs Hotel and Casino on April 27 & 28, 2021 for the Protecting Delaware's Children Conference. The Workgroup will begin meeting again in February to plan the conference.

The CAN Best Practices Workgroup, chaired by Adrienne Owen, will reconvene in 2020 to address the Joint Action Plan recommendations and update the MOU for the MDT Response to Child Abuse and Neglect.

#### X. COMMISSIONER REPORTS

# A. DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

# I. DIVISION OF FAMILY SERVICES

Trenee Parker shared that DSCYF had its FY21 public hearing last week, and the largest budget request was for staffing. DFS requested 50 positions to support year two of the DFS five-year staffing plan. Funding was also requested to assist DFS and the Division of Prevention of Behavioral Health Services (PBH) with correcting their budgets since both agencies have had significant deficits. Additional budget requests were for training, support for foster home placements, and changes to FOCUS. Funding for the Civil Citation and Youth Advocate Programs under the Division of Youth Rehabilitative Services was also requested. There was also discussion of investing money into the Family Informed Resource Support Team (FIRST) Program, which utilizes community supports to keep youth from entering foster care and out of home placements.

Ms. Parker also reported that the number of children in foster care has declined, and there was a slight reduction in caseloads for investigation workers. DFS received permission for investigation workers to be eligible for hazardous duty pay, and they plan to explore it for treatment workers next. Lastly, staff in the New Castle County offices moved into one building at Churchman's Plaza, and staff from all the Divisions share this space.

# II. PREVENTTION AND BEHAVIORAL HEALTH SERVICES

Bob Dunleavy reported that PBH had an accreditation survey by the Commission on Accreditation of Rehabilitation Facilities (CARF). PBH has been re-accredited for another 3 years, and recommendations were provided to increase consistency among policies and across counties. Mr. Dunleavy also mentioned the increase in referrals to PBH and calls to Mobile Crisis, and an absence of mental health providers in the community to meet the need.

# **B. CHILDREN'S ADVOCACY CENTER**

Mr. Williams shared an update on the Children's Advocacy Center. He reported all three of the centers are fully staffed. As a result, timeframes for scheduling have improved. Mr. Williams also shared that the number of requests for after-hours interviews has decreased significantly. In New Castle County, the CAC moved to a new location at 1801 Rockland Road, where they are now colocated with medical professionals. Behavioral health and social services also share the building. They are also looking at securing new centers in Kent and Sussex Counties.

#### C. DEPARTMENT OF JUSTICE

Islanda Finamore, Esq. reported that the Child Protection Unit received funding for another Deputy Attorney General, and the position has been filled. By the end of quarter, they are on track to have at least 40 adoptions.

# D. LAW ENFORCEMENT

Cpl. Owen reported on the presentation for the Delaware Police Chief's Council. Cpl. Owen, Ms. Morales, and Ms. Donahue presented at the September meeting. The CAN Panel findings and strengths were discussed along with the MOU for the MDT Response to Child Abuse and Neglect. Ms. Donahue also discussed the role of the IC. Lastly, Cpl. Owen shared that Delaware MDT members will be presenting three workshops at the 35<sup>th</sup> Annual San Diego International Conference on Child and Family Maltreatment.

Ms. Culley introduced Sgt. Hector Garcia as the new Supervisor of the Family Services Unit at the New Castle County Police Department.

# XI. NEW BUSINESS

Ellen Levin acknowledged Leslie Newman's retirement as Chief Executive Officer of Children and Families First. She will be retiring at the end of the year. Leslie Newman made a few remarks.

Meg Garey shared that November is National Adoption Month, and November 23, 2019 is National Adoption Day, which is being held at the Delaware Agricultural Museum.

# XII. PUBLIC COMMENT AND ADJOURNMENT

Lori Sitler shared that, as part of her dissertation, she is exploring inter-organizational collaboration between the MDT. For this reason, she may be in contact with MDT members.

The meeting was adjourned at 10:55 a.m.

# Appendix B: Criminal Justice Council Program Reports



# PROGRAM REPORT

Grant ID: 2121

Applicant Agency: Office of the Child Advocate Project Dates: 10/1/2018 to 9/30/2019 Report Period: 4/1/2019 to 6/30/2019

Submission Date 7/24/2019

Report Due Date: 7/30/2019 Report Status: Submitted Approval Status: Pending Final Report: No

Is the Project On Schedule? Yes Explanation:

Activities Conducting During this Services were provided by the CJA Training Specialist, Kathleen McCormick. In April, she attended the Protecting Period: Delaware's Children Conference. She helped with set up and registering attendees. In addition, she acted as a workshop

Delaware's Children Conference. She helped with set up and registering attendees. In addition, she acted as a workshop facilitator by welcoming the speaker, making sure the workshop started and ended on time, and resolving any technical issue. In May, she provided training to OCA staff on Microsoft PowerPoint. She organized the materials for the train-the-trainer session on June 30, 2019. The session was facilitated by Rosalie Morales. Additionally, Ms. McCormick utilized Articulate software to develop a Mandatory Reporting Refresher Training for educators. She developed a Resource Guide for Reporting Child Abuse and Neglect in Delaware, a handout with Frequently Asked Questions for Trainers and a survey for Report Line workers. The training and resources will be finalized in the next quarter once it is approved by the workgroup. She continued to manage the online training system (TraCorp Learning Management System) and surveys through Survey Monkey. She also maintained the number of professionals trained, and reported those numbers to the Mandatory Reporting Workgroup. Lastly, she staffed the Training Committee on 5/3/19, the Mandatory Reporting Workgroup on 4/17/19, and the Protecting Delaware's Children Conference Workgroup on 6/8/19.

In the last quarter, (488) professionals completed the mandatory reporting training. Of those, 51 educators completed the training online; 270 general professional audiences also completed the training online and another 37 were trained in person; and 130 medical professionals were trained online. Thirty-six mental health providers received advanced training in person and 21 participated in the train- the-trainer session previously mentioned.

The TraCorp Learning Management System continued to be used as an online platform to train a variety of child welfare professionals. OCA paid the monthly fees (\$377) to TraCorp.

The subscription for the App Institute was renewed (\$487.20). The company hosts the mobile application for the MDT Best Practices Memorandum of Understanding.

Rosalie Morales and Tania Culley attended the Children's Justice Act Grantee Meeting in April 2019 and the Citizen Review Panel (CRP) Conference in June 2019. The hotel, transportation costs and meals were paid this quarter. The Protecting Delaware's Children Conference was held on April 2, 2019 at the Dover Downs Hotel and Casino in Dover, Delaware. Over 400 professionals attended from the following disciplines: Children's Advocacy Center (14), community service providers (59), Department of Justice (31), Department of Services for Children, Youth and Their Families (113), education (11), Family Court (45), law enforcement (68), medical (21), and child advocates/Court Appointed Special Advocates (78). The remaining costs were paid for the conference. The hotel rooms for the speakers were paid (\$1,493.20). In addition, the speaker fees and travel costs were also paid for speakers, Marcus Stallworth (\$1,248.95) and Mark Yarbrough (\$2,318.98).

Partial MDT scholarships were provided to several representatives to attend the 35th International Symposium on Child Abuse from March 19-21, 2019. The cost of the rental car and hotels were paid this quarter. The representatives were as follows: Alan Bluto, Delaware State Police; Gerald Windish, Delaware State Police; Jennifer Buzzuro, Delaware State Police; Gino Cevallos, New Castle County Police; Jean Gardner, Division of Family Services; Monica Morris, Division of Family Services; Kevin Smith, Department of Justice; Jennifer Donahue, OCA/Office of the Investigation Coordinator; and Rosalie Morales, OCA.

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Performance Indicators:

GrantID: 2121

**Report Period:** 4/1/2019 to 6/30/2019

1. Established by DCJC

2. Established by Subgrantee

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**GrantID:** 2121 **Report Period:** 4/1/2019 to 6/30/2019

# Attachments:

Name	Description	Date Added
₹ 2019 CJA Application.pdf	CJA Annual Progress Report	7/24/2019

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GrantID: 2121 Report Period: 4/1/2019 to 6/30/2019

# Quarterly Report Project Narrative!

#### Project Narrative

The Quarterly Report project narrative should accurately reflect progress toward the attainment of goals and objectives. Thus, the goals of the project should be presented with the progress toward the goal stated underneath. The objectives of the application should also be listed in the Quarterly Report with the progress of each stated beneath this objective.

e.g.

Goal

Progress:

Implementation Objective:

Progress:

The Quarterly Report should also state any problems that the project may have had during the last quarter. A miscellaneous section is provided in the Quarterly Report so that the project director can provide any additional information that the subgrantee believes to be pertinent (i.e. Accomplishments in addition to the stated goals and objectives).

 Goal: Specify the goal statement for the project. The goal statement should clearly communicate the intended result of the project as of the end of the subgrant period. State what progress has been made toward the attainment of that goal.

Goal Statement: This project will improve: (1) the assessment and investigation of suspected child abuse and neglect cases, including cases of suspected child sexual abuse and exploitation, in a manner that limits additional trauma to the child and the child's family; (2) the assessment and investigation of cases of suspected child abuse-related fatalities and suspected child neglect-related fatalities; (3) the investigation and prosecution of cases of child abuse and neglect, including child sexual abuse and exploitation; and (4) the assessment and investigation of cases involving children with disabilities or serious health-related problems who are suspected victims of child abuse or neglect.

During the quarter, progress was made towards the assessment and investigation of suspected child abuse and neglect cases as a Mandatory Reporting Refresher Training was developed together with resources for mandated reporters such as educators and general professional audiences. Progress was also made with the remaining goals: the assessment and investigation of cases of suspected child abuse-related fatalities and suspected child neglect-related fatalities; the investigation and prosecution of cases of child abuse and neglect, including child sexual abuse and exploitation; and the assessment and investigation of cases involving children with disabilities or serious health-related problems who are suspected victims of child abuse or neglect. The Protecting Delaware's Children Conference featured 14 workshops from national and local experts who addressed multidisciplinary collaboration and various aspects of child abuse. The following workshops were offered: Investigating Child Homicide Cases (Part 1 & 2); Blindsided: 7 Sneaky Challenges Facing Survivors of Childhood Sexual Abuse; Infants with Prenatal Substance Exposure and their Families: Multidisciplinary Collaboration for the Development of Plans of Safe Care for Safety and Services for the Family; First, Do No Harm: Understanding Medical Child Abuse; and Why Don't They Just Leave? (identifying victims of trafficking).

2. Identify the implementation objectives for the project. After each implementation objective, state the progress toward the attainment of the objective

The implementation objectives are as follows: The Task Force will provide regular training and demonstrative tools to investigators and prosecutors involved in the investigation and prosecution of child abuse and neglect cases. The training will be targeted to the Division of Family Services, Office of the Investigation Coordinator, statewide law enforcement agencies, criminal/civil Deputy Attorneys General from Department of Justice, Children's Advocacy Center forensic interviewers and clinicians, and related child welfare partners such as hospital based Sexual Assault Nurse Examiners. Training will also be made available to professionals involved in the judicial and administrative handling of child abuse cases and other professionals responsible for reporting child abuse and neglect.

In April 2019, over 400 professionals attended the Protecting Delaware's Children Conference from the following disciplines: Children's Advocacy Center (14), community service providers (59), Department of Justice (31), Department of Services for Children, Youth and Their Families (113), education (11), Family Court (45), law enforcement (68), medical (21), and child advocates/Court Appointed Special Advocates (78).

Rosalie Morales provided Mandatory Reporting Training to professionals at Nemours/AI DuPont Hospital on 4/12/19, New Behavioral Network on 5/7/19, and Behavioral Health Consultants & Psychologists from Christiana Care on 6/26/19.

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GrantID: 2121 Report Period: 4/1/2019 to 6/30/2019

Identify the performance objectives for the project. Performance objectives indicate major behavior (activities) necessary to conduct the project as planned.
 Indicate progress toward attainment of each performance objective.

The performance objectives are as follows:

- Contract with a Training Coordinator OCA continues to have an existing contract with Kathleen McCormick.
- 2. Provide Ongoing Comprehensive Training to Multidisciplinary Team Members and Others involved in the Judicial/Administrative Handling of Cases Training was provided at the Protecting Delaware's Children Conference
- Provide MDT Scholarships to representatives involved in the investigation, prosecution and judicial handling of cases of child abuse and neglect Paid remaining costs for the 35th International Symposium on Child Abuse from March 19-21, 2019.
- 4. Train Professionals on the Recognition and Reporting of Child Abuse and Neglect through in-person and web-based training A Mandatory Reporting Refresher Training and Resource Guide was created. Additionally, 488 professionals were trained.
- Make web-based training available to the child welfare community through OCA's Online Training System Trainings continue to be made available on OCA's Online Training System.
- 6. Attend the CJA Grantee Meeting/National Citizen Review Panel Conference Rosalie Morales and Tania Culley attended the Children's Justice Act Grantee Meeting in April 2019 and the Citizen Review Panel (CRP) Conference in June 2019. The hotel, transportation costs and meals were paid this quarter.
- 7. Protecting Delaware's Children conference will be held The conference was held on April 2, 2019 at the Dover Downs Hotel and Casino.
- 8. A copy of the CJA Annual Progress Report will be provided The CJA Annual Progress Report was submitted on May 31, 2019 to Administration for Children and Families.
- 4. Identify impact objectives for the project. Impact objectives measure the extent to which what happened was the result of the funded activity. Indicate progress toward attainment of each impact objective.

The impact objectives are as follows:

- Education on child abuse intervention will be coordinated and accessible to child welfare professionals and others statewide The Mandatory Reporting Refresher Training will be approved and available on line next quarter.
- Specialized training will be provided to professionals involved in the investigative, administrative, and civil and criminal judicial handling of child abuse cases – Specialized training was provided at the Protecting Delaware's Children Conference on April 2, 2019.
- 3. Specialized training will be provided to investigators and prosecutors responsible for the most difficult child abuse and neglect cases Specialized training was provided at the Protecting Delaware's Children Conference on April 2, 2019.
- 4. Enhanced recognition and reporting of child abuse and neglect The Mandatory Reporting Refresher Training and Resource Guide were developed. The resources will be made available in person and online.
- 5. Miscellaneous Information: Use this area to provide CJC with any additional information that you believe is pertinent.

n/a

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# PROGRAM REPORT

Grant ID: 2121

Applicant Agency: Office of the Child Advocate Project Dates: 10/1/2018 to 9/30/2019 Report Period: 7/1/2019 to 9/30/2019

Submission Date 10/10/2019

Report Due Date: 11/29/2019
Report Status: Submitted
Approval Status: Pending
Final Report: Yes

Is the Project On Schedule? Yes Explanation:

Activities Conducting During this Services were provided by the CJA Training Specialist, Kathleen McCormick. In July, she utilized Articulate software to Period: finalize the Mandatory Reporting Refresher Training for the Department of Education. Ms. McCormick also finalized the

Resource Guide for Reporting Child Abuse and Neglect in Delaware and a handout with Frequently Asked Questions for Trainers. These resources are also available in Spanish. In August, Ms. McCormick utilized Articulate software to finalize the Introduction to Child Welfare Agency/Services: 101 Trainings, which include trainings for the Office of the Child Advocate, Children's Advocacy Center, Family Court, Child Death Review Commission, and Domestic Violence Coordinating Council. In September, Ms. McCormick worked with the Delaware Department of Human Resources to transition the online training system from TraCorp Learning Management System to the State of Delaware's learning management system, Delaware Learning Center. The new training website officially launched on October 1. She continued to manage the online training system (TraCorp Learning Management System) during this transition and managed online evaluations through Survey Monkey. She also maintained the number of professionals trained, and reported those numbers to the Mandatory Reporting Workgroup. Lastly, she staffed the Mandatory Reporting Workgroup on 7/10/19 and the Training Committee on 8/2/19.

In the last quarter, 1,927 professionals completed the Mandatory Reporting training. Of those, 141 educators completed the training online; 407 general professional audiences also completed the training online and another 533 were trained in person; and 763 medical professionals were trained online. Eighty-three professionals also completed the Minimal Facts: Guidelines for Mandated Reporters training online.

The TraCorp Learning Management System continued to be used as an online platform to train a variety of child welfare professionals. OCA paid the monthly fees (\$377) to TraCorp. OCA's contract with TraCorp ended on September 30, 2019.

The subscription for the Articulate software was renewed (\$499.00) in September. The software is used to create online trainings, such as the mandatory reporting trainings.

Rosalie Morales and Tania Culley previously attended the Citizen Review Panel (CRP) Conference in June 2019. The per diem was paid this quarter. In addition, Rosalie Morales, Jennifer Donahue and Jennifer Perry attended the 2019 New York City Babies and Toddlers Conference in September 2019. The hotel was paid this quarter.

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GrantID: 2121

Performance Indicators:

Report Period: 7/1/2019 to 9/30/2019

1. Established by DCJC

2. Established by Subgrantee

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GrantID: 2121 Report Period: 7/1/2019 to 9/30/2019

#### Final Report:

1. With the advantage of hindsight, what would you do differently in implementing this project?

N/A

2. Did you intend for this project to be sustained?

Yes

Choose the best response about the accomplishments of the project.

All objectives were accomplished

3.1. If less than 50% of the objectives were accomplished, please choose the best reason the objectives were not accomplished.

A response to this question is optional and no answer was provided.

4. Choose the best response related to the projected sustainability of the project 12 months after the end of DCJC funding.

The project will be sustained at the same level

Please identify all sources of continuation funding for this project.

Federal Government

6. Will the sustaining of this project result in downsizing other initiatives within your agency?

No

7. Please identify the number of agency positions that will be eliminated/furloughed as a result of this funding ending.

1.00

Please identify the number of agency positions that will be changed from full-time to part-time or will otherwise have their number of compensated hours
reduced.

0.00

9. If this project will not be sustained, will be sustained at a greatly reduced level or sustainability will result in significant cut-backs elsewhere, please choose the best reason for lack of sustainability.

A response to this question is optional and no answer was provided.

10. Please identify, in the text box below, those variables that helped you to sustain the project, please only include those items not identified above.

n/a

11. Please identify, in the text box below, those variables that negatively affected your ability to sustain the project, please only include those items not identified above.

n/a

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Implementation Objective:

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The Quarterly Report should also state any problems that the project may have had during the last quarter. A miscellaneous section is provided in the Quarterly Report so that the project director can provide any additional information that the subgrantee believes to be pertinent (i.e. Accomplishments in addition to the stated goals and objectives).

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During the quarter, progress continued for the assessment and investigation of suspected child abuse and neglect cases. The Mandatory Reporting Refresher Training was finalized and provided to the Department of Education. The training is also available on the Delaware Learning Center. The Resource Guide for Reporting Child Abuse and Neglect in Delaware and a handout with Frequently Asked Questions for Trainers were also finalized. The resource guide is available in Spanish.

2. Identify the implementation objectives for the project. After each implementation objective, state the progress toward the attainment of the objective

The implementation objectives are as follows: The Task Force will provide regular training and demonstrative tools to investigators and prosecutors involved in the investigation and prosecution of child abuse and neglect cases. The training will be targeted to the Division of Family Services, Office of the Investigation Coordinator, statewide law enforcement agencies, criminal/civil Deputy Attorneys General from Department of Justice, Children's Advocacy Center forensic interviewers and clinicians, and related child welfare partners such as hospital based Sexual Assault Nurse Examiners. Training will also be made available to professionals involved in the judicial and administrative handling of child abuse cases and other professionals responsible for reporting child abuse and neglect.

Rosalie Morales provided onsite Mandatory Reporting Training to professionals at the Latin American Community Center on 8/23/19, Telamon Corporation on 9/4/19, New Castle County Head Start on 9/9/19, and Child Inc. on 9/23/19. Six additional onsite Mandatory Reporting Trainings were provided by other trainers to the Child Inc. Domestic Violence Shelter, Boys and Girls Club, Early Childhood Assistance Program, Henrietta Johnson Medical Center, University of Delaware Tower at STAR and the White Clay Creek Presbyterian Church.

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GrantID: 2121 Report Period: 7/1/2019 to 9/30/2019

Identify the performance objectives for the project. Performance objectives indicate major behavior (activities) necessary to conduct the project as planned.
 Indicate progress toward attainment of each performance objective.

The performance objectives are as follows:

- 1. Contract with a Training Coordinator OCA continues to have an existing contract with Kathleen McCormick.
- Provide Ongoing Comprehensive Training to Multidisciplinary Team Members and Others involved in the Judicial/Administrative Handling of Cases This objective was previously accomplished.
- Provide MDT Scholarships to representatives involved in the investigation, prosecution and judicial handling of cases of child abuse and neglect This
  objective was previously accomplished.
- 4. Train Professionals on the Recognition and Reporting of Child Abuse and Neglect through in-person and web-based training A Mandatory Reporting Refresher Training, Resource Guide for Reporting Child Abuse and Neglect in Delaware and a handout with Frequently Asked Questions for Trainers were finalized and made available this quarter. Additionally, 1,927 professionals were trained.
- 5. Make web-based training available to the child welfare community through OCA's Online Training System The Training Coordinator worked with the Delaware Department of Human Resources to transition the online training system from TraCorp Learning Management System to the State of Delaware's learning management system, Delaware Learning Center.
- 6. Attend the CJA Grantee Meeting/National Citizen Review Panel Conference R Rosalie Morales and Tania Culley previously attended the Citizen Review Panel (CRP) Conference in June 2019. The per diem was paid this quarter. In addition, Rosalie Morales, Jennifer Donahue and Jennifer Perry attended the 2019 New York City Babies and Toddlers Conference in September 2019. The hotel was paid this quarter.
- 7. Protecting Delaware's Children conference will be held. This objective was previously accomplished.
- 8. A copy of the CJA Annual Progress Report will be provided This objective was previously accomplished.
- 4. Identify impact objectives for the project. Impact objectives measure the extent to which what happened was the result of the funded activity. Indicate progress toward attainment of each impact objective.

The impact objectives are as follows:

- 1. Education on child abuse intervention will be coordinated and accessible to child welfare professionals and others statewide The Mandatory Reporting Refresher Training was finalized and is available online through the Department of Education and the Delaware Learning Center.
- Specialized training will be provided to professionals involved in the investigative, administrative, and civil and criminal judicial handling of child abuse cases – This objective was previously accomplished.
- Specialized training will be provided to investigators and prosecutors responsible for the most difficult child abuse and neglect cases This objective
  was previously accomplished.
- 4. Enhanced recognition and reporting of child abuse and neglect A Mandatory Reporting Refresher Training, Resource Guide for Reporting Child Abuse and Neglect in Delaware and a handout with Frequently Asked Questions for Trainers were finalized and made available this quarter.
- 5. Miscellaneous Information: Use this area to provide CJC with any additional information that you believe is pertinent.

N/A

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# PROGRAM REPORT

Grant ID: 2351

Applicant Agency: Office of the Child Advocate
Project Dates: 10/1/2019 to 9/30/2020
Report Period: 10/1/2019 to 12/31/2019

Submission Date 1/18/2020

Report Due Date: 1/30/2020 Report Status: Submitted Approval Status: Pending Final Report: No

Is the Project On Schedule? Yes Explanation:

Activities Conducting During this Services were provided by the CJA Training Specialist, Kathleen McCormick. In November, Ms. McCormick utilized

Period: Articulate software to combine the previously developed Intro to Child Welfare Agency Trainings into one comprehensive training for the following agencies: the Office of the Child Advocate (OCA), Children's Advocacy Center, Family Court, Child Death Review Commission, and Domestic Violence Coordinating Council. Ms. McCormick also began to work with the Division of Family Services to develop a "DFS 101" component to this training. On October 1, OCA launched its new online training system on the State of Delaware's learning management system, Delaware Learning Center. Ms. McCormick worked with the Delaware Department of Human Resources to make this transition, and she continued to manage the previous online training system (TraCorp) throughout the quarter as users made this transition. She continued to manage online evaluations through Survey Monkey and maintained the number of professionals trained as well as reported those numbers to the Mandatory Reporting Workgroup. Ms. McCormick also worked to coordinate an in-person training between national child abuse expert, Victor Vieth, and Delaware's Multidisciplinary Team regarding the ChildFirst Forensic Interview Protocol on October 22. As a result of this discussion, at its November 2019 meeting, members of the Child Protection Accountability Commission (CPAC) voted in favor of using this protocol and becoming a ChildFirst state. Lastly, she staffed the Mandatory Reporting Workgroup on 10/23/19 and the Training Committee on 11/1/2019.

