State of Delaware

Child Protection Accountability Commission (CPAC)

Children's Justice Act

Annual Progress Report and Grant Application

And

2021 Three-Year Assessment Report

May 28, 2021

GRANTEE INFORMATION

Agency	State of Delaware Child Protection Accountability Commission c/o Office of the Child Advocate 900 King Street, Suite 350 Wilmington, DE 19801 (302) 255-1730 EIN: 516 000 279 DUNS: 154763994 http://courts.delaware.gov/childadvocate/
Program Staff	Rosalie Morales, MS Office of the Child Advocate Chief Policy Advisor/CJA Coordinator (302) 255-1730 Rosalie.Morales@delaware.gov
Fiscal Agent	Christian Kervick Criminal Justice Council Executive Director (302) 577-8699 Christian.Kervick@delaware.gov

Table of Contents

I. Annual Progress Report and Grant Application

A. Task Force Membership and Function

Name and Title	Task Force Designation	Description
Colonel Melissa Zebley, Superintendent, Delaware State Police	Law Enforcement Community	Colonel Zebley represents the Delaware State Police (DSP) on the Task Force. She joined the DSP ranks in 1992 and has served in many leadership roles during her career.
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.
Deborah L. Carey, Esquire Assistant Public Defender, Office of Defense Services	Defense Attorney	Ms. Carey 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.

Name and Title	Task Force Designation	Description
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 Children's Hospital	Health Professional	Dr. De Jong is a pediatrician and the Co-Director of the Children at Risk Evaluation (CARE) Program at the Nemours Children's Hospital.
Dr. Aileen Fink, Director, Division of Prevention and Behavioral Health Services	Mental Health Professional	Ms. Fink 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 **Trenee Parker, Director, Division of Family Services**	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 1,500 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. Ms. Parker is the Director of the Division of Family Services, which investigates child abuse, neglect and dependency, offers treatment services, foster care, adoption and independent living 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[1]	Ms. Magnusson is a Financial Advisor at Ameriprise Financial Services. She is a former foster youth in Delaware.
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 Del. C. § 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.

[1] Adult former victims of child abuse and or neglect

The 23 Task Force members are as follows (16 Del. C. § 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;
- Contract MDT Training and Policy Administrator, who is responsible for improving outcomes for child victims by supporting, training and coaching multidisciplinary team agencies;
- Child Abuse and Neglect Review Specialist, who prepares the reviews of deaths and near deaths of abused and neglected children;
- 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 10 committees: Grants Oversight (formerly Abuse Intervention); Child Abuse and Neglect Steering; Data Utilization; Education; Executive; Investigation, Prosecution and Treatment of Child Sexual Abuse; 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 Del. C. §§ 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. A newly created committee under the Task Force, the Committee on the Investigation, Prosecution and Treatment of Child Sexual Abuse is charged with improving the multidisciplinary response to child sexual abuse cases. 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. After satisfying its charge, CPAC voted to disband this Committee in May 2021.

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 with the costs associated with post-secondary education or training programs.

iii. Meeting Frequency and Minutes

The Task Force meets on a quarterly basis to oversee the work of its 10 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). During the reporting period, the May 27, 2020 meeting was cancelled due to COVID-19.

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. CPAC uses this forum as its three-year assessment. The Grants Oversight Committee has been charged with monitoring the Action Plan on behalf of CPAC. Then annually, at its quarterly meetings, the Task Force will receive updates on the status of the recommendations.

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 2020-May 2021)

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/virtual and web-based; evaluating the effectiveness of all training programs; organizing and facilitating in-person/virtual 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.

Required CJA Category: This activity contributes to the investigative, administrative, and judicial handling of cases of child abuse and neglect.

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 evaluated the contract annually.

Output: OCA continued to contract with a Training Specialist, Kathleen McCormick, during the period. In August 2020, Ms. McCormick finalized a 30-minute training on Parental Substance Use Disorders. This training gives professional reporters an overview of types of substances and their effects on both parents and children, parental substance use and involvement with the Division of Family Services (DFS), prenatal substance exposure, Delaware's Aiden's Law, and Delaware's Plans of Safe Care, as well as both risk and protective factors for parental substance use disorders. Ms. McCormick presented the on-site Parental Substance Use Disorder Training to the CPAC Training Committee's Mandatory Reporting Workgroup for feedback, and began developing a web-based training. The online training was approved by the CPAC Mandatory Reporting Workgroup in May 2021 and will be published on the Delaware Learning Center in the next reporting period.

In the same month, Ms. McCormick finalized a training for the Division of Family Services (DFS) Intake Workers, based directly on feedback provided by these professionals. This training provided an explanation of how to access Delaware's child abuse and neglect trainings, an overview of information presented to mandated reporters in Delaware's Mandatory Reporting Training, frequently asked questions, and additional reporting resources in Delaware. After being reviewed by the Division of Family Services (DFS) supervisors, this training was approved and presented to DFS Intake Workers in January 2021.

Additionally, Ms. McCormick developed COVID-19 Resource Guides for both parents/caregivers and professionals in Delaware. Available in both English and Spanish, these guides were approved by the Mandatory Reporting Workgroup in September 2020. The professional guide, which covers topics such as factors impacting child safety, keeping children and families safe, responding to concerns in virtual settings, helping children cope with a crisis, and talking through COVID-19 with children, was distributed to all educators by the Department of Education (DOE). The parent/caregiver guide also covers topics such as caring for children during COVID-19, increased risks for maltreatment, support for parents and caregivers, community resources, and mandatory

reporting information. These guides are available on the OCA/CPAC website: https://courts.delaware.gov/childadvocate/training.aspx.

During this time, Ms. McCormick utilized the Articulate software to develop the web-based 3-in-1 2021 Mandatory Reporting Training. This training was approved by the CPAC Mandatory Reporting Workgroup in October 2020 and published to the Delaware Learning Center on January 1, 2021, the start of the license renewal period for physicians in Delaware. The training now features more interactive questions and scenarios, COVID-19 resources, as well as additional guidance for medical professionals based on recommendations identified at the Task Force's joint meeting with the Child Death Review Commission in September 2020. This meeting also served as the three-year assessment.

In December 2020, Ms. McCormick finalized an online training on Protective versus. Risk Factors to help professionals identify at-risk children and strengthen the protective factors in the child's life. The online training was approved by the CPAC Mandatory Reporting Workgroup in May 2021 and will be published on the Delaware Learning Center in the next reporting period. In January 2021, Ms. McCormick developed and presented a Training Policy to the CPAC Mandatory Reporting Workgroup. This policy provides structure to in-person/virtual trainings and both the recruitment and retaining of on-site trainers. The policy aims to address the need for diversity in trainers and their backgrounds, re-training as information is updated, and evaluations of trainer quality. The Training Policy was approved by the workgroup in April 2021. Additionally, Ms. McCormick utilized the Articulate software to develop a Mandatory Reporting Training specific to children with disabilities, which was presented to the CPAC Mandatory Reporting Workgroup in April 2021. The online training was approved by the CPAC Mandatory Reporting Workgroup in May 2021 and will be published on the Delaware Learning Center in the next reporting period.

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 web-based 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 5/14/20, 8/13/20, 11/12/20, and 2/11/21; the Mandatory Reporting Workgroup on 5/21/20, 6/22/20, 8/6/20, 9/1/20, 10/21/20, 1/19/21, and 4/6/21; the Grants Oversight Committee on 9/23/20, and the Protecting Delaware's Children Conference Workgroup on 7/29/20 and 1/12/21.

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.

Monitoring of Evaluation Results: Monitored by the CPAC Grants Oversight Committee.

b. Activity: Contract with a MDT Training & Policy Administrator

Description: The Task Force contracted with a MDT Training and Policy Administrator, Adrienne Owen, to improve outcomes for child victims by supporting, training and coaching multidisciplinary team agencies. During this period, the responsibilities of the MDT Training and Policy Administrator included: identifying training needs as they relate to identifying, reporting, investigating, prosecuting and treating child abuse and neglect; developing, coordinating and providing training regarding topics related to identifying, reporting, investigating, prosecuting and treating child abuse and neglect; organizing and providing train-the-trainer sessions to MDT members; providing regular, ongoing training on the Memorandum of Understanding (MOU) for the MDT Response to Child Abuse & Neglect; working closely with members of the MDT to communicate findings and recommendations from the reviews of deaths and near deaths of abused or neglected children, and to provide follow up support on those system breakdowns; leading individualized meetings and coaching sessions with MDT agencies utilizing individual child victim cases, reviewing breakdowns in the MDT response and recommending activities to improve the outcomes for child victims; serving as a liaison with the law enforcement community regarding child abuse and neglect; working closely with the members of the MDT to review and update the MOU and other protocols every three years; monitoring the progress of the CPAC/CDRC Joint Action Plan and overseeing the implementation of the MDT recommendations; participating on the CPAC Training Committee, 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; and, proposing changes to state laws and policies impacting the identification, reporting, investigation, prosecution and treatment 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. 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.

Required CJA Category: This activity contributes to the experimental, model, and demonstration programs for testing innovative approaches and techniques which may improve the prompt and successful resolution of civil and criminal court proceedings or enhance the effectiveness of judicial and administrative action in child abuse and neglect cases and the reform of State laws, ordinances, regulations, protocols and procedures to provide comprehensive protection for children.

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 MDT Training and Policy Administrator. 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 also Appendix B: Criminal Justice Council Program Reports). Lastly, the Chief Policy Advisor/CJA Coordinator had monthly meetings with the MDT Training and Policy Administrator and plans to evaluate the contract annually.

Output: In September 2020, OCA entered into a new contract with a MDT Training and Policy Administrator, Adrienne Owen. Ms. Owen is a former Corporal with the Delaware State Police. During the period, Ms. Owen collaborated with MDT partners to help identify a screening tool for Juvenile Trafficking/Commercial Sexual Exploitation of a Child to be implemented in Delaware, as well as working to integrate this tool into protocol for use by Delaware's child abuse and neglect professionals. Also related to protocol and policy work, Ms. Owen collaborated with MDT partners from multiple agencies, ranging from the Division of Family Services, to the Office of the Investigation Coordinator, the Division of Forensic Science, the Department of Justice, Nemours Children's Hospital, local hospitals, and various law enforcement agencies, to revise and update Delaware's MOU for the MDT Response to Child Abuse and Neglect. The MOU is anticipated to be implemented by agencies later this year after approval by CPAC. Ms. Owen also initiated her work on improving law enforcement participation in the monthly reviews of child death and near death cases, by counseling agency representatives on the appropriate investigative information to be provided to the panel for effective review of the cases. Ms. Owen also shared with law enforcement agencies, the strengths and findings assigned to their investigations by the panel; this was done for the purpose of ultimately improving future investigations and ensuring best practice standards are followed in forthcoming investigations. As an additional means of improving the law enforcement and MDT response to child abuse and neglect investigations, Ms. Owen

worked on creating multiple training programs, to include a generalized overview of the MOU and best practices for investigating child abuse cases, a component focused specifically on serious injury and death cases, and specialized segments on particular topics such as Juvenile Trafficking, Effective Use of the Sudden Unexpected Infant Death Investigation (SUIDI) Reporting Form, Identifying Child Torture, Conducting Doll Re-Enactment, etc. The trainings will implemented after approval of the revised MOU in the next reporting period. Ms. Owen provided training to the Middletown Police Department, the State Fire Marshal's Office, the Dover Police Department Criminal Investigation Unit, the Harrington Police Department Criminal Investigation Unit, the Laurel Police Department Criminal Investigation Unit supervisor, and the Wyoming Police Department Criminal Investigation Unit. Lastly, Ms. Owen staffed the CPAC Training Committee's Child Abuse and Neglect Best Practices Workgroup on 12/11/20, 4/14/21 and 5/14/21, and the CPAC Committee on the Investigation, Prosecution and Treatment of Child Sexual Abuse's MDT Response/MOU Compliance Workgroup on 2/11/21 and 4/13/21.

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.

Monitoring of Evaluation Results: Monitored by the CPAC Grants Oversight Committee.

c. 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 MOU for the MDT Response to Child Abuse and Neglect. The trainings were targeted to law enforcement, prosecutors, case workers from the Division of Family Services and forensic interviewers from the Children's Advocacy Center (CAC). The ChildFirst® Forensic Interview Protocol training was covered under a grant through the Zero Abuse Project. CJA funds were used for the contractual MDT Training and Policy Administrator to provide training on the MOU. An annual fee was also paid to the company that hosts the mobile application on the MOU for the MDT Response to Child Abuse and Neglect. The Protecting Delaware's Children Conference in April 2021 was cancelled as a result of COVID-19.

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.

Required CJA Category: 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.

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[2] and cases monitored by the Office of the Investigation Coordinator.[3] During this reporting period, the Child Abuse and Neglect Panel identified 112 findings (57% increase from the prior

[2] 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.

[3] 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.

period) and 28 strengths (53% 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 crime scene investigations, the collection of evidentiary blood draws in drug ingestion cases, joint interviews between DFS and law enforcement for adults and children, and a joint response to the incident by DFS and the law enforcement agency. There were also several strengths noted generally for the MDT response, particularly for the collaborative work 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 1,404 cases (18 deaths, 55 serious physical injury cases, 1,304 suspected sexual abuse cases, and 27 suspected sex trafficking) in SFY20 by initiating and facilitating communication between the MDT and addressing any issues with non-compliance of the MOU for the MDT Response to Child Abuse and Neglect. The Office 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. In February 2021, the Office implemented multidisciplinary team meetings for all serious physical injury and death cases. These virtual meetings will occur within 48-72 hours of the Office receiving notice of a serious physical injury to a child or child death. The MDT Meeting will include the Nemours Children's Hospital's Child At Risk Evaluation (CARE) Team, the assigned DFS Worker and Supervisor, the assigned Detective and Sergeant, the assigned Deputy Attorney General or Serious Victims Unit representative, the Division of Forensic Science (for deaths) and any other agency members as needed. The goal of this protocol is to ensure that all MDT members obtain accurate information about the child's medical condition/death, share information about the civil and criminal investigations and to discuss further steps and decisions on the case.

Output: In September 2020, the Task Force co-facilitated a five-day virtual training on the ChildFirst® Forensic Interview Protocol with representatives from the Zero Abuse Project. Twenty-five members of Delaware's multidisciplinary team participated in the training and were certified in the ChildFirst® Forensic Interview Protocol. The training covered topics such as effective interviewing, dynamics in child abuse, the process of

disclosure, child development, questioning children, hearsay, testifying in court, working as a multi-disciplinary team, preparing children for court, as well as in-depth explanations and exercises on the Forensic Interview Protocol. In March of 2021, the Task Force co-facilitated a second five-day training on the ChildFirst® Forensic Interview Protocol. Twenty-seven members of Delaware's multidisciplinary team participated in the training and were certified. This was the final training that will be co-facilitated by the Zero Abuse Project, and the Task Force will be responsible for coordinating and facilitating all future training.

Between October 2020 and March 2021, Ms. Owen provided training to the Middletown Police Department, the State Fire Marshal's Office, the Dover Police Department Criminal Investigation Unit, the Harrington Police Department Criminal Investigation Unit, the Laurel Police Department Criminal Investigation Unit supervisor, and the Wyoming Police Department Criminal Investigation Unit.

The MDT Best Practices MOU mobile application had 337 active users during this period and 1,305 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.

Monitoring of Evaluation Results: Monitored by the CPAC Training Committee.

d. 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. CJA funds were used for registration costs during the period. This activity was impacted by COVID-19.

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.

Required CJA Category: This activity contributes to the investigative, administrative, and judicial handling of cases of child abuse and neglect.

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: Not much progress was made with this activity due to COVID-19 and the reluctance by MDT members to participate in virtual child welfare conferences. One representative from the Office of the Child Advocate attended the virtual Crimes Against Children Conference in August 2020. In addition, the representative also attended the virtual CityMatch Conference in September 2020 to present a pre-recorded workshop with the National Center for Fatality Review and Prevention and the Child Death Review Commission on Delaware's process of making system-wide findings and recommendations as a result of reviews of child deaths and near deaths due to abuse and neglect. Lastly, two representatives from the Office of the Child Advocate attended the Zero Abuse Project's virtual training on Your FIRST Response to an Allegation of Child Maltreatment in December 2020. The representatives attended to explore the Train-the-Trainer program for Delaware.

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.

Monitoring of Evaluation Results: Monitored by the CPAC Grants Oversight Committee.

e. 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. Supplemental trainings on various child welfare topics have also been created. 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 (Delaware Learning Center) and other agency's learning management systems, as appropriate. CJA funds were used to pay annual fees for the Articulate: E-learning software and Survey Monkey. Zoom Pro licenses and a webinar license were also purchased to allow for virtual trainings.