In the last quarter, 864 professionals completed the mandatory reporting and supplemental web-based trainings. Of those, 42 educators completed the mandatory reporting training online; 270 general professionals completed the training online; and another 508 medical professionals were trained online. Nineteen professionals completed the Minimal Facts: Guidelines for Mandated Reporters training online, and another twenty-five professionals completed the Mandatory Reporting Refresher Training online.

The subscription for Survey Monkey was renewed (\$276.00) in October. The software is used to evaluate onsite and online trainings, such as the mandatory reporting trainings.

Expenses were paid for the 35th San Diego International Conference on Child & Family Maltreatment scheduled for January 25-31, 2020. This included airfare for Rosalie Morales and Cpl. Adrienne Owen, and a hotel down payment for Cpl. Adrienne Owen and Lt. Gerald Windish.

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**GrantID:** 2351 **Report Period:** 10/1/2019 to 12/31/2019

#### Performance Indicators:

1. Established by DCJC

2. Established by Subgrantee

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GrantID: 2351 Report Period: 10/1/2019 to 12/31/2019

# Quarterly Report Project Narrative!

#### Project Narrative

The Quarterly Report project narrative should accurately reflect progress toward the attainment of goals and objectives. Thus, the goals of the project should be presented with the progress toward the goal stated underneath. The objectives of the application should also be listed in the Quarterly Report with the progress of each stated beneath this objective.

e.g.

Goal

Progress:

Implementation Objective:

Progress:

The Quarterly Report should also state any problems that the project may have had during the last quarter. A miscellaneous section is provided in the Quarterly Report so that the project director can provide any additional information that the subgrantee believes to be pertinent (i.e. Accomplishments in addition to the stated goals and objectives).

 Goal: Specify the goal statement for the project. The goal statement should clearly communicate the intended result of the project as of the end of the subgrant period. State what progress has been made toward the attainment of that goal.

Goal Statement: This project will improve: (1) the assessment and investigation of suspected child abuse and neglect cases, including cases of suspected child sexual abuse and exploitation, in a manner that limits additional trauma to the child and the child's family; (2) the assessment and investigation of cases of suspected child abuse-related fatalities and suspected child neglect-related fatalities; (3) the investigation and prosecution of cases of child abuse and neglect, including child sexual abuse and exploitation; and (4) the assessment and investigation of cases involving children with disabilities or serious health-related problems who are suspected victims of child abuse or neglect.

During the quarter, progress was made for the assessment and investigation of suspected child abuse and neglect cases as a result of the mandatory reporting and supplemental trainings provided to various audiences. Progress was also made towards the investigation and prosecution of cases of child abuse and neglect, including child sexual abuse and exploitation. This was accomplished through the forensic interview training with Victor Vieth.

2. Identify the implementation objectives for the project. After each implementation objective, state the progress toward the attainment of the objective

The implementation objectives are as follows:

- Contract with a Training Specialist OCA entered into a one-year contract with Training Specialist, Kathleen McCormick, on 10/1/19.
- Provide Ongoing Comprehensive Training to Multidisciplinary Team Members and Others involved in the Judicial/Administrative Handling of Cases —
  A one- hour training was provided on the history of the ChildFirst Forensic Interview Protocol to 31 representatives of the MDT on October 22, 2019.
   The training was facilitated by national child abuse expert, Victor Vieth, from the Zero Abuse Project.
- Provide Multidisciplinary Team (MDT) Scholarships to representatives involved in the investigation, prosecution and judicial handling of cases of child abuse and neglect - Expenses were paid for the 35th San Diego International Conference on Child & Family Maltreatment scheduled for January 25-31, 2020.
- Train Professionals on the Recognition and Reporting of Child Abuse and Neglect through in-person and web-based training 864 professionals participated in the mandatory reporting and supplemental trainings online.
- Make web-based training available to the child welfare community through OCA's Online Training System On October 1, 2019, OCA launched its
  new online training system on the State of Delaware's learning management system, Delaware Learning Center.
- Attend the CJA Grantee Meeting No progress made this quarter. The meeting is scheduled for March 2020.
- Draft and submit the CJA Annual Progress Report and Grant Application No progress made this quarter. The report is not due until May 29, 2020.

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**GrantID:** 2351 **Report Period:** 10/1/2019 to 12/31/2019

Identify the performance objectives for the project. Performance objectives indicate major behavior (activities) necessary to conduct the project as planned.
 Indicate progress toward attainment of each performance objective.

The performance objectives are as follows:

- Annually update and revise the mandatory reporting training programs No progress made during the quarter.
- Organize and provide in-person and web-based mandatory reporting training for educators, medical professionals and general professional audiences –
   Web-based training was provided to professionals during the quarter.
- Partner with the Delaware Learning Center to host web-based trainings on OCA's online training system OCA transitioned to the DLC on October 1, 2019.
- Organize and provide an annual train-the-trainer session to professionals responsible for providing training on mandatory reporting No progress made during the quarter.
- Develop advanced training programs both in-person and web-based for MDT professionals A comprehensive web-based training was created for the Intro to Child Welfare Agency Trainings.
- Evaluate the effectiveness of all training programs The Training Specialist evaluated the web-based trainings utilizing Survey Monkey.
- Maintain the number of professionals trained for all training programs The Training Specialist maintained the numbers training and reported the numbers to the Mandatory Reporting Workgroup.
- Utilize available software to develop web-based training programs The Training Specialist utilized Articulate to develop the web-based training.
- Provide ongoing training on the MDT Best Practices Memorandum of Understanding, including training on conducting doll re-enactments in child abuse and neglect death and near death cases – No progress was made during the quarter.
- Update the mobile application for the MDT Best Practices MOU No progress was made during the quarter.
- Facilitate and sponsor the ChildFirst<sup>IM</sup> Forensic Interviewing Training for professionals involved in the investigative handling of child abuse cases During the quarter, the ChildProtection Accountability Commission (CPAC) voted in favor of using the ChildFirst protocol and becoming a ChildFirst state. Training was also provided by Victor Vieth. The 5-day forensic interviewing training is scheduled for July and September 2020.
- Offer partial scholarships to representatives from the MDT to attend national conferences Expenses were paid in the quarter. The conference is scheduled for the next quarter.
- Attend the annual CJA Grantee Meeting No progress was made during the quarter.

4. Identify impact objectives for the project. Impact objectives measure the extent to which what happened was the result of the funded activity. Indicate progress toward attainment of each impact objective.

The impact objectives are as follows:

- Improved coordination of training programs on the investigative, administrative and judicial handling of cases of child abuse and neglect provided by or sponsored by the Task Force – Progress was made as a result of the new contract with the Training Specialist.
- Improved understanding of best practices associated with the investigation and prosecution of cases of child abuse and neglect, child death and child sexual abuse – No progress made this quarter.
- Improved civil and criminal outcomes in child abuse and neglect deaths and near deaths investigations No progress made this quarter.
- Improved recognition and response to suspicions of child abuse and neglect by educators, medical providers and general community and professional audiences Progress was made through the web-based trainings on mandatory reporting.
- Improved access to child welfare trainings developed by CPAC Progress was made by transitioning to the State of Delaware's learning management system, Delaware Learning Center.

Miscellaneous Information: Use this area to provide CJC with any additional information that you believe is pertinent.

n/a

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# PROGRAM REPORT

Grant ID: 2351

Applicant Agency: Office of the Child Advocate
Project Dates: 10/1/2019 to 9/30/2020
Report Period: 1/1/2020 to 3/31/2020

Submission Date 4/17/2020

Report Due Date: 4/30/2020 Report Status: Submitted Approval Status: Pending Final Report: No

Is the Project On Schedule? Yes Explanation:

Activities Conducting During this Services were provided by the CJA Training Specialist, Kathleen McCormick. In January, Ms. McCormick finalized the

Period: on-site Child Neglect training, which was approved by the CPAC Training Committee and is now being developed into an online training. She also finalized the on-site Parental Substance Abuse training, which is now in the process of being approved and developed as an online training. Ms. McCormick continued to manage the Delaware Learning Center and assist users who are completing training. Additionally, she continued to manage online evaluations through Survey Monkey and maintained the number of professionals trained as well as reported those numbers to the Mandatory Reporting Workgroup. Ms. McCormick also worked to coordinate a two-day in-person training with national child abuse expert, Rita Farrell, from the Zero Abuse Project on 1/8-1/9. Ms. Farrell provided approximately 16 multidisciplinary team members with an overview of the ChildFirst Forensic Interview Protocol and conducted an in-depth discussion on topics such as recantation and reluctant children. Ms. McCormick also worked with local radio station WJBR to create a digital campaign for Child Abuse Prevention Month in April. WJBR will be playing on-air PSAs as well as providing targeted social media and online advertisements that she created. Lastly, she staffed the Mandatory Reporting Workgroup on 1/22/2020, the Protecting Delaware's Children Workgroup on 2/5/2020 and the Training Committee on 2/13/2020.

In the last quarter, 989 professionals completed the mandatory reporting and supplemental web-based trainings through the Delaware Learning Center. Of those, 19 educators completed the mandatory reporting training online; 403 general professionals completed the training online; and another 391 medical professionals were trained online. Seventy-five professionals completed the Minimal Facts: Guidelines for Mandated Reporters training online, and another 101 professionals completed the Mandatory Reporting Refresher Training online. The Department of Education also provided a report to the Training Specialist on the educators trained through their learning management system. Another 315 educators completed the mandatory reporting training, 138 completed the Refresher training, and 157 completed Minimal Facts.

Kathleen McCormick participated in an Articulate virtual training session on 1/21/20, and Ed Williams, the OCA Management Analyst, participated in an Intermediate Virtual Training for Tableau Desktop from 1/6-1/10.

Rosalie Morales, Cpl. Adrienne Owen (Delaware State Police), and Lt. Gerald Windish (Delaware State Police) attended the 35th San Diego International Conference on Child & Family Maltreatment from 1/27-1/31. Ms. Morales and Ms. Owen presented on the Multidisciplinary Team (MDT) Best Practices Memorandum of Understanding (MOU).

Ms. Morales also attended the Zero Abuse Project's 2020 Summit on 2/27-2/28 in Orlando, FL, and participated in the Annual ChildFirst Meeting with Diane Klecan (funded separately) from the Children's Advocacy Center. During the summit, Delaware was welcomed back as a ChildFirst state.

The Children's Justice Act Grantee Meeting was also held in DC from 3/11-3/12. Ms. Morales and Tania Culley were in attendance at the meeting as required by the grant.

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**GrantID:** 2351 Report Period: 1/1/2020 to 3/31/2020

#### Performance Indicators:

1. Established by DCJC

2. Established by Subgrantee

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GrantID: 2351 Report Period: 1/1/2020 to 3/31/2020

#### Quarterly Report Project Narrative!

#### **Project Narrative**

The Quarterly Report project narrative should accurately reflect progress toward the attainment of goals and objectives. Thus, the goals of the project should be presented with the progress toward the goal stated underneath. The objectives of the application should also be listed in the Quarterly Report with the progress of each stated beneath this objective.

e.g.

Goal:

Progress:

Implementation Objective:

Progress:

The Quarterly Report should also state any problems that the project may have had during the last quarter. A miscellaneous section is provided in the Quarterly Report so that the project director can provide any additional information that the subgrantee believes to be pertinent (i.e. Accomplishments in addition to the stated goals and objectives).

1. <u>Goal:</u> Specify the goal statement for the project. The goal statement should clearly communicate the intended result of the project as of the end of the subgrant period. State what progress has been made toward the attainment of that goal.

Goal Statement: This project will improve: (1) the assessment and investigation of suspected child abuse and neglect cases, including cases of suspected child sexual abuse and exploitation, in a manner that limits additional trauma to the child and the child's family; (2) the assessment and investigation of cases of suspected child abuse-related fatalities and suspected child neglect-related fatalities; (3) the investigation and prosecution of cases of child abuse and neglect, including child sexual abuse and exploitation; and (4) the assessment and investigation of cases involving children with disabilities or serious health-related problems who are suspected victims of child abuse or neglect.

During the quarter, progress was made for the assessment and investigation of suspected child abuse and neglect cases because of the mandatory reporting and supplemental trainings provided to various audiences. Progress was also made towards the investigation and prosecution of cases of child abuse and neglect, including child sexual abuse and exploitation. This was accomplished through the training provided by Rita Farrell on the overview of the ChildFirst Forensic Interview Protocol and the other advanced topics on child sexual abuse. Rosalie Morales and Cpl. Adrienne Owen also provided training to a national audience at the 35th San Diego International Conference on Child & Family Maltreatment. The purpose of the training was to help MDT members develop best practice protocols for responding to child abuse and neglect allegations.

2. Identify the implementation objectives for the project. After each implementation objective, state the progress toward the attainment of the objective

The implementation objectives are as follows:

- Contract with a Training Specialist OCA entered into a one-year contract with Training Specialist, Kathleen McCormick, on 10/1/19.
- Provide Ongoing Comprehensive Training to Multidisciplinary Team Members and Others involved in the Judicial/Administrative Handling of Cases –
  A two-day training was provided to approximately 16 MDT members from law enforcement, Children's Advocacy Center, Division of Family Services,
  Department of Justice, and the Office of the Child Advocate. The training was held on 1/8-1/9, and facilitated by national child abuse expert, Rita
  Farrell, from the Zero Abuse Project. Attendees received an overview of the ChildFirst Forensic Interview Protocol and the other advanced topics on child sexual abuse.
- Provide Multidisciplinary Team (MDT) Scholarships to representatives involved in the investigation, prosecution and judicial handling of cases of child abuse and neglect - Rosalie Morales, Cpl. Adrienne Owen (Delaware State Police), and Lt. Gerald Windish (Delaware State Police) attended the 35th San Diego International Conference on Child & Family Maltreatment from 1/27-1/31.
- Train Professionals on the Recognition and Reporting of Child Abuse and Neglect through in-person and web-based training approximately 1,599 professionals participated in the mandatory reporting and supplemental trainings.
- Make web-based training available to the child welfare community through OCA's Online Training System On October 1, 2019, OCA launched its
  new online training system on the State of Delaware's learning management system, Delaware Learning Center. The Training Specialist continued to
  manage the Delaware Learning Center and assist users who were completing training.
- Attend the CJA Grantee Meeting The Children's Justice Act Grantee Meeting was also held in DC from 3/11-3/12. Ms. Morales and Tania Culley attended at the meeting.
- Draft and submit the CJA Annual Progress Report and Grant Application No progress made this quarter. The report is not due until May 29, 2020.

Page 3 of 4 Report Print Date: 5/22/2020 11:20:30 AM

GrantID: 2351 Report Period: 1/1/2020 to 3/31/2020

Identify the performance objectives for the project. Performance objectives indicate major behavior (activities) necessary to conduct the project as planned. Indicate progress toward attainment of each performance objective.

The performance objectives are as follows:

- Annually update and revise the mandatory reporting training programs No progress made during the quarter.
- Organize and provide in-person and web-based mandatory reporting training for educators, medical professionals and general professional audiences Web-based and in-person training was provided to professionals during the quarter by various trainers from DSCYF, DOJ and other organizations.
- Partner with the Delaware Learning Center to host web-based trainings on OCA's online training system OCA transitioned to the DLC on October 1, 2019.
- Organize and provide an annual train-the-trainer session to professionals responsible for providing training on mandatory reporting No progress made during the quarter. The session was cancelled due to COVID-19.
- Develop advanced training programs both in-person and web-based for MDT professionals A comprehensive web-based training was created for the Intro to Child Welfare Agency Trainings. The Training Specialist is developing the web-based training.
- Evaluate the effectiveness of all training programs The Training Specialist continued to evaluate the web-based trainings utilizing Survey Monkey.
- Maintain the number of professionals trained for all training programs The Training Specialist maintained the numbers training and reported the numbers to the Mandatory Reporting Workgroup.
- Utilize available software to develop web-based training programs The Training Specialist utilized Articulate to develop the web-based training. She also received virtual training on Articulate during the quarter.
- · Provide ongoing training on the MDT Best Practices Memorandum of Understanding, including training on conducting doll re-enactments in child abuse and neglect death and near death cases - Rosalie Morales and Cpl. Adrienne Owen presented on the Multidisciplinary Team (MDT) Best Practices Memorandum of Understanding (MOU) at the 35th San Diego International Conference on Child & Family Maltreatment on 1/29/20.
- Update the mobile application for the MDT Best Practices MOU The Training Specialist updated a few of the contact numbers on the mobile application. Additional updates will be completed once approved by the workgroup.
- Facilitate and sponsor the ChildFirst<sup>IM</sup> Forensic Interviewing Training for professionals involved in the investigative handling of child abuse cases Rita Farrell from the Zero Abuse Project provided an overview of the ChildFirst Forensic Interview Protocol and the other advanced topics on child sexual abuse. The 5-day course is scheduled for 7/13-7/17 and 9/14-9/18.
- Offer partial scholarships to representatives from the MDT to attend national conferences Rosalie Morales, Cpl. Adrienne Owen (Delaware State Police), and Lt. Gerald Windish (Delaware State Police) attended the 35th San Diego International Conference on Child & Family Maltreatment from 1/27-1/31.
- Attend the annual CJA Grantee Meeting Rosalie Morales and Tania Culley attended the Children's Justice Act Grantee Meeting in DC from 3/11-3/12.
- 4. Identify impact objectives for the project. Impact objectives measure the extent to which what happened was the result of the funded activity. Indicate progress toward attainment of each impact objective.

The impact objectives are as follows:

- Improved coordination of training programs on the investigative, administrative and judicial handling of cases of child abuse and neglect provided by or sponsored by the Task Force - Progress was made because of the new contract with the Training Specialist.
- Improved understanding of best practices associated with the investigation and prosecution of cases of child abuse and neglect, child death and child sexual abuse - Progress was made because of the training provided to a national audience at the 35th San Diego International Conference on Child & Family Maltreatment.
- Improved civil and criminal outcomes in child abuse and neglect deaths and near deaths investigations No progress made this quarter.
- Improved recognition and response to suspicions of child abuse and neglect by educators, medical providers and general community and professional audiences - Progress was made through the web-based and in-person trainings on mandatory reporting.
- Improved access to child welfare trainings developed by CPAC Progress was made by transitioning to the State of Delaware's learning management system, Delaware Learning Center.
- 5. Miscellaneous Information: Use this area to provide CJC with any additional information that you believe is pertinent.

#### Appendix C: Child Abuse and Neglect Panel Findings and Strengths – MDT Response

Child Protection Accountability Commission

#### Child Abuse and Neglect Panel Findings Summary

May 2019 - May 2020

#### **FINDINGS**

	*Current	<b>Grand Total</b>
MDT Response	50	50
Communication	2	2
Crime Scene	1	1
Documentation	2	2
Doll Re-enactment	1	1
General - Civil Investigation	1	1
General - Criminal Investigation	4	4
General - Criminal Investigation / Civil Investigation	10	10
Interviews - Adult	17	17
Interviews - Child	4	4
Medical Exam	1	1
Prosecution/ Pleas/ Sentence	4	4
Reporting	3	3
Grand Total	50	<u>50</u>

<sup>\*</sup>Current - within 1 year of incident

<sup>\*\*</sup>Prior - 1 year or more prior to incident

#### Child Protection Accountability Commission Child Abuse and Neglect Panel Findings Detail and Rationale May 2019 - May 2020

#### **FINDINGS**

System Area	Finding PUBLIC Rationale	Sum of #
MDT Response		<u>50</u>
	Communication	2
	The law enforcement agency did not maintain ongoing collaboration or communication with DF	FS. 1
	The cause and manner of the victim's death was not communicated to DFS in a timely manner.	The family
	reported the information to the caseworker.	1
	Crime Scene	1
	The law enforcement agency did not complete evidentiary blood draws on the child after the chil	ld ingested a
	prescription drug.	1
	Documentation	2
	There was no documentation in the police report by the lead detective.	1
	DFS documented information related to the opinions of the MDT in violation of the MOU.	1
	Doll Re-enactment	1
	No doll re-enactment was completed by the law enforcement agency.	1
	General - Civil Investigation	1
	During the treatment case, the parents were having ongoing contact despite the active criminal ne	o contact order,
	and this was not addressed by the DFS caseworker.	1
	General - Criminal Investigation	4
	There was not an immediate call to the Criminal Investigations Unit by the law enforcement ager	ncy. It impacted
	the detective's ability to secure a blood draw and schedule forensic interviews.	1
	The law enforcement agency did not immediately secure the mother's cell phone for evidence.	1
	There was not an immediate call to the Criminal Investigations Unit by the law enforcement ager	ncy. Instead, the
	initial responding officer sent the report through LEISS.	1
	There was not an immediate call to the Criminal Investigations Unit by the law enforcement ager	ncy. 1
	General - Criminal Investigation / Civil Investigation	10
	There was not an initial MDT response to the near death incident in compliance with the MOU a	and statute. 2
	For the prior incident, there was not an initial MDT response in compliance with the MOU and	
	For the prior incident, there was no reported history of trauma and abuse had not been ruled out	t for the young
	child with a serious physical injury. Despite this, there was no further investigation by DFS or LE	E
	There was not an initial MDT response to the death incident in compliance with the MOU and s	
	There was not an initial MDT response to the death incident in compliance with the MOU and s	
	During the near death incident, there was no report or investigation after the sibling was medical	ly evaluated and
	found to have multiple bruises, including a handprint on the buttocks. The DFS case worker late	er incorrectly 1
	assessed the bruising to be a result of rough play.	
	Interviews - Adult	17

#### Child Protection Accountability Commission Child Abuse and Neglect Panel Findings Detail and Rationale May 2019 - May 2020

May 2019 - May 2020	
DFS was not contacted by the law enforcement agency to observe the suspect/witness interviews.	4
For the prior incident, the law enforcement agency initially declined to interview the suspect even though abuse was not ruled out.	1
In the prior investigation, the caseworker attempted to contact the father for an interview, but a greater effort could have been made.	1
In the near death investigation, the initial interview was not completed in a timely matter (within 24 hours). The caseworker only had telephone contact with the mother.	1
During the near death investigation, a second hotline report was received by DFS, and the initial interview was not completed in a timely matter (within 24 hours) for this report.	1
In the prior investigation, there was no documentation by the caseworker that the father was contacted or involved.	1
In the incident preceding the death, the caseworker's interview with mother did not occur on time for the first incident.	1
In the death investigation, there was no documentation by the caseworker about the victim's father, so it is not known if he was contacted or involved.	2
In the death investigation, DFS was not contacted by the law enforcement agency to observe the suspect/witness interviews.	1
Interviews with the parents did not occur until 10 days after the incident.	1
DFS was informed about the law enforcement interview with the mother and declined to observe. In addition,	1
DFS did not make greater efforts to independently engage mother in an interview.	
A miranda warning was not given to the suspect prior to the interview at the police department.	1
In the incident preceding the near death, DFS was not contacted by the law enforcement agency to observe the suspect/witness interviews.	1
Interviews - Child	4
For the prior incident, there was a delay in interviewing the young sibling, and a forensic interview was not considered.	1
The forensic interview was scheduled by the law enforcement agency prior to any communication with the DFS caseworker.	1
There was a delay in scheduling the forensic interviews for siblings.	1
Forensic interviews did not occur with the other children residing in the home where the incident occurred.	1
Medical Exam	1
For the prior incident, the medical evaluation for the young sibling in the home was delayed.	1
Prosecution/ Pleas/ Sentence	4
The SENTAC guidelines' presumptive sentence for crimes against children should be greater.	1
Superior Court did not include "no contact with the victim" as a condition in the sentencing order.	1
The SENTAC Guidelines presumptive sentence should be greater in child abuse cases.	2

Office of the Child Advocate 900 King Street, Ste 350 Wilmington, DE 19801

#### Child Protection Accountability Commission Child Abuse and Neglect Panel Findings Detail and Rationale May 2019 - May 2020

Reporting	3
The law enforcement agency did not make a report to the DFS Report Line for the death incident.	1
The Division of Forensic Science delayed making a report to the DFS Report Line for the death incident.	1
The law enforcement agency did not make a report to the DFS Report Line for an alleged abuse incident involving the victim that occurred prior to the near death investigation.	1
Grand Total	<u>50</u>