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.

Required CJA Category: This activity contributes to the investigative, administrative, and judicial handling of cases of child abuse and neglect.

Description of Evaluation Work

Evaluation Methods: Surveys were used as the evaluation method for the mandatory reporting trainings (See Appendix E: 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, the 2021 web-based Mandatory Reporting Training was published on January 1, 2021 by Training Specialist, Kathleen McCormick. 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 supplemental training on Parental Substance Use Disorder, which was presented in August 2020 and will be published to OCA's online training system in the next reporting period. This training provides information on topics such as types of substances and their effects on both parents and children, protective and risk factors for parental substance use disorders, prenatal substance exposure and plans of safe care, and DFS involvement in parental substance use disorder cases. Additionally, Ms. McCormick published two COVID-19 Resource Guides in September 2020. The two guides, available in both English and Spanish, provide resources for professionals and parents/caregivers. In December, Ms. McCormick finalized an online training on Protective versus Risk Factors to help professionals identify at-risk children and strengthen the protective factors in the child's life. This training will be published to OCA's online training system in the next reporting period. Lastly, Ms. McCormick developed a training on Children with Disabilities, which will also be published to OCA's online training system in the next reporting period.

Between May 2020 and March 2021, staff from the Division of Family Services and Office of the Child Advocate conducted virtual Mandatory Reporting Training sessions for 122 educators and 453 participants from general professional audiences. For the web-based Mandatory Reporting Training, 1,333 participants completed the training for general community and professional audiences, 91 completed the training for educators, and 6,215 completed the training for medical professionals. Another 143 professionals

completed the Minimal Facts web-based training, 462 professionals completed the Mandatory Reporting Refresher Training, and 652 professionals completed the Child Neglect Training. Through the Department of Education's professional development management system, 8,746 educators completed the web-based Mandatory Reporting Training, 3,435 completed the Minimal Facts Training, and another 4,624 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.

Monitoring of Evaluation Results: Monitored by the CPAC Training Committee.

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

Description: OCA's online training system, the Delaware Learning Center, 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; Mandatory Reporting Refresher Training; and Child Neglect Training. CJA funds were used to pay the annual fees for the Articulate: E-learning software and Survey Monkey. Zoom Pro licenses and a webinar license were also purchased to allow for virtual trainings.

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.

Required CJA Category: This activity contributes to the investigative, administrative, and judicial handling of cases of child abuse and neglect.

Description of Evaluation Work

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

Output: Since October 2019, OCA has utilized the State of Delaware's learning management system, the Delaware Learning Center, which is utilized by various state agencies to train its employees and contractors at no cost. The web-based training is

available at:
https://stateofdelaware.csod.com/LMS/catalog/Welcome.aspx?tab_page_id=-67&tab_id=20000766

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

Monitoring of Evaluation Results: Monitored by the CPAC Training Committee.

g. Activity: Attend the CJA Grantee Meeting

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. No CJA funds were used during the reporting period.

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 attended the virtual CJA Grantee Meeting on May 5-6, 2021.

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 CJA and Other Children's Bureau Programming

a. CFSP/APSR Input

In SFY21, 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: https://kids.delaware.gov/fs/cfs-review-plan.shtml

DFS plans to convene its 2021 CFSP Stakeholder Meeting later this year, after the reporting period for this grant. 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. Additionally, the goals and activities of the CFSP and APSR are 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 Office of the Child Advocate hired a Youth in Transition Coordinator in February 2020 to administer the scholarship application process, and opened its application process to youth in April 2020. Over 50 applicants applied for the scholarship opportunities and 46 youth received an award. Approximately $200,000 in scholarship funds was awarded to youth during the 2020 school year. In addition, the Task Force established the Youth in Transition Committee, which began meeting in January 2021 to provide oversight for the scholarship program and to plan its application process for the 2021 school year.

c. Anti-Trafficking Efforts

Currently, the Task Force is updating its Juvenile Trafficking Protocol and screening tool, which is included as part of the MOU for the Multidisciplinary Response to Child Abuse and Neglect. The existing Delaware tool is not evidence-based, and as a result, has never been fully adopted by MDT members. Delaware needs to improve its identification of juvenile trafficking victims together with providing services to these victims. Implementing an evidence-based screening tool that is embedded in Delaware's MOU and adopted by all MDT members is a critical first step.

In an effort to accomplish this, CPAC has partnered with the Division of Family Services to research and identify an evidence-based screening tool that is appropriate for Delaware. The Commercial Sexual Exploitation Identification Tool (CSE-IT) designed by the WestCoast Children's Clinic in Oakland, California has been selected by Delaware, and several conversations have occurred with WestCoast and other experts familiar with the implementation of the tool. Consultations with Jessica Heldman and Melanie Delgado from the University of San Diego, both of whom were previously responsible for implementation of the tool for juvenile trafficking victims, gave the tool high marks. They validated that the tool met the criteria that Delaware previously established: prompts a clear response to the identified indicators, uses closed-ended questions and is not reliant on self-disclosure by the victim, provides universal screening of children and youth, allows for screening in multiple settings and tracks data.

In April 2021, Delaware received a commitment of Victims of Crime Act (VOCA) funds from the Criminal Justice Council to fund the training on the WestCoast screening tool. The plan is to add the CSE-IT to the revised Delaware MOU, provide training to core staff and all MDT members, develop a train-the-trainer program, initially pilot the tool with a small population of Delaware children and youth, and fully implement within one year.

Once fully implemented, CSE-IT will be used by DFS staff and other Delaware child welfare professionals to screen all children age 10 and older, who come to the attention of the Delaware child welfare system. Universal screening will allow us to identify potential victims more accurately based on pre-determined criteria. Currently, youth are only being identified as a result of allegations of suspected trafficking, and the response to those allegations by the MDT is unclear and does not always result in an intervention.

Additionally, the Office of the Investigation Coordinator is the entity responsible for tracking and monitoring the number of suspected trafficking victims and making the data available to the Task Force and Delaware's Human Trafficking Interagency Coordinating Council.

d. 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 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 (CIP), Community-Based Child Abuse Prevention, VOCA and CAPTA, and to identify gaps in services provided to victims of child abuse. The Committee began meeting in January 2021 and includes representatives from various child welfare agencies.

Additionally, OCA staff participated in a number of committees and initiatives with a focus on improving court experiences and outcomes for children and families experiencing the foster care system, including the Parent Attorney Standards Workgroup, the Family Court Technology Committee, the CIP Steering Committee, and county CIP Stakeholder meetings. Staff were also engaged with the CIP Training Subcommittee, which develops CIP training topics and initiatives that meet the goals of Delaware's CIP

Strategic Plan, and the CIP Data Subcommittee to improve the data sharing amongst Family Court, DFS and other key stakeholders. Family Court has also continued to delegate a portion of its federal CIP grant to contract with a CPAC Data Manager, housed within OCA, who has worked with system partners to review and analyze child welfare data, and staff the CPAC Data Utilization Committee and Education Data Workgroup. The Court has also delegated significant federal funds to support and expand OCA's data management system, and communications have begun to transition the CIP database to this management system.

C. Prior Year Line Item Budget Expenditures (May 2020-May 2021)

Both the FFY18 and FFY19 funds were used during the reporting period. As such, the partial budgets for each are listed below. Additionally, COVID-19 impacted grant spending due to the cancellation of the Protecting Delaware's Children, whereby the funds had to be redirected to other activities. As a result, it took a longer period of time to spend out the funds.

FFY18 (Grant Award $88,957) **May 1, 2020 – March 11, 2021**		**FFY19 (Grant Award $89,008)** **March 12, 2021 – April 30, 2021**		
Funding Activity	**Total**	**Funding Activity**	**Total**	**Grand Total**
Training Specialist	$44,138.05	Training Specialist	$4,571.95	$48,710.00
MDT Training & Policy Administrator	$2,610.00	MDT Training & Policy Administrator	$3,468.23	$6,078.23
Comprehensive Training to MDT	$480.00	Comprehensive Training to MDT	$0.00	$480.00
MDT Scholarships	$761.94	MDT Scholarships	$0.00	$761.94
Web-based Training	$1,324.85	Web-based Training	$0.00	$1324.85
CJA Grantee Meeting/National Citizen Review Panel Conference	$0.00	CJA Grantee Meeting/National Citizen Review Panel Conference	$0.00	$0.00
Total FFY18 Funds	**$49,314.84**	**Total FFY19 Funds**	**$8,040.18**	**$57,355.02**

D. Application for Proposed Activities (September 2021-September 2022)

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/virtual mandatory reporting training for educators and general professional audiences; 4. Organize train-the-trainer sessions; 5. Develop advanced training programs both in-person/virtual and web-based; 6. Evaluate the effectiveness of all training programs; 7. Organize in-person/virtual 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.

Required CJA Category: This activity contributes to the investigative, administrative, and judicial handling of cases of child abuse and neglect.

Task Force Recommendation(s): 1. Continuously improve and reinforce Delaware's coordinated, multidisciplinary team (MDT) response to serious child abuse and neglect cases; 2. Substantially and significantly improve the medical response to child abuse cases; 3. Provide opportunities for medical professionals to consult with a child abuse medical expert, and promote and secure resources for medical child abuse expertise downstate; and, 4. Develop an effective collateral information request for DFS to utilize with medical providers and other professionals and provide training on same ("How to be a good Collateral").

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: Contract with a MDT Training & Policy Administrator

Description: The Task Force will contract with a MDT Training and Policy Administrator, a law enforcement or child welfare expert, to improve outcomes for child victims in civil and criminal court proceedings by supporting, training and coaching multidisciplinary team agencies. The position will be contracted by OCA, on behalf of CPAC, and no benefits will be provided.

Goal(s): 1. Develop and provide quality training to the multidisciplinary team, as defined in Title 16 of the Delaware Code, and persons responsible for identifying and reporting child abuse and neglect; 2. Oversee the MOU for the MDT Response to Child Abuse and Neglect, and statewide policies and procedures for investigating the welfare of abused and neglected children; 3. Participate in the reviews of deaths and near deaths of child victims to provide a law enforcement perspective, and communicate the system-wide findings or recommendations arising from those reviews to the MDT and help to effectuate system change to improve responses to child crime victims; and, 4. Oversee the implementation of MDT recommendations in the Action Plan developed by CPAC and the Child Death Review Commission.

Objective(s): 1. Identify training needs as they relate to identifying, reporting, investigating, prosecuting and treating child abuse and neglect; 2. Develop, coordinate and provide training regarding topics related to identifying, reporting, investigating, prosecuting and treating child abuse and neglect; 3. Organize and provide train-the-trainer sessions to MDT members; 4. Provide regular, ongoing training on the MOU for the MDT Response to Child Abuse & Neglect; 5. Work closely with members of the MDT to communicate findings and recommendations from the reviews of deaths and near deaths of abused or neglected children, and to provide follow up support on those system breakdowns; 6. Lead individualized meetings and coaching sessions with MDT agencies utilizing individual child victim cases, reviewing breakdowns in the MDT response and recommending activities to improve the outcomes for child victims; 7. Serve as a liaison

with the law enforcement community regarding child abuse and neglect; 8.Work closely with the members of the MDT to review and update the MOU and other protocols every three years; 9. Monitor the progress of the CPAC/CDRC Joint Action Plan and oversee the implementation of the MDT recommendations; 10. Participate on the CPAC Training Committee, 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; and 11. Propose changes to state laws and policies impacting the identification, reporting, investigation, prosecution and treatment of child abuse and neglect.

Required CJA Category: This activity contributes to the experimental, model, and demonstration programs for testing innovative approaches and techniques which may improve the prompt and successful resolution of civil and criminal court proceedings or enhance the effectiveness of judicial and administrative action in child abuse and neglect cases and the reform of State laws, ordinances, regulations, protocols and procedures to provide comprehensive protection for children.

Task Force Recommendation(s): 1. Continuously improve and reinforce Delaware's coordinated, multidisciplinary team (MDT) response to serious child abuse and neglect cases; 2. Update the MOU for the MDT Response to Child Abuse & Neglect regularly to incorporate best practices and to address the latest findings from the Child Abuse and Neglect Panel; 3. Develop a crimes against children code and continue to review Delaware's sentencing guidelines as they pertain to criminal child abuse cases, including consideration of the previously recommended legislation; 4. 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; and 5. Improve the multidisciplinary response to child sexual abuse cases in accordance with the MOU for the Multidisciplinary Response to Child Abuse and Neglect.

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 MDT Training & Policy Administrator 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 MDT Training & Policy Administrator and evaluate the contract annually.

c. 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 MOU for the MDT Response to Child Abuse and Neglect; 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® 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.

Required CJA Category: This activity contributes to the investigative, administrative, and judicial handling of cases of child abuse and neglect as well as reform of State laws, ordinances, regulations, protocols and procedures to provide comprehensive protection for children.

Task Force Recommendation(s): 1. Continuously improve and reinforce Delaware's coordinated, multidisciplinary team (MDT) response to serious child abuse and neglect cases; and 2. Update the MOU for the MDT Response to Child Abuse & Neglect regularly to incorporate best practices and to address the latest findings from the Child Abuse and Neglect Panel.

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. In 2021, 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.

d. 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 in-person or virtually, 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.

Required CJA Category: This activity contributes to the investigative, administrative, and judicial handling of cases of child abuse and neglect.

Task Force Recommendation(s): Continuously improve and reinforce Delaware's coordinated, multidisciplinary team (MDT) response to serious child abuse and neglect cases.

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. In 2021, Tableau will also be used to evaluate the effectiveness of the multidisciplinary response to child abuse and neglect cases using data visualizations.

e. 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. Supplemental trainings on various child welfare topics are also regularly being created. 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/virtual and web-based training on mandatory reporting and other child welfare topics to educators, medical professionals and general professional audiences.

Required CJA Category: This activity contributes to the investigative, administrative, and judicial handling of cases of child abuse and neglect.

Task Force Recommendation(s): 1. Continuously improve and reinforce Delaware's coordinated, multidisciplinary team (MDT) response to serious child abuse and neglect cases; 2. Substantially and significantly improve the medical response to child abuse cases; 3. Provide opportunities for medical professionals to consult with a child abuse medical expert, and promote and secure resources for medical child abuse expertise downstate; and 4. Develop an effective collateral information request for DFS to utilize with medical providers and other professionals and provide training on same ("How to be a good Collateral").

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

f. 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 supplemental training courses; and, 4. Maintain training evaluations through Survey Monkey.

Required CJA Category: This activity contributes to the investigative, administrative, and judicial handling of cases of child abuse and neglect.

Task Force Recommendation(s): 1. Continuously improve and reinforce Delaware's coordinated, multidisciplinary team (MDT) response to serious child abuse and neglect cases; 2. Substantially and significantly improve the medical response to child abuse cases; 3. Provide opportunities for medical professionals to consult with a child abuse medical expert, and promote and secure resources for medical child abuse expertise downstate; and 4. Develop an effective collateral information request for DFS to utilize with medical providers and other professionals and provide training on same ("How to be a good Collateral").

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.

g. 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 2021-September 2022)

FFY20 (Grant Award $89,013.00)	
Funding Activity	**Total**
Training Specialist	$40,950.00
MDT Training & Policy Administrator	$40,950.00
Comprehensive Training to MDT	$2,313.00
MDT Scholarships	$1,500.00
Web-based Training	$2,300.00
CJA Grantee Meeting/National Citizen Review Panel Conference	$1,000.00
Total FFY20 Funds	**$89,013.00**

F. Governor's Assurance Letter

STATE OF DELAWARE
OFFICE OF THE GOVERNOR
TATNALL BUILDING, SECOND FLOOR
MARTIN LUTHER KING, JR. BOULEVARD SOUTH
DOVER, DELAWARE 19901

JOHN CARNEY
GOVERNOR

PHONE (302) 744-4101
FAX (302) 739-2775

April 21, 2021

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

Dear Acting Commissioner Barlow:

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 2020 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 when held in person.

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

Sincerely,

John C. Carney

John C. Carney
Governor

G. 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 o icer or employee of an agency, a Member of Congress, an o icer 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 o icer or employee of any agency, a Member of Congress, an o icer 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.

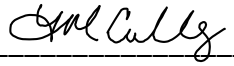
Statement for Loan Guarantees and Loan Insurance

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 o icer or employee of any agency, a Member of Congress, an o icer 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

1
SHARES

Signature



Title

Child Advocate

Organization

Office of the Child Advocate

1
SHARES

II. Three-Year Assessment Report

A. Overview of Task Force

Delaware's Task Force, the Child Protection Accountability Commission (CPAC) was established by an Act of the Delaware General Assembly in 1997 following the death of a 4-year-old boy named Bryan Martin. Bryan's death demonstrated the need for multidisciplinary collaboration and accountability in Delaware's child protection system. As a result, Delaware enacted the Child Abuse Prevention Act of 1997 (16 Del. C., Ch. 9), which made significant changes in the way in which Delaware investigates child abuse and neglect. The Child Abuse Prevention Act also established an interdisciplinary forum for dialogue and reform. That forum is CPAC, which endeavors to foster a community of cooperation, accountability and multidisciplinary collaboration. CPAC brings together 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 FFY08, CPAC became the Children's Justice Act (CJA) State Task Force. Although the statutory duties of the Commission were in place prior to CPAC's designation as the State Task Force, the duties support the guidelines outlined in the CJA grant and are as follows (16 Del. C. § 931(b)):

> (1) Examine and evaluate the policies, procedures, and effectiveness of the child protection system and make recommendations for changes therein, focusing specifically on the respective roles in the child protection system of the Division of Family Services, the Division of Prevention and Behavioral Health Services, the Office of the Attorney General, the Family Court, the medical community, and law-enforcement agencies.
>
> (2) Recommend changes in the policies and procedures for investigating and overseeing the welfare of abused, neglected, and dependent children.
>
> (3) Advocate for legislation and make legislative recommendations to the Governor and General Assembly.
>
> (4) Access, develop, and provide quality training to the Division of Family Services, Deputy Attorneys General, Family Court, law-enforcement officers, the medical community, educators, day-care providers, and others on child protection issues.
>
> (5) Review and make recommendations concerning the well-being of Delaware's abused, neglected, and dependent children including issues relating to foster care, adoption, mental health services, victim services, education, rehabilitation, substance abuse, and independent living.

(6) Provide the following reports to the Governor:

a. An annual summary of the Commission's work and recommendations, including work of the Office of the Child Advocate, with copies thereof sent to the General Assembly.

b. A quarterly written report of the Commission's activities and findings, in the form of minutes, made available also to the General Assembly and the public.

(7) Investigate and review deaths or near deaths of abused or neglected children.

(8) Coordinate with the Child Death Review Commission to provide statistics and other necessary information to the Child Death Review Commission related to the Commission's investigation and review of deaths of abused or neglected children.

(9) Meet annually with the Child Death Review Commission to jointly discuss the public recommendations generated from reviews conducted under § 932 of this title. This meeting shall be open to the public.

(10) Adopt rules or regulations for the administration of its duties or this subchapter, as it deems necessary.

B. Overview of System Improvements from 2018 Three-Year Assessment

i. Progress Towards Implementing Recommendations

In its 2018 Three-Year Assessment Report, CPAC and CDRC established an Action Plan with its five prioritized recommendations for system improvement (See Appendix F: 2018-2019 Action Plan). CPAC was tasked with addressing three of the five recommendations. The other two recommendations are prevention focused and not appropriate under the CJA grant. Seven additional recommendations were identified during the Joint Retreat, and these are also listed in the Action Plan. Three of those recommendations are appropriate under the grant. Additionally, CPAC and CDRC continued 10 ongoing recommendations that were established at the 2016 CPAC and CDRC annual meeting. Lastly, two recommendations were carried over from prior three-year assessments since both remain a priority for the Task Force. In total, 18 policy and training recommendations are listed below together with the progress made towards implementing the recommendations.

a. Policy (11)

1. Recommend to the Delaware Police Chiefs' Council that all police departments supply their departments with cameras to document child abuse.

   Status: Completed - CPAC representatives have shared this recommendation with the Delaware Police Chiefs' Council.

2. Revise the DFS non-relative/relative home safety assessment form, build it into the DFS case management system as part of the SDM Caregiver Safety Assessment when a home assessment is indicated, and provide training.

   Status: Completed - The Division of Family Services has built this form into their SACWIS system and workers can also self-generate the form when needed or if an additional form is needed.

3. Create a Joint Committee on Substance-Exposed and Medically Fragile Children to address the following recommendations:
   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 neglect statute.
   c. Conduct universal drug screenings for infants in all birthing facilities in the state.
   d. Revise the 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.
   e. Refer medically fragile children to evidence-based home visiting programs via Healthy Families America, prior to discharge.
   f. Include the standards developed by DHMIC's Standards of Care Committee on neonatal abstinence and guidelines for management.

   Status: Completed - The Committee has completed its charge and will be disbanding in 2021.

4. Advocate for compliance with statutory caseload mandates as required by 29 Del. C. § 9015 and continue to work on promising practices and strategies for recruitment and retention of the child welfare workforce.

a. Reconvene the CPAC Caseload/Workloads Committee to review treatment caseloads and state standards.
b. Consider adjusting DFS caseloads based on complexity of the cases to better utilize staff strengths and balance workload.
c. Explore the use of differential response for domestic violence, substance exposed infants, and chronic neglect cases accepted by DFS.
d. Include caseloads in its prioritized list of CPAC funding requests to be submitted to the Governor and General Assembly each fiscal year.

Status: Ongoing - In SFY20, the CPAC Caseloads/Workloads Committee satisfied its charge and submitted its final report and recommendations to CPAC in November 2019. The Committee put forth two recommendations: Lower the treatment caseloads to 12 cases for 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. The Task Force will continue to monitor the caseloads through its Data Utilization Committee and at the Quarterly Meetings of the Task Force.

5. Advocate for increased funding to the DOJ Special Victims Unit, which has statewide jurisdiction of all felony level, criminal child abuse cases including those involving serious physical injury, death or sexual abuse of a child to ensure the same level of victim service and MDT collaboration in all counties.

   Status: Completed - The Task Force Chair and Executive Director sent a letter to the Delaware General Assembly's Joint Finance Committee in March 2019 requesting additional resources for several child welfare partners. DOJ received funding for a position in Kent/Sussex Serious Victims Unit.

6. Develop a MDT protocol for removal of life support cases.

   Status: Completed - The workgroup satisfied its charge and submitted its final report and protocol to CPAC in August 2019. Training was provided at Court Improvement Program Stakeholder Meetings in 2019.

7. Establish a process between DFS and Family Court in cases where guardianship petitions are filed to ensure legal protections are in place for the child and the needs of the child are being addressed.

Status: Completed - The Guardianship checklist was approved. In these cases, Family Court will send the final order to DFS, so there is record that the guardianship was not dismissed.

8. Utilize the Division of Substance Abuse and Mental Health (DSAMH)/DSCYF partnership and Casey Family Programs to better assist high risk families involved in the child welfare system, with risk factors such as mental health, substance abuse and domestic violence, and to identify appropriate services for children and caregivers.

   Status: Completed - Meetings with representatives from home visiting, substance abuse, mental health, medical/healthcare and DFS were convened and provided good opportunities for collaboration, education and consultation.

9. 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, LE 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.
      - Provide a list of direct contact numbers for all forensic nurse examiner teams and identified medical coordinators of care to the MDT.

Status: Ongoing - A smaller working group drafted the suggested revisions to the MOU, and the Training Committee's CAN Best Practices Workgroup met in SFY21 to review and approve the revisions for the coordination of medical services and safety planning during a child's hospital admission. The revisions will be presented to CPAC for approval in November 2021.

10. Consider and draft the following legislation:
    a. Add Child Abuse First and Second degrees to the list of violent felonies and enhance the sentencing penalties;
    b. Create a negligent mens rea for child abuse and create a statute to address those who enable child abuse;
    c. Modification of the crime of Murder by Abuse or Neglect;
    d. Resolve inconsistencies in Title 11 due to the differing definitions of physical injury and serious physical injury;
    e. Consideration of enhanced sentencing penalties for the crime of Rape involving a child to include a life sentence.

    Status: Ongoing - CPAC has provided draft legislation to the General Assembly on "a" which should also address "d." CPAC has declined to pursue "b" and "c" at this time.

11. Finalize and implement the DOJ comprehensive case management system. The system must be capable of producing current information regarding the status of any individual case, and must be capable of producing reports on case outcomes. The system must also allow the DOJ to track the caseloads of its Deputies and staff, so that informed resource allocation decisions can be made, and must ensure cross-referencing of all cases within the DOJ which share similar interested parties.

    Status: Ongoing - The DOJ comprehensive case management system was rolled out in December 2017, and it continues to be piloted in various units.

b. Training (7)

1. Support of training and education initiatives related to the investigation and prosecution of child abuse and neglect cases using a MDT approach.

    Status: Ongoing - This will continue to be a priority for the Task Force but will be reflected in a new recommendation.

2. 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.

   Status: Ongoing - This will continue to be a priority for the Task Force but will be reflected in a new recommendation.

3 Ensure Child Abuse and Neglect Panel findings are being addressed with local law enforcement agencies through either the MDT Case Review process, Police Chiefs' Council or the Office of the Investigation Coordinator.

   Status: Ongoing - This is being accomplished through the MDT Training and Policy Administrator position.

4. Provide supervisory training to DFS supervisors that is specific to child welfare and case management utilizing a national evidence-based curriculum.

   Status: Completed - DFS conducted child welfare specific supervisory training days from August 2018 – October 2018. DFS planned to determine whether there was a need for ongoing training for new supervisors or refresher training.

5. Recommend education for medical providers around the standard of care for providing medical exams to siblings and other children in the home.

   Status: Ongoing – 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. However, the Task Force will continue to prioritize training to improve the medical response to child abuse cases, and this will be reflected in a new recommendation.

6. Provide ongoing training on the SDM Risk Assessment tool to reinforce the policy and ensure consistent application.

   Status: Completed – DFS completed training in June 2018.

7. Provide ongoing booster training on safety assessments and safety planning to DFS staff to enhance understanding of the safety threats, interventions, and violations of safety plans.

   Status: Ongoing - DFS completed training in June 2018. However, training on

safety assessments and safety planning continues to be a priority for the Task Force, and this will be reflected in a new recommendation.

C. Overview of Process Used to Complete 2021 Three-Year Assessment

i. Background

The Task Force is vested with state statutory authority to investigate and review deaths or near deaths of abused or neglected children. This responsibility was transferred from the Child Death Revision Commission (CDRC) to CPAC on September 10, 2015, and CPAC authorized the Child Abuse and Neglect Panel to conduct the confidential investigations and retrospective reviews on its behalf. Historically, CPAC has identified its system challenges and areas that need reform from the system-wide findings arising from these retrospective reviews, and CPAC meets annually with CDRC to jointly discuss the findings and to identify recommendations for system improvement as per 16 Del. C. § 931(b)(9). The Task Force uses this forum as its three-year assessment.

ii. Planning and Data Analysis

CPAC and CDRC staff met on several occasions to plan its annual meeting, the 2020 Joint Retreat. The staff arranged for Susan Decker, a Senior Governance Consultant at BoardSource, to facilitate the meeting, and for Abby Collier from the National Center for the Review and Prevention of Child Deaths to provide some highlights about child fatality review on a national level. Meetings also occurred between Ms. Decker and the staff to plan the agenda (See Appendix G: Joint Retreat Agenda).

In addition to drafting an agenda, the group prepared and reviewed statistics, strengths and findings, and other necessary information related to the investigation and review of 110 deaths and near deaths of abused or neglected children. These cases were from incidents that occurred between July 2017 and December 2019, and the result was 611 findings and 478 strengths across system areas. An infographic was prepared by CPAC staff highlighting the profiles of the victims and perpetrators in these cases, the civil and criminal response, and the trends identified (See Appendix H: Joint Retreat Infographic).

To identify the priority areas, the staff reviewed the findings and prepared a findings summary for the meeting (See Appendix I: Death & Near Death Findings Summary). Based on this review, the group selected medical, multidisciplinary team response, safety and risk as its four areas of focus. Lastly, the group discussed how Ms. Decker will facilitate the discussion and develop the Joint Action Plan with the recommendations.

iii. Annual Meeting/Retreat

On September 29, 2020, CPAC and CDRC convened its 2020 Joint Retreat virtually via Zoom. Approximately 50 members from CPAC, CDRC and the Child Abuse and Neglect Panel participated in the meeting. Regular public attendees of the CPAC quarterly meetings were also present. First, Mary Dugan, the chair of CPAC, and Dr. Garrett Colmorgen, the chair of CDRC made a few opening comments. In addition, Susan Decker and Abby Collier were introduced. Ms. Decker provided an overview of the agenda and goals for the session. Ms. Collier highlighted the work of the National Center for Fatality Review and Prevention (NCFRP). She discussed how NCFRP modified their case reporting system to model the work of Delaware with its findings and recommendations. Next, Tania Culley, Esq. presented the infographic on the 110 child abuse and neglect death and near death cases reviewed by the Child Abuse and Neglect Panel and approved by CPAC.

Following the presentation, Rosalie Morales provided an overview of the Findings and Strength Summaries. In addition to the overall summaries, Ms. Morales discussed the individual packets prepared for the four priority areas: Medical, Multidisciplinary Team (MDT) Response, Safety and Risk. Each packet included a summary of the findings and strengths for the system area, and the case specific findings made by the Child Abuse and Neglect Panel and CDRC.

Then, Ms. Decker discussed the agenda for the rest of the day and provided guidance on developing the Joint Action Plan together with the prioritized recommendations. The attendees were randomly divided into eight break-out sessions for each of the priority areas. The medical findings were discussed first, followed by the MDT response and safety and risk, which were combined. The groups were tasked with reviewing the case specific findings associated with each system area, and identifying three to five recommendations to address the system breakdowns. Furthermore, the groups were asked to highlight any strengths related to the system area. Once the recommendations were drafted, a representative from each group reported out. During the presentations, Ms. Decker compiled a list of the draft recommendations. The draft list was reviewed by the attendees and additional comments and suggestions were provided.

Following the meeting, Ms. Decker designed a survey to solicit feedback on the prioritized recommendations for system improvement. Attendees were asked to rank the recommendations for each system area and to respond within 24 hours. As a result of the survey feedback, CPAC staff drafted the 2020-2021 Action Plan and organized the responses into 13 prioritized recommendations. The Action Plan also includes six ongoing recommendations from prior Action Plans and two priority areas identified by CPAC and

CDRC. The 2020-2021 Action Plan was approved by CPAC on February 17, 2021 and by CDRC on March 12, 2021 (See Appendix J: 2020-2021 Action Plan).

D. Recommendations from 2021 Three-Year Assessment

i. Overview of Task Force Recommendations

Of the recommendations identified in the Joint Action Plan, CPAC was tasked with addressing the 13 prioritized recommendations, three of the ongoing recommendations and one of the areas identified by CPAC and CDRC. As such, only 17 recommendations are listed below. The recommendations are also listed by topical area and in order of priority within each category.

a. Investigative, administrative, and judicial handling of cases of child abuse and neglect

1. Develop and provide initial and ongoing training on the Structured Decision Making® Safety and Risk Assessment tools to help DFS staff better understand the tools, implement the tools in the field, and promote discussions of safety and risk with all MDT partners from the beginning of the DFS investigation. ***Training***

2. Provide regular coaching and monitoring to DFS staff on child safety agreements. ***Training***

3. Intensify DFS supervisory training and support on child safety agreements. ***Training***

4. Provide opportunities for medical professionals to consult with a child abuse medical expert, and promote and secure resources for medical child abuse expertise downstate. ***Policy***

5. Develop an effective collateral information request for DFS to utilize with medical providers and other professionals and provide training on same ("How to be a good Collateral"). ***Policy/Training***

6. Develop an abbreviated training for MDT partners on safety organized practice, safety and risk assessment and utilization of collaterals to help partner agencies understand the practice models and tools utilized by DFS. ***Training***

7. Ensure medical professionals have a dedicated line at the DFS Report Line that reduces wait times. ***Policy***

8. Utilize the SDM Fidelity Team's quarterly meetings to address findings from the Child Abuse and Neglect Panel and recommendations from the Joint Action Plan with DFS staff. ***Policy***

b. **Experimental, model, and demonstration programs for testing innovative approaches and techniques**

1. Advocate for compliance with statutory caseload mandates as required by 29 Del. C. § 9015 and continue to work on promising practices and strategies for recruitment and retention of the child welfare workforce. ***Policy recommendation carried over from 2018 Three-Year Assessment***

2. Substantially and significantly improve the medical response to child abuse cases. ***Policy/Training***

3. Improve the multidisciplinary response to child sexual abuse cases in accordance with the Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect ("MOU") ***Policy/Training***

4. Consider adjusting the DFS home assessment policy based upon the impact of COVID-19. ***Policy***

c. **Reform of State laws, ordinances, regulations, protocols and procedures**

1. Continuously improve and reinforce Delaware's coordinated, multidisciplinary team (MDT) response to serious child abuse and neglect cases. ***Policy/Training***

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. Develop a protocol or plan to coordinate hospital discharge between DFS, LE 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.

a. Develop a protocol or plan for meetings between MDT and medical providers on immediate safety plan during child's hospital admission.
b. 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.
c. 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.
d. 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.
    - Provide a list of direct contact numbers for all forensic nurse examiner teams and identified medical coordinators of care to the MDT.