#### Child Protection Accountability Commission

#### Child Abuse and Neglect Panel Strengths Summary

<u>STRENGTHS</u>		
	*Current	Grand Total
MDT Response	60	60
Crime Scene	1	1
Documentation	1	1
General - Civil Investigation	8	8
General - Criminal Investigation	14	14
General - Criminal/Civil Investigation	19	19
Interviews - Adults	2	2
Interviews - Child	7	7
Medical Exam	6	6
Prosecution/Pleas/Sentence	2	2
Grand Total	60	60

<sup>\*</sup>Current - within 1 year of incident

#### Child Protection Accontability Commission Child Abuse and Neglect Panel

### Strengths Detail and Rationale

System Area	Strength	Rationale	Count o
MDT Respo	onse		<u>60</u>
	Crime So	cene	1
		Upon discovery of the fetal remains, the law enforcement agency immediately terminated the consent search and a search warrant was obtained prior to any further investigative steps being taken.	1
	Docume	1	1
		The law enforcement agency thoroughly documented the investigation case events, to include a good description of the scene.	1
	General	- Civil Investigation	8
		A thorough investigation was completed by the DFS caseworker, to include medical evaluation of the sibling, home assessments, medical and daycare collaterals, ensuring Mother obtained a lockbox for the medications, a Framework, and a referral to the drug and alcohol liaison for Mother.	1
		There was excellent collaboration between the school administration, the medical team, and the DFS caseworker, that enabled medical child abuse to be identified early on in the investigation.	1
		The DFS caseworker advocated for law enforcement to conduct a doll reenactment with Mother.	1
		In the prior investigation, a specialized substance exposed infant (SEI) caseworker was assigned to the investigation.	1
		The DFS caseworker sought information from medical professionals independent of the MDT response.	1
		The DFS caseworker followed up with the child abuse medical expert to ensure no further medical interventions were necessary for the children.	1
		Despite the relatives filing for guardianship, the case was transferred to treatment for ongoing services.	1
		The DFS caseworker advocated for a doll reenactment and blood draw of Mother, despite the near death incident appearing to be accidental.	1
	General	- Criminal Investigation	14
		The law enforcement agency conducted a thorough investigation that included multiple interviews and search warrants for the seizure and download of the child's medical equipment.	1
		There was good MDT communication and collaboration between DFS, the law enforcement agency, the medical team, and the DOJ, to include a timely report to law enforcement, joint responses to the hospital and the home, and joint interviews.	1
		The law enforcement agency conducted simultaneous responses to the hospital and to the home, and patrol officers quickly secured the scene until the detectives' arrival.	1
		Excellent law enforcement response and investigation, which involved controlling the scene, video and photographic evidence of the scene, evidence collection from the scene, and cell phone analysis.	1
		There was good communication between the law enforcement agency, the medical team, and the OCA Child Attorney.	1

## Child Protection Accontability Commission

### Child Abuse and Neglect Panel

### Strengths Detail and Rationale

The law enforcement detective assigned to the case conducted an excellent investigation and advocated for prosecution of	1
the case.	1
There was good communication between DOJ and the law enforcement agency.	1
The investigative actions by the assigned homicide detective resulted in a timely arrest and successful prosecution.	1
The law enforcement agency conducted a thorough investigation, to include verification of text messages from Mother prior	1
to the incident, conducting multiple interviews, and collaborating with out of state authorities.	1
The investigative actions by the assigned detective resulted in a timely arrest and successful prosecution.	1
Due to the circumstances of the case, the law enforcement agency obtained photographs of Father's teeth to compare with	4
the bite marks found on the child.	1
There was a good law enforcement response to the home. The scene was controlled quickly and appropriate notifications	
were made.	1
There was good communication between the two law enforcement agencies involved.	1
Despite having no explanation for how the child sustained the injury, the law enforcement agency conducted a doll	
reenactment with Mother.	1
General - Criminal/Civil Investigation	19
There was good collaboration between DFS and the law enforcement agency.	1
There was great communication and collaboration between the DFS caseworker, the law enforcement agency, and the	
medical team.	1
There was good MDT communication and collaboration between DFS, the law enforcement agency, and the DOJ.	1
There was great communication and collaboration between the DFS caseworker, the law enforcement agency, and the	
medical team, to include consultation prior to implementing and terminating the child safety agreement.	1
For the death investigation, there was good collaboration between DFS and the law enforcement agency.	1
There was great MDT communication and collaboration between DFS and the law enforcement agency, to include joint	
responses to the home, joint interviews, medical evaluations for the siblings, and multiple checks by DFS to verify the	1
	_
medications were properly stored in the lockbox.	
	1
medications were properly stored in the lockbox.  There was great MDT communication and collaboration between DFS, the law enforcement agency, and the medical team.	1
medications were properly stored in the lockbox.  There was great MDT communication and collaboration between DFS, the law enforcement agency, and the medical team.  Once the Criminal Investigations Unit was notified, there was good MDT communication and collaboration between DFS	1
medications were properly stored in the lockbox.  There was great MDT communication and collaboration between DFS, the law enforcement agency, and the medical team.  Once the Criminal Investigations Unit was notified, there was good MDT communication and collaboration between DFS and the law enforcement agency.	1
medications were properly stored in the lockbox.  There was great MDT communication and collaboration between DFS, the law enforcement agency, and the medical team.  Once the Criminal Investigations Unit was notified, there was good MDT communication and collaboration between DFS and the law enforcement agency.  There was good collaborative MDT response to the near death incident, to include immediate medical examinations of the	1 1 1
medications were properly stored in the lockbox.  There was great MDT communication and collaboration between DFS, the law enforcement agency, and the medical team.  Once the Criminal Investigations Unit was notified, there was good MDT communication and collaboration between DFS and the law enforcement agency.  There was good collaborative MDT response to the near death incident, to include immediate medical examinations of the child and sibling, and forensic interview of the child within 24 hours.	1 1 1
medications were properly stored in the lockbox.  There was great MDT communication and collaboration between DFS, the law enforcement agency, and the medical team.  Once the Criminal Investigations Unit was notified, there was good MDT communication and collaboration between DFS and the law enforcement agency.  There was good collaborative MDT response to the near death incident, to include immediate medical examinations of the	1 1 1

## Child Protection Accontability Commission

### Child Abuse and Neglect Panel

### Strengths Detail and Rationale

There was a good MDT response to the near death investigation, to include joint interviews, medical evaluations by the forensic nurse examiner for the siblings, child safety agreements, medical consultation, and forensic interviews. Furthermore,	1
the child abuse medical expert viewed the doll reenactment video.	
There was good MDT response to the death investigation, to include joint interviews, medical evaluation and forensic	1
interview of the sibling, a doll reenactment, and communication between DFS and the law enforcement agency.	1
There was great MDT communication and collaboration between the medical team, DFS, and the law enforcement agency,	
to include joint responses to the hospital, joint interviews, medical evaluation of the sibling, and forensic interviews of the	1
children that resided in the home.	
There was a good MDT response to the near death investigation, to include joint response to the hospital and the home,	1
joint interviews, a doll reenactment, and communication between DFS and the law enforcement agency.	1
There was good MDT communication and collaboration between DFS and the law enforcement agency, to include joint	1
responses to the hospital, joint interviews, medical evaluation of the siblings, and forensic interviews of the siblings.	1
There was a good, coordinated MDT response to the death investigation, to include joint response to the hospital,	
information sharing, a doll reenactment, and communication between DFS, the law enforcement agency, the medical team,	1
and the DOJ.	
There was good MDT communication and collaboration between DFS, the law enforcement agency, and the DAG, to	
include joint responses to the hospital and to the two households, joint interviews, medical evaluation and forensic interviews	1
of the respective siblings, and a doll reenactment with non-relative caregiver.	
There was good MDT communication and collaboration between DFS, the law enforcement agency, the medical team, and	
the DAG, to include joint responses to the hospital, joint interviews, medical evaluations of the children in the child's home	1
and the maternal grandmother's home, and forensic interview of the sibling.	
There was a good MDT response to the near death investigation, to include a joint response to the hospital and medical	
evaluations of the children residing in the home, and good communication between DFS, the law enforcement agency, and	1
the medical team.	
Interviews - Adults	2
In the prior investigation, the DFS caseworker advocated for Mother's paramour to be interviewed by law enforcement in an	
effort to rule him out as a suspect, and implemented a child safety agreement restricting contact until the interview could be	1
completed.	
The DFS caseworker abstained from interviewing the parents prior to the law enforcement interviews and the children prior	1
to the forensic interviews.	1
Interviews - Child	7
The DFS caseworker advocated for a forensic interview to be conducted for the sibling residing in the home.	1
Forensic interviews were scheduled and held at the CAC for the child and the siblings residing in the home, including an	1
older sibling with developmental delays.	1

### Child Protection Accontability Commission

### Child Abuse and Neglect Panel

### Strengths Detail and Rationale

horrific nature of the offense.
The DOJ secured a conviction to the charges and advocated for a sentence above the presumptive guidelines due to the
The Judge took into account the horrific nature of this crime, and sentenced the defendants above the presumptive guidelines.
Prosecution/ Pleas/Sentence
The DFS caseworker ensured the child's siblings were medically evaluated.
The DFS caseworker ensured the siblings, to whom Mother provided caretaking responsibilities, were medically evaluated.
the circumstances of the case.
For the death investigation, the DFS caseworker advocated for the sibling to receive a skeletal survey despite his age, given
In the prior investigation, the medical information was corroborated independently by both the DFS caseworker and the law enforcement detective.
The DFS caseworker advocated for consultation with the child abuse medical expert, which led to DFS obtaining custody of the child.
The DFS case worker ensured the child's siblings were medically evaluated.
Medical Exam
scheduled as urgent although it was reported as a non-urgent case.
with the half-siblings despite the children residing outside the home at the time of the child's near death. The interviews were
Forensic interviews were conducted with the sibling who was present in the home at the time of the child's near death, and
The DFS caseworker advocated for forensic interviews to be conducted for the siblings residing in the home.
The DAG advocated that a doll re-enactment be conducted during the forensic interview with the young child that witnesses the death incident.
Forensic interviews were conducted with the sibling who was present in the home at the time of the child's death, and with half-sibling despite the child being outside the home at the time of the child's death.
hospitalized and contact with Mother was restricted.
A follow-up forensic interview was conducted with the child after she had shown great medical improvement while



### CHILD PROTECTION ACCOUNTABILITY COMMISSION

C/O OFFICE OF THE CHILD ADVOCATE 900 KING STREET, SUITE 210 WILMINGTON, DELAWARE 19801 TELEPHONE: (302) 255-1730 FAX: (302) 577-6831

MARY F. DUGAN, ESQUIRE

TANIA M. CULLEY, ESQUIRE

**EXECUTIVE DIRECTOR** 

CHAIR

August 21, 2019

The Honorable John Carney Office of the Governor 820 N. French Street, 12<sup>th</sup> Floor Wilmington, DE 19801

RE: Reviews of Child Deaths and Near Deaths due to Abuse or Neglect

#### Dear Governor Carney:

As one of its many statutory duties, the Child Protection Accountability Commission ("CPAC") is responsible for the review of child deaths and near deaths due to abuse or neglect. As required by law, CPAC approved findings from 18 cases at its August 21, 2019 meeting.<sup>1</sup>

Eight of the cases (all near deaths) had been previously reviewed and were awaiting the completion of prosecution. All eight of the cases were prosecuted, although one was subsequently nolle prossed. The remaining six cases resulted in one Child Abuse 1<sup>st</sup> plea, two Assault 2<sup>nd</sup> pleas, one Child Abuse 3<sup>rd</sup> plea, and two Endangering the Welfare pleas (one misdemeanor and one felony). Four of these cases were abusive head trauma cases and the strongest sentence was one case with two years at Level V. One other case received a one year sentence - all others received probation. As a result, CPAC has once again made findings that the SENTAC guideline's presumptive sentence should be greater in child abuse cases. Five findings were made during these final reviews.

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<sup>&</sup>lt;sup>1</sup> 16 <u>Del. C.</u> § 932.

The ten remaining cases were from deaths or near deaths that occurred between August 2018 and January 2019. Of these cases, five will have no further review. These timely reviews enable CPAC to address current system issues as well as celebrate accomplishments. The children range in age from newborn to three years of age with 4 deaths and 6 near deaths. The children were victims of poisoning, unsafe sleep and physical abuse/torture. These ten cases resulted in 47 strengths and 46 current findings across system areas.

For this quarter, 25 strengths and 16 findings were noted for the MDT. While increased collaboration and investigation is occurring in the traditional child abuse cases, findings demonstrate a struggle with promptly invoking the MOU in cases such as poisoning or unsafe sleep. CPAC should continue its efforts to train the MDT on best practices and refresh all jurisdictions on the MOU and mandatory reporting laws. CPAC should also continue its efforts to provide access to local and national conferences for frontline responders, and identify advanced trainings for poisoning and unsafe sleep. The Office of the Investigation Coordinator (IC) should continue to meet with individual jurisdictions and troops to discuss the MOU, and educate on the role of the Office. The IC should also continue to provide MOU best practices to the team at the onset of the death or near death.

Medical findings this quarter again merit attention. Medical professionals continue to be educated on reporting child abuse and neglect. However, this quarter had 8 medical findings, with most focusing on failure to report. Training was improved and delivered by CPAC once again in January through March of 2019 to all Delaware physicians. It it is hopeful that training will serve as a reminder as to these obligations.

The findings against DFS merit close attention. With caseloads still extremely high, the work of the DFS investigators in these specialty units is outstanding. There were a total of only 21 findings this quarter with 10 of those findings being caseloads. There was no real trend in those 11 remaining findings indicating that the training and coaching being provided to the front lines is having a significant and positive impact. In addition, 16 strengths were identified just for DFS processes. Couple this with the 25 strengths in the MDT response, many of which can be attributed to the work of DFS, and there is significant collaborative work occurring. These positive examples will continue to be highlighted in trainings, both locally and nationally to encourage best practices, and should we shared with the DFS Serious Injury units.

No letter from CPAC would be complete without mentioning the caseloads of DFS frontline workers. CPAC continues to be grateful for the leadership in tackling the complex issues that face DFS in the recruitment and retention of frontline child welfare workers. In every recent case contained in this letter, the DFS worker was significantly over the statutory caseload standard. CPAC continues to support additional frontline positions to ensure statutory compliance. There are still investigators carrying 40 plus cases with a statutory standard of 11. Workers continue to resign under the pressure, contributing to the turnover rate and escalating caseloads for those that remain. It is critical that we all collectively ensure that once we tackle this crisis by employing and retaining frontline workers, we demand regular compliance with 29 <u>Del. C.</u> § 9015. CPAC remains a steadfast partner and the Joint Action Plan emphasizes the work of its Caseloads/Workload Committee to that end.

In 2018, Delaware experienced 14 child abuse or neglect deaths and 34 near deaths. In 2019, Delaware has thus far seen 7 deaths and 13 near deaths. CPAC only brings you the most horrific of the cases; however, for every one of these, there are countless more cases where DFS case workers are under the same pressures and children remain at risk of serious harm. Young children with sentinel injuries are often the victims of serious abuse just months later.

For your information we have included the strengths, findings and the details behind all of the cases presented in this letter. CPAC stands ready as a partner as well as to answer any further questions you may have.

Respectfully,

Tania M. Culley, Esquire

Samon Calley

Executive Director

Child Protection Accountability Commission

**Enclosures** 

cc: CPAC Commissioners General Assembly

#### Strengths Summary August 21, 2019

	*Current	Grand Total
Legal	2	2
Court Hearings/ Process	2	2
MDT Response	25	25
Crime Scene	1	1
General - Civil Investigation	3	3
General - Criminal Investigation	5	5
General - Criminal/Civil Investigation	8	8
Interviews - Adults	1	1
Interviews - Child	2	2
Medical Exam	5	5
Medical	4	4
Medical Exam/Standard of Care - ED	1	1
Medical Exam/Standard of Care - PCP	1	1
Reporting	2	2
Risk Assessment/ Caseloads	6	6
Collaterals	3	3
Documentation	1	1
Risk Assessment - Substantiated	1	1
Risk Assessment -Opened Despite Risk Level	1	1
Safety/ Use of History/ Supervisory Oversight	6	6
Custody/Guardianship Petitions	1	1
Oversight of Agreement	5	5
Unresolved Risk	4	4
Child - Medical	1	1
Contacts	1	1
Parenting	1	1
Substance Abuse	1	1
Grand Total	47	47

<u>FINALS</u>		
	*Current	<b>Grand Total</b>
Unresolved Risk	1	1
Contacts	1	1
Grand Total	1	1

TOTAL STRENGTHS 48

<sup>\*</sup>Current - within 1 year of incident

<sup>\*\*</sup>Prior - 1 year or more prior to incident

### Strengths Detail and Rationale

August 21, 2019

#### <u>INITIALS</u>

System Area	Strength	Rationale	Cour of #
Legal			<u>2</u>
0	Court F	Jearings/ Process	2
		Comprehensive medical evidence was presented at the Adjudicatory Hearing.	1
		The DFS caseworker, OCA Child Attorney and Civil DAG advocated for a finding of medical neglect at the Adjudicatory Hearing.	1
MDT Respo	onse		<u>25</u>
	Crime S	cene	1
		Upon discovery of the fetal remains, the law enforcement agency immediately terminated the consent search and a search warrant was obtained prior to any further investigative steps being taken.	1
	Genera	- Civil Investigation	3
		The DFS caseworker conducted a thorough investigation, to include a child safety agreement, home assessments, medical evaluation and forensic interview of the sibling, a family team meeting, and a Framework, which recommended transferring the case to treatment.	1
		During the death investigation, the DFS caseworker made contact with the caregivers of Mother and Father's other children.	1
		A thorough investigation was completed by the DFS caseworker, to include medical evaluation of the sibling, home assessments, medical and	
		daycare collaterals, ensuring Mother obtained a lockbox for the medications, a Framework, and a referral to the drug and alcohol liaison for Mother.	1
	Genera	- Criminal Investigation	5
		The law enforcement agency conducted a thorough investigation to include multiple interviews, blood draw of the parents, scene	4
		investigation, doll reenactment, photo and video documentation, and intake with the DAG.	1
		The law enforcement agency conducted a thorough investigation that included multiple interviews and search warrants for the seizure and download of the child's medical equipment.	1
		There was good MDT communication and collaboration between DFS, the law enforcement agency, the medical team, and the DOJ, to include a timely report to law enforcement, joint responses to the hospital and the home, and joint interviews.	1
		The law enforcement agency conducted simultaneous responses to the hospital and to the home, and patrol officers quickly secured the scene until the detectives' arrival.	1
		Excellent law enforcement response and investigation, which involved controlling the scene, video and photographic evidence of the scene, evidence collection from the scene, and cell phone analysis.	1
	Genera	- Criminal/Civil Investigation	8
		Despite delayed notification to DFS, there was good collaboration and communication between DFS and the law enforcement agency.	1
		There was great MDT communication between DFS, the law enforcement agency, the medical examiner's office, and the DOJ, to include an MDT meeting with all parties present.	1
		There was good communication between DFS, the law enforcement agency, and the DOJ.	1
		There was great MDT communication and collaboration between DFS, the law enforcement agency, and DOJ, to include joint responses to the hospital, joint interviews and MDT participation in the intake.	1
		There was great communication and collaboration between the DFS caseworker, the law enforcement agency, and the medical team.	1
		There was good MDT communication and collaboration between DFS, the law enforcement agency, and the DOJ.	1

Office of the Child Advocate 900 King Street, Ste 350 Wilmington, DE 19801

### Strengths Detail and Rationale

August 21, 2019

There was great communication and collaboration between the DFS caseworker, the law enforcement agency, and the medical team,	
	, to 1
include consultation prior to implementing and terminating the child safety agreement.	
For the death investigation, there was good collaboration between DFS and the law enforcement agency.	1
Interviews - Adults	1
In the prior investigation, the DFS caseworker advocated for Mother's paramour to be interviewed by law enforcement in an effort the him out as a suspect, and implemented a child safety agreement restricting contact until the interview could be completed.	to rule 1
Interviews - Child	2
As the family initially refused to allow forensic interviews of the other children residing in the home, subpoenas were issued to enfor interviews.	rce the 1
The DFS caseworker advocated for a forensic interview to be conducted for the sibling residing in the home.	1
Medical Exam	5
The DFS case worker ensured the child's siblings were medically evaluated.	1
The DFS caseworker ensured medical evaluations were completed for the other children residing in the home at the time of the near incident.	r death 1
The DFS caseworker advocated for consultation with the child abuse medical expert, which led to DFS obtaining custody of the child	ild. 1
In the prior investigation, the medical information was corroborated independently by both the DFS caseworker and the law enforce detective.	ement 1
For the death investigation, the DFS caseworker advocated for the sibling to receive a skeletal survey despite his age, given the circumstance of the case.	mstances 1
Medical	<u>4</u>
Medical Exam/ Standard of Care - ED	1
There was great communication between the medical teams at both the initial treating hospital and the children's hospital.	1
Medical Exam/ Standard of Care - PCP	1
At the child's first pediatrician visit, the pediatrician screened Mother for post-partum depression.	1
Reporting	2
	ct of the 1
At the time of the near-death incident, the initial treating hospital made a referral to the DFS Report Line concerning medical neglection.	
At the time of the near-death incident, the initial treating hospital made a referral to the DFS Report Line concerning medical neglecthild.	1
At the time of the near-death incident, the initial treating hospital made a referral to the DFS Report Line concerning medical neglecthild.  The hospital made a report to law enforcement once the mother's story did not match the exam findings.	
At the time of the near-death incident, the initial treating hospital made a referral to the DFS Report Line concerning medical neglectic child.  The hospital made a report to law enforcement once the mother's story did not match the exam findings.  Risk Assessment/ Caseloads	<u>6</u>
At the time of the near-death incident, the initial treating hospital made a referral to the DFS Report Line concerning medical neglectic child.  The hospital made a report to law enforcement once the mother's story did not match the exam findings.  Risk Assessment/ Caseloads  Collaterals	
At the time of the near-death incident, the initial treating hospital made a referral to the DFS Report Line concerning medical neglectic child.  The hospital made a report to law enforcement once the mother's story did not match the exam findings.  Risk Assessment/ Caseloads  Collaterals  Comprehensive medical collaterals were completed for the child, and appropriate referrals made.  Collateral contacts were completed by the DFS caseworker prior to case closure. The contacts included both professional and person	6 3 1
At the time of the near-death incident, the initial treating hospital made a referral to the DFS Report Line concerning medical neglection.  The hospital made a report to law enforcement once the mother's story did not match the exam findings.  Risk Assessment/ Caseloads  Collaterals  Comprehensive medical collaterals were completed for the child, and appropriate referrals made.	6 3 1
At the time of the near-death incident, the initial treating hospital made a referral to the DFS Report Line concerning medical neglectic child.  The hospital made a report to law enforcement once the mother's story did not match the exam findings.  Risk Assessment/ Caseloads  Collaterals  Comprehensive medical collaterals were completed for the child, and appropriate referrals made.  Collateral contacts were completed by the DFS caseworker prior to case closure. The contacts included both professional and person contacts.	6 3 1 nal 1
At the time of the near-death incident, the initial treating hospital made a referral to the DFS Report Line concerning medical neglect child.  The hospital made a report to law enforcement once the mother's story did not match the exam findings.  Risk Assessment/ Caseloads  Collaterals  Comprehensive medical collaterals were completed for the child, and appropriate referrals made.  Collateral contacts were completed by the DFS caseworker prior to case closure. The contacts included both professional and person contacts.  Strong collaterals were completed during the death investigation, to include medical and personal sources.  Documentation	6 3 1 nal 1
At the time of the near-death incident, the initial treating hospital made a referral to the DFS Report Line concerning medical neglectic child.  The hospital made a report to law enforcement once the mother's story did not match the exam findings.  Risk Assessment/ Caseloads  Collaterals  Comprehensive medical collaterals were completed for the child, and appropriate referrals made.  Contacts were completed by the DFS caseworker prior to case closure. The contacts included both professional and person contacts.  Strong collaterals were completed during the death investigation, to include medical and personal sources.	6 3 1 nal 1

### Strengths Detail and Rationale

August 21, 2019

1148436 21, 2017	
Risk Assessment -Opened Despite Risk Level	1
Despite relative guardianship being awarded, the investigation case was transferred to treatment as Mother requested reunification.	1
Safety/ Use of History/ Supervisory Oversight	<u>6</u>
Custody/Guardianship Petitions	1
DFS sought input from the Civil DAG and convened a TDM to discuss considerations for DFS custody.	1
Oversight of Agreement	5
There was consistent review and modification, when necessary, of the safety agreement by the DFS caseworker.	4
During the death investigation, there was consistent review and modification, when necessary, of the safety agreement by the DFS	1
caseworker.	1
Unresolved Risk	<u>4</u>
Child - Medical	1
DFS contacted the birthing hospital and advised that a hotline referral was required at the birth of the sibling. Additionally, the DFS	,
caseworker ensured the sibling's medical needs were immediately assessed, to include genetic testing for spinal muscular atrophy.	1
Contacts	1
The DFS investigation and treatment caseworkers maintained regular, quality contact with the family and the foster parents.	1
Parenting	1
The DFS investigation and treatment caseworkers encouraged the parents to attend the child's medical appointments, and assisted v	with
transportation as this had previously been identified as a barrier by Mother.	1
Substance Abuse	1
The DFS investigation caseworker referred Mother and Father for substance abuse evaluations, and completed follow up with the s	ubstance
abuse provider.	1
orand Total	<u>47</u>

#### **FINALS**

	Count
System Area Strength Rationale	of#
Unresolved Risk	1
Contacts	1
During the treatment case, the DFS caseworker had regular, quality contact with the family, including after guardianship was awarded to	
relatives.	1
Grand Total	1
TOTAL STRENGTHS	48

### Findings Summary August 21, 2019

#### **INITIALS**

	*Current	Grand Tota
Legal	1	1
DFS Contact with DOJ	1	1
MDT Response	16	16
Crime Scene	1	1
Documentation	1	1
General - Civil Investigation	1	1
General - Criminal Investigation	1	1
General - Criminal Investigation / Civil Investigation	5	5
Interviews - Adult	1	1
Interviews - Child	2	2
Medical Exam	2	2
Reporting	2	2
Medical	8	8
Home Visiting Programs	1	1
Medical Exam/Standard of Care - Birth	1	1
Medical Exam/Standard of Care - PCP	1	1
Reporting	5	5
Risk Assessment/ Caseloads	14	14
Caseloads	10	10
Collaterals	3	3
Risk Assessment - Tools	1	1
Safety/ Use of History/ Supervisory Oversight	5	5
Completed Incorrectly/ Late	1	1
Inappropriate Parent/ Relative Component	3	3
Oversight of Agreement	1	1
Unresolved Risk	2	2
Domestic Violence	1	1
Substance Abuse	1	11
Grand Total	46	<u>46</u>

<u>FINALS</u>		
	*Current	<b>Grand Total</b>
MDT Response	4	4
Prosecution/ Pleas/ Sentence	4	4
Risk Assessment/ Caseloads	1	1
Caseloads	1	1
Grand Total	5	<u>5</u>

<u>51</u>

<sup>\*</sup>Current - within 1 year of incident

<sup>\*\*</sup>Prior - 1 year or more prior to incident

### Findings Detail and Rationale

August 21, 2019

#### **INITIALS**

Contain Area	Elegian Dudi IC Berlanda	C C+
System Area	Finding PUBLIC Rationale	Sum of #
Legal		1
	DFS Contact with DOJ	1
	The DFS caseworker did not consult with the Civil DAG again regarding custody after the non-related caregiver refused to sign the	
	safety agreement. As a result, the young child with serious physical injuries and failure to thrive remained in the care of the non-	1
	related caregivers with a safety threat present.	
MDT Respo		<u>16</u>
	Crime Scene	1
	The law enforcement agency did not complete evidentiary blood draws on the child after the child ingested a prescription drug.	1
	Documentation	1
	DFS documented information related to the opinions of the MDT in violation of the MOU.	1
	General - Civil Investigation	1
	The DFS case worker was not aware of the criminal no contact order between the non-related caregivers.	1
	General - Criminal Investigation	1
	There was a significant delay by the law enforcement agency in submitting the parents' blood sample to the Division of Forensic	1
	Science.	1
	General - Criminal Investigation / Civil Investigation	5
	There was not an initial MDT response to the near death incident in compliance with the MOU and statute.	1
	There was not an initial MDT response to the death incident in compliance with the MOU and statute.	2
	For the prior incident, there was not an initial MDT response in compliance with the MOU and statute.	1
	For the prior incident, there was no reported history of trauma and abuse had not been ruled out for the young child with a serious	1
	physical injury. Despite this, there was no further investigation by DFS or LE.	1
	Interviews - Adult	1
	For the prior incident, the law enforcement agency initially declined to interview the suspect even though abuse was not ruled out.	1
	Interviews - Child	2
	Forensic interviews did not occur with the other children residing in the home where the incident occurred.	1
	For the prior incident, there was a delay in interviewing the young sibling, and a forensic interview was not considered.	1
	Medical Exam	2
	There was no follow up with the child abuse medical expert by the MDT to discuss possible explanations for the serious physical	
	injuries to the young child.	1
	For the prior incident, the medical evaluation for the young sibling in the home was delayed.	1
	Reporting	2
	The law enforcement agency did not make a report to the DFS Report Line for the death incident.	1
	The law emorcement agency did not make a report to the DFS Report Line for the death incident.  The Division of Forensic Science delayed making a report to the DFS Report Line for the death incident.	1
	The Division of Potensic science delayed making a report to the DFS report Line for the death incident.	1

# Child Abuse and Neglect Panel Findings Detail and Rationale

August 21, 2019

August 21, 2019	
Medical	<u>8</u>
Home Visiting Programs	1
The teen mother was not referred for evidence-based home visiting services during her pregnancy.	1
Medical Exam/Standard of Care - Birth	1
The birth hospital did not submit the commitment form signed by the mother to the All Babies Cry program. Therefore, the parents did not receive a prevention call six weeks after birth.	1
Medical Exam/Standard of Care - PCP	1
There was no care coordination through the PCP to manage the specialty services for the medically fragile child and to facilitate regular communication and collaboration between providers and services.	1
Reporting	5
The Division of Forensic Science delayed making a report to the DFS Report Line for the death incident, and it may have impacted the joint response in the case.	1
There was no report to the DFS Report Line by the PCP for the medically fragile child. The PCP noted concerns with non-compliance with routine medical care and poor interaction between the mother and child.	1
The out of state hospital failed to report concerns of medical neglect to the DFS Report Line.	1
The emergency department made a delayed report to the DFS Report Line despite the concerns for drug ingestion for the young child and an odor of alcohol for the parent.	1
The family became non-compliant with routine medical care after the child sustained a serious physical injury without an explanation and following a DFS intervention. Despite this, the PCP failed to make a report to the DFS Report Line.	1
Risk Assessment/ Caseloads	<u>14</u>
Caseloads	10
The caseworker was over the investigation caseload statutory standards the entire time the case was open. However, it does not	0
appear that the caseload negatively impacted the DFS response to the case.	8
The DFS caseworker assigned to the first report involving the sibling was over the investigation caseload statutory standards, and the caseload appears to have had a negative impact on the response for that incident as there was no documentation regarding the outcome.	1
The DFS case workers were over the investigation and treatment caseload statutory standards while the cases were open. It is unclear whether the caseload had a negative impact on the DFS response in the near death investigation; however, the caseload appears to have had a negative impact on the treatment worker's contacts.	1
Collaterals	3
	1
During the investigation, a collateral contact was not completed with the mother's substance abuse treatment provider to confirm her participation in treatment.	
participation in treatment.	1
participation in treatment.  During the investigation, a collateral contact was not completed with the physician prescribing the mother's amphetamines.	1
participation in treatment.	1 1 1

#### Findings Detail and Rationale

August 21, 2019

August 21, 2017		
Safety/ Use of History/ Supervisory Oversight		<u>5</u>
Completed Incorrectly/ Late		1
There was no indication that the worker conducted a follow up home visit to confirm	n proper storage of the medications.	1
Inappropriate Parent/ Relative Component		3
For the near death investigation, DFS entered into a safety agreement with a non-rel	ated caregiver. However, she was not an	1
appropriate caregiver due to her DFS and criminal histories, and she was not ruled of	ut as a suspect.	1
For the near death incident, DFS initially completed a safety agreement with a partic	ipant, who was not ruled out as a suspect.	1
For the prior incident and death incident, DFS initially completed a safety agreemen	t with mother, who was not ruled out as a	1
suspect.		1
Oversight of Agreement		1
Prior to terminating the safety agreement, DFS did not conduct a home visit to confi	irm the medications were secure nor had the	
substance abuse evaluation been completed. However, the home visit and substance	abuse evaluation were conducted prior to closing	1
the investigation.		
Unresolved Risk		<u>2</u>
Domestic Violence		1
The DFS treatment worker did not consider domestic violence services for the fami	ly.	1
Substance Abuse		1
DFS did not evaluate substance abuse issues for mother or request that she complet	e a substance abuse evaluation.	1
Grand Total		<u>46</u>
	·	

#### **FINALS**

System Area	Finding	PUBLIC Rationale	Sum of #
MDT Respon	nse		<u>4</u>
	Prosecut	ion/ Pleas/ Sentence	4
		There was sufficient evidence to move forward with the prosecution based on mother's admission; however, the case was Nolle	1
		Prossed.	
		Superior Court did not include "no contact with the victim" as a condition in the sentencing order.	1
		The SENTAC Guidelines presumptive sentence should be greater in child abuse cases.	2
Risk Assessn	nent/ Caseloa	ads	<u>1</u>
	Caseload	ls	1
		The caseworker was over the treatment caseload statutory standards the entire time the case was open. However, it does not appear	1
		that the caseload negatively impacted the DFS response to the case.	
Grand Total			<u>5</u>

TOTAL <u>51</u>



### CHILD PROTECTION ACCOUNTABILITY COMMISSION

C/O OFFICE OF THE CHILD ADVOCATE 900 KING STREET, SUITE 210 WILMINGTON, DELAWARE 19801 TELEPHONE: (302) 255-1730 FAX: (302) 577-6831

MARY F. DUGAN, ESQUIRE

**CHAIR** 

TANIA M. CULLEY, ESQUIRE

**EXECUTIVE DIRECTOR** 

November 20, 2019

The Honorable John Carney Office of the Governor 820 N. French Street, 12<sup>th</sup> Floor Wilmington, DE 19801

RE: Reviews of Child Deaths and Near Deaths due to Abuse or Neglect

#### Dear Governor Carney:

As one of its many statutory duties, the Child Protection Accountability Commission ("CPAC") is responsible for the review of child deaths and near deaths due to abuse or neglect. As required by law, CPAC approved findings from 18 cases at its November 16, 2019 meeting.<sup>1</sup>

Nine of the cases (2 deaths and 7 near deaths) had been previously reviewed and were awaiting the completion of prosecution. All nine of the cases were prosecuted, although three were subsequently nolle prossed. One of the death cases resulted in an outstanding sentence of 35 years at Level V against both defendants. The other death and the four near death cases resulted in sentences of probation. Three findings were made during these final reviews.

The nine remaining cases were from deaths or near deaths that occurred between January and April 2019. Of these cases, three will have no further review and will not be prosecuted. These timely reviews enable CPAC to address current system issues as well as celebrate accomplishments. The children range in age from two months to

<sup>&</sup>lt;sup>1</sup> 16 <u>Del. C.</u> § 932.

five years of age with 4 deaths and 5 near deaths. The children were victims of poisoning, unsafe sleep, medical child abuse and physical abuse/torture. These nine cases resulted in 28 strengths and 53 current findings across system areas. Noteworthy, is a majority of the findings – 38 – were made in four of the cases demonstrating struggles on certain investigations with exemplary work in others.

For this quarter, 18 strengths and 19 findings were noted for the MDT. The cases demonstrate further training is needed for some law enforcement jurisdictions on the collaborative nature of the MOU while also indicating a need for more specialty training and support in poisoning, unsafe sleep and medical child abuse cases. CPAC will continue its efforts to train the MDT on best practices and refresh all jurisdictions on the MOU and mandatory reporting laws. CPAC should also continue its efforts to provide access to local and national conferences for frontline responders, and identify advanced trainings for poisoning, unsafe sleep and medical child abuse together with identifying additional technical assistance resources. The Office of the Investigation Coordinator (IC) will continue to meet with individual jurisdictions and troops to discuss the MOU, and educate on the role of the Office focusing -- particularly on jurisdictions that have struggled in CAN Panel cases. The IC should also continue to provide MOU best practices to the team at the onset of the death or near death.

This quarter there were 5 strengths and 29 findings against DFS. Six of the findings are regarding caseloads. It is noteworthy that eight of the findings stemmed from one death case wherein the panel determined the worker's caseload appeared to negatively impact the case. In that case and the other cases, the timely completion of safety agreements, oversight of safety agreements and timely contacts were the recurring themes. These again are likely tied to the caseloads of the frontline workers. Most of the cases contained in this letter had the DFS worker significantly over the statutory caseload standard. CPAC continues to support additional frontline positions to ensure statutory compliance with 29 Del. C. § 9015. However, it is equally critical that we continue to consider incentives that encourage workers to stay employed such as hazard pay, payment at 100% of midpoint, portable computing equipment and employee recognition. CPAC remains a steadfast partner and the Joint Action Plan emphasizes the work of its Caseloads/Workload Committee to that end.

In 2018, Delaware experienced 14 child abuse or neglect deaths and 34 near deaths. In 2019, Delaware has thus far seen 11 deaths and 23 near deaths. CPAC only brings you the most horrific of the cases; however, for every one of these, there are countless

more cases where DFS case workers are under the same pressures and children remain at risk of serious harm. Young children with sentinel injuries are often the victims of serious abuse just months later.

For your information we have included the strengths, findings and the details behind all of the cases presented in this letter. CPAC stands ready as a partner as well as to answer any further questions you may have.

Respectfully,

Tania M. Culley, Esquire

Samo Malley

Executive Director

Child Protection Accountability Commission

Enclosures

cc: CPAC Commissioners General Assembly

#### Findings Summary November 20, 2019

#### **INITIALS**

	*Current	Grand Total
MDT Response	19	19
Communication	2	2
General - Civil Investigation	1	1
General - Criminal Investigation	1	1
General - Criminal Investigation / Civil Investigation	3	3
Interviews - Adult	11	11
Interviews - Child	1	1
Medical	5	5
Documentation	1	1
Medical Exam	1	1
Reporting	3	3
Risk Assessment/ Caseloads	11	11
Caseloads	6	6
Child - Medical	1	1
Collaterals	1	1
Risk Assessment - Screen Out	1	1
Risk Assessment - Tools	1	1
Risk Assessment - Unsubstantiated	1	1
Safety/ Use of History/ Supervisory Oversight	12	12
Completed Incorrectly/ Late	7	7
Inappropriate Parent/ Relative Component	1	1
No Safety Assessment of Non-Victims	1	1
Oversight of Agreement	3	3
Unresolved Risk	6	6
Child - Medical	1	1
Collaterals	1	1
Contacts	3	3
Legal Guardian	1	1
Grand Total	53	<u>53</u>

<u>FINALS</u>		
	*Current	<b>Grand Total</b>
Risk Assessment/ Caseloads	2	2
Caseloads	2	2
Unresolved Risk	1	1
Collaterals	1	1
Grand Total	3	<u>3</u>

<sup>\*</sup>Current - within 1 year of incident

<sup>\*\*</sup>Prior - 1 year or more prior to incident

### Findings Detail and Rationale

November 20, 2019

#### **INITIALS**

<u>INITIALS</u>			
System Area	Finding	PUBLIC Rationale	Sum of
MDT Response			<u>19</u>
	Commun	nication (1997)	2
		The law enforcement agency did not maintain ongoing collaboration or communication with DFS.	1
		The cause and manner of the victim's death was not communicated to DFS in a timely manner. The family reported the	1
		information to the caseworker.	1
	General -	- Civil Investigation	1
		During the treatment case, the parents were having ongoing contact despite the active criminal no contact order, and this was not	1
		addressed by the DFS caseworker.	1
	General -	- Criminal Investigation	1
		The law enforcement agency did not immediately secure the mother's cell phone for evidence.	1
	General -	- Criminal Investigation / Civil Investigation	3
		There was not an initial MDT response to the near death incident in compliance with the MOU and statute.	1
		There was not an initial MDT response to the death incident in compliance with the MOU and statute.	1
		There was not an initial MDT response to the death incident in compliance with the MOU and statute.	1
	Interview	7s - Adult	11
		DFS was not contacted by the law enforcement agency to observe the suspect/witness interviews.	2
		In the prior investigation, there was no documentation by the caseworker that the father was contacted or involved.	1
		In the death investigation, there was no documentation by the caseworker about the victim's father, so it is not known if he was contacted or involved.	2
		In the prior investigation, the caseworker attempted to contact the father for an interview, but a greater effort could have been made.	1
		In the near death investigation, the initial interview was not completed in a timely matter (within 24 hours). The caseworker only had telephone contact with the mother.	1
		DFS was informed about the law enforcement interview with the mother and declined to observe. In addition, DFS did not make greater efforts to independently engage mother in an interview.	1
		In the death investigation, DFS was not contacted by the law enforcement agency to observe the suspect/witness interviews.	1
		During the near death investigation, a second hotline report was received by DFS, and the initial interview was not completed in a timely matter (within 24 hours) for this report.	1
		In the incident preceding the death, the caseworker's interview with mother did not occur on time for the first incident.	1
	Interview		1
		There was a delay in scheduling the forensic interviews for siblings.	1
Medical			<u>5</u>
	Documer	ntation	1
		Medical providers had two opportunities to provide referrals to the mother after she made statements about adoption prior to the birth and asked to speak with someone about her feelings after the birth. There was no documentation of referrals or follow up by the medical providers.	

### Findings Detail and Rationale

November 20, 2019

	November 20, 2019	
Medical E	xam	1
	Medical Child Abuse should have been in the differential diagnosis once the school reported to the physician that the child's	
	behaviors at school were inconsistent with what was reported at every medical appointment by the mother, especially given that	1
	exhaustive testing was all normal.	
Reporting		3
	The hospital failed to make a report to the DFS Report Line for the near death incident.	2
	There was no report to the DFS Report Line by staff at the birth hospital after the child was born with prenatal substance	1
	exposure and social issues were noted by nursing staff.	1
Risk Assessment/ Caseloads		<u>11</u>
Caseloads		6
	The caseworker was over the investigation caseload statutory standards the entire time the case was open. However, it does not	1
	appear that the caseload negatively impacted the DFS response to the case.	1
	The caseworkers were over the investigation caseload statutory standards during the current and prior investigations. However, it	1
	does not appear that the caseload negatively impacted the DFS response to the cases.	1
	The caseworkers were over the investigation caseload statutory standards during the current and prior investigations, and the	
	caseload appears to have had a negative impact on the response in the prior case and the first incident in the current case. There	1
	was no impact in the death investigation.	
	The caseworker was at or over the treatment caseload statutory standards the entire time the case was open. However, it does not	1
	appear that the caseload negatively impacted the DFS response in these cases.	1
	The caseworker was over the investigation caseload statutory standards the entire time the current case was open, and the	1
	caseload appears to have had a negative impact on the follow up contacts and safety reviews.	1
	The caseworkers were over the investigation caseload statutory standards during the current and prior investigations. The	
	caseload appears to have had a negative impact on the response in the prior investigation; however, it does not appear that the	1
	caseload negatively impacted the DFS response to the death incident.	
Child - M	edical	1
	In the prior investigation, there was not sufficient follow up to rule out Medical Child Abuse. The worker contacted the PCP and	1
	attempted to gather information from specialists at the Children's Hospital, but it was not pursued and the case was closed.	1
Collaterals	3	1
	During the prior incident, a collateral contact was not completed with the night nurse in the home.	1
Risk Asse	ssment - Screen Out	1
	The DFS Report Line screened out a prior hotline report, which alleged that the infant had scratches and bruises. The alleged	1
	incident was approximately 7 months prior to the near death report.	1
Risk Asse	ssment - Tools	1
	In the prior investigation, the SDM Risk Assessment was not completed correctly although it did not impact the decision to	1
	transfer the case to treatment. The risk was scored as high; however, it should have been very high.	1
Risk Asse	ssment - Unsubstantiated	1
	DFS did not make a finding of neglect after the young child almost died as a result of the father's actions. Instead, the	1
	investigation was unsubstantiated.	1

# Child Abuse and Neglect Panel Findings Detail and Rationale

November 20, 2019

Safety/ Use of History/ Sup	ervisory Oversight	<u>12</u>
Comp	eted Incorrectly/ Late	7
	In the current investigation, the SDM Safety Assessment was not completed on time for the first incident.	1
	In the prior investigation, a safety agreement was not implemented for the infant born with substance exposure despite the safety threat being present.	1
	In the current investigation, the SDM Safety Assessment was not completed within 24 hours, only a verbal agreement existed. As	1
	a result, no safety agreement was in place.	
	For the near death investigation, the SDM Safety Assessment was not completed within 24 hours by the after-hours staff. As a result, a safety agreement was not established for the victim until several days later.	1
	DFS did not initially make efforts to engage the victim's mother in planning for the safety of the surviving sibling. The sibling's father was engaged, and signed the safety agreement.	1
	During the prior investigation, the safety assessment was erroneously abridged before the case was transferred to treatment. This	1
	may have impacted the treatment worker's ongoing assessment of safety.	
	During the prior investigation, the caseworker documented a response to a new hotline report and made arrangements for the children to reside with a relative, who would also supervise the mother's contact with the children. However, a formal safety	1
	agreement was not implemented until a month later.	
Inappr	opriate Parent/ Relative Component	1
	For the near death incident, DFS initially completed a safety agreement with the father and another relative, who were not ruled out as suspects.	1
No Sa	Fety Assessment of Non-Victims	1
110 00.	During the death investigation, one other non-related child resided in the home at the time of the incident, and safety was not assessed for this child.	1
Overs	ght of Agreement	3
Oversi	In the prior investigation, the SDM Safety Agreement was not re-evaluated in a timely manner. There was no documentation of	J
	any follow up until three months later, when the safety was renewed again.	1
	The SDM Safety Agreement was not updated and re-evaluated in a timely manner during the near death investigation.	
	During the active treatment case, the safety agreement developed during the DFS investigation was not reassessed or enforced by	
	the assigned treatment worker. As a result, the parents were caring for the victim and siblings for 4 months without supervision and in violation of the agreement.	1
Unresolved Risk		6
	Medical	1
	During the prior investigation, interviews completed during a home visit with the mother and children revealed a recent injury to one child, but there was no follow up by the caseworker.	1
Collate	* *	1
Collate		1
	During the treatment case, the PCP and children's hospital separately reported concerns about the child's medical care, and there was no documentation that the caseworker addressed the concerns with the family.	1
Contac	ets	3
	During the near death investigation, the caseworker did not maintain regular contact with the child and family.	1
Office of the Child Advocate	Prior to the death incident, DFS received a report involving felony domestic violence, and the initial contact did not occur with the family until over a month after the referral was received.	1
00 King Street, Ste 350	are raining area over a month area are referred was received.	