Policy recommendation carried over from 2018 Three-Year Assessment

3. Update the MOU for the MDT Response to Child Abuse & Neglect regularly to incorporate best practices and to address the latest findings from the Child Abuse and Neglect Panel. ***Policy/Training***

4. Develop a crimes against children code and continue to review Delaware's sentencing guidelines as they pertain to criminal child abuse cases, including consideration of the previously recommended legislation. ***Policy***

5. Finalize and implement the DOJ comprehensive case management system. The system must be capable of producing current information regarding the status of any individual case, and must be capable of producing reports on case outcomes. The system must also allow the DOJ to track the caseloads of its Deputies and staff, so that informed resource allocation decisions can be made, and must ensure cross-referencing of all cases within the DOJ which share similar

interested parties. ***Policy recommendation carried over from 2018 Three-Year Assessment***

E. Plan to Incorporate Recommendations

In its 2020-2021 Joint Action Plan, CPAC and CDRC have identified both a responsible agency and timeframe for implementing the recommendations. For the 17 recommendations identified above, CPAC has tasked committees/workgroups under the Task Force or individual agencies with addressing the recommendations. Additionally, the recommendations above will be monitored by the CPAC Grants Oversight Committee, and updates will be provided to CPAC and CDRC at least annually. At its April 2021 meeting, the CPAC Grants Oversight Committee's Chair tasked representatives with preparing updates quarterly for each recommendation. The Committee will begin receiving updates at its July 28, 2021 meeting.

III. Appendices

State of Delaware Child Protection Accountability Commission
Quarterly Meeting Minutes

WEDNESDAY, AUGUST 19, 2020
9:00 AM – 11:30 AM – Zoom Webinar

Those in Attendance:

Members of the Commission:	Statutory Role:
Mary Dugan, Esq., Chair	Child Protection Community 16 Del. C. § 931(a)(15)
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 Del. C. § 931(a)(3)
The Honorable Michael Newell	Family Court 16 Del. C. § 931(a)(4)
The Honorable Joelle Hitch	Family Court 16 Del. C. § 931(a)(4)
The Honorable Bryan Townsend	One member of the Senate 16 Del. C. § 931(a)(6)
Susan Haberstroh	Designee for Secretary of the Department of Education 16 Del. C. § 931(a)(7)
Robert Dunleavy	Director, Div. of Prevention of Behavioral Health Services 16 Del. C. § 931(a)(8)
Maureen Monagle	Chair of the Domestic Violence Coordinating Council 16 Del. C. § 931(a)(9)
Col. Melissa Zebley	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 Del. C. § 931(a)(11)
Jen Donahue, Esq.	Investigation Coordinator 16 Del. C. § 931(a)(12)
Nicole Magnusson	Young Adult 16 Del. C. § 931(a)(13)
Deborah Carey, Esq.	One Representative from the Office of Defense Services 16 Del. C. § 931(a)(14)
Ellen Levin	At-large Member - Child Protection Community 16 Del. C. § 931(a)(15)
Randall Williams	At-large Member - Child Protection Community 16 Del. C. § 931(a)(15)
Dr. Elizabeth Higley	At-large Member - Child Protection Community 16 Del. C. § 931(a)(15)
Meg Garey	At-large Member – Interagency Committee on Adoption 16 Del. C. § 931(a)(15)
Dr. Allan De Jong	At-large Member - Medical Community 16 Del. C. § 931(a)(15)
Cpt. Joseph Bloch	At-large Member – Law Enforcement Agency 16 Del. C. § 931(a)(15)

Staff:
Tania Culley, Esq.
Rosalie Morales
Stepfanie Scollo

Members of the Public:

Addie Asay, Esq.	Caroline Jones	Anne Pedrick	Cpl. Andrea Warfel
Ava Carcirieri	Mariann Kenville-Moore	JoAnn Santangelo	Edward Williams
Kelly Ensslin, Esq.	Kirsten Olson	Lori Sitler	
Islanda Finamore, Esq.	Melissa Palokas	Eleanor Torres, Esq.	

I. WELCOME/INTRODUCTIONS/APPROVAL OF MINUTES

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

A motion was made by Chief Judge Newell to approve the minutes from February 19, 2020 and Judge

Hitch seconded the motion. All other members voted in favor, and the motion carried.

II. EXECUTIVE COMMITTEE REPORT

Mary Dugan, Esq. provided a report on the CPAC Executive Committee. The Committee met on August 12, 2020 and received an update on the FY21 and FY22 budget requests for the Child Protection Accountability Commission (CPAC) and the Office of the Child Advocate (OCA). OCA and CPAC did not receive any of its requests in the FY21 budget. However, OCA presented its FY22 budget request to the Judiciary. The Committee also discussed that there has been no progress with the crimes against children code.

III. EXECUTIVE DIRECTOR'S REPORT

Tania Culley, Esq. provided the Executive Director's report. She discussed the only change in staffing at OCA, which involved Elizabeth Fillingame, Esq. filling the Deputy Child Advocate position vacated by Eliza Hirst, Esq.

Ms. Culley discussed the agency's response to COVID-19. She stated that OCA was prepared to work remotely immediately since most staff were outfitted with the appropriate equipment and OCA files are stored electronically. Weekly meetings are occurring with the leadership team and the individual program areas.

Ms. Culley also provided an update on training and recruitment for OCA's legal services program. In-service training opportunities for the CASA Volunteers have continued, and 42 new CASA Volunteers have received training.

Ms. Culley discussed the representation of clients in the custody of the Department of Services for Children, Youth and Their Families (DSCYF). She shared the number of volunteers available, the number of petitions, entries and exists, and the number of children represented by OCA.

Ms. Culley shared that she had an opportunity to present the FY22 budget at the Judiciary's budget retreat. She is hopeful that OCA's three grant positions will be funded and other requests considered even in this difficult fiscal time.

IV. CHILD ABUSE AND NEGLECT DEATH/NEAR DEATH REVIEWS

A. CAN CASELOADS REPORT/ADMINISTRATIVE UPDATE

Rosalie Morales reported that the Child Abuse and Neglect (CAN) Panel canceled its March meeting, but transitioned to virtual meetings in April and had two meetings in June to make up for the cancellation. The Panel also completed its review of all incidents from 2019. Ms. Morales acknowledged the CAN Panel's Chair and members for their dedication.

Ms. Morales also shared an update on the caseload. The CAN Panel has 99 cases open; however, the caseload still includes the cases approved by CPAC at last Commission meeting. Staff delayed

sending the Letter to the Governor for the 18 cases reviewed between October and December 2019, and did not want to forward the letter in March while the state was in the early stages of the pandemic. These cases were added to the current letter, which includes the 37 cases reviewed between January and June 2020. Therefore, the letter discusses the 55 cases reviewed during this 9-month period along with the 69 current strengths and 142 findings.

After today, 25 cases will be closed bringing the caseload down to 74. The Panel has another 37 cases that need to be reviewed for the first time, and four cases are scheduled for review in August. Twenty-eight referrals were received since March 2020.

B. CAN FINDINGS/DETAILS/LETTER TO GOVERNOR

Ellen Levin reported on the 55 cases reviewed by the CAN Panel in the last nine months. Twenty-five of the cases (10 deaths and 15 near deaths) were finals, so they had been previously reviewed by the Panel and were awaiting the completion of prosecution. Thirteen of the cases were prosecuted. One of the death cases and two of the near death cases resulted in Level V incarceration. Ten findings were made during these final reviews.

The thirty remaining cases were from deaths or near deaths that occurred between April and December of 2019. Of these cases, ten will have no further review and eight were not prosecuted. Of the two that were prosecuted one resulted in two convictions for Child Abuse 2nd with 6 months of Level V incarceration, and the other in a conviction of misdemeanor Endangering the Welfare of a Child. The remaining twenty cases will be reviewed again once prosecutorial decisions are completed. The children in these twenty cases range in age from one month to fourteen years of age with seven deaths and twenty-three near deaths, and resulted in 69 strengths and 142 current findings across system areas.

As a result of the findings, CPAC commits to initial and refresher training for all law enforcement agencies as well as targeted meetings on individual cases and case breakdowns. CPAC and the Office of the Investigation Coordinator will continue to push communication and collaboration with all multidisciplinary team (MDT) partners, and the following of best practices. For the medical community, CPAC will explore what other opportunities are available for individualized training and reminders on reporting child abuse and neglect. OCA is hopeful its new contractor position will also assist in addressing the MDT breakdowns.

Dr. Garrett Colmorgen made a motion to approve the CAN packet, including the Governor's letter, and Ms. Levin seconded the motion. All other members voted in favor, and the motion carried.

V. INVESTIGATION COORDINATOR REPORT

Jen Donahue, Esq. provided an analysis of the child sexual abuse cases received by the Office of the Investigation Coordinator (IC) between January 1, 2018 and July 31, 2020. The IC received 4,480 sexual abuse referrals during this period and screened in 3,644 - 1,932 intrafamilial and 1,712 extrafamilial cases. To identify areas needing improvement, the IC reviews these cases and identifies

findings similar to the CAN Panel. Three hundred thirty-one findings were made in 282 cases, and 98% related to the MDT response. Ms. Donahue shared additional detail about the findings, which included system breakdowns, including criminal outcomes, by the MDT. She proposed that a committee is needed to improve the MDT response to child sexual abuse cases.

Ms. Donahue made a motion to create a Committee on the Investigation, Prosecution and Treatment of Child Sexual Abuse, and Dr. Garrett Colmorgen seconded the motion. All other members voted in favor, and the motion carried.

VI. COMMISSIONER REPORTS

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

I. DIVISION OF FAMILY SERVICES

Trenee Parker shared an update on the Division of Family Services (DFS) hotline reports and the impact of COVID-19. Ms. Parker said that the Department of Services for Children, Youth and Their Families has been focused on child abuse awareness. DFS is working closely with Prevent Child Abuse Delaware (PCAD), the Beau Biden Foundation and OCA to help identify concerns around reporting, particularly for educators. A call is scheduled today with the Delaware State Education Association.

Ms. Parker also provided an update on the DSCYF budget. DSCYF is dealing with the impact of the budget requests that they did not receive, and they are working to ensure there are no gaps in service delivery.

During the pandemic, the federal Administration for Children and Families permitted DFS to conduct virtual visits. However, most family visits are face to face again. DFS staff have also resumed face to face visits with youth in care, but they are being mindful of any concerns by foster homes and group homes. DFS also recently expanded its contracts for differential response.

The Youth Advisory Council held its conference at Killens Pond State Park, and it featured an inspirational speaker for the youth.

II. PREVENTION AND BEHAVIORAL HEALTH SERVICES

Bob Dunleavy reported that most of the non-residential staff at PBH have transitioned to working virtually. Staff are utilizing Zoom to provide services to children, and families are receptive. PBH has seen an increase in communication between providers and families, and with children and youth being available for sessions. PBH has also seen a reduction in overall cases, including referrals to crisis and hospitalizations.

Mr. Dunleavy said they are beginning to leverage grants to provide resources in community centers. The Garrett Lee Smith Suicide Prevention and Early Intervention Grant Program (a $5

million grant) was not renewed due to a miscommunication, but PBH has continued efforts in suicide prevention.

B. CHILDREN'S ADVOCACY CENTER

Randy Williams reported that from mid-March through August 3 staff at the Children's Advocacy Center (CAC) have been working remotely. Staff have been coming in for forensic interviews in emergent cases only. The CAC worked closely with law enforcement agencies, DFS, and the Department of Justice to discuss cases that require an interview sooner rather than later. In August, the CAC implemented a S.M.A.R.T. Start COVID-19 Operational Protocol to provide guidance on conducting forensic interviews during the pandemic. MDT members have been attending virtually and in-person, and the protocol is working well so far.

Mr. Williams also discussed the backlog of cases. In New Castle County, there are 65 cases pending a forensic interview. Eighteen non-emergent cases remain unscheduled. From mid-March to present, the CAC held 36 emergent interviews. In Kent County, 16 cases are pending, and 4 have not been scheduled. Twelve emergent interviews were held over the five-month period. In Sussex, 46 cases are pending, and 2 have not been scheduled. Twenty-four emergent interviews occurred.

C. DEPARTMENT OF JUSTICE

Jim Kriner, Esq. said staff at the Department of Justice (DOJ) has not missed a beat and has continued to work through the pandemic. The trial schedule has been affected, but it out of DOJ's control. As a result, there is a backlog for cases to be tried and indicted.

D. DEPARTMENT OF EDUCATION

Susan Haberstroh, MPA, Ed.D. reported the Department of Education (DOE) has been working closely with the Division of Public Health, the Delaware Emergency Management Agency and the Office of the Governor in response to the pandemic. The last day of classes was March 13, and DOE moved to identify resources for teachers working remotely. Three workgroups were pulled together, which culminated in a report that was released in July to provide guidance for returning to school. Dr. Haberstroh said schools are opening in various ways, but most are moving to a remote setting for the first six weeks. DOE is providing as much support as possible to districts and charters schools. Personal protective equipment was provided to all schools.

Dr. Haberstroh provided an update on Erin's Law, which requires educational program for students in pre-K to grade six. Of the four programs approved by CPAC, most schools are using PCAD's B.E. S.M.A.R.T. Program. PCAD is currently developing a virtual program.

The Training Committee approved two courses that will count towards the three hours under the child abuse and child safety awareness, prevention, detection and reporting requirements: Virtual Learning Environment: Identifying Child Abuse and Grooming Children, Families, and Organizations. Both courses are provided virtual by the Beau Biden Foundation.

A motion was made by Dr. Haberstroh to count these courses towards the requirement noted above, and Ms. Parker seconded the motion. All other members voted in favor, and the motion carried.

Lastly, the Education Committee's MOU Workgroup continues to work on the MOU between DOE and DSCYF. The Workgroup split the MOU into two documents one for children in foster care and one on child abuse reporting and detection requirements.

E. FAMILY COURT

Chief Judge Newell reported that Rachael Neff tendered her resignation, and Ava Carcirieri assumed her role. She was the former Domestic Violence Coordinator for the Family Court. The Court went to remote hearings in early March. Stakeholders meetings were also convened with the DOJ, OCA, DSCYF, parent attorneys, Office of Defense Services, and others to handle issues early on with the pandemic. The Court established an electronic mailbox for petitions. Currently, the Court is under the Governor and the Chief Justice's Phase two emergency order.

Chief Judge Newell also discussed the proposed Family Court buildings in Kent and Sussex counties. Kent is scheduled for the end of 2023, and Sussex the end of 2024. While there is no money in the capitol budget this year, there was sufficient funding for the design.

Ava Carcirieri shared an update on the Family Court's website. She said they are in the process of designing a more robust website with English and Spanish guides.

JoAnn Santangelo also shared a report on hearing timeliness. She stated that generally 85-90% of hearings were within the guidelines, and 98% of post permanency hearings were within the guidelines. In addition, Ms. Santangelo reported that the Court Improvement Program meetings have continued. The Quality Legal Representation Workgroup met to discuss IV-E funding, and the Parent Attorney Workgroup continued to meet and is on track to have the standards completed by end of year.

F. LAW ENFORCEMENT

Captain Joe Bloch acknowledged the CAC for accommodating expedited forensic interviews during the pandemic. He also plans to have a representative at the Committee on the Investigation, Prosecution and Treatment of Child Sexual Abuse.

The Chair acknowledged Colonel Melissa Zebley from the Delaware State Police as a new commissioner.

G. MEDICAL

Dr. De Jong stated that Nemours/Alfred I. duPont Hospital shut down onsite medical care in mid-March. They have since resumed seeing patients in the hospital in both an outpatient and inpatient setting. They are also seeing children in the clinic rather than sending them to the emergency department. The saw a decrease in referrals to the clinic, but it may have been affected by reduced operations at the CAC. Dr. De Jong said they have seen an uptick in cases more recently.