### Findings Detail and Rationale

November 20, 2019

Timely contacts with the family did not occur during the active treatment case.	1
Legal Guardian	1
A legal guardian was not established for the victim prior to DFS case closure. The child was in the putative father's care, but custody or paternity had not been established by the court.	1
Grand Total	<u>53</u>

#### **FINALS**

System Area	Finding	PUBLIC Rationale	Sum
			of#
Risk Assessment/	/ Caseloads		<u>2</u>
	Caseloads		2
		The caseworker was over the treatment caseload statutory standards the entire time the case was open. However, it does not	1
		appear that the caseload negatively impacted the DFS response to the case.	
		The caseworker was significantly over the treatment caseload statutory standards the entire time the case was open. However, it	1
		does not appear that the caseload negatively impacted the DFS response to the case.	
Unresolved Risk			<u>1</u>
	Collaterals		1
		There was no documentation of collateral contacts to support the treatment worker's decision to terminate the safety agreement.	1
Grand Total			<u>3</u>

**TOTAL** <u>56</u>

#### Strengths Summary November 20, 2019

<u>INITIALS</u>		
	*Current	Grand Total
Education	1	1
Reporting	1	1
MDT Response	18	18
Documentation	1	1
General - Civil Investigation	2	2
General - Civil Investigation	1	1
General - Criminal Investigation	3	3
General - Criminal/Civil Investigation	3	3
Interviews - Adults	1	1
Interviews - Child	5	5
Medical Exam	2	2
Medical	4	4
Medical Exam/Standard of Care - CARE	1	1
Medical Exam/Standard of Care - PCP	1	1
Reporting	2	2
Risk Assessment/ Caseloads	3	3
Collaterals	3	3
Safety/ Use of History/ Supervisory Oversight	2	2
Appropriate Parent/Relative Component	1	1
Completed Correctly/On Time	1	1
Grand Total	28	28

<u>FINALS</u>		
	*Current	<b>Grand Total</b>
MDT Response	4	4
General - Criminal Investigation	2	2
Prosecution/Pleas/Sentence	2	2
Risk Assessment/ Caseloads	1	1
Risk Assessment - Tools	1	1
Grand Total	5	5

<sup>\*</sup>Current - within 1 year of incident

<u>33</u>

<sup>\*\*</sup>Prior - 1 year or more prior to incident

### Strengths Detail and Rationale

November 20, 2019

#### **INITIALS**

System Area	Strength	Rationale	Count of #
Education			1
	Reporti		1
		Multiple calls were made to DFS by school administration expressing concern of the children.	1
MDT Resp	onse		<u>18</u>
	Docum		1
		The law enforcement agency thoroughly documented the investigation case events, to include a good description of the scene.	1
	General	l - Civil Investigation	2
		There was excellent collaboration between the school administration, the medical team, and the DFS caseworker, that enabled medical child	1 1
		abuse to be identified early on in the investigation.	
		In the prior investigation, a specialized substance exposed infant (SEI) caseworker was assigned to the investigation.	1
	General	l - Civil Investigation	1
		The DFS caseworker advocated for law enforcement to conduct a doll reenactment with Mother.	1
	General	l - Criminal Investigation	3
		There was good communication between the law enforcement agency, the medical team, and the OCA Child Attorney.	1
		There was good communication between DOJ and the law enforcement agency.	1
		The law enforcement agency conducted a thorough investigation, to include verification of text messages from Mother prior to the incident, conducting multiple interviews, and collaborating with out of state authorities.	1
	General	l - Criminal/Civil Investigation	3
		There was good collaboration between DFS and the law enforcement agency.	1
		There was great MDT communication and collaboration between DFS and the law enforcement agency, to include joint responses to the home, joint interviews, medical evaluations for the siblings, and multiple checks by DFS to verify the medications were properly stored in the lockbox.	1
		There was great MDT communication and collaboration between DFS, the law enforcement agency, and the medical team.	1
	Intervie	ews - Adults	1
		The DFS caseworker abstained from interviewing the parents prior to the law enforcement interviews and the children prior to the forensic interviews.	: 1
	Intervie	ws - Child	5
		Forensic interviews were scheduled and held at the CAC for the child and the siblings residing in the home, including an older sibling with	1
		developmental delays.	
		A follow-up forensic interview was conducted with the child after she had shown great medical improvement while hospitalized and contact with Mother was restricted.	1
		Forensic interviews were conducted with the sibling who was present in the home at the time of the child's death, and with a half-sibling despite the child being outside the home at the time of the child's death.	1
		The DAG advocated that a doll re-enactment be conducted during the forensic interview with the young child that witnessed the death incident.	1
Office of the C	hild Advocat	The DFS caseworker advocated for forensic interviews to be conducted for the siblings residing in the home.	1
900 King Street		O O	

### Strengths Detail and Rationale

November 20, 2019

	Medical Exam	2
	The DFS caseworker ensured the siblings, to whom Mother provided caretaking responsibilities, were medically evaluated.	1
	The DFS caseworker ensured the child's siblings were medically evaluated.	1
Medical		<u>4</u>
	Medical Exam/ Standard of Care - CARE	1
	Despite no findings on the initial skeletal survey, a repeat survey was completed at the child's follow up appointment.	1
	Medical Exam/ Standard of Care - PCP	1
	At a well visit, the primary care physician documented and photographed the child's bruising despite acknowledging them being a result of the medication injections.	1
	Reporting	2
	The health insurance company made two reports to the DFS hotline after review of the incident.	1
	There was excellent communication between the home visiting nurse, the primary care physician, and DFS regarding Mother's noncompliance with the child's medical care.	1
Risk Assess:	ment/ Caseloads	<u>3</u>
	Collaterals	3
	Collateral contacts were completed by the DFS caseworker prior to case closure. The contacts included both professional and personal	1
	contacts.	
	Strong collaterals were completed, to include the children's medical providers, the schools, the sibling's mental health treatment provider, and personal resources.	1
	In the previous investigation, strong collaterals were completed by the DFS caseworker prior to case closure. The contacts included both professional and personal contacts.	1
Safety/ Use	of History/ Supervisory Oversight	<u>2</u>
	Appropriate Parent/Relative Component	1
	DFS ruled out a relative as a safety agreement participant based on his/her presence in the household where the near death incident	1
	occurred.	
	Completed Correctly/On Time	1
	The safety agreement was implemented immediately by DFS, and it excluded relatives who resided in the home.	

### Strengths Detail and Rationale

November 20, 2019

#### **FINALS**

System Area	Strength Rationale	Count
		of#
Risk Assess	sment/ Caseloads	1
	Risk Assessment - Tools	1
	The treatment unit accepted the investigation case prior to the FOCUS transition in an effort to expedite case planning and implement	t 1
	services for the family.	
MDT Respo	onse	<u>4</u>
	Prosecution/ Pleas/Sentence	2
	The Judge took into account the horrific nature of this crime, and sentenced the defendants above the presumptive guidelines.	1
	The DOJ secured a conviction to the charges and advocated for a sentence above the presumptive guidelines due to the horrific nature	e of 1
	the offense.	
	General - Criminal Investigation	2
	The law enforcement detective assigned to the case conducted an excellent investigation and advocated for prosecution of the case.	1
	The investigative actions by the assigned homicide detective resulted in a timely arrest and successful prosecution.	1
<b>Grand Total</b>		<u>5</u>

TOTAL STRENGTHS

<u>33</u>



### CHILD PROTECTION ACCOUNTABILITY COMMISSION

C/O OFFICE OF THE CHILD ADVOCATE 900 KING STREET, SUITE 210 WILMINGTON, DELAWARE 19801 TELEPHONE: (302) 255-1730 FAX: (302) 577-6831

MARY F. DUGAN, ESQUIRE

TANIA M. CULLEY, ESQUIRE

**EXECUTIVE DIRECTOR** 

CHAIR

February 19, 2020

The Honorable John Carney Office of the Governor 820 N. French Street, 12<sup>th</sup> Floor Wilmington, DE 19801

RE: Reviews of Child Deaths and Near Deaths due to Abuse or Neglect

#### Dear Governor Carney:

As one of its many statutory duties, the Child Protection Accountability Commission ("CPAC") is responsible for the review of child deaths and near deaths due to abuse or neglect. As required by law, CPAC approved findings from 18 cases at its February 19, 2020 meeting.<sup>1</sup>

Nine of the cases (5 deaths and 4 near deaths) had been previously reviewed and were awaiting the completion of prosecution. Seven of the cases were prosecuted. One of the death cases and one of the near death cases resulted in Level V incarceration. An additional perpetrator of a near death case was convicted of Manslaughter of an adult for the same incident and received 12 years of Level V incarceration. The remaining four cases resulted in sentences of probation. Three findings were made during these final reviews.

The nine remaining cases were from deaths or near deaths that occurred between April and June of 2019. Of these cases, three will have no further review and two of those three cases will not be prosecuted. The one that was prosecuted resulted in two

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<sup>&</sup>lt;sup>1</sup> 16 <u>Del. C.</u> § 932.

convictions for Child Abuse 2<sup>nd</sup> with 6 months of Level V incarceration. The remaining six cases will be reviewed again once prosecutorial decisions are completed. These timely reviews enable CPAC to address current system issues as well as celebrate accomplishments. The children in these nine cases range in age from two months to four years of age with one death and eight near deaths. The children were victims of poisoning via drug ingestion, unsafe sleep, skull and bone fractures and biting. These nine cases resulted in 22 strengths and 34 current findings across system areas.

For this quarter, 11 strengths and 13 findings were noted for the Multidisciplinary Team Response. There were no significant trends. The medical community had 6 findings this quarter together with 6 strengths. Of note were three incidents of a failure to report or delay in reporting by the medical community. Regular mandatory training continues to be provided to the physicians and other members of the medical community, and failures to report are promptly referred to the Department of Justice and the Division of Professional Regulation.

This quarter there were 5 strengths and 15 findings against DFS – one of the lowest number of findings against DFS ever. In addition, eight of the findings were regarding caseloads. The timely and appropriate completion of safety agreements continues to be a theme, and is likely tied to the caseloads of the frontline workers. Most of the cases contained in this letter had the DFS worker significantly over the statutory caseload standard. CPAC continues to support additional frontline positions to ensure statutory compliance with 29 <u>Del. C.</u> § 9015. However, it is equally critical that we continue to consider incentives that encourage workers to stay employed such as hazard pay, salaries at 100% of midpoint, portable computing equipment and employee recognition. CPAC remains a steadfast partner and the Joint Action Plan emphasizes the work of the final CPAC Caseloads/Workloads report.

In 2019, Delaware experienced 13 child abuse or neglect deaths and 28 near deaths – a small decrease from 2018. CPAC only brings you the most horrific of the cases; however, for every one of these, there are countless more cases where DFS case workers are under the same pressures and children remain at risk of serious harm. Young children with sentinel injuries are often the victims of serious abuse just months later.

For your information we have included the strengths, findings and the details behind all of the cases presented in this letter. CPAC stands ready as a partner as well as to answer any further questions you may have.

Respectfully,

Tania M. Culley, Esquire

Samon Calley

Executive Director

Child Protection Accountability Commission

Enclosures

cc: CPAC Commissioners

General Assembly

#### Strengths Summary February 19, 2020

<u>INITIALS</u>		
Count of #	Column Labels	
	*Current	Grand Total
MDT Response	11	11
General - Civil Investigation	2	2
General - Criminal Investigation	2	2
General - Criminal/Civil Investigation	6	6
Interviews - Child	1	1
Medical	6	6
Medical Exam/Standard of Care - CARE	3	3
Medical Exam/Standard of Care - ED	2	2
Medical Exam/Standard of Care - EMS	1	1
Risk Assessment/ Caseloads	1	1
Reporting	1	1
Safety/ Use of History/ Supervisory Oversight	3	3
Completed Correctly/On Time	1	1
Oversight of Agreement	2	2
Unresolved Risk	1	1
Mental Health	1	1
Grand Total	22	22

<u>FINALS</u>		
Count of #	Column Labels	
	*Current	Grand Total
Legal	1	1
Court Hearings/ Process	1	1
Medical	1	1
Home Visiting Programs	1	1
Unresolved Risk	1	1
Domestic Violence and Parenting	1	1
Grand Total	3	3

#### TOTAL STRENGTHS

<u>25</u>

<sup>\*</sup>Current - within 1 year of incident

<sup>\*\*</sup>Prior - 1 year or more prior to incident

### Strengths Detail and Rationale

February 19, 2020

#### INITIALS

em Area S	trength Rationale	Co of
IDT Respons	Se	01
	General - Civil Investigation	
	The DFS caseworker sought information from medical professionals independent of the MDT response.	
	The DFS caseworker followed up with the child abuse medical expert to ensure no further medical interventions were necessary for the children.	
	General - Criminal Investigation	
	The investigative actions by the assigned detective resulted in a timely arrest and successful prosecution.	
	Due to the circumstances of the case, the law enforcement agency obtained photographs of Father's teeth to compare with the bite marks found on the child.	
	General - Criminal/Civil Investigation	
	Once the Criminal Investigations Unit was notified, there was good MDT communication and collaboration between DFS and the law enforcement agency.	7
	There was good collaborative MDT response to the near death incident, to include immediate medical examinations of the child and sibling, and forensic interview of the child within 24 hours.	
	There was great MDT communication and collaboration between DFS and the law enforcement agency, to include joint responses to the home and the hotel, joint interviews, medical evaluations for the children, and information exchange between the two agencies.	
	There was a good MDT response to the near death investigation, to include joint interviews, medical evaluations by the forensic nurse examiner for the siblings, child safety agreements, medical consultation, and forensic interviews. Furthermore, the child abuse medical expert viewed the doll reenactment video.	
	There was good MDT response to the death investigation, to include joint interviews, medical evaluation and forensic interview of the sibling, a doll reenactment, and communication between DFS and the law enforcement agency.	;
	There was great MDT communication and collaboration between the medical team, DFS, and the law enforcement agency, to include joint responses to the hospital, joint interviews, medical evaluation of the sibling, and forensic interviews of the children that resided in the home.	
	Interviews - Child	
	Forensic interviews were conducted with the sibling who was present in the home at the time of the child's near death, and with the half-siblings despite the children residing outside the home at the time of the child's near death. The interviews were scheduled as urgent although it was reported as a non-urgent case.	
Iedical		
	Medical Exam/ Standard of Care - CARE	
	Medical evaluations of both children included a Child At Risk Evaluation (CARE) and repeat skeletal surveys.	
	The twin sibling was admitted to the children's hospital for medical evaluation. The evaluation included an MRI and a skeletal survey.	
	There was excellent medical follow up for the child, which included repeat MRIs and skeletal surveys, and medical coordination with the primary care physician.	

Office of the Child Advocate 900 King Street, Ste 350 Wilmington, DE 19801

#### Strengths Detail and Rationale

February 19, 2020

1 Coldary 17, 2020	
Medical Exam/ Standard of Care - ED	2
The local hospital elevated care to the treating hospital.	1
The initial treating hospital quickly elevated care to the children's hospital.	1
Medical Exam/ Standard of Care - EMS	1
Upon arrival, emergency medical services immediately inquired of any potential exposure to medication, and relayed the family's DFS involvement to the local hospital.	1
Risk Assessment/ Caseloads	<u>1</u>
Reporting	1
The Division of Forensic Science made an immediate referral to the DFS Report Line reporting the death of a child.	1
Safety/ Use of History/ Supervisory Oversight	<u>3</u>
Completed Correctly/On Time	1
The DFS case worker immediately implemented a safety agreement prohibiting contact between the children and parents.	1
Oversight of Agreement	2
There was consistent review and modification, when necessary, of the safety agreement by the DFS caseworker.	2
Unresolved Risk	<u>1</u>
Mental Health	1
The DFS caseworker would not modify the child safety agreement to allow for supervised visitation until Mother completed the	1
mental health evaluation.	
Grand Total	<u>22</u>

#### **FINALS**

System Area	Strength	Rationale	Count
			of#
Legal			<u>1</u>
	Court F	Iearings/ Process	1
		The Court made a finding of medical child abuse against both parents.	1
Medical			1
	Home V	Visiting Programs	1
		There was great effort by the early intervention program case manager to engage the family, which included multiple phone calls to the	e 1
		parents, the child's physician, and later, the out-of-state admitting hospital; unannounced home visits; and letters mailed to the home.	
Unresolved	Risk		1
	Domest	ric Violence and Parenting	1
		The Domestic Violence Hotline coordinated services with the advocacy program and immediately sought to provide the Mother with	1
		an attorney.	
<b>Grand Total</b>			3

#### **TOTAL STRENGTHS**

<u>25</u>

Office of the Child Advocate 900 King Street, Ste 350 Wilmington, DE 19801

#### Findings Summary February 19, 2020

#### **INITIALS**

	*Current	Grand Total
MDT Response	13	13
Documentation	1	1
Doll Re-enactment	1	1
General - Criminal Investigation	2	2
General - Criminal Investigation / Civil Investigation	3	3
Interviews - Adult	4	4
Interviews - Child	1	1
Reporting	1	1
Medical	6	6
Medical Exam/ Standard of Care - Forensics	2	2
Medical Exam/Standard of Care - PCP	1	1
Reporting	3	3
Risk Assessment/ Caseloads	8	8
Caseloads	8	8
Safety/ Use of History/ Supervisory Oversight	5	5
Completed Incorrectly/ Late	2	2
Inappropriate Parent/ Relative Component	2	2
Oversight of Agreement	1	1
Unresolved Risk	2	2
Contacts	1	1
Substance Abuse	1	1
Grand Total	34	<u>34</u>

<u>FINALS</u>		
	*Current	<b>Grand Total</b>
Medical	1	1
Medical Exam/ Standard of Care - Autopsy	1	1
Risk Assessment/ Caseloads	2	2
Caseloads	2	2
Safety/ Use of History/ Supervisory Oversight	1	1
Inappropriate Parent/ Relative Component	1	1
Unresolved Risk	2	2
Contacts	1	1
Legal Guardian	1	1
Grand Total	6	<u>6</u>

TOTAL FINDINGS <u>40</u>

<sup>\*</sup>Current - within 1 year of incident

<sup>\*\*</sup>Prior - 1 year or more prior to incident

### Findings Detail and Rationale

February 19, 2020

#### **INITIALS**

Documentation   Documentation   Documentation in the police report by the lead detective.   1	System Area	Finding	PUBLIC Rationale	Sum of #
There was no documentation in the police report by the lead detective.    Doll Re-enactment   No doll re-enactment was completed by the law enforcement agency.   1	MDT Response			<u>13</u>
Doll Re-enactment		Docume		1
No doll re-enactment was completed by the law enforcement agency.  General - Criminal Investigation There was not an immediate call to the Criminal Investigations Unit by the law enforcement agency. Instead, the initial responding officer sent the report through LEISS. There was not an immediate call to the Criminal Investigations Unit by the law enforcement agency. It impacted the deterctive's shiltiy to secure a blood draw and schedule forensic interviews.  General - Criminal Investigation / Givil Investigation There was not an initial MDT response to the death incident in compliance with the MOU and statute.  During the near death incident, there was no report or investigation after the sibling was medically evaluated and found to have multiple bruises, including a handprint on the buttocks. The DFS case worker later incorrectly assessed the bruising to be a result of rough play.  Interviews - Adult DFS was not contacted by the law enforcement agency to observe the suspect/witness interviews.  Interviews - Child Interviews - Child Interviews with the parents did not occur until 10 days after the incident. Interviews with the parents did not occur until 10 days after the incident.  Interviews - Child The forensic interview was scheduled by the law enforcement agency prior to any communication with the DFS caseworker.  Reporting Reporting Aforement agency did not make a report to the DFS Report Line for an alleged abuse incident involving the victim that occurred prior to the near death investigation.  Medical Medical Exam/ Standard of Care - Forensies A forensic nurse was not immediately available at the time the children were brought in for medical exams. A forensic nurse was not immediately available at the time the children were brought in for medical exams.  Medical Exam/ Standard of Care - PCP During a well visit, bruising was identified on the young child's face, and the PCP allowed the child to return home and did not refer the child to the hospital emergency department.  Reporting The PCP made a delay			There was no documentation in the police report by the lead detective.	1
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Medical Exam/ Standard of Care - Forensics  A forensic nurse was not immediately available at the time the children were brought in for medical exams.  Medical Exam/Standard of Care - PCP  During a well visit, bruising was identified on the young child's face, and the PCP allowed the child to return home and did not refer the child to the hospital emergency department.  Reporting  The PCP made a delayed report to the DFS Report Line for the near death incident.  1 The hospital made a delayed report to the DFS Report Line for the near death incident.  1	Medical			6
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Medical Exam/Standard of Care - PCP  During a well visit, bruising was identified on the young child's face, and the PCP allowed the child to return home and did not refer the child to the hospital emergency department.  Reporting  The PCP made a delayed report to the DFS Report Line for the near death incident.  1 The hospital made a delayed report to the DFS Report Line for the near death incident.  1			· · · · · · · · · · · · · · · · · · ·	
During a well visit, bruising was identified on the young child's face, and the PCP allowed the child to return home and did not refer the child to the hospital emergency department.  Reporting  The PCP made a delayed report to the DFS Report Line for the near death incident.  1 The hospital made a delayed report to the DFS Report Line for the near death incident.  1		Medical	·	1
Reporting3The PCP made a delayed report to the DFS Report Line for the near death incident.1The hospital made a delayed report to the DFS Report Line for the near death incident.1				1
The PCP made a delayed report to the DFS Report Line for the near death incident.  1 The hospital made a delayed report to the DFS Report Line for the near death incident.  1		Reportin		3
The hospital made a delayed report to the DFS Report Line for the near death incident.				1
				1
				1

Risk Assessment/ Caseload	ds	<u>8</u>
Cas	seloads	8
	The caseworker was over the investigation caseload statutory standards the entire time the case was open.	5
	However, it does not appear that the caseload negatively impacted the DFS response to the case.	5
	The caseworkers were over the investigation and treatment caseload statutory standards while the cases were	1
	open. However, it does not appear that the caseloads negatively impacted the DFS response to those cases.	1
	The caseworker was over the investigation caseload statutory standards the entire time the case was open, and the	2
	caseload appears to have had a negative impact on the case.	
Safety/ Use of History/ Su	ipervisory Oversight	<u>5</u>
Co	mpleted Incorrectly/ Late	2
	A safety agreement was not initially implemented for the near death incident. Instead, the hospital staff was	1
	charged with monitoring the mother's contact with the victim.	1
	A safety agreement was not initially implemented for the near death incident, and once implemented, DFS	1
	completed a safety agreement with mother, who was not ruled out as a suspect.	1
Ina	appropriate Parent/ Relative Component	2
	In the incident preceding the near death, DFS completed a safety agreement with mother. However, she was not	
	an appropriate caregiver due to her DFS history, and the explanation she provided for the sibling's injury was	1
	questionable.	
	For the near death incident, DFS initially completed a safety agreement with a relative, who was not ruled out as a	1
	suspect.	1
Ov	rersight of Agreement	1
	The SDM Safety Agreement was not re-assessed, and it was unclear when the assigned caseworker terminated the	1
	agreement.	1
Unresolved Risk		<u>2</u>
Co.	ntacts	1
	Prior to the death incident, DFS received a report involving neglect/inadequate supervision, and the initial contact	1
	did not occur with the family until almost two months after the referral was received.	1
Sub	ostance Abuse	1
	DFS did not follow up with the parents or the substance abuse liaison to confirm whether the parents completed	1
	their substance abuse evaluations.	1
rand Total		<u>3</u> 4

#### **FINALS**

System Area	Finding	PUBLIC Rationale	Sum of #
Medical			<u>1</u>
	Medical I	Exam/ Standard of Care - Autopsy	1
		The Division of Forensic Science failed to do a complete review of the images and medical records provided by the treating hospital prior to the autopsy.	1

### Findings Detail and Rationale

February 19, 2020

Risk Assessment/ Caseloads	<u>2</u>
Caseloads	2
The caseworker was over the treatment caseload statutory standards the entire time the case was open, and the	1
caseload appears to have had a negative impact on the case.	
The caseworker was at or over the treatment caseload statutory standards the entire time the case was open.	1
However, it does not appear that the caseload negatively impacted the DFS response in the cases.	
Safety/ Use of History/ Supervisory Oversight	<u>1</u>
Inappropriate Parent/ Relative Component	1
During the post-incident treatment case, two new reports were received and DFS completed a safety agreement	1
with the father as a result of the new investigation. However, father was not an appropriate caregiver due to his	
history of domestic violence and the unexplained injury to the child from the near death case.	
Unresolved Risk	<u>2</u>
Contacts	1
During the treatment case, there was no documentation that child was seen more than once in the almost six-	1
month timeframe, although the child may have been present during the family team meeting.	
Legal Guardian	1
A legal guardian was not established for the victim's sibling prior to DFS case closure. The child was in the care of	1
a relative, but guardianship had not been established by the court.	
Grand Total	<u>6</u>

TOTAL FINDINGS





Thank you for your contribution to the **35**<sup>th</sup> *Annual San Diego International Conference on Child and Family Maltreatment*.

#### **Session Evaluation**

Session	Content Average	Presentation  Average	Number of Evals	# of Attendees
K 9 - DEVELOPING BEST PRACTICE PROTOCOLS FOR THE MDT RESPONSE TO CHILD ABUSE CASES - Rosalie Morales, MS; Cpl. Adrienne Owen	4.22	4.28	18	64

Evaluation scale 0-5; 5.0 = excellent

#### **Comments**

- Excellent, thank you!
- Extremely informative. Details appreciated. Thanks
- Good overview
- Great resources at how to access them at the end.
- Rushed presentation- would have been worthy to provide more time for this session
- Very informative.

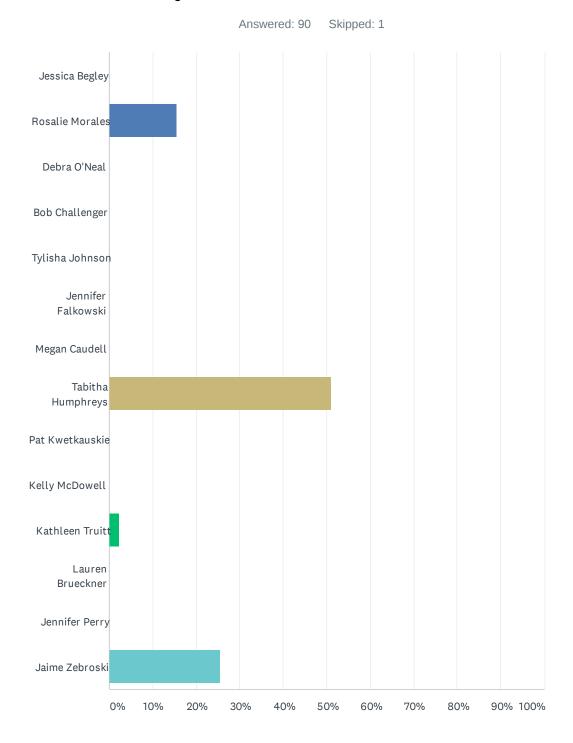
#### Sincerely,

#### 2020 Conference Planning Committee

Chadwick Center for Children & Families Rady Children's Hospital-San Diego 3020 Children's Way, MC 5016 San Diego, CA 92123 www.sdconference@rchsd.org http://www.chadwickcenter.org/

Leading the Way in Preventing Child and Family Maltreatment

### Q1 Enter the Trainer's name.



ANSWER CHOICES	RESPONSES	
Jessica Begley	0.00%	0
Rosalie Morales	15.56%	14
Debra O'Neal	0.00%	0
Bob Challenger	0.00%	0
Tylisha Johnson	0.00%	0
Jennifer Falkowski	0.00%	0
Megan Caudell	0.00%	0
Tabitha Humphreys	51.11%	46
Pat Kwetkauskie	0.00%	0
Kelly McDowell	0.00%	0
Kathleen Truitt	2.22%	2
Lauren Brueckner	0.00%	0
Jennifer Perry	0.00%	0
Jaime Zebroski	25.56%	23
Total Respondents: 90		

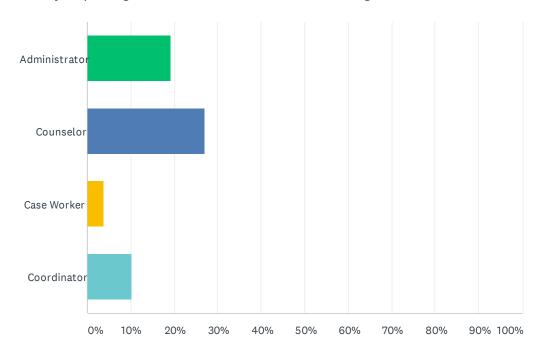
### Q2 Enter the date of the training.

Answered: 91 Skipped: 0

ANSWER CHOICES	RESPONSES	
Use format listed.	100.00%	91

### Q3 Enter the Respondent's Position if listed.

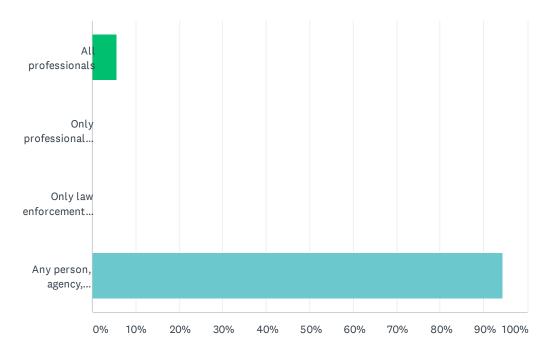
Answered: 78 Skipped: 13



ANSWER CHOICES	RESPONSES	
Administrator	19.23%	15
Counselor	26.92%	21
Case Worker	3.85%	3
Coordinator	10.26%	8
Total Respondents: 78		

# Q4 In Delaware, who is mandated to report known or suspected cases of child abuse or neglect?

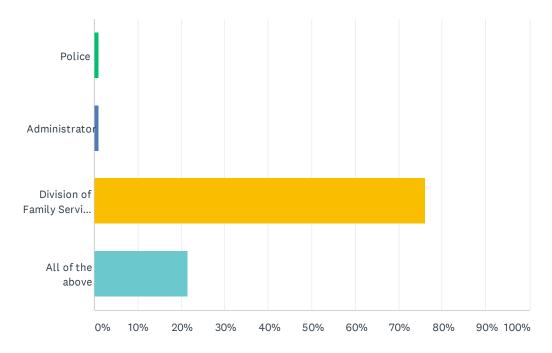
Answered: 90 Skipped: 1



ANSWER CHOICES	RESPONSES	RESPONSES	
All professionals	5.56%	5	
Only professionals that work directly with children (i.e. teachers, physicians)	0.00%	0	
Only law enforcement officers	0.00%	0	
Any person, agency, organization or entity	94.44%	85	
TOTAL		90	

# Q5 I am obligated by LAW to FIRST report my suspicions of abuse and neglect to:

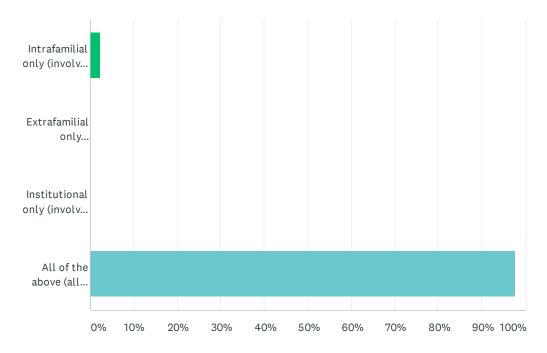
Answered: 88 Skipped: 3



ANSWER CHOICES	RESPONSES	
Police	1.14%	1
Administrator	1.14%	1
Division of Family Services Child Abuse and Neglect Report Line	76.14%	67
All of the above	21.59%	19
TOTAL		88

# Q6 What types of cases must be reported to the Division of Family Services Child Abuse and Neglect Report Line?

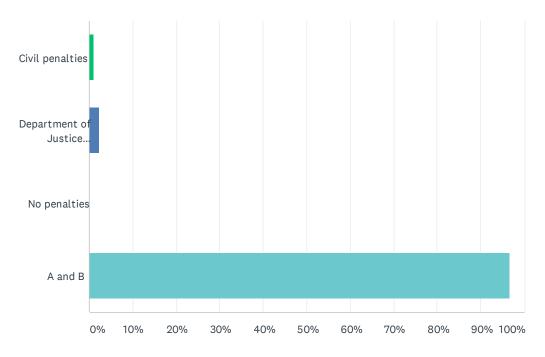
Answered: 88 Skipped: 3



ANSWER CHOICES	RESPONSES	
Intrafamilial only (involving parent, guardian, custodian, or member of the household)	2.27%	2
Extrafamilial only (perpetrator is not a member of the household or family)	0.00%	0
Institutional only (involving licensed child placement facilities)	0.00%	0
All of the above (all suspected abuse and neglect of any child, birth to age 18)	97.73%	86
TOTAL		88

Q7 Failing to report suspicions of abuse or neglect to the Division of Family Services can expose a school employee and school and/or district to:

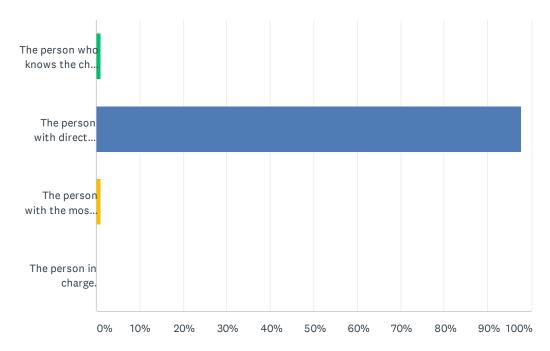
Answered: 88 Skipped: 3



ANSWER CHOICES	RESPONSES	
Civil penalties	1.14%	1
Department of Justice investigation	2.27%	2
No penalties	0.00%	0
A and B	96.59%	85
TOTAL		88

# Q8 Which person must make a report to the DFS Child Abuse and Neglect Report Line?

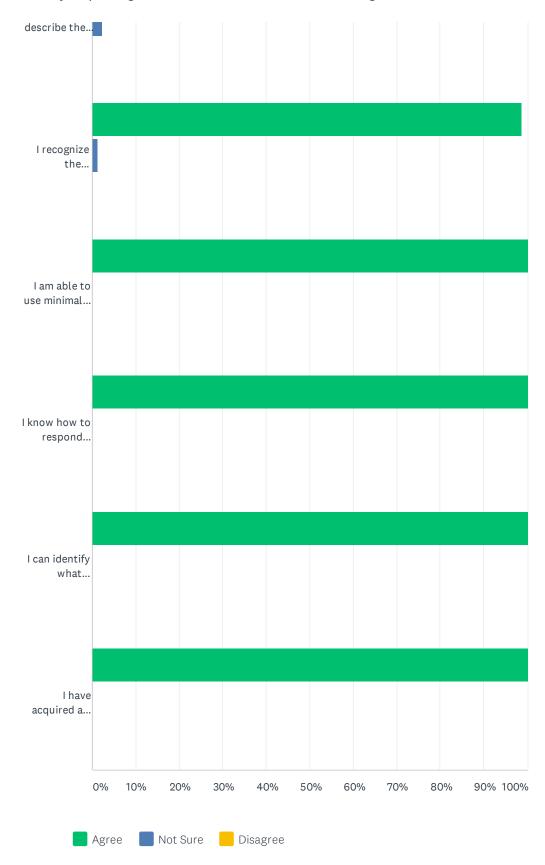
Answered: 87 Skipped: 4



ANSWER CHOICES	RESPONSES	
The person who knows the child best.	1.15%	1
The person with direct knowledge.	97.70%	85
The person with the most time.	1.15%	1
The person in charge.	0.00%	0
TOTAL		87

### Q9 Please rate each of the following statements.



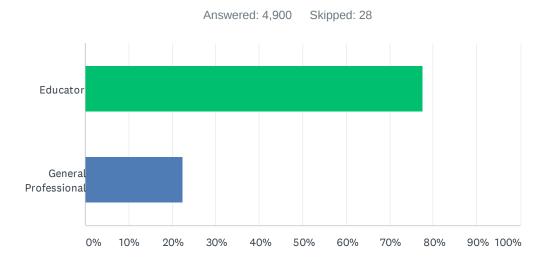


	AGREE	NOT SURE	DISAGREE	TOTAL	WEIGHTED AVERAGE
The trainer was knowledgeable and communicated effectively.	98.84% 85	1.16% 1	0.00%	86	1.01
The learning objectives were met.	100.00% 86	0.00%	0.00%	86	1.00
I am able to describe the reporting law and reporting procedure for the State of Delaware.	97.67% 84	2.33%	0.00%	86	1.02
I recognize the relationship between physical and behavioral indicators and suspicion of child abuse and neglect.	98.84% 85	1.16% 1	0.00%	86	1.01
I am able to use minimal fact questions when indicators are observed and/or a disclosure is made.	100.00% 85	0.00%	0.00%	85	1.00
I know how to respond appropriately when children disclose allegations of abuse or neglect.	100.00% 86	0.00%	0.00%	86	1.00
I can identify what information to expect from DFS following a report of child abuse or neglect.	100.00% 86	0.00%	0.00%	86	1.00
I have acquired a basic understanding of the civil and criminal definitions in statute for the various types of child maltreatment.	100.00% 86	0.00%	0.00%	86	1.00

## Q10 Please list any recommendations or suggestions for future content (i.e. ways training can be improved)

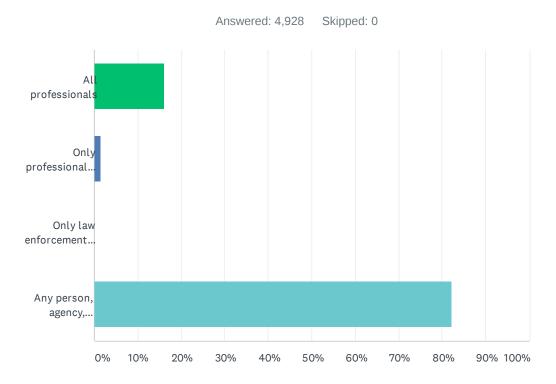
Answered: 18 Skipped: 73

### Q1 Please select the reporter group that best describes you.



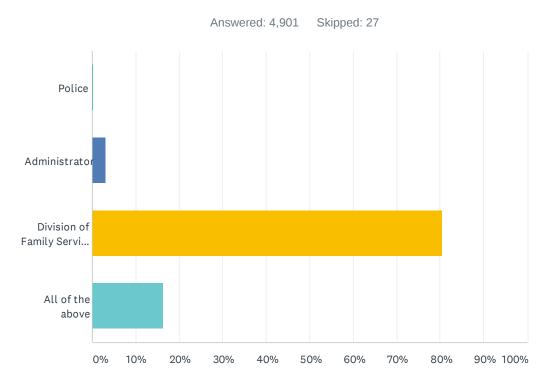
ANSWER CHOICES	RESPONSES	
Educator	77.67%	3,806
General Professional	22.33%	1,094
TOTAL		4,900

## Q2 In Delaware, who is mandated to report known or suspected cases of child abuse or neglect?



ANSWER CHOICES	RESPONSES	
All professionals	16.19%	798
Only professionals that work directly with children (i.e. teachers, physicians)	1.50%	74
Only law enforcement officers	0.02%	1
Any person, agency, organization or entity	82.28%	4,055
TOTAL		4,928

## Q3 I am obligated by LAW to FIRST report my suspicions of abuse and neglect to:

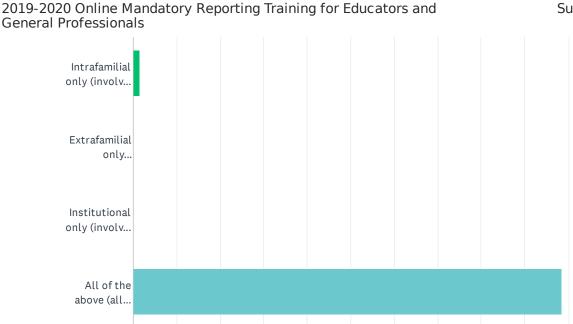


ANSWER CHOICES	RESPONSES	
Police	0.12%	6
Administrator	3.06%	150
Division of Family Services Child Abuse and Neglect Report Line	80.53%	3,947
All of the above	16.28%	798
TOTAL		4,901

## Q4 What types of cases must be reported to the Division of Family Services Child Abuse and Neglect Report Line?

Answered: 4,869 Skipped: 59





40%

50%

60%

70%

80%

90% 100%

0%

10%

20%

30%

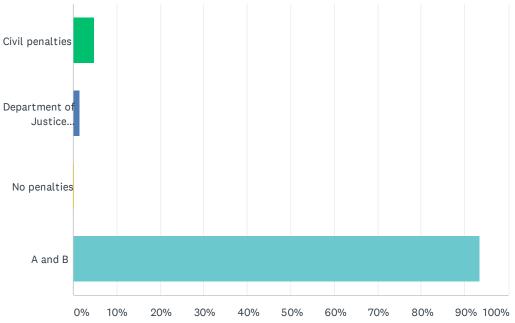
ANSWER CHOICES	RESPONSE	ES
Intrafamilial only (involving parent, guardian, custodian, or member of the household)	1.48%	72
Extrafamilial only (perpetrator is not a member of the household or family)	0.06%	3
Institutional only (involving licensed child placement facilities)	0.02%	1
All of the above (all suspected abuse and neglect of any child, birth to age 18)	98.44%	4,793
TOTAL		4,869

Q5 Failing to report suspicions of abuse or neglect to the Division of Family Services can expose a school employee and school and/or district to:

Answered: 4,863 Skipped: 65







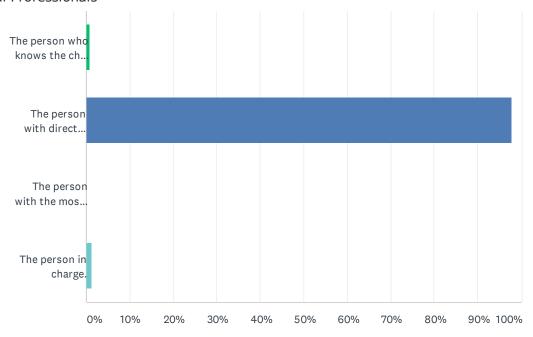
ANSWER CHOICES	RESPONSES	
Civil penalties	4.73%	230
Department of Justice investigation	1.50%	73
No penalties	0.25%	12
A and B	93.52%	4,548
TOTAL		4,863

# Q6 Which person must make a report to the DFS Child Abuse and Neglect Report Line?

Answered: 4,851 Skipped: 77

2019-2020 Online Mandatory Reporting Training for Educators and General Professionals

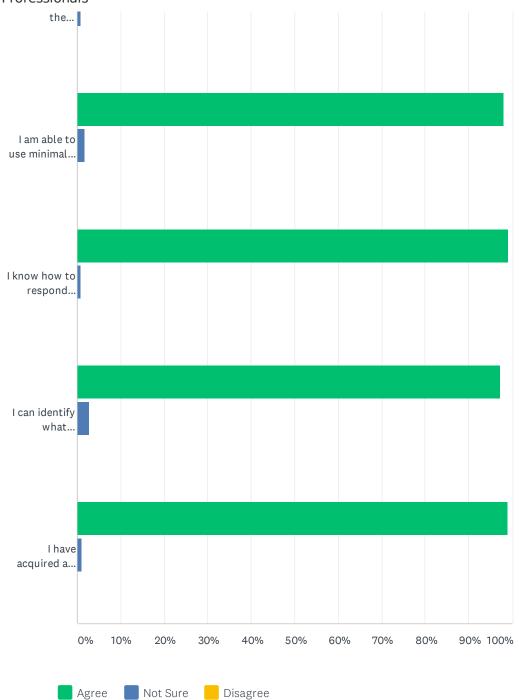
SurveyMonkey



ANSWER CHOICES	RESPONSES	
The person who knows the child best.	0.74%	36
The person with direct knowledge.	97.86%	4,747
The person with the most time.	0.06%	3
The person in charge.	1.34%	65
TOTAL		4,851

### Q7 Please rate each of the following statements.





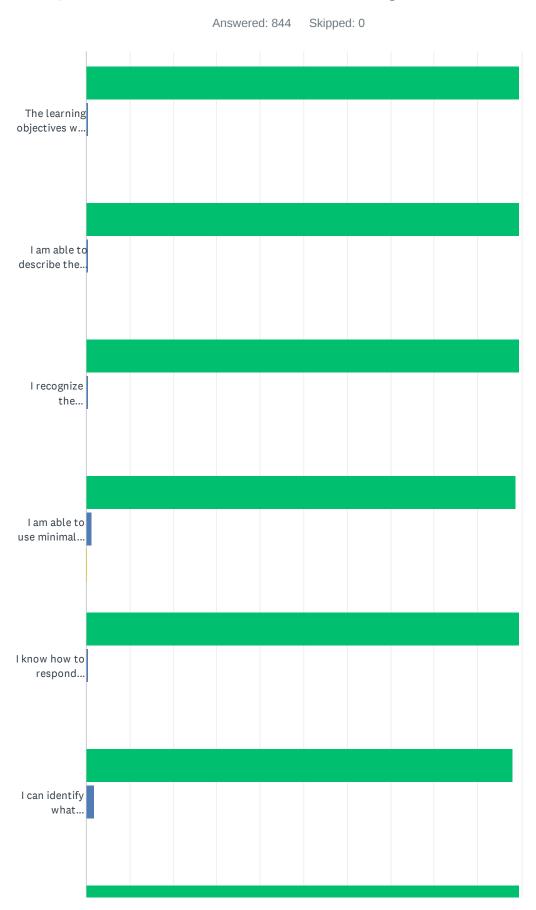
## 2019-2020 Online Mandatory Reporting Training for Educators and General Professionals

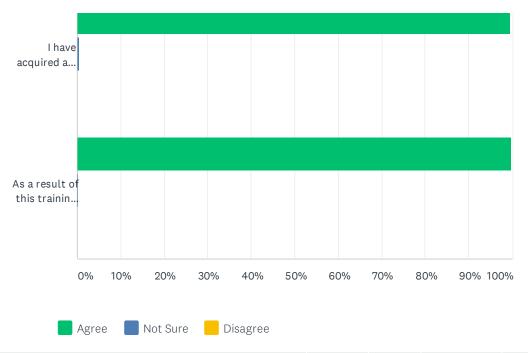
	AGREE	NOT SURE	DISAGREE	TOTAL	WEIGHTED AVERAGE
The learning objectives were met.	99.53% 4,822	0.45% 22	0.02% 1	4,845	1.00
I am able to describe the reporting law and reporting procedure for the State of Delaware.	98.16% 4,756	1.78% 86	0.06%	4,845	1.02
I recognize the relationship between physical and behavioral indicators and suspicion of child abuse and neglect.	99.17% 4,805	0.76% 37	0.06%	4,845	1.01
I am able to use minimal fact questions when indicators are observed and/or a disclosure is made.	98.20% 4,758	1.73% 84	0.06%	4,845	1.02
I know how to respond appropriately when children disclose allegations of abuse or neglect.	99.13% 4,803	0.83% 40	0.04%	4,845	1.01
I can identify what information to expect from DFS following a report of child abuse or neglect.	97.30% 4,714	2.62% 127	0.08%	4,845	1.03
I have acquired a basic understanding of the civil and criminal definitions in statute for the various types of child maltreatment.	98.99% 4,796	0.97% 47	0.04%	4,845	1.01

# Q8 Please list any recommendations or suggestions for future content (i.e. ways training can be improved)

Answered: 471 Skipped: 4,457

### Q1 Please rate each of the following statements.





	AGREE	NOT SURE	DISAGREE	TOTAL	WEIGHTED AVERAGE
The learning objectives were met.	99.52% 836	0.48% 4	0.00%	840	1.00
I am able to describe the reporting law and reporting procedure for the State of Delaware.	99.53% 839	0.47%	0.00%	843	1.00
I recognize the relationship between physical and behavioral indicators and suspicion of child abuse and neglect.	99.53% 840	0.47%	0.00%	844	1.00
I am able to use minimal fact questions when indicators are observed and/or a disclosure is made.	98.70% 832	1.19% 10	0.12%	843	1.01
I know how to respond appropriately when children disclose allegations of abuse or neglect.	99.53% 840	0.47%	0.00%	844	1.00
I can identify what information to expect from DFS following a report of child abuse or neglect.	98.10% 826	1.90% 16	0.00%	842	1.02
I have acquired a basic understanding of the civil and criminal definitions in statute for the various types of child maltreatment.	99.64% 840	0.36%	0.00%	843	1.00
As a result of this training, I have a better understanding of my reporting obligations under the Medical Practice Act.	99.76% 835	0.24%	0.00%	837	1.00

## Q2 Please submit any questions you have about the training content here:

Answered: 109 Skipped: 735

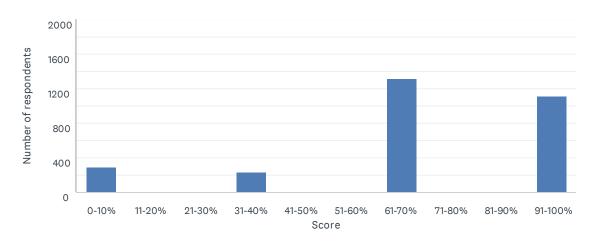
## Q3 Please list any recommendations or suggestions for future content (i.e. ways training can be improved)

Answered: 115 Skipped: 729

#### **Quiz Summary**

**AVERAGE SCORE** 

77% • 2.3/3 PTS



STATISTICS			
Lowest Score	Median	Highest Score	
0%	67%	100%	
Moon: 7704			

Mean: 77%

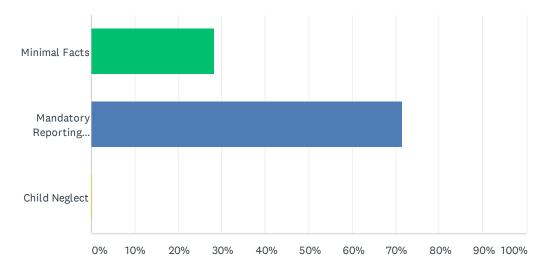
Standard Deviation: 22%

#### **Question Ranking**

QUESTIONS (3)	DIFFICULTY	AVERAGE SCORE
<b>Q10</b> In Delaware, who is responsible for conducting formal interviews with children about abuse and neglect allegations?	1	50%
Q11 By law, teachers are obligated to FIRST report suspicions of abuse or neglect to:	2	86%
Q13 Which person must make a report to the Division of Family Services?	3	97%

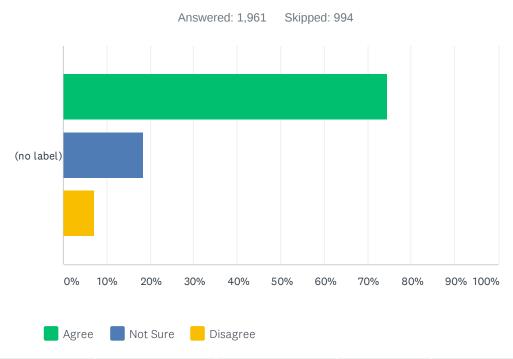
### Q1 Please select the training that you just completed.