VII. COMMITTEE REPORTS

A. GRANTS OVERSIGHT COMMITTEE

Ms. Morales reported that the Commission approved the recommendation to change the Abuse Intervention Committee (AIC) to the Grants Oversight Committee at the last Commission Meeting. The revitalized committee will be charged with providing measurable oversight of the Children's Justice Act grant as well as monitoring and coordinating activities, strategic plans and reporting of grants received or administered by Commissioners or their agencies which relate to child protection. The Committee will be chaired by Abigail Rodgers, Esq. Agencies participating on the committee include: the Beau Biden Foundation, Children's Advocacy Center, Child Death Review Commission, Criminal Justice Council, Department of Justice, Division of Family Services, Family Court, Nemours/AI DuPont Hospital, Prevent Child Abuse Delaware, and OCA. The first meeting is on September 23, 2020.

B. LEGISLATIVE

Ms. Culley provided an update on the proposed legislation related to child protection. She shared that the revisions to the crimes against children code are at a standstill, as the small group has not met. The abuse and neglect definitions, revisions to the Termination of Parental Rights/Adoption statute, and confidentiality of multidisciplinary team records and access to forensic child interviews have been circulated. The changes to the Ivyane Davis Memorial Scholarship statute were distributed to the Committee in February. Next steps for CPAC legislation will be discussed at the November meeting.

C. TRAINING COMMITTEE

Ms. Morales provided a few training updates. During the past quarter, CPAC trained over 1700 professionals on the child abuse mandatory reporting obligations, which included the refresher, minimal facts, and child neglect. These professionals were primarily trained online through either the Delaware Learning Center or Department of Education; however, a small portion was trained virtually through Zoom or Webex. The Committee is in the process of creating resource guides for parents and professionals, and it will include guidance on identifying abuse or neglect in the virtual environment and preventative measures parents can do to keep their children safe.

Ms. Morales also reported the Protecting Delaware's Children Conference was moved from April 2021 to April 2022. In addition, the virtual ChildFirst® Forensic Interview Training is scheduled virtually for September 14-18, 2020.

Lastly, the CAN Best Practices Workgroup has completed the revisions in the Joint Action Plan. Now, the Workgroup will be reconvening to update the Trafficking Protocol and assessment tool, the Child Abuse Medical Response Guidelines and Medical Child Abuse, and the behavioral health section of the Memorandum of Understanding for the MDT Response to Child Abuse and Neglect.

D. YOUTH IN TRANSITION COMMITTEE

Ms. Morales reported that CPAC opened the application process for post-secondary scholarship opportunities for youth in April. This included the Chafee Education and Training Vouchers and the Ivyane Davis Memorial Scholarship Fund. Staff had to extend the application deadlines due to COVID-19. In total, 51 applications were received. Antonisha Busby, the Youth in Transition Coordinator, was responsible for administering the new process, from managing the applications to scheduling the interviews with the youth and Independent Living Providers. Ms. Busby, Sophie Elliott from the Division of Family Services and Ms. Morales completed interviews with 45 youth and found the interviews to be a valuable part of the process. The staff will be meeting to confirm the budget and finalize the awards. The first committee meeting will be held in October.

VIII. NEW BUSINESS

Ms. Culley stated that an email will be sent with details about the Joint Retreat, which will be held virtually. Ms. Culley also asked the Commissioners to send an email to staff if there are any conflicts with 2021 meeting dates.

IX. PUBLIC COMMENT AND ADJOURNMENT

There was no public comment. The meeting was adjourned at 11:23 a.m.

State of Delaware Child Protection Accountability Commission
Quarterly Meeting Minutes

WEDNESDAY, NOVEMBER 18, 2020
9:00 AM – 11:30 AM – Zoom Webinar

Those in Attendance:

Members of the Commission:	Statutory Role:
Mary Dugan, Esq., Chair	Child Protection Community 16 Del. C. § 931(a)(15)
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 Del. C. § 931(a)(3)
Abigail Rodgers, Esq.	Two Representatives from the Attorney General's Office 16 Del. C. § 931(a)(3)
The Honorable Michael Newell	Family Court 16 Del. C. § 931(a)(4)
The Honorable Joelle Hitch	Family Court 16 Del. C. § 931(a)(4)
The Honorable Bryan Townsend	One member of the Senate 16 Del. C. § 931(a)(6)
Susan Haberstroh	Designee for Secretary of the Department of Education 16 Del. C. § 931(a)(7)
Maureen Monagle	Chair of the Domestic Violence Coordinating Council 16 Del. C. § 931(a)(9)
Col. Melissa Zebley	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 Del. C. § 931(a)(11)
Jen Donahue, Esq.	Investigation Coordinator 16 Del. C. § 931(a)(12)
Deborah Carey, Esq.	One Representative from the Office of Defense Services 16 Del. C. § 931(a)(14)
Ellen Levin	At-large Member - Child Protection Community 16 Del. C. § 931(a)(15)
Dr. Elizabeth Higley	At-large Member - Child Protection Community 16 Del. C. § 931(a)(15)
Meg Garey	At-large Member – Interagency Committee on Adoption 16 Del. C. § 931(a)(15)
Dr. Allan De Jong	At-large Member - Medical Community 16 Del. C. § 931(a)(15)
Cpt. Joseph Bloch	At-large Member – Law Enforcement Agency 16 Del. C. § 931(a)(15)

Staff:
Tania Culley, Esq.
Rosalie Morales

Members of the Public:

Antonisha Busby	Caroline Jones	Melissa Palokas	Eleanor Torres, Esq.
Ava Carcirieri	Mariann Kenville-Moore	Anne Pedrick	Cpl. Andrea Warfel
Kelly Ensslin, Esq.	Jennifer Kline, Esq.	JoAnn Santangelo	Brittany Willard
Islanda Finamore, Esq.	Kirsten Olson	Lori Sitler	Edward Williams

I. WELCOME/INTRODUCTIONS/APPROVAL OF MINUTES

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

A motion was made by Dr. Garrett Colmorgen to approve the minutes from August 19, 2020, and Dr. Allan De Jong seconded the motion. There was one abstention. All other members voted in favor, and the motion carried.

II. EXECUTIVE COMMITTEE REPORT

Mary Dugan, Esq. provided a report on the CPAC Executive Committee. The Committee met on November 10, 2020 and learned that the FY22 budget requests submitted for the Child Protection Accountability Commission (CPAC) and the Office of the Child Advocate (OCA) made the Judiciary's budget request list. The Committee also discussed the crimes against children code. Previously, CPAC had given the Executive Committee direction to withdraw two pieces of legislation in favor of pursuing a comprehensive rewrite. The process of redrafting the entire code is ongoing, and there is still work to be done to ensure several of the changes CPAC requested are included. The Committee also discussed the Joint Retreat and oversight of the Youth in Transition Committee.

Senator Bryan Townsend mentioned the changes to the 2021 legislative session. He also announced that he will likely be replaced on the Commission; however, he will continue to be an advocate for CPAC.

III. EXECUTIVE DIRECTOR'S REPORT

Tania Culley, Esq. provided the Executive Director's report. She reported that OCA is without an office manager and is in the process of posting that position. In addition, Ms. Culley shared an update on the agency's response to COVID-19. She stated that OCA staff continue to work remotely, but a few staff are choosing to come into the office regularly. Child Attorneys are participating in hearings virtually as well as in person. The Court has also set up electronic mailboxes that OCA uses to file documents.

Ms. Culley discussed the representation of clients in the custody of the Department of Services for Children, Youth and Their Families (DSCYF). She shared the number of entries, and the number of youth with a permanency plan of Another Planned Permanent Living Arrangement (APPLA).

Ms. Culley added that the three grant positions for the Office of the Investigation Coordinator and the Court Appointed Special Advocate (CASA) Program are in the Judiciary's budget request together with 3 months of salary. The other requests include to change references to CASA Attorneys in the budget epilogue to Child Attorneys, to transfer the contractual money from the Administrative Office of the Courts to OCA for Contract Child Attorneys, and to establish the Ivyane Davis Scholarship Fund as a separate line item in budget.

Ms. Culley thanked the Commissioners for participating in the Joint Retreat. She stated that staff from OCA and the Child Death Review Commission (CDRC) will continue to work together to draft the action plan, and it will be presented to CPAC at the February meeting.

Lastly, Ms. Culley discussed the Holiday Jingle, which is an annual event sponsored by the Delaware Mortgage Bankers Association. The virtual event will be held on December 10, and all proceeds will go to OCA to support youth experiencing foster care or aging out. Last year, OCA spent $23,000 on various activities for youth. This year, OCA is also raising money for holiday gifts. A sizable donation was received from Young Conaway, but additional support is still needed. Information will be shared with the Commission by email.

IV. APPROVAL OF CPAC ANNUAL REPORT

Rosalie Morales discussed the FY20 CPAC Annual Report and highlighted CPAC's accomplishments over the last year, including the work of the committees and workgroups. This year, Ms. Morales reported that a section was added to highlight CPAC's priority areas, which include: the federal mandates as a Citizen Review Panel and Children's Justice Act Task Force, data sharing and CPAC's partnership with the Family Court for the Data Manager position and Apricot data management system, multidisciplinary training, the Office of the Investigation Coordinator, the review of child deaths and near deaths due to abuse and neglect, and scholarship opportunities for youth.

A motion was made by Judge Hitch to approve the annual report, and Susan Haberstroh seconded the motion. All other members voted in favor, and the motion carried.

V. CASA DELAWARE PRESENTATION

Melissa Palokas gave a presentation on the CASA Delaware Strategic Plan. This included a discussion of the CASA Program's mission, vision and three pillars, which are skilled volunteers, community collaboration and quality representation. Ms. Palokas discussed how each pillar has goals, priorities and action steps to help the CASA Program achieve its mission and vision, as well as its ultimate goal to have a CASA volunteer assigned to every child in DSCYF custody. Ms. Palokas also discussed the CASA Program's priorities for recruitment and training of volunteers, and the grants received from National CASA. The number of new volunteers trained in the last year and children represented by the CASA Program were also discussed, and how the CASA Training Director grant position has assisted the program.

Chief Judge Newell acknowledged the quality and expansion of the CASA Program since it transitioned from Family Court to OCA under Ms. Palokas' leadership. Ellen Levin shared similar sentiments about the Program.

VI. 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 78 open cases with 14 cases before the Commission today for approval. Between July and October, the number of serious child abuse cases increased significantly. As a result, the Panel received a total of 35 referrals for this period. To comply with the six-month statutory requirement, Ms. Morales explained the cases need to be reviewed by April. However, different options are being explored to address the workload, including revisions to the screening criteria for near deaths cases and adding a second review meeting in February and April. Ms. Morales also discussed the 26 cases that are listed as final reviews. Eight of those cases will be closed today after the Commission approves the CAN packet.

A motion was made by Dr. Colmorgen to give the CAN Steering Committee authority to modify the intake policy, and the motion was seconded by Dr. De Jong. All other members voted in favor, and the motion carried.

B. CAN FINDINGS/DETAILS/LETTER TO GOVERNOR

Ellen Levin reported on the 14 cases reviewed by the CAN Panel in the last quarter. Six of the cases were finals, so they had been previously reviewed by the Panel and were awaiting the completion of prosecution. None of the cases were prosecuted. Two findings were made during these final reviews.

The eight remaining cases were from deaths or near deaths that occurred between January and June of 2020. Of these cases, four will have no further review as there were no criminal charges. Three of the remaining four cases have pending charges and will be reviewed again once prosecution is completed. The one remaining death is still under investigation. The children in these cases range in age from three months to three years of age with one death and seven near deaths. The children were victims of abusive head trauma, poisoning via drug ingestion, and bone fractures. These eight cases resulted in 9 strengths and 47 current findings across system areas.

Dr. Garrett Colmorgen made a motion to approve the findings and strengths, and Captain Bloch seconded the motion. All other members voted in favor, and the motion carried. Dr. Garrett Colmorgen made a motion to approve the Governor's letter, and Jen Donahue, Esq. seconded the motion. All other members voted in favor, and the motion carried.

VII. COMMITTEE REPORTS

A. YOUTH IN TRANSITION

Antonisha Busby, the Youth in Transition Coordinator, provided an update on the educational scholarship opportunities for young adults who have experienced foster care. Ms. Busby reported that 51 applications were received from youth, and 43 scholarships were awarded. The awards ranged from $1,900 to $10,000, and youth attended both out of state and in state schools and training programs.

Ms. Busby also shared an update on the first Youth in Transition Committee meeting held on November 9, 2020. The Committee discussed moving up the timeline for the scholarship process. In the 2021 school year, the applications will open in March, and the awards will be made in June. There was also discussion about youth who need additional funding during the school year, and the process for redispersing unused funds by independent living providers at the end of the year. Lastly, the Committee plans to have ongoing discussions about how to support young adults beyond financial support.

B. TRAINING

Ms. Morales provided a few training updates. During the past quarter, training was provided to over 7,500 professionals on mandatory reporting. Ms. Morales also reported that 25 multidisciplinary team (MDT) members were trained on the ChildFirst® Forensic Interview Protocol by the Zero Abuse Project. Adrienne Owen, our new MDT Training and Policy Administrator, is working on a training calendar for 2021 to ensure regular training opportunities are available for the MDT.

C. SEI/MEDICALLY FRAGILE

Ms. Donahue provided a report for the Joint Committee on Substance-Exposed Infants/Medically Fragile Children. The Committee last met on September 25, 2020 and reviewed the data on the 2019 notifications received by the Division of Family Services (DFS) for infants with prenatal substance exposure. More than 700 notifications were received, which was a 13% increase from 2018. In addition, DFS prepared 470 Plans of Safe Care.

Ms. Donahue reported the Committee also finalized a medical plan of safe care for women who are prescribed medications that are causing withdrawal symptoms. A memorandum of agreement (MOA) between hospitals and DFS is being drafted to allow hospitals to disclose how many of these plans are being prepared. Lastly, a MOA between DFS and medication assisted treatment (MAT) providers is being developed to provide access to data on prenatal Plans of Safe Care developed by MAT providers.

D. LEGISLATIVE

Ms. Culley provided an update on the Legislative Committee, which has not met since February 2020. The next meeting will be scheduled for January, and the Committee will review the following draft bills: Termination of Parental Rights statute, Ivyane Davis Memorial Scholarship statute, abuse and neglect definitions, and confidentiality of multidisciplinary team records and access to forensic child interviews. Ms. Culley also discussed the crimes against children code. In addition to the draft bill prepared by Representative Longhurst's staff, Ms. Donahue drafted a comprehensive bill for consideration, but this bill has not been presented to CPAC. Representative Longhurst agreed to review both draft bills and provide OCA with a copy of the pre-filed bill. The Commission recommended that the Legislative Committee review both of the draft bills.

E. INVESTIGATION, PROSECUTION & TREATMENT OF CHILD SEXUAL ABUSE

Ms. Donahue reported that the Committee on the Investigation, Prosecution and Treatment of Child Sexual Abuse had its first meeting. An overview was provided on the Memorandum of Understanding for the MDT Response to Child Abuse and Neglect and the Office of the Investigation Coordinator. Representatives from various disciplines also presented information about their agency's role and responsibilities in child sexual abuse cases. The next meeting is scheduled for December 9, 2020.

F. GRANTS OVERSIGHT

Abigail Rodgers, Esq. provided a report on the Grants Oversight Committee. Ms. Rodgers explained the goal of the committee is to look at the gaps in services for victims of child abuse and neglect and to collaborate on available grant funding. As a result, the last meeting was spent understanding the available funding sources and how the funding is being utilized. The next meeting is in January.

G. DATA

Brittany Willard gave a presentation on the quarterly child welfare trends identified by the Data Utilization Committee. This included a discussion of the DFS caseloads and hotline reports, cases received by the Department of Justice's Special Victims Unit, and interviews conducted by the Children's Advocacy Center. Cases reviewed by the Office of the Investigation Coordinator and the CAN Panel were also presented, as well as the findings or strengths identified as a result of those reviews.

VIII. COMMISSIONER REPORTS

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

Trenee Parker shared an update on the senior leadership changes at DSCYF. Ms. Parker reported that Bob Dunleavy retired. Dr. Aileen Fink was appointed as the new Director of the Division of Prevention and Behavioral Health Services, and Dr. Stephanie Traynor was appointed as the Deputy Director. Daphne Warner is now a Program Manager on Secretary Manning's team, leading the programming for Families First. Karen Triolo is retiring at the end of the year, and Carrie Hyla is filling the Deputy Director position at the Division of Management Support Services. Kate Carlson has been appointed the Chief Fiscal Officer of DMSS for cost recovery, client eligibility and grants. Ms. Parker also stated that DSCYF contracted with Health Management Associates to develop a 5-year strategic plan.

Additionally, Ms. Parker provided an update for DFS. She discussed the 20% reduction in hotline reports received. She also stated that DFS is working with the Office of Management and Budget to create a third Sex Abuse/Serious Injury Unit at Region 5. Ms. Parker reported DFS and other agencies are participating on the National Child and Family Well Being Learning Collaborative to share resources with educators and families on the identification and reporting of abuse and neglect. Lastly, Delaware opted in for the ALL-IN Foster Adoption challenge to help identify foster care and adoptive resources across the state.

B. CHILD DEATH REVIEW COMMISSION

Dr. Garrett Colmorgen reported the 2019 CDRC Annual Report was released in May 2020 and is available on the website. In response to COVID-19, CDRC's fatality review panels shifted to Zoom in June 2020 and have had regular meetings since.

Dr. Colmorgen also discussed the Maternal Mortality Review's Reverse Site meeting with the Centers for Disease Control, which took place virtually at the beginning of August. Delaware was given an excellent report for the work that has been accomplished in the first year of the grant. Dr. Colmorgen also shared an update on the Technical Assistance with the Medicaid Innovation Accelerator Program, which concluded its work with Delaware in September 2020. Delaware was one of four states asked to present on a national webinar highlighting the partnership between the Division of Public Health, CDRC and the Delaware Division of Medicaid and Medical Assistance.

Dr. Colmorgen shared that calendar year 2020 was the lowest year of infant unsafe sleeping deaths since the CDRC office was created in 2004. Five unsafe sleeping deaths have been reported thus far. Dr. Colmorgen also discussed the infant safe sleep prevention video that was filmed in late August and involved participation from partner agencies. Lastly, CDRC plans to release the Chronic Health Conditions of School Age Children Report after the next CDRC Commission meeting in December.

C. DOMESTIC VIOLENCE COORDINATING COUNCIL

Maureen Monagle reported that the Domestic Violence Coordinating Council (DVCC) released its FY20 Annual Report in October. Last quarter, the state saw a slight increase in calls to the Domestic Violence Hotline and its five shelters. Ms. Monagle also stated that Family Court and Child Inc's Domestic Violence Advocacy Program adjusted with COVID-19. In place of the annual law enforcement conference in November, the DVCC is working on developing several online modules for law enforcement. Ms. Monagle also shared that the DVCC is starting the process to re-certify its three domestic violence treatment programs: Child Inc., Peoples Place and the Dover Air Force Base.

D. INTERAGENCY COMMITTEE ON ADOPTION

Meg Garey stated that November is National Adoption Month, and the National Adoption Day event is on Saturday, November 21. Ms. Garey provided an overview of the event and acknowledged DFS and the Governor's Office for their collaboration.

IX. NEW BUSINESS

There was no new business.

X. PUBLIC COMMENT AND ADJOURNMENT

Mariann Kenville-Moore from the Delaware Coalition Against Domestic Violence provided public comment. She discussed the state's efforts to rectify racial injustices and disparities, and reported that the state would benefit from CPAC's engagement and expertise. Ms. Kenville-Moore advocated for reviewing the data collected by CPAC with a racial impact lens and for CPAC to focus on racial equity efforts and the role prevention could play in addressing issues like poverty, discrimination, violence, addiction, and mental illness.

Caroline Jones from Kind to Kids also provided public comment. She thanked OCA for its work on the Ivyane Davis Memorial Scholarship. She also discussed the Kind to Kids UGrad Program and the impact of this program on youth experiencing foster care.

The meeting was adjourned at 11:51 a.m.

State of Delaware Child Protection Accountability Commission
Quarterly Meeting Minutes

WEDNESDAY, FEBRUARY 17, 2021
9:00 AM – 11:30 AM – Zoom Webinar

Those in Attendance:

Members of the Commission:	Statutory Role:
Mary Dugan, Esq., Chair	Child Protection Community 16 Del. C. § 931(a)(15)
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 Del. C. § 931(a)(3)
The Honorable Michael Newell	Family Court 16 Del. C. § 931(a)(4)
The Honorable Joelle Hitch	Family Court 16 Del. C. § 931(a)(4)
The Honorable Kyle Evans Gay	One member of the Senate 16 Del. C. § 931(a)(6)
Susan Haberstroh	Designee for Secretary of the Department of Education 16 Del. C. § 931(a)(7)
Maureen Monagle	Chair of the Domestic Violence Coordinating Council 16 Del. C. § 931(a)(9)
Cpl. Andrea Warfel	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 Del. C. § 931(a)(11)
Jen Donahue, Esq.	Investigation Coordinator 16 Del. C. § 931(a)(12)
Deborah Carey, Esq.	One Representative from the Office of Defense Services 16 Del. C. § 931(a)(14)
Ellen Levin	At-large Member - Child Protection Community 16 Del. C. § 931(a)(15)
Dr. Elizabeth Higley	At-large Member - Child Protection Community 16 Del. C. § 931(a)(15)
Randall Williams	At-large Member - Child Protection Community 16 Del. C. § 931(a)(15)
Meg Garey	At-large Member – Interagency Committee on Adoption 16 Del. C. § 931(a)(15)
Dr. Allan De Jong	At-large Member - Medical Community 16 Del. C. § 931(a)(15)
Cpt. Joseph Bloch	At-large Member – Law Enforcement Agency 16 Del. C. § 931(a)(15)

Staff:
Tania Culley, Esq.
Rosalie Morales

Members of the Public:

Ava Carcirieri	Mark Hudson, Esq.	Anne Pedrick	Eleanor Torres, Esq.
Kelly Ensslin, Esq.	Caroline Jones	JoAnn Santangelo	Brittany Willard
Islanda Finamore, Esq.	Sue Murray	Meredith Seitz	Edward Williams
Sgt. Hector Garcia	Kirsten Olson	Molly Shaw, Esq.	
Connor Gilgallon	Melissa Palokas	Lori Sitler	

I. WELCOME/INTRODUCTIONS/APPROVAL OF MINUTES

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

A motion was made by Dr. Garrett Colmorgen to approve the minutes from November 18, 2020, and Judge Hitch seconded the motion. There were two abstentions. All other members voted in favor, and the motion carried.

II. EXECUTIVE COMMITTEE REPORT

Mary Dugan, Esq. provided a report on the CPAC Executive Committee. The Committee met on February 9, 2021 and learned the FY22 budget requests submitted for the Child Protection Accountability Commission (CPAC) and the Office of the Child Advocate (OCA) were included in the Governor's Recommended Budget. These requests will be presented at the Court's Joint Finance Committee Hearing, which is scheduled for tomorrow. The Committee also discussed the legislative agenda items that will be covered in more detail under the CPAC Legislative Committee report.

III. EXECUTIVE DIRECTOR'S REPORT

Tania Culley, Esq. provided the Executive Director's report. She discussed the representation of clients in the custody of the Department of Services for Children, Youth and Their Families (DSCYF). She shared the number of entries in 2020. She also discussed the number of 17-year-olds whose parental rights have been terminated but who have not achieved permanency. The number of youth with a permanency plan of Another Planned Permanent Living Arrangement (APPLA) was presented as well.

Ms. Culley reported that OCA hired an office manager, who will start at the beginning of March. In addition, a part time management analyst was hired to support the CPAC Data Manager.

Ms. Culley provided an update on the number of available Court Appointed Special Advocate (CASA) Volunteers and Volunteer Child Attorneys. She also shared that the first group of 2021 CASA Volunteers was recently sworn in by Chief Judge Newell. Training and recruitment by the CASA Program was discussed as well.

Lastly, Ms. Culley provided examples of the various items that were purchased for youth experiencing foster care as a result of the holiday donations received.

IV. REVIEW & APPROVAL OF JOINT ACTION PLAN

Rosalie Morales discussed the Joint Action Plan and highlighted the 13 prioritized recommendations for system improvement, along with 6 ongoing recommendations from prior Action Plans and two priority areas identified by CPAC and the Child Death Review Commission (CDRC). Dr. Colmorgen made a motion to approve the 2020-2021 Joint Action Plan with monitoring by the CPAC Grants Oversight Committee, and the motion was seconded by Chief Judge Newell. There were no abstentions. All other members voted in favor, and the motion carried.

V. COMMITTEE REPORTS

A. CHILD ABUSE AND NEGLECT STEERING COMMITTEE

i. CAN CASELOADS REPORT/ADMINISTRATIVE UPDATE

Ms. Morales reported the CPAC Child Abuse and Neglect (CAN) Steering Committee met on February 9, 2021 to provide oversight for the CAN Panel. The Committee discussed the CAN

caseload, the revised intake policy, the CAN report which includes the facts and circumstances of the cases the Panel reviewed in the last quarter, and the letter to the Governor.

The CAN Panel has 73 open cases with 16 cases before the Commission today for approval. As noted at the prior meeting, the number of serious child abuse cases increased significantly, and this occurred between July and December. Two additional meetings are scheduled for February and April to make sure that these cases receive timely reviews, but if the volume continues, additional strategies will need to be implemented.

The Committee also voted to approve the modified intake policy, which was included in the CPAC packet. The policy adds screening criteria for near death cases, and this includes a list of 12 fact patterns. For instance, a child who is 6 months of age and younger with any injury would be screened in as a near death. CPAC staff plans to track the cases that have been excluded to make sure the screening criteria was not narrowed too much.

ii. CAN FINDINGS/DETAILS/LETTER TO GOVERNOR

Ellen Levin reported on the 16 cases reviewed by the CAN Panel in the last quarter. Four of the cases were finals, so they had been previously reviewed by the Panel and were awaiting the completion of prosecution. Three were initially prosecuted. Two resulted in one and two years of Level V incarceration and one was nolle prossed. Two strengths were made during these final reviews.

The twelve remaining cases were from deaths or near deaths that occurred between April and July of 2020. Of these cases, seven will have no further review as there are no criminal charges. Three of the remaining five cases have pending charges and the other two are still pending criminal investigations. All five will be reviewed again once prosecution is completed. The children in these cases range in age from three months to six years of age with one death and eleven near deaths. The one death is of a child who previously suffered near death abuse as an infant. The children were victims of abusive head trauma, poisoning via drug ingestion, and bone fractures. These twelve cases resulted in 17 strengths and 61 current findings across system areas.

Dr. Garrett Colmorgen made a motion to approve the letter to the Governor and findings and strengths, and Jen Donahue, Esq. seconded the motion. There were no abstentions. All other members voted in favor, and the motion carried.

B. TRAINING

Ms. Morales reported the CPAC Training Committee met on February 11, 2021 and provided oversight for the Protecting Delaware's Children Fund and the Committee's four workgroups. The CAN Best Practices Workgroup has completed the revisions recommended in the 2018-2019 Action Plan. Upon approval by the workgroup, the revisions will be presented to CPAC. In addition, the workgroup updated the Guidelines for the Child Abuse Medical Response. Thanks to our partnership with the Child At Risk Evaluation (CARE) Program at Nemours/Alfred I. DuPont Hospital, the

Workgroup has a plan to fully implement the Guidelines once CPAC gives its approval at the next Commission Meeting.

The ChildFirst/MDT Workgroup is hosting a ChildFirst® Forensic Interview training with the Zero Abuse Project during the second week in March. Representatives from the Department of Justice (DOJ), Division of Family Services (DFS) and several law enforcements agencies will be in attendance, and the training is full.

In addition, the Mandatory Reporting workgroup continued to provide training online and virtually during the last quarter. The Workgroup also updated the online mandatory reporting training, which is housed on the Delaware Learning Center. This update always coincides with training for physicians that is required as part of their re-licensure process.

Lastly, the Committee voted to create a Medical Response Workgroup to address the 2020-2021 Joint Action Plan Recommendations. This workgroup will be chaired by representatives from the medical community, and oversight will be provided by the Training Committee, as well as the Grants Oversight Committee through the monitoring of the Action Plan.

A motion was made by Chief Judge Newell to create the Medical Response Workgroup under the Training Committee, and the motion was seconded by Dr. Colmorgen. There were no abstentions. All other members voted in favor, and the motion carried.

C. LEGISLATIVE

Ms. Culley reported the CPAC Legislative Committee met in January and covered a few bills already introduced in the General Assembly. First, Ms. Culley shared that the Department of Education (DOE) is running a bill on the higher education statutes this session. DOE has agreed to champion the Ivyane Davis Memorial Scholarship draft bill within it as the scholarship statute is housed within the education statute. A motion was made by Judge Hitch for DOE to champion the legislation, and the motion was seconded by Dr. Colmorgen. There were no abstentions. All other members voted in favor, and the motion carried.

Ms. Culley asked Molly Shaw, Esq. and Mark Hudson, Esq. to discuss the revisions to the Termination of Parental Rights (TPR) statute. First, they discussed the impact of the Supreme Court decision in private TPR cases and failure to plan when the parties do not have a case plan. Following this discussion, Ms. Shaw and Mr. Hudson highlighted the additional changes that were also included as a handout in the CPAC packet. It was noted that the bill was previously vetted by Family Court, DOJ, DSCYF, OCA and the Family Law section of the Bar. Trenee Parker made a motion for CPAC to champion the bill, and the motion was seconded by Dr. Colmorgen. There were no abstentions. All other members voted in favor, and the motion carried.

D. INVESTIGATION, PROSECUTION & TREATMENT OF CHILD SEXUAL ABUSE

Ms. Donahue reported the Committee on the Investigation, Prosecution and Treatment of Child Sexual Abuse (Committee on Child Sexual Abuse) met on October 29, 2020, December 9, 2020 and

January 21, 2021. The Committee reviewed and approved its charge with revisions. A survey was also sent out to committee members to identify the strengths and challenges in child sexual abuse cases related to training, policy and statutes, and 85 responses were received. A presentation on the survey results occurred at the January meeting, and the survey results will inform the charge of the workgroups. The Committee established three workgroups: MDT Response/MOU Compliance, Extrafamilial/School/Institutional Abuse, and Mental Health, Medical & Prevention Response. The next committee meeting is scheduled for March 24, 2021.

E. GRANTS OVERSIGHT

Ms. Morales reported the CPAC Grants Oversight Committee met on January 27, 2021. The Committee received a presentation from the Criminal Justice Council on the Victims of Crime Act (VOCA) Grant and other federal funding opportunities. The Committee also discussed gaps in services for child victims of crime and unmet funding needs including:

- Prevent Child Abuse Delaware's Personal Safety Program
- Statewide Crime Victim's Center
- Training fees for the Juvenile Trafficking Screening Tool
- Resources in Kent and Sussex Counties for medical exams
- MDT Training and Policy Administrator

Lastly, the Committee received an update on the progress of the Children's Justice Act grant, and the annual grant application and three-year assessment report, which is due at the end of May.

F. DATA UTILIZATION

Brittany Willard gave a presentation on the quarterly child welfare trends identified by the Data Utilization Committee. This included a discussion of the DFS caseloads and hotline reports, cases received by the Department of Justice's Special Victims Unit, and interviews conducted by the Children's Advocacy Center. The profiles of children entering DSCYF custody and in DSCYF custody at the end of the quarter were also presented together with the permanency outcomes for children and youth exiting care. Cases opened and closed by the Office of the Investigation Coordinator were also presented.

Secretary Manning and Ms. Parker stated that the Region 5 data is missing from the Investigation Caseloads. It was noted that the caseload average for Region 5 was 19.4 at the end of December. Ms. Morales will confirm that CPAC receives the Region 5 data and ensure the data is included in the next quarterly report to the Commission.

VI. COMMISSIONER REPORTS

A. OFFICE OF THE INVESTIGATION COORDINATOR

Ms. Donahue provided an update on the Office of the Investigation Coordinator (IC). Currently, IC has 833 cases open, and these cases are being monitored by the three case review specialists. Ms.

Donahue reported that her staff has continued to work remotely, and IC team meetings are occurring weekly via Zoom. During this period, Ms. Donahue and her staff participated in the virtual San Diego International Conference on Child and Family Maltreatment and a seminar on sexual offenses. They will also participate in the International Symposium on Child Abuse in March.

In addition, Ms. Donahue provided an update on MDT Case Review and facilitation of case review by IC staff. IC will be facilitating Standard Case Review in all three counties as of March. IC has also seen an increase in requests for Special Case Reviews. Lastly, remote access to live forensic interviews at the Children's Advocacy Center (CAC) in Dover has been established. New Castle and Sussex Counties will be established at a later date.

B. DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

Secretary Manning provided an update on DSCYF's response to COVID 19. Out of 1,500 staff, DSCYF has 800 essential staff that are in person, and there were staff and youth in residential facilities that tested positive. A vaccination clinic was offered to frontline staff. Additionally, DSCYF offers testing to staff to allow for proactive testing. Despite the pandemic, the continuum of services has not changed.