Answered: 2,825 Skipped: 130



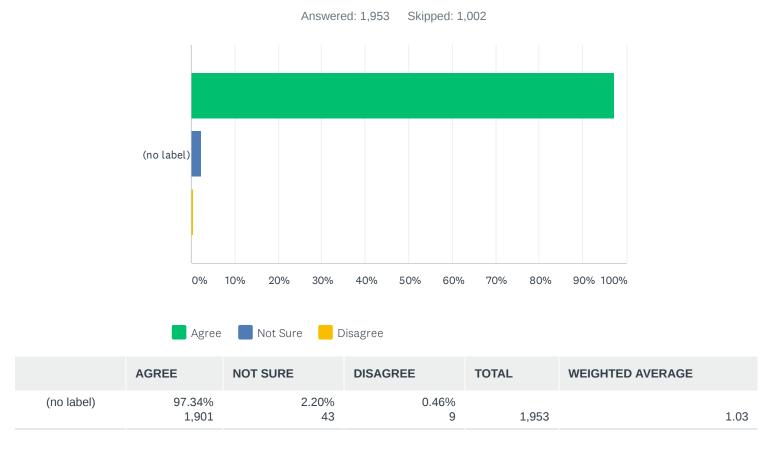
ANSWER CHOICES	RESPONSES	
Minimal Facts	28.32%	800
Mandatory Reporting Refresher	71.54%	2,021
Child Neglect	0.14%	4
TOTAL		2,825

## Q2 This training provided more in-depth information than the hour long training "How to Identify and Report Child Abuse & Neglect in Delaware."

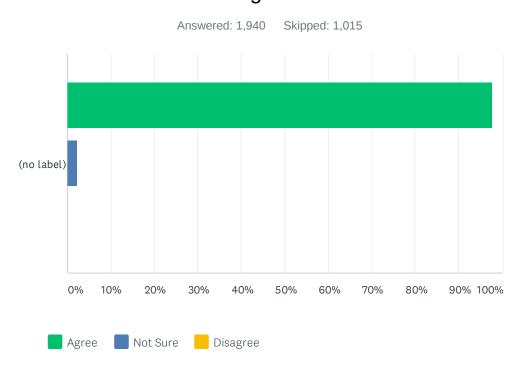


	AGREE	NOT SURE	DISAGREE	TOTAL	WEIGHTED AVERAGE	
(no label)	74.50% 1,461	18.31% 359	7.19% 141	1,961		1.33

## Q3 This training strengthened my understanding of my statutory reporting requirements under Title 14 and Title 16.

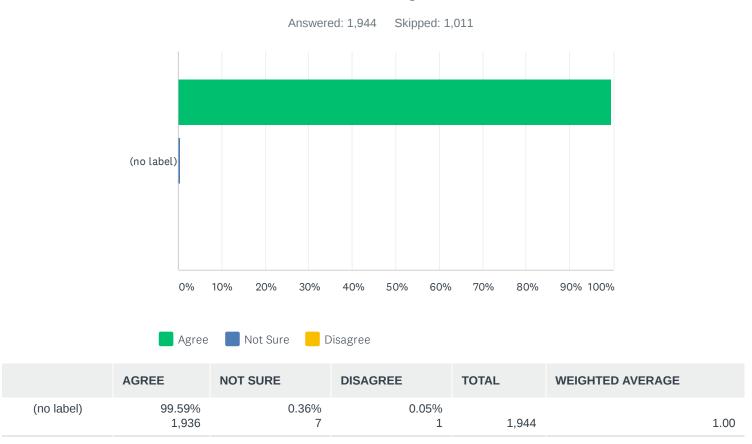


## Q4 I feel confident in my ability to respond to a disclosure of abuse or neglect.



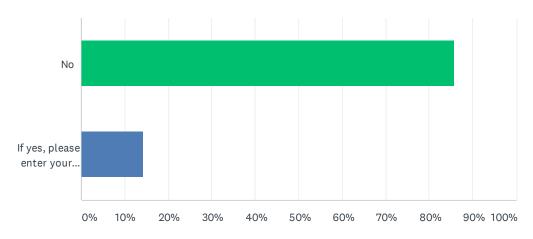
	AGREE	NOT SURE	DISAGREE	TOTAL	WEIGHTED AVERAGE	
(no label)	97.63% 1,894	2.32% 45	0.05% 1	1,940		1.02

## Q5 I understand that I must notify DFS immediately if I suspect child abuse or neglect.



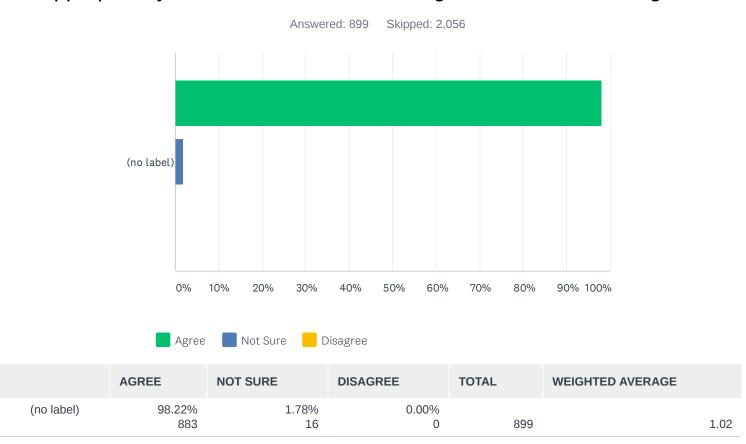
Q6 Does your school have a reporting policy in place that discourages immediate reports to DFS (i.e. requiring approval, having a designated "reporter," requiring a notification to School Resource Officer, etc.)?

Answered: 1,931 Skipped: 1,024

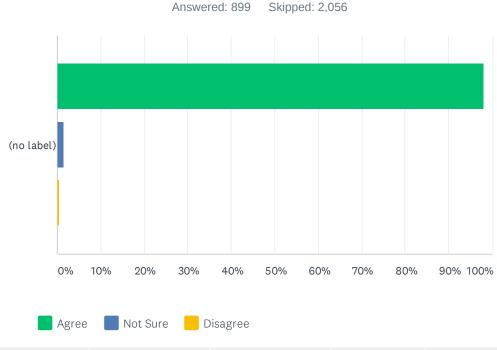


ANSWER CHOICES	RESPONSES
No	85.71% 1,655
If yes, please enter your school name:	14.29% 276
TOTAL	1,931

Q7 This training made me feel confident in my ability to respond appropriately when children disclose allegations of abuse or neglect.

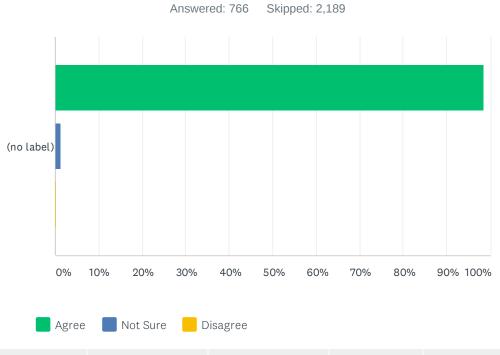


Q8 This training left me more prepared to use Minimal Fact questions when indicators are observed and/or a disclosure is made.

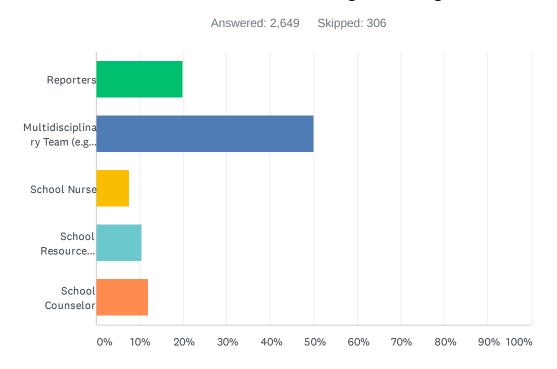


	AGREE	NOT SURE	DISAGREE	TOTAL	WEIGHTED AVERAGE	
(no label)	98.11% 882	1.56% 14	0.33% 3	899		1.02

## Q9 I understand the difference between asking Minimal Fact Questions and interviewing a child.



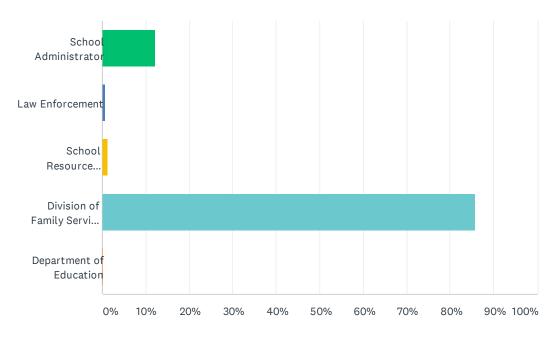
## Q10 In Delaware, who is responsible for conducting formal interviews with children about abuse and neglect allegations?



QUIZ STATISTICS					
Percent Correct 45%	Average Score 0.5/1.0 (50%)	Standard Deviation 0.50		Difficulty 1/3	
ANSWER CHOICES		SCORE	RESPONS	RESPONSES	
Reporters			0/1	19.89%	527
✓ Multidisciplinary Team (e.g. DFS, Law Enforcement, Children's Advocacy Center)			1/1	50.02%	1,325
School Nurse			0/1	7.63%	202
School Resource Officer			0/1	10.49%	278
School Counselor			0/1	11.97%	317
TOTAL					2,649

## Q11 By law, teachers are obligated to FIRST report suspicions of abuse or neglect to:

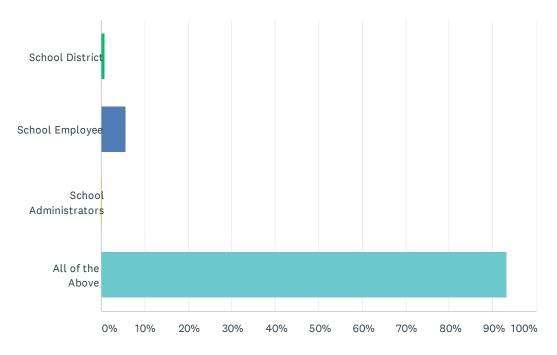
Answered: 2,682 Skipped: 273



QUIZ STATISTICS				
Percent Correct 78%	Average Score 0.9/1.0 (86%)	Standard Deviation 0.35	Difficulty 2/3	
ANSWER CHOICES		SCORE	RESPONSES	
School Administrator		0/1	12.08%	324
Law Enforcement		0/1	0.71%	19
School Resource Office	er	0/1	1.16%	31
✓ Division of Family Services (DFS)		1/1	85.87%	2,303
Department of Education		0/1	0.19%	5
TOTAL				2,682

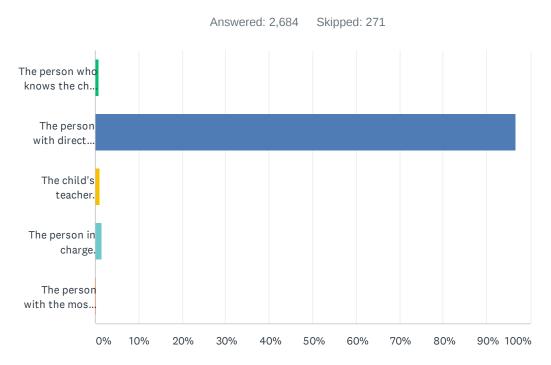
Q12 Failure to report suspicions of child abuse or neglect to the Division of Family Services can result in civil or criminal penalties to:

Answered: 2,682 Skipped: 273



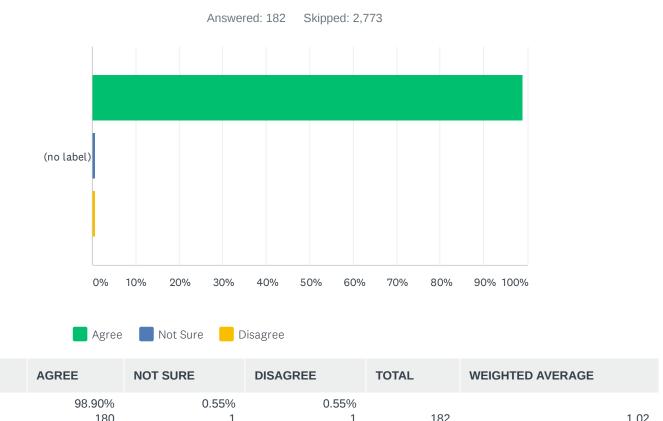
ANSWER CHOICES	RESPONSES	
School District	0.82%	22
School Employee	5.67%	152
School Administrators	0.22%	6
All of the Above	93.29%	2,502
TOTAL		2,682

### Q13 Which person must make a report to the Division of Family Services?



QUIZ STATISTICS				
Percent Correct 88%	Average Score 1.0/1.0 (97%)	Standard Deviation 0.18	Difficulty 3/3	
ANSWER CHOICES		SCORE	RESPONSES	
The person who knows	s the child the best.	0/1	0.75%	20
✓ The person with direct	knowledge.	1/1	96.57%	2,592
The child's teacher.		0/1	0.97%	26
The person in charge.		0/1	1.49%	40
The person with the mo	ost time.	0/1	0.22%	6
TOTAL				2,684

### Q14 I have a better understanding of child neglect after completing this training.



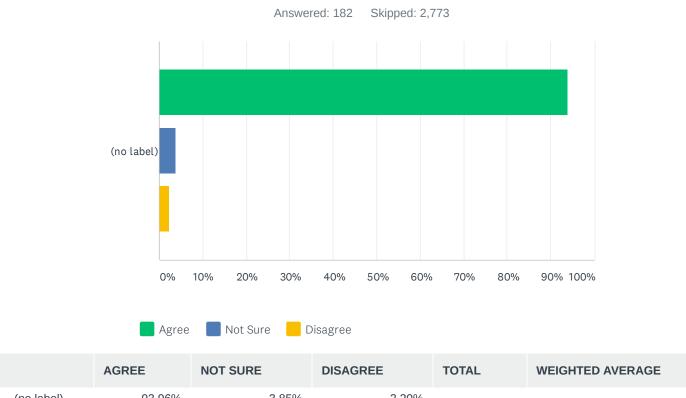
	AGREE	NOT SURE	DISAGREE	TOTAL	WEIGHTED AVERAGE	
(no label)	98.90% 180	0.55% 1	0.55% 1	182		1.02

Q15 I feel confident in my ability to identify and report allegations of child neglect.

Answered: 179 Skipped: 2,776

	AGREE	NOT SURE	DISAGREE	TOTAL	WEIGHTED AVERAGE	
(no label)	98.88% 177	1.12%	0.00%	179		1.01

### Q16 After this training, I have a better understanding of the difference between poverty and neglect.



	AGREE	NOT SURE	DISAGREE	TOTAL	WEIGHTED AVERAGE	
(no label)	93.96% 171	3.85% 7	2.20% 4	182		1.08

Q17 Please provide any suggestions for future advanced training topics.

Answered: 882 Skipped: 2,073

# Q18 Please provide the name of the training you just completed and any feedback or suggestions for improvement.

Answered: 1,451 Skipped: 1,504

# **RESOURCE GUIDE**

# MANDATORY REPORTING OF CHILD ABUSE & NEGLECT IN DELAWARE



Contact the State of Delaware —
Child Protection Accountability Commission for questions at 302-255-1730.

Created August 2019

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# Reporting Law



Under 16 <u>Del. C.</u> § 903, "any <u>person</u>, <u>agency</u>, <u>organization</u>, or <u>entity</u> who knows or in good faith suspects child abuse or neglect shall make a report." This means that *every person* in Delaware is mandated to report child abuse and neglect. In addition, agencies, organizations, and entities will be held accountable when individuals fail to report.

The law also clarifies that "no individual with knowledge of child abuse or neglect, or knowledge that leads to a good faith suspicion of child abuse or neglect, shall rely on another individual who has less direct knowledge to call the report line." This means that an individual does not satisfy his/her statutory, child abuse mandatory reporting obligations if he/she relies on another person without direct knowledge to make the report on his/her behalf.

However, if there are multiple people with direct knowledge of child abuse or neglect, a **joint report** may be made by one person, but it must include **all persons with joint knowledge** of the known or suspect incident of child abuse or neglect. The best practice would be for all the individuals with direct knowledge to call the Report Line together.

You can view the statute online at <a href="https://delcode.delaware.gov/">https://delcode.delaware.gov/</a>.

# Failure to Report



Individuals who fail to report child abuse or neglect may be liable for a civil penalty. The Division of Family Services (DFS) reports all persons, agencies, organizations, and entities to the **Department of Justice** for investigation if they fail to make mandatory reports of child abuse or neglect to the DFS Report Line. The **civil penalty must** not exceed \$10,000 for the first violation, or \$50,000 for subsequent violations.

# Handling a Disclosure



Disclosure means that you were chosen by the child as the person he or she trusts enough to tell. If a child discloses abuse or neglect, it is your duty to **make a report**. It is also important to react responsibly and calmly by acknowledging their courage for sharing and by using affirmations like "I believe you," and "This is not your fault."

Your reaction to the disclosure may have a significant impact on the child. It is important that you do not overreact or shut the child down. It is also important to gather the Minimal Facts (who, what, when and where) without interrogating the child or offering your own gap-fillers when they are telling the story. Listen and ask openended questions if necessary.

# Minimal Facts



Minimal Fact Questions may be necessary when an individual has knowledge or reasonable suspicion of child abuse or neglect AND must make a report to the DFS Report Line. Minimal Fact Questions help reporters to obtain the information needed to make a clear and concise report of child abuse and neglect, and it focuses reporters on the essential information – who, what, when, and where?

There are three scenarios when individuals may have knowledge or reasonable suspicion of abuse or neglect:

- 1. Disclosure A child discloses to you
- 2. **Discover -** You witness the act by an adult (or youth for sexual abuse incidents) with a child
- 3. Reason to Suspect You have seen behavioral and/or physical signs of abuse or neglect with child

Individuals must ask Minimal Fact Questions when: A child makes a disclosure and provides some of the Minimal Facts (or a general statement – such as "I was beaten, abused or neglected.") OR when behavioral and/or physical signs of maltreatment are observed. If you witness an act of abuse or neglect, ensure the child is physically safe, immediately contact the police and then call DFS. It is not necessary to ask the minimal facts in situations where the child is imminent danger.

# Minimal Facts (Cont.)



### The Minimal Fact Ouestions are as follows:

- What happened?
- Who did that to you? Are there other victims/witnesses?
- Where did this happen?
- When did this happen?

Open-ended questions, such as what happened, help a child tell his/her story. Where is helpful in determining the appropriate legal jurisdiction so the correct police department can be notified. When is important as it relates to the need (or not) for an immediate medical exam (i.e. evidence collection). After asking what, when and where, if the child discloses abuse or neglect it is okay to ask the question who did that to you.

In addition, asking if there are other victims or witnesses assists DFS in corroborating the child's statements and assessing whether anyone else was present when the abuse occurred. Make sure to write down the child's exact words. Also, try to limit the number of persons the child interacts with so the child will not have to tell the information over and over again. Finally, if the child is unable to communicate, then make the report based on your observations of the behavioral and/or physical indicators of child abuse or neglect.

# Information Needed



The DFS Report Line may ask reporters to provide information such as:

- Child's statements
- Physical symptoms and/or behavioral changes
- Any information about the way the caregiver's behavior is impacting the care of the child
- Alleged child victim's physical health, mental health, educational status
- Medical attention that may be needed for injuries
- Family composition
- Any information that could put the child's or DFS worker's safety in peril

**Demographics** can usually be found in the child's records. If you already have the information, then there is no need to ask the child. Prepare to be on the phone call for about 20 minutes so that you can make a detailed report.

# Making a Report





All suspected child abuse and neglect of any minor in the State of Delaware must be reported to the DFS Report Line at 1-800-292-9582. When a child's life is in danger, you should call 911 immediately and then make a call to the Report Line.

Less serious reports of child abuse or neglect may be submitted online to DFS at Iseethesigns.org. Online reports satisfy your obligation under the law so long as the online reporting tool is utilized appropriately. Please note that online reports are not reviewed immediately like Report Line calls. If in doubt about whether a Report Line call is needed, the online reporting tool will provide mandated reporters with direction, as long as the questions are answered accurately. If the tool determines that a call to the Report Line is warranted, please make the call immediately. Mandated reporters must keep in mind that the child's safety could be in jeopardy if a report is not received in a timely manner.

Beginning in May 2012, DFS began implementation of a new model for how reports are handled at the Report Line. The new model is called **Structured Decision Making®** and there are three main questions that will be asked of the reporter:

- What are you worried about?
- What is working well?
- What needs to happen next?

These questions act as guides for helping Report Line staff understand the complete scope and nature of the report.

Spanish translation is available 24/7. When the reporter leaves their name and number, a translator is on call and will call the reporter back to take the report.

Every report is digitally recorded and reviewed by a DFS Report Line supervisor. If informed that your report does not meet criteria for investigation and you continue to have concerns, you should ask to speak to a Report Line supervisor.

# **DFS** Response

DFS is required to receive all suspected reports of child abuse and neglect in the state. Upon receipt of a report of suspected abuse or neglect, DFS will do one of three things:



Accept the report & investigate the allegations or conduct a family assessment;



Refer the report to law enforcement for investigation; or



**Document** the report but not investigate the allegations.

DFS **responds** according to the priority level given to each investigation case. DFS Response times are: **P1**: Within 24 hours; **P2**: Within 72 hours; **P3**: Within 10 days.

# **MDT** Response

The Delaware Code requires a comprehensive investigation by a **multidisciplinary team** (MDT) for cases of child abuse and neglect. This approach is described in a Memorandum of Understanding (MOU) between the MDT, which consists of DFS, law enforcement, the Department of Justice and the Children's Advocacy Center.

### **MDT Roles and Responsibilities:**

- DFS— is required to receive all suspected reports of child abuse and neglect in the state. However, DFS is only responsible for investigating intrafamilial and institutional cases. The only exception to this is cases of child trafficking. While extrafamilial cases <u>must</u> be reported to DFS, DFS is only responsible for receiving, documenting and referring these cases to law enforcement for investigation.
- Law enforcement agencies— are responsible for conducting criminal investigations of child abuse and neglect. Reports may be made to law enforcement but not in lieu of contacting DFS.
- Department of Justice (DOJ)— are responsible for the prosecution of criminal
  cases throughout the State from misdemeanors to murders.
- Children's Advocacy Center (CAC)— Whenever appropriate, cases will also be referred to the CAC for a forensic interview, medical exam and/or mental health screening.