Secretary Manning discussed the Department's Joint Finance Committee (JFC) Hearing last week. The JFC was very focused on supporting youth in foster care. There was discussion about the bill to support youth experiencing foster care in higher education, which allows for a tuition and fee waiver for instate colleges and universities.

Lastly, DSCYF is mid-way through its strategic planning process, which started in July. Secretary Manning said the goal is to have a coordinated integrated service model across the four service divisions. They are hopeful that it will improve how the department is serving children and youth in Delaware.

i. DIVISION OF FAMILY SERVICES

Ms. Parker said the Report Line is experiencing a lower call volume. There is a 20% reduction from calls received at this point in time in 2020 and 2019. However, DFS has not seen a reduction in child sexual abuse and serious physical injury reports. Since caseloads are higher in the two Serious Injury/Sexual Abuse Investigation Units, DFS would like to establish a standalone unit in Kent County to allow Kent and Sussex Counties to have their own units. DFS is also hoping to add an Investigation Unit in New Castle County, a Family Service Assistant position and an Assistant Regional Administrator position. In total, DFS is in discussions with the Department of Human Resources and the Office of Management and Budget to add approximately 16 positions across the state.

In addition, Ms. Parker discussed the contract to support foster parents caring for older youth. DFS is beginning its request for proposal process, but they hope to have a model in place for the new fiscal year to increase placement stability, reduce likelihood for out of state placements and provide support.

Ms. Parker also discussed how DFS has equipped most of its staff with mobile devices and Surface Pros to allow for a hybrid work schedule.

Lastly, Ms. Parker shared an update on the Plan of Safe Care (POSC) mobile application. Christiana Care is starting a pilot with mothers who are delivering, and DFS staff will use a dashboard through the website to monitor the POSC. By end of year, they hope to be closer to using the technology.

C. CHILDREN'S ADVOCACY CENTER

Randall Williams provided an update on the Children's Advocacy Center. He stated the CAC staff have been working in teams to conduct the forensic interviews for the MDT. One interviewer and support staff will be in the office to conduct the interviews while the other staff are working remotely. The CAC is also working with Egress to upload interview files onto the platform versus continuing to rely on DVDs. It will allow the interviews to be more accessible to MDT members. Mr. Williams also shared that the CAC was included in the Governor's Recommended Budget.

D. FAMILY COURT

Chief Judge Newell provided an update on the Family Court. The Court continues to hold remote hearings. In person hearings are only occurring in necessary cases. The Court also held regular bi-weekly and now monthly stakeholder calls to work out issues caused by the pandemic.

The Quality Legal Representation Workgroup continued to discuss a plan to draw down federal IV-E funding to create a better quality legal representation model for parents and children. The request for funding has not yet been approved by the Children's Bureau. It was submitted late last summer.

The Court is looking to expand its pilot for a social worker paired with a parent attorney. The Court is also in discussion with Community Legal Aide to provide contractual legal representation. A centralized office to house the parent attorneys would provide more oversight than what currently exists.

Two years ago, the Court was deemed an implementation site by the National Council of Juvenile and Family Court Judges (NCJFCJ). The work has been ongoing, and training has been provided on enhanced resources and NCJFCJ is assisting with Court Improvement Program (CIP) Strategic Plan.

The CIP Training Committee is hosting a full day program on the child welfare system's response to Covid-19 on February 26. A training is also being offered in June on interrupting racism for children experiencing care.

A group is also working on the Parent Attorney Standards. The draft is complete, and the next step is to provide training. In 2017, Judge Hitch chaired the leading practices study and report on CIP. Judge Hitch will be updating the report to include quality legal representation and the parent attorney standards.

Lastly, the Court has its JFC hearing tomorrow, and they are hopeful for funding for the downstate court houses, which CPAC has supported in the past.

VII. NEW BUSINESS

There was no new business.

VIII. PUBLIC COMMENT AND ADJOURNMENT

There was no public comment.

The meeting was adjourned at 11:10 a.m.

Egrants

PROGRAM REPORT

Grant ID: 2351
Applicant Agency: Office of the Child Advocate
Project Dates: 10/1/2019 to 8/31/2021
Report Period: 4/1/2020 to 6/30/2020
Submission Date 7/26/2020

Report Due Date: 7/30/2020
Report Status: Submitted
Approval Status: Approved
Final Report: No

Is the Project On Schedule? Yes

Explanation:

Activities Conducting During this Period: Services were provided by the CJA Training Specialist, Kathleen McCormick. In April, Ms. McCormick coordinated a virtual Child Abuse Prevention and Intervention Month celebration, including on-air PSAs on a local radio station, targeted social media and online advertisements, digital "Wear Blue Day," and more. In May, Ms. McCormick developed and published the online Child Neglect training, as well as an on-site Parental Substance Use Disorder training and a training for DFS Intake Workers. Both of these trainings are now in the process of being approved and will be developed into online trainings. Lastly, she staffed the Mandatory Reporting Workgroup on 5/21/20 and 6/22/20 and the Training Committee on 5/14/2020.

In the last quarter, 1,123 professionals completed the mandatory reporting and supplemental web-based trainings through the Delaware Learning Center. Of those, 24 educators completed the mandatory reporting training online; 662 general professionals completed the training online; and another 437 medical professionals were trained online. 54 professionals completed the Minimal Facts: Guidelines for Mandated Reporters training online, 159 professionals completed the Mandatory Reporting Refresher Training online, and another 81 professionals completed the Child Neglect Training online. The Department of Education also provided a report to the Training Specialist on the educators trained through their learning management system. Another 170 educators completed the mandatory reporting training, 74 completed the Refresher training, and 66 completed Minimal Facts.

The subscription for the App Institute was renewed ($480.00). The company hosts the mobile application for the MDT Best Practices Memorandum of Understanding.

A Zoom Pro license was purchased ($149.90) for Rosalie Morales to facilitate virtual Mandatory Reporting trainings and Committee and workgroup meetings for the Child Protection Accountability Commission.

Performance Indicators:

1. Established by DCJC
2. Established by Subgrantee

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. 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 because of the mandatory reporting and supplemental trainings provided to various audiences.

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. During the quarter, OCA continued to contract with a Training Specialist.
- Provide Ongoing Comprehensive Training to Multidisciplinary Team Members and Others involved in the Judicial/Administrative Handling of Cases – The ChildFirst Forensic Interview Training scheduled for July 13-17 was cancelled due to COVID-19. The next training is scheduled for September 14-18, 2020, and it will be held virtually.
- Provide Multidisciplinary Team (MDT) Scholarships to representatives involved in the investigation, prosecution and judicial handling of cases of child abuse and neglect – No progress made this quarter.
- Train Professionals on the Recognition and Reporting of Child Abuse and Neglect through in-person and web-based training – Approximately 1,727 professionals participated in the mandatory reporting and supplemental trainings through the Delaware Learning Center and Department of Education.
- 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. During the quarter, the Training Specialist continued to manage the Delaware Learning Center and assist users who were completing training.
- Attend the CJA Grantee Meeting – Completed in prior quarter.
- Draft and submit the CJA Annual Progress Report and Grant Application – Report was submitted on May 29, 2020 and approved by the federal Administration for Children and Families on July 3, 2020.

3. 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 – During the quarter, slides were added to provide guidance for COVID-19 and virtual contacts with children. In addition, the slide on domestic violence was updated to clarify when reports are required, and the image for the online report to the Division of Family Services was updated.

• Organize and provide in-person and web-based mandatory reporting training for educators, medical professionals and general professional audiences – Web-based training through Zoom and WebEx was provided to professionals during the quarter by various trainers from DSCYF and OCA.

• 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. During the quarter, OCA continued to host trainings on the Delaware Learning Center.

• 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 previously cancelled due to COVID-19.

• Develop advanced training programs both in-person and web-based for MDT professionals – The Training Specialist developed and published the online Child Neglect training, as well as an on-site Parental Substance Use Disorder training and a training for DFS Intake Workers. The latter two trainings will be reviewed and approved by the Mandatory Reporting Workgroup in the next quarter.

• 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 trained and reported the numbers to the Mandatory Reporting Workgroup.

• Utilize available software to develop web-based training programs – During the quarter, 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 this quarter. Training on the updates to the MOU will be drafted in the next quarter.

• Update the mobile application for the MDT Best Practices MOU –The mobile application will be updated once the MOU revisions are approved by CPAC.

• Facilitate and sponsor the ChildFirst™ Forensic Interviewing Training for professionals involved in the investigative handling of child abuse cases –The 5-day course scheduled for 7/13-7/17 was cancelled, and the course scheduled for 9/14-9/18 will be held virtually.

• Offer partial scholarships to representatives from the MDT to attend national conferences – No progress made this quarter. Scholarships offered in prior quarter.

• Attend the annual CJA Grantee Meeting – Completed in prior 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 because of the ongoing 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 making trainings available on 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.

n/a

PROGRAM REPORT

Grant ID: 2351
Applicant Agency: Office of the Child Advocate
Project Dates: 10/1/2019 to 8/31/2021
Report Period: 7/1/2020 to 9/30/2020
Submission Date 10/21/2020

Report Due Date: 10/30/2020
Report Status: Submitted
Approval Status: Approved
Final Report: No

Is the Project On Schedule? Yes

Explanation:

Activities Conducting During this Period: Services were provided by the CJA Training Specialist, Kathleen McCormick. In August, Ms. McCormick finalized two COVID-19 resource guides: one for professionals and one for parents/caregivers, which are available online in both Spanish and English. In September, Ms. McCormick finalized a mandatory reporting training for the Division of Family Services' Intake Workers to help address gaps in communication. Ms. McCormick also developed the 2021 Mandatory Reporting Training, which will be made available to professionals on January 1. Ms. McCormick also participated in the ChildFirst Forensic Interview Training from 9/14-9/18 and learned how to facilitate the virtual training. Lastly, she staffed the Protecting Delaware's Children Workgroup on 7/29/20, the Mandatory Reporting Workgroup on 8/6/20 and 9/1/20, the Training Committee on 8/13/2020, and the Grants Oversight Committee on 9/23/20.

In the last quarter, 1,777 professionals participated in the mandatory reporting and supplemental trainings. 1,226 received mandatory reporting training through the Delaware Learning Center. Of those, 25 educators completed the mandatory reporting training online; 578 general professionals completed the training online; and another 623 medical professionals were trained online. An additional 217 general professionals and 25 educators were virtually trained on the mandatory reporting training. 309 professionals also participated in the supplemental trainings. 28 professionals completed the Minimal Facts: Guidelines for Mandated Reporters training online, 176 professionals completed the Mandatory Reporting Refresher Training online, and another 105 professionals completed the Child Neglect Training online. The Department of Education also did not provide a report for this quarter on the educators trained through their learning management system due to technology issues.

A Zoom Webinar license was purchased ($321.10) for Rosalie Morales to facilitate quarterly commission meetings for the Child Protection Accountability Commission and any trainings. The subscription for Survey Monkey was renewed ($276.00).

Registration was also paid for Rosalie Morales for the CityMatch Virtual Conference in September 2020 and the Virtual Crimes Against Children Conference in August 2020.

Performance Indicators:

1. Established by DCJC
2. Established by Subgrantee

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. 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 because of the mandatory reporting and supplemental trainings provided to various audiences.

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. During the quarter, OCA continued to contract with a Training Specialist.
- Provide Ongoing Comprehensive Training to Multidisciplinary Team Members and Others involved in the Judicial/Administrative Handling of Cases – The virtual ChildFirst® Forensic Interview Training occurred on September 14-18, 2020, and it was facilitated by the Zero Abuse Project at no cost as part of Delaware's recertification process. 25 professionals were trained.
- Provide Multidisciplinary Team (MDT) Scholarships to representatives involved in the investigation, prosecution and judicial handling of cases of child abuse and neglect – Rosalie Morales attended the CityMatch Virtual Conference in September 2020 and the Virtual Crimes Against Children Conference in August 2020.
- Train Professionals on the Recognition and Reporting of Child Abuse and Neglect through in-person and web-based training – Approximately 1,777 professionals participated in the mandatory reporting and supplemental trainings through virtual training or online training through the Delaware Learning Center.
- 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. During the quarter, the Training Specialist continued to manage the Delaware Learning Center and assist users who were completing training.
- Attend the CJA Grantee Meeting – Completed in a prior quarter.
- Draft and submit the CJA Annual Progress Report and Grant Application – Completed in prior quarter.

3. 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 – The 2021 Mandatory Reporting Training was developed and will be made available to professionals on January 1, 2021.

• Organize and provide in-person and web-based mandatory reporting training for educators, medical professionals and general professional audiences – Virtual training through Zoom and WebEx was provided to professionals during the quarter by various trainers from DSCYF and OCA. Web-based training was also provided through the Delaware Learning Center and Department of Education's Professional Development Management System for public school employees.

• 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. During the quarter, OCA continued to host trainings on the Delaware Learning Center.

• 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 sessions are scheduled for the next quarter.

• Develop advanced training programs both in-person and web-based for MDT professionals – The Parental Substance Abuse and a training for DFS Intake Workers was approved by the Mandatory Reporting Workgroup. The Parental Substance Abuse Training will be made available on the DLC by January 1, 2021. The DFS Intake Worker training will only be delivered in person or virtually.

• 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 trained and reported the numbers to the Mandatory Reporting Workgroup.

• Utilize available software to develop web-based training programs – During the quarter, 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 – Training on the updates to the MOU were drafted during the quarter but have not been approved yet.

• Update the mobile application for the MDT Best Practices MOU –The mobile application will be updated once the MOU revisions are approved by CPAC.

• Facilitate and sponsor the ChildFirst® Forensic Interviewing Training for professionals involved in the investigative handling of child abuse cases –The 5-day course scheduled for 9/14-9/18 was held virtually and 25 professionals were trained.

• Offer partial scholarships to representatives from the MDT to attend national conferences – Rosalie Morales attended the CityMatch Virtual Conference in September 2020 and the Virtual Crimes Against Children Conference in August 2020.

• Attend the annual CJA Grantee Meeting – Completed in a prior 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 because of the ongoing 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 through the ChildFirst® Forensic Interviewing Training.

• 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 making trainings available on 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.

n/a

PROGRAM REPORT

Grant ID: 2351
Applicant Agency: Office of the Child Advocate
Project Dates: 10/1/2019 to 8/31/2021
Report Period: 10/1/2020 to 12/31/2020
Submission Date 1/15/2021

Report Due Date: 1/30/2021
Report Status: Submitted
Approval Status: Approved
Final Report: No

Is the Project On Schedule? Yes

Explanation: n/a

Activities Conducting During this Period: Services were provided by the CJA Training Specialist, Kathleen McCormick. In October, Ms. McCormick presented the online 2021 Mandatory Reporting Training to the Mandatory Reporting Workgroup and prepared the training to be launched on January 1 through the Delaware Learning Center. In December, Ms. McCormick finalized an online training on Protective vs. Risk Factors to help professionals identify at-risk children and strengthen the protective factors in the child's life. This training will be made available through the Delaware Learning Center upon approval from the workgroup. Ms. McCormick also began developing a mandatory reporting training specific to children with disabilities, and will be presenting the outline to the workgroup in January. Lastly, she staffed the Mandatory Reporting Workgroup on 10/21/2020 and the Training Committee on 11/12/2020.

In the last quarter, 6,258 professionals participated in the mandatory reporting and supplemental trainings. 653 received mandatory reporting training through the Delaware Learning Center. Of those, 26 educators completed the mandatory reporting training online; 250 general professionals completed the training online; and another 377 medical professionals were trained online. An additional 2,296 educators were trained on the mandatory reporting training through the Department of Education. 3,309 professionals also participated in the supplemental trainings. 1,414 professionals completed the Minimal Facts: Guidelines for Mandated Reporters training online, including 1,371 educators trained through the Department of Education. 1,740 professionals completed the Mandatory Reporting Refresher Training online, and 1,644 of those were educators trained through the Department of Education. An additional 155 professionals completed the Child Neglect Training online.

Services were also provided by the MDT Training and Policy Administrator, Adrienne Owen. She started with the Office of the Child Advocate on 9/21/20. During the quarter, she spent 33 hours developing, coordinating and/or providing training on the Memorandum of Understanding for the MDT Response to Child Abuse and Neglect. She spent 4 hours meeting and coaching law enforcement agencies. She spent another 30 hours updating the protocols in the MOU. Lastly, she spent 22 hours communicating with and supporting MDT members. She prepared several law enforcements agencies for the monthly Child Abuse and Neglect panel meetings.

The subscription for Articulate was renewed ($499.00). A Zoom license was purchased for Adrienne Owen ($78.85).