Please click here to view the MDT Best Practices MOU

# Definitions of Abuse & Neglect



### **Physical Abuse**

Abuse is defined as causing any physical injury to a child through unjustified force, torture, negligent treatment, sexual abuse, exploitation, maltreatment, mistreatment, or any means other than accident. [11 Del. C. § 1100 (1)] Physical injury is defined in statute as any impairment of physical condition or pain. [11 Del. C. § 1100 (5)] This means that injury and pain are considered when a case is received regarding allegations of abuse against a child. However, pain and injury alone DO NOT make the force unjustified. In fact, Delaware law does not prohibit physical discipline or corporal punishment as sometimes the use of force is for the purpose of safeguarding or promoting the welfare of a child. For instance, a person intentionally inflicting pain to cause harm to a child and not for the purposes of discipline is vastly different than a person spanking a child to address the child's misbehavior.

Abuse occurs when a person causes any physical injury to a child through unjustified force. The Delaware Code identifies specific behaviors in which physical injury to a child is never justified, even if it did not result in an observable injury to a child. These behaviors are: Throwing, Kicking, Burning, Cutting, Hitting with a closed fist, Interfering with breathing, Use/threatened use of a deadly weapon, Prolonged deprivation of sustenance/medication, and Doing any other act that is likely to cause/does cause physical injury, disfigurement, mental distress or substantial risk of serious physical injury or death. [11 Del. C. § 468(1)c.] Any and all of these incidents require an immediate report to the DFS Report Line, and DFS is required to notify law enforcement of potential criminal violations against a child.

Reporters are not responsible for determining if the use of force against a child is justified or unjustified. DFS or law enforcement will make that determination after considering the following: who exercised the force; what was the purpose of the force; and whether the force was reasonable given the size, age, and baseline health conditions of the child; and the location, strength and duration of the force applied to the child.

### **Sexual Abuse**

Sexual Abuse is defined as any act against a child that is described as sex offense in the Criminal Code, including: sexual harassment, indecent exposure, incest, unlawful sexual contact, rape, sexual exploitation of a child, or sexual abuse of a child by a person in a position of trust, authority or supervision. [10 Del. C. § 901 (21)]

# Definitions of Abuse & Neglect



### **Sexual Abuse (continued)**

Delaware's consent law is broken down into these age groups:

- Children less than 12 years old: CANNOT legally consent to sexual contact.
- Children ages 12-15 years old: can ONLY consent with someone who is no more than 4 years older than the child.
- Children ages 16-17 years old: can consent with someone under 30 years old.
- ALL children under 18: CANNOT legally consent to sexual contact with ANY-ONE in a position of trust, authority, or supervision over them.

### **Commercial Sexual Exploitation**

Commercial Sexual Exploitation is the broad term under which Domestic Minor Sex Trafficking (Child Trafficking) is categorized. It includes the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age.

It can be difficult and dangerous for victims to leave their traffickers as the perpetrators typically use various methods of "conditioning", such as starvation, confinement, physical abuse, rape, forced drug use, and threats of violence towards the victim and/or their families. Victims are also likely to suffer from long-term physical and psychological trauma.

While any child can be targeted by a trafficker, research has shown that traffickers often target children with increased vulnerabilities, including:

- Children who are chronically missing or who frequently run away (especially 3+ missing incidents)
- Children who have experienced childhood sexual abuse, especially if the abuse was unreported or unaddressed, or resulted in the child being removed from the home
- Children who have experienced prior sexual assault or rape
- Children with significant substance abuse issues or who live with someone who has significant substance abuse issues
- Children who identify as LGBTQ and have been kicked out or who have been stigmatized by their family.

# Definitions of Abuse & Neglect



### **Emotional Maltreatment**

Emotional Maltreatment is sometimes defined as psychological maltreatment, which includes both emotional abuse and emotional neglect:

- Emotional Abuse— threats to inflict undue physical or emotional harm, and/or chronic or recurring incidents of ridiculing, demeaning, making derogatory remarks or cursing. [10 Del. C. § 901 (10)]
- Emotional Neglect— incidents of isolating/shunning, rejecting, or ignoring a child.

### **Domestic Violence**

Domestic Violence (DV) is a pattern of abusive behaviors and tactics used by one partner to gain and maintain power and control over another intimate partner. Children of all ages can be deeply affected by DV. Cases involving children must be reported to DFS when a child is experiencing:

- Physical Harm— child is injured; child is suspected to be injured, since a weapon
  or potentially dangerous object has been used; or child has attempted to physically intervene.
- Emotional Harm— child is aware (sight or sound) of an incident perpetrated against his/her caregiver and it involves a significant injury to the victim or use of a weapon; and child has a diagnosed mental health condition or behaviors that signify severe psychological harm.

### **Neglect**

Neglect occurs when, while *having* the ability and financial means to care for a child, the parent or caregiver:

- Fails to provide necessary care, which may include food, shelter, or medical care;
- · Fails to provide supervision appropriate for the child; or
- Chronically engages in substance abuse and the abuse negatively impacts the care of the child. [10 Del. C. § 901 (18)]

### **Dependency**

Dependency is not the same as neglect. Dependency occurs when a parent or caregiver *does not have* the ability or financial means to provide necessary care for the child, or when the child is living in a non-related home on an extended basis. Reports must be made to DFS for dependent children or children living with an adult individual who is not an adult relative. The term "extended basis" is used to suggest that the child resides in the home, as opposed to just visiting. It is the responsibility of DFS to determine if the living arrangement has been on an extended basis and to explore the appropriateness of the living arrangement through interviews, a home assessment, and background checks. [10 Del. C. § 901 (8)]

8

# Indicators of Abuse & Neglect

Category	Physical Indicators	Behavioral Indicators
Physical Abuse	<ul> <li>Unexplained bruising, lacerations, fractures or burns, human bite marks, or bald spots</li> <li>Unable to use an arm/bear weight</li> <li>Wearing clothing that covers body when not appropriate</li> </ul>	<ul> <li>Complaining of soreness</li> <li>Shrinking at the approach of adults</li> <li>Reports injury by caregiver</li> </ul>
Sexual Abuse	<ul> <li>Difficulty walking or sitting</li> <li>Bedwetting/soiling</li> <li>Sexually Transmitted Infections or early pregnancies</li> <li>Exhibiting inappropriate sexual behaviors for developmental stage</li> </ul>	<ul> <li>Runs away, attempts suicide</li> <li>Refusal to be left alone</li> <li>Significant changes in mood, behavior, appetite, school performance</li> </ul>
Neglect	<ul> <li>Poor hygiene, inappropriate dress</li> <li>Consistent lack of supervision</li> <li>Unattended physical problems or medical needs</li> </ul>	<ul> <li>Consistent hunger</li> <li>Poor social skills</li> <li>Stealing food</li> <li>Poor school attendance or social appearance</li> </ul>
Child Trafficking	<ul> <li>Has multiple cell phones or electronic devices or large amounts of cash or prepaid cards</li> <li>Name or symbol tattooed, burned, or branded onto his/her body</li> <li>Referencing traveling to other cities or states or traveling job opportunities (e.g. modeling, singing, dancing)</li> </ul>	<ul> <li>Significant changes in behavior, including increased virtual behavior, or associating with a new group of friends</li> <li>Refusing to ask for help or resisting offers to get out of the situation (not identifying as a victim)</li> <li>Being preoccupied with "getting money"</li> </ul>
Emotional Maltreat- ment	<ul> <li>Delay in physical or emotional development</li> <li>Inability to develop emotional bonds with others</li> <li>Social isolation</li> </ul>	<ul> <li>Is either inappropriately adult         (e.g. parenting other children) or         inappropriately infantile (e.g.             frequently rocking or             head-banging)</li> <li>Shows extremes in behavior,         such as being overly compliant         or demanding, extremely         passive, or aggressive 9</li> </ul>



### 1. Can I be held liable for making a report of child abuse or neglect?

As long as you make a report of child abuse or neglect in good faith you will have immunity from any liability, civil or criminal so long as the report is made without malice or willful misconduct. [16 Del. C. § 908]

# 2. What if my organization/entity requires me to notify an administrator or other employee (such as a School Resource Officer (SRO), counselor or nurse) before making a report to DFS?

Some organizations/entities have internal policies that require employees to report child abuse and neglect to an administrator prior to making the report. In Delaware, we have been very clear that a report must first be made to the DFS Report Line. Then, the administrator should be notified immediately. This is because there have been situations where an administrator has discouraged an individual from making a report, or has required approval prior to making a report. Agencies, organizations or entities may be exposed to civil penalties if an administrator makes a decision not to report on behalf of the individual.

# 3. Do I satisfy my statutory, child abuse mandatory reporting obligations by only contacting the law enforcement agency?

No. The statute requires an immediate report to the Division of Family Services (DFS) Report Line. Law enforcement may also be contacted but not in lieu of contacting DFS. [16 <u>Del. C.</u> § 904]

### 4. Am I violating HIPAA when I make a report?

No. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 does not preclude reporting suspected child abuse.

### 5. Can information about a DFS investigation be shared?

In general, DFS will share information <u>only</u> when there is a signed release of information (informed, time limited consent). However, DFS, law enforcement, the Children's Advocacy Center and the Department of Justice exchange information on families and children when this information is needed to assist an investigation involving a shared client.

### 6. Can I be told any information about the disposition of my report?

DFS Report Line staff will call mandated reporters to provide the general disposition of the report. [16 <u>Del. C.</u> § 903]



### 7. What if I do not have proof that a child is being abused or neglected?

You do not need to have proof, evidence, or a confession of any alleged abuse or neglect to make a report to the DFS Report Line. The legal system uses various burdens of proof – including beyond a reasonable doubt (sure, not certain, of the accused guilt – in criminal cases), preponderance of the evidence (more likely than not – used in civil cases), and reasonable suspicion. Beyond a reasonable doubt is the highest burden of proof. Reasonable suspicion is a lower burden of proof and may be quantified at around 10% to 15% likelihood of guilt. Most state laws only require reasonable suspicion or reasonable cause to suspect or believe that abuse or neglect is occurring. This means that you do not have to have proof just knowledge to reasonably suspect abuse or neglect though physical or behavioral signs of maltreatment.

### 8. What are the categories of child abuse and neglect?

Child abuse and neglect is categorized based on the identity of the perpetrator. The three categories are: intrafamilial, extrafamilial, and institutional.

- Intrafamilial Any child abuse or neglect involving a parent, guardian, custodian, or any other members of the child's family or household.
- Extrafamilial Any child abuse or neglect involving an alleged perpetrator who is not a member of the child's family or household AND does not involve institutional abuse/neglect.
- Institutional Any child abuse or neglect which has occurred to a child in the
  custody of the Department of Services for Children, Youth & Families (DSCYF) and/
  or placed in a facility, center or home operated, contracted or licensed by DSCYF.

### 9. Should I call the DFS Report Line to report a child that is in crisis??

If you become aware of a child in crisis (i.e. suicide talk or attempts) a report should be made to the Division of Prevention and Behavioral Health Services 24-Hour Mobile Response and Stabilization Services at 1-800-969-HELP (4357). This will ensure that the child is connected to the appropriate services immediately.

### 10. Does physical violence between students (or teens dating) need to be reported?

Physical violence between students does not need to be reported to the DFS Report Line. However, any physical violence between a student and school employee or between a student and parent, caregiver or other minor (if acting as a caregiver) needs to be reported to DFS.

Please click here to view the Statutory Reporting Requirements for School Employees



### 11. What is the difference between physical abuse and accidental injury?

Keep the following in mind when determining if an injury is accidental:

- Cuts and bruises caused from accidents normally occur on bony areas of the body.
- Reoccurring injuries likely indicate abuse.
- If a series of injuries appear in a pattern or resemble an object, the injury may have been inflicted.
- If the child's or caregiver's explanation for the injury is inconsistent with the facts, the injury would be suspicious.
- Suspect abuse if there was a delay in seeking medical attention.

### 12. What is considered "normal" vs. abusive sexual behavior in children?

Childhood sexual behavior is common and varies based on age/developmental level. However, you should call the Report Line for concerns with childhood sexual behavior that:

- Is clearly beyond the child's developmental stage (a three-year-old attempting to kiss an adult's genitals).
- Involves threats, force, or aggression.
- Involves children of widely different ages or abilities (an 11-year-old "playing doctor" with a four-year-old).

# 13. Does sexual contact or violence between students (or teens dating) need to be reported?

Any sexual contact or violence that occurs between students, teens dating, students and school employees, or students and parents, caregivers or other minors must be reported to the DFS Report Line.

Please click here to view the Statutory Reporting Requirements for School Employees

### 14. Does sexting need to be reported?

Sexting or youth produced sexual images are nude, sexually suggestive, or explicit images possessed and/or transmitted by way of cell phone, electronic device or online. The transmission of youth-produced sexual images makes sexting unlawful. A report must be made to the DFS Report Line under the following circumstances:

- · Child did not consent to being photographed or recorded, or
- Cannot consent to the sexual act or to being photographed or recorded due to his or her age (under 12).



### 15. At what age can a child be left alone?

Delaware law does not specify an age when a child may be left alone. For any aged child, DFS considers factors such as the child's level of functioning, maturity, physical and mental health, disabilities, length of time alone, and the time of day. Mandated reporters must contact the Report Line if they have knowledge or reasonable suspicion that a child has been left alone for a period of time that is inappropriate for the child's age or developmental status. DFS recommends **never** leaving a child alone in a car, regardless of age.

# 16. Are mandated reporters statutorily required to notify DFS of child abuse or neglect that occurred out of state?

Yes. Delaware's child abuse mandatory reporting law does not limit the reports of child abuse or neglect to incidents that occur only within Delaware. The Report Line will accept calls of child abuse or neglect that may have occurred out of state.

# 17. Does the law require reports about past child abuse or neglect disclosed by an adult?

Delaware's child abuse mandatory reporting law does not include a time exception to the reporting requirement. Therefore, reports about past child abuse or neglect are also required. Reports must be made even when it is suspected that the alleged offender is deceased, was charged/prosecuted, or is unknown, and this information must be corroborated by the proper authorities. Please also remember:

- Young adults may still be in the custody of DSCYF until the age of 21, so DSCYF must be notified of these allegations.
- In other situations where one particular victim of abuse or neglect is now an adult, other children may still be at risk of victimization by the alleged offender.
- **18.** Does this obligation exist if the adult refuses to provide information? Yes, so long as the information originally provided by the individual creates a good faith suspicion.
- 19. Does this obligation exist if the adult provides a vague disclosure (e.g. I was raped as a child) and no other minimal facts (who, what, when, and where)? Yes. A report must still be made to the DFS Report Line.

# 20. Is this requirement limited to sexual abuse since there is no statute of limitations?

No. There is no time exception for making a mandatory report in both child abuse and child neglect incidents.

# If you suspect that a child is being abused or neglected:

## Gather the Minimal Facts:

What happened?
When did that happen?
Where did that happen?
Who did that to you?

Are there other victims or witnesses?

# Make a report to the Division of Family Services:



24/7 Report Line: 1-800-292-9582



Online: iseethesigns.org

State of Delaware Child Protection Accountability Commission

# Making a Report to the Division of Family Services ("DFS") Child Abuse and Neglect Report Line

	Report		Step 2	Response	Step 1
In general, DFS will share Please contact the casewo However, if a new incides Line.	Have records available to family. If known, you my weapons. DFS Report Lis well? What do you want to child victim.	All persons with direct knowledge is complete an Online Report at ISeet mandatory reporters cannot rely up be called if you are concerned about is being made for the child's safety.		Minimal Facts are Disclosed by Child Child Discloses All of the Following Information to You: What happened; When it happened; Where the alleged incident happened; AND, Name of alleged perpetrator.	1. Disclosure: Child Discloses to You
e information only wher orker directly to obtain t nt of abuse or neglect o	provide demographics, ust share concerns for sine staff will also ask the happen next? Please no happen provides the post Register of the provides t	nowledge must make an out at ISeetheSigns.org (i not rely upon a person wrned about the child's in ld's safety.  Informa	Report to DFS (	Minimal Facts are  Missing  You Must Ask 1 or More of the Minimal Fact Questions to gather additional details:  What happened?  When did it happen?  Where did it happen?  Did anyone do that to you?	swe: ses to You
there is a signed release of info his information or to report ad ccurs, the information should b	graphics, parent information, educational rns for siblings, domestic violence, subst o ask the following questions: What are y Please note: DFS Report Line staff may ask.  Post Report and Information Sharing	All persons with direct knowledge must make an immediate report to the DFS Report Line at 1-80 complete an Online Report at ISeetheSigns.org (if applicable). Please also be aware that Delaware mandatory reporters cannot rely upon a person with less direct knowledge to call the DFS Report be called if you are concerned about the child's immediate safety. You must not tell the parent or is being made for the child's safety.  Information Needed to Make Report	Report to DFS Child Abuse and Neglect Report Line	Safety of Child  Hasure the Child is Physically Safe and Isolated from the Alleged Perpetrator.  Immediately Contact Police.	2. Discover: You Witness the Act by an Adult (or Youth for Sexual Abuse Incidents) with a Child
In general, DFS will share information only when there is a signed release of information from the parent or caregiver. Please contact the caseworker directly to obtain this information or to report additional concerns related to the child. However, if a new incident of abuse or neglect occurs, the information should be reported directly to the DFS Report Line.	Have records available to provide demographics, parent information, educational status, and primary language for family. If known, you must share concerns for siblings, domestic violence, substance abuse, dangerous animals and weapons. DFS Report Line staff will also ask the following questions: What are you worried about? What is working well? What do you want to happen next? Please note: DFS Report Line staff may ask you to gather additional information from the child victim.  Post Report and Information Sharing	All persons with direct knowledge must make an immediate report to the DFS Report Line at 1-800-292-9582 OR complete an Online Report at ISeetheSigns.org (if applicable). Please also be aware that Delaware law has clarified that mandatory reporters cannot rely upon a person with less direct knowledge to call the DFS Report Line. Police may also be called if you are concerned about the child's immediate safety. You must not tell the parent or caregiver that a report is being made for the child's safety.  Information Needed to Make Report	ort Line	<ul> <li>You Must Ask Minimal Fact Questions</li> <li>❖ What happened?</li> <li>❖ When did it happen?</li> <li>❖ Where did it happen?</li> <li>❖ If the responses to the three questions above indicate harm was caused by an individual whose identity is not revealed, then ask: Did anyone do that to you?</li> <li>Abuse/Neglect Suspected</li> <li>❖ Child Makes Disclosure; OR</li> <li>❖ Child Makes Disclosure; OR</li> <li>❖ Child's Injuries are Suspicious for Abuse and Child Does Not Provide a Reasonable Explanation; OR</li> <li>❖ Child Does Not Provide Explanation for Behavioral and/or Physical Signs (i.e. sudden change in behavior or black eye) and Abuse or Neglect is Still Suspected.</li> </ul>	3. Reason to Suspect: You have Seen Behavioral and/or Physical Signs ("Signs") of Abuse or Neglect in Child
<ol> <li>Signs Relate to Other Medical, Psychological or Social Issues and <u>Not</u> Abuse or Neglect.</li> </ol>	<ol> <li>Child Provides Explanation for Injuries that is Consistent with having an Accidental Origin;</li> <li>OR</li> </ol>	<ol> <li>No Disclosure of Abuse or Neglect Made by Child; AND</li> </ol>	Report not Needed – Document Situation and Observe Child	You Must Ask Minimal Fact Questions  led?  happen?  ses to the three questions above indicate harm was caused by whose identity is not revealed, then ask: Did anyone do that to  Abuse/Neglect Suspected  Disclosure; OR  es are Suspicious for Abuse and Child Does Not Provide a Explanation; OR  Vot Provide Explanation for Behavioral and/or Physical Signs hange in behavior or black eye) and Abuse or Neglect is Still	אינים Suspect: משונים Signs ("Signs") of Abuse or מרחול Child

# **Mandatory Reporting Law**

### **Call to Report Abuse**

All suspected child abuse and neglect must be reported to the 24-hour Division of Family Services (DFS) Child Abuse and Neglect Report line at 1-800-292-9582. You may also call any Law Enforcement Agency or 911, but not in lieu of contacting DFS. You are not required to provide proof. Anyone who makes a good faith report based on reasonable grounds is immune from prosecution.

### Reporting Law: Title 16 Del. C.

### § 903 Reports Required

Any person, agency, organization or entity who knows or in good faith suspects child abuse or neglect shall make a report in accordance with § 904 of this title. For purposes of this section, "person" shall include, but shall not be limited to, any physician, any other person in the healing arts including any person licensed to render services in medicine, osteopathy or dentistry, any intern, resident, nurse, school employee, social worker, psychologist, medical examiner, hospital, health care institution, the Medical Society of Delaware or law-enforcement agency. In addition to and not in lieu of reporting to the Division of Family Services, any such person may also give oral or written notification of said knowledge or suspicion to any police officer who is in the presence of such person for the purpose of rendering assistance to the child in question or investigating the cause of the child's injuries or condition.

### § 904 Nature and content of report; to whom made

Any report of child abuse or neglect required to be made under this chapter shall be made by contacting the Child Abuse and Neglect Report Line for the Department of Services for Children, Youth and Their Families. An immediate oral report shall be made by telephone or otherwise. Reports and the contents thereof including a written report, if requested, shall be made in accordance with the rules and regulations of the Division, or in accordance with the rules and regulations adopted by the Division. No individual with knowledge of child abuse or neglect or knowledge that leads to a good faith suspicion of child abuse or neglect shall rely on another individual who has less direct knowledge to call the aforementioned Report Line.

### § 908 Immunity from Liability

Anyone participating in good faith in the making of a report pursuant to this chapter, performing a medical examination without the consent of those responsible for the care, custody and control of the child pursuant to §906 (b) (5) of this chapter or exercising emergency protective custody in compliance with 907 of this chapter shall have immunity from any liability civil or criminal that might otherwise exit and such immunity shall extent to participation in any judicial proceedings resulting from the above actions taken in good faith. This section shall not limit liability of any health care provider for personal injury claims due to medical negligence that occurs as a result of any examination performed pursuant to this §906 (b)3 of this Title.

### § 914 Penalty for violation

- (a) Whoever violates § 903 of this title shall be liable for a civil penalty not to exceed \$10,000 for the first violation, and not to exceed \$50,000 for any subsequent violation.
- (b) In any action brought under this section, if the court finds a violation, the court may award costs and attorneys' fees.

# Community Resources

### **Helplines**

Delaware Helpline 211	Mobile Crisis (Adult Services) 1-800-652-2929 (NCC) 1-800-345-6785 (KC/SC)
Child Priority Response Crisis Helpline 1-800-969-4357 (HELP) or Text DE to 741741	Domestic Violence Hotline NCC: (302) 762-6110 KC/SC: (302) 422-8058
ContactLifeline Crisis Helpline (Sexual Assault) NCC: (302) 761-9100 KC/SC: 1-800-262-9800	National Center for Missing and Exploited Children - CyberTipline www.cybertipline.com 1-800-THE-LOST (1-800-843-5678)
RAINN - National Sexual Assault Hotline 1-800-656-4673 (HOPE)	Delaware Victim Services 1-800-VICTIM-1

### **Healing Resources- Treatment Providers**

Delaware Guidance - Children NCC: (302) 652-3948 KC: (302) 678-3020 SC: (302) 645-5338	SOAR, Survivors of Abuse In Recovery NCC: (302) 655-9049 KC/SC: (302) 422-3811 Lewes: (302) 645-4903
Jewish Family Services of Delaware (302) 478-9411	La Esperanza Community Center SC: (302) 854-9262

### **Additional Resources**

Children's Advocacy Center of Delaware NCC:(302) 651-4566 KC: (302) 741-2123 SC: (302) 854-0323 www.cacofde.org	Beau Biden Foundation for the Protection of Children Patty Dailey Lewis, Executive Director (302) 477-2018 www.beaubidenfoundation.org
Prevent Child Abuse Delaware www.pcadelaware.org	Darkness to Light www.D2L.org
Stop it Now www.stopitnow.com	Child Inc. – Runaway & Homeless Youth (302) 762-6373

For more information on the Delaware Initiative to train 55,000 Delaware adults or to schedule additional training: <a href="mailto:stewards@beaubidenfoundation.org">stewards@beaubidenfoundation.org</a>