Registration was also paid for Rosalie Morales and Adrienne Owen for the virtual training on Your FIRST Response to Alleged Child Maltreatment ($261.94).

Performance Indicators:

1. Established by DCJC
2. Established by Subgrantee

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. 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 because of the mandatory reporting and supplemental trainings provided to various audiences.

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. During the quarter, OCA continued to contract with a Training Specialist.
- Contract with a MDT Training & Policy Administrator - OCA entered into a one-year contract with MDT Training & Policy Administrator, Adrienne Owen, on 9/21/20, and she provided services during the quarter.
- Provide Ongoing Comprehensive Training to Multidisciplinary Team Members and Others involved in the Judicial/Administrative Handling of Cases – No additional progress made this quarter.
- Provide Multidisciplinary Team (MDT) Scholarships to representatives involved in the investigation, prosecution and judicial handling of cases of child abuse and neglect – Rosalie Morales and Adriene Owen attended the Zero Abuse Project's training on Your FIRST Response to Alleged Child Maltreatment.
- Train Professionals on the Recognition and Reporting of Child Abuse and Neglect through in-person and web-based training – Approximately 6,258 professionals participated in the mandatory reporting and supplemental trainings through virtual training or online training through the Delaware Learning Center.
- 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. During the quarter, the Training Specialist continued to manage the Delaware Learning Center and assist users who were completing training.
- Attend the CJA Grantee Meeting – Completed in a prior quarter.
- Draft and submit the CJA Annual Progress Report and Grant Application – Completed in prior quarter.

3. 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 – The 2021 Mandatory Reporting Training was developed and made available to professionals on January 1, 2021.

• Organize and provide in-person and web-based mandatory reporting training for educators, medical professionals and general professional audiences – Virtual training through Zoom and WebEx was provided to professionals during the quarter by various trainers from DSCYF and OCA. Web-based training was also provided through the Delaware Learning Center and Department of Education's Professional Development Management System for public school employees.

• 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. During the quarter, OCA continued to host trainings on the Delaware Learning Center.

• Organize and provide an annual train-the-trainer session to professionals responsible for providing training on mandatory reporting – Rosalie Morales provided two train-the-trainer session on 10/30/20 and 11/4/20.

• Develop advanced training programs both in-person and web-based for MDT professionals – In December, Ms. McCormick finalized an online training on Protective vs. Risk Factors to help professionals identify at-risk children and strengthen the protective factors in the child's life. The training will need to be presented to the Mandatory Reporting Workgroup for approval.

• 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 trained and reported the numbers to the Mandatory Reporting Workgroup.

• Utilize available software to develop web-based training programs – During the quarter, 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 – Ms. Owen provided training on the MOU to law enforcement agencies during the quarter.

• Update the mobile application for the MDT Best Practices MOU –The mobile application will be updated once the MOU revisions are approved by CPAC in 2021.

• Facilitate and sponsor the ChildFirst® Forensic Interviewing Training for professionals involved in the investigative handling of child abuse cases –No additional progress made this quarter.

• Offer partial scholarships to representatives from the MDT to attend national conferences – Rosalie Morales and Adriene Owen attended the Zero Abuse Project's training on Your FIRST Response to Alleged Child Maltreatment.

• Attend the annual CJA Grantee Meeting – Completed in a prior 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 because of the ongoing 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 through the training provided by Ms. Owen.

• Improved civil and criminal outcomes in child abuse and neglect deaths and near deaths investigations – Progress was made through the meetings and coaching provided by Ms. Owen.

• 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 making trainings available on 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.

n/a

PROGRAM REPORT

Grant ID: 2351
Applicant Agency: Office of the Child Advocate
Project Dates: 10/1/2019 to 8/31/2021
Report Period: 1/1/2021 to 3/31/2021
Submission Date 4/18/2021

Report Due Date: 4/30/2021
Report Status: Submitted
Approval Status: Approved
Final Report: Yes

Is the Project On Schedule? Yes

Explanation: n/a

Activities Conducting During this Period: Services were provided by the CJA Training Specialist, Kathleen McCormick. On January 1, Ms. McCormick launched the online 2021 Mandatory Reporting Training for the start of Delaware's physician license renewal period. In February, Ms. McCormick finalized a mandatory reporting training specific to children with disabilities. This training is awaiting approval from the Mandatory Reporting Workgroup and will then be published on the Delaware Learning Center and the Department of Education's learning management system. In March, Ms. McCormick finalized two supplemental online trainings: Parental Substance Use Disorders, which explains the types of substances and their effects on parenting, and Protective vs. Risk Factors, which will help professionals identify at-risk children and strengthen the protective factors in a child's life. These trainings are also awaiting approval from the Mandatory Reporting Workgroup, and will then be made available through the Delaware Learning Center and the Department of Education. Lastly, she staffed the Protecting Delaware's Children Workgroup on 1/12/21, the Mandatory Reporting Workgroup on 1/19/2021, the Grants Oversight Committee on 1/27/21, and the Training Committee on 2/11/2021.

In the last quarter, 7,267 professionals participated in the mandatory reporting and supplemental trainings. In total, 5,681 professionals received mandatory reporting training. Of those 5,224 received mandatory reporting training through the Delaware Learning Center - 24 educators, 259 general professionals, and another 4,941 medical professionals. Virtual trainings were also provided to 38 educators and 12 general professionals, and 6 medical professionals were trained online through Christiana Care Health Services. An additional 401 educators were trained on the mandatory reporting training through the Department of Education.

1,586 professionals also participated in the supplemental trainings. 215 professionals completed the Minimal Facts: Guidelines for Mandated Reporters training online, including 135 educators trained through the Department of Education. 384 professionals completed the Mandatory Reporting Refresher Training online, and 178 of those were educators trained through the Department of Education. An additional 987 professionals completed the Child Neglect Training online.

Services were also provided by the MDT Training & Policy Administrator, Adrienne Owen. Ms. Owen collaborated with MDT partners to help identify a Juvenile Trafficking/Commercial Sexual Exploitation of a Child screening tool to be implemented in Delaware, as well as working to integrate this tool into protocol for use by Delaware's child abuse and neglect professionals. Also related to protocol and policy work, Ms. Owen collaborated with MDT partners from multiple agencies, ranging from the Division of Family Services, to the Office of the Investigation Coordinator, the Division of Forensic Science, the Department of Justice, the Children's Hospital, local hospitals, and various law enforcement agencies, to revise and update Delaware's MOU for the MDT Response to Child Abuse and Neglect; the MOU is anticipated to be implemented by agencies later this year after approval by the Child Protection Accountability Commission. During the quarter, Ms. Owen also continued her work on improving law enforcement participation in the monthly review of child death and near death cases, by counseling agency representatives on the appropriate investigative information to be provided to the panel for effective review of the cases. Ms. Owen also shared with law enforcement agencies, the strengths and findings assigned to their investigations by the panel; this was done for the purpose of ultimately improving future investigations and ensuring best practice standards are followed in forthcoming investigations. As an additional means of improving the law enforcement and MDT response to child abuse and neglect investigations, Ms. Owen worked on creating multiple layers of training, to include a generalized overview of the MOU and best practices for investigating child abuse cases, a component focused specifically on serious injury and death cases, and specialized segments on particular topics such as Juvenile Trafficking, Effective Use of the Sudden Unexpected Infant Death Investigation (SUIDI) Reporting Form, Identifying Child Torture, Conducting Doll Re-Enactment, etc. The trainings are anticipated to be implemented after approval of the revised MOU. Ms. Owen provided training to the Middletown Police Department, the State Fire Marshal's Office, the Dover Police Department Criminal Investigation Unit, the Harrington Police Department Criminal Investigation Unit, the Laurel Police Department Criminal Investigation Unit supervisor, and the Wyoming Police Department Criminal Investigation Unit. Lastly, Ms. Owen attended the following two national child abuse and neglect training conferences, the 36th Annual San Diego International Conference on Child and Family Maltreatment and the 37th International Symposium on Child Abuse.

Performance Indicators:

1. Established by DCJC
2. Established by Subgrantee

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

3. 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

5. 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.

2.00

8. 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

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. 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 ongoing 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 for the assessment and investigation of cases of suspected child abuse-related/child neglect-related fatalities and for the investigation and prosecution of cases of child abuse/neglect due to the work of the MDT Training & Policy Administrator. Lastly, the Training Specialist finalized a mandatory reporting training specific to children with disabilities.

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. During the quarter, OCA continued to contract with a Training Specialist.
- Contract with a MDT Training & Policy Administrator - OCA entered into a one-year contract with MDT Training & Policy Administrator, Adrienne Owen, on 9/21/20, and she provided services during the quarter.
- Provide Ongoing Comprehensive Training to Multidisciplinary Team Members and Others involved in the Judicial/Administrative Handling of Cases – The MDT Training & Policy Administrator provided training to the Middletown Police Department, the State Fire Marshal's Office, the Dover Police Department Criminal Investigation Unit, the Harrington Police Department Criminal Investigation Unit, the Laurel Police Department Criminal Investigation Unit supervisor, and the Wyoming Police Department Criminal Investigation Unit..
- Provide Multidisciplinary Team (MDT) Scholarships to representatives involved in the investigation, prosecution and judicial handling of cases of child abuse and neglect – No progress made this quarter.
- Train Professionals on the Recognition and Reporting of Child Abuse and Neglect through in-person and web-based training – Approximately 7,267 professionals participated in the mandatory reporting and supplemental trainings through virtual training or online training through the Delaware Learning Center.
- 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. During the quarter, the Training Specialist continued to manage the Delaware Learning Center and assist users who were completing training.
- Attend the CJA Grantee Meeting – Completed in a prior quarter.
- Draft and submit the CJA Annual Progress Report and Grant Application – Completed in prior quarter.

3. 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 – The 2021 Mandatory Reporting Training was developed and made available to professionals on January 1, 2021.

• Organize and provide in-person and web-based mandatory reporting training for educators, medical professionals and general professional audiences – Virtual training through Zoom and WebEx was provided to professionals during the quarter by various trainers from DSCYF and OCA. Web-based training was also provided through the Delaware Learning Center and Department of Education's Professional Development Management System for public school employees.

• 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. During the quarter, OCA continued to host trainings on the Delaware Learning Center.

• Organize and provide an annual train-the-trainer session to professionals responsible for providing training on mandatory reporting – Completed in the prior quarter.

• Develop advanced training programs both in-person and web-based for MDT professionals – The Training Specialist finalized supplemental online trainings on Parental Substance Use Disorders, Protective vs. Risk Factors and children with disabilities, but the trainings are pending approval by the Mandatory Reporting Workgroup. Approval is expected in May 2021.

• 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 trained and reported the numbers to the Mandatory Reporting Workgroup.

• Utilize available software to develop web-based training programs – During the quarter, 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 – The MDT Training & Policy Administrator provided training on the MOU to law enforcement agencies during the quarter.

• Update the mobile application for the MDT Best Practices MOU –The mobile application will be updated once the MOU revisions are approved by CPAC in 2021.

• Facilitate and sponsor the ChildFirst® Forensic Interviewing Training for professionals involved in the investigative handling of child abuse cases – ChildFirst® training was provided the week of March 8 to approximately 29 MDT members and the training was facilitated by the Zero Abuse Project.

• Offer partial scholarships to representatives from the MDT to attend national conferences – Completed in prior quarter.

• Attend the annual CJA Grantee Meeting – Completed in a prior 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 because of the ongoing contract with the Training Specialist and MDT Training & Policy Administrator.

• 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 through the training provided by the MDT Training & Policy Administrator.

• Improved civil and criminal outcomes in child abuse and neglect deaths and near deaths investigations – Progress was made through the meetings and coaching provided by the MDT Training & Policy Administrator.

• 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 virtual and web-based trainings on mandatory reporting.

• Improved access to child welfare trainings developed by CPAC – Progress was made by making trainings available on the State of Delaware's learning management system, Delaware Learning Center, and via Zoom/Webex.

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

n/a

Child Protection Accountability Commission

Child Abuse and Neglect Panel

Findings Summary

May 2020 - May 2021

FINDINGS

	*Current	Grand Total
MDT Response	**117**	**117**
Communication	3	3
Crime Scene	21	21
Documentation	8	8
Doll Re-enactment	4	4
General - Civil Investigation	5	5
General - Criminal Investigation	6	6
General - Criminal Investigation / Civil Investigation	20	20
Intake with DOJ	1	1
Interviews - Adult	14	14
Interviews - Child	17	17
Medical Exam	10	10
Medical Exam	1	1
Reporting	7	7
Grand Total	**117**	**117**

*Current - within 1 year of incident

**Prior - 1 year or more prior to incident

Child Protection Accountability Commission

Child Abuse and Neglect Panel

Strengths Summary

May 2020 - May 2021

STRENGTHS		
	***Current**	**Grand Total**
MDT Response	**28**	**28**
Crime Scene	2	2
General - Civil Investigation	3	3
General - Criminal Investigation	3	3
General - Criminal/Civil Investigation	17	17
Interviews - Child	1	1
Medical Exam	1	1
Mental Health	1	1
Grand Total	**28**	**28**

**Current - within 1 year of incident*

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

STATE OF DELAWARE
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

August 19, 2020

The Honorable John Carney
Office of the Governor
820 N. French Street, 12th 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 and another 37 cases at its August 19, 2020 meeting.[1] These 55 child victim cases are all incorporated in this letter due to the pandemic. Please note that despite the pandemic, the Child Abuse and Neglect Panel met conscientiously (even holding two meetings in June) to assure that child abuse deaths and near deaths were timely reviewed.

Twenty-five of the cases (10 deaths and 15 near deaths) had been previously reviewed and were awaiting the completion of prosecution. Thirteen of the cases were prosecuted. One of the death cases and two 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. Three cases of endangering the welfare remain pending, one assault is

[1] 16 Del. C. § 932.

still awaiting sentencing and the remaining five cases resulted in sentences of probation. Ten findings were made during these final reviews.

The thirty remaining cases were from deaths or near deaths that occurred between April and December of 2019. Of these cases, ten will have no further review and eight were not prosecuted. Of the two that were prosecuted one resulted in two convictions for Child Abuse 2nd with 6 months of Level V incarceration, and the other in a conviction of misdemeanor Endangering the Welfare of a Child. The remaining twenty 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 twenty cases range in age from one month to fourteen years of age with seven deaths and twenty-three near deaths. The children were victims of abusive head trauma, torture, poisoning via drug ingestion, unsafe sleep, skull and bone fractures, burns and biting. These twenty cases resulted in 69 strengths and 142 current findings across system areas.

For these April through December 2019 cases, 29 strengths and 53 findings were noted for the Multidisciplinary Team Response. There were no significant subject matter trends. However, there were several cases where the Memorandum of Understanding (MOU) was followed and then several others where it was not. This resulted in significant strengths in one case, and repeated findings in others. The breakdowns were not only in some smaller jurisdictions, but also in larger law enforcement agencies. CPAC commits to initial and refresher training for all law enforcement agencies as well as targeted meetings on individual cases and case breakdowns. CPAC and the Office of the Investigation Coordinator will continue to push communication and collaboration with all MDT partners, and the following of best practices.

The medical community had 16 findings together with 13 strengths. Of note were eight 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. CPAC will explore what other opportunities are available for individualized training and reminders on reporting child abuse and neglect.

For the first three months of cases reviewed, there were 5 strengths and 15 findings against DFS – one of the lowest number of findings against DFS ever. In the next six

months, there were an additional 21 strengths and 55 findings. This totaled 26 strengths and 70 findings. Twenty-four of the findings were regarding caseloads. The remaining 46 findings primarily included timely and appropriate completion of safety agreements, and collateral and family contacts. While ongoing coaching and training may assist, these findings 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, 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 29 near deaths – a small decrease from 2018. As of the writing of this letter, all 2019 incidents have been reviewed and will be considered at our retreat with the Child Death Review Commission.

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
Executive Director
Child Protection Accountability Commission

Enclosures
cc: CPAC Commissioners
General Assembly

Child Abuse and Neglect Panel

Strengths Summary

August 19, 2020

**Includes reviews conducted between October through June 2020.*

INITIAL REVIEWS

	*Current	Grand Total
Education	**1**	**1**
Reporting	1	1
MDT Response	**29**	**29**
Communication	1	1
Crime Scene	2	2
Doll Re-enactment	1	1
General - Civil Investigation	4	4
General - Criminal Investigation	3	3
General - Criminal/Civil Investigation	15	15
Interviews - Child	1	1
Medical Exam	1	1
Mental Health	1	1
Medical	**13**	**13**
Home Visiting Programs	1	1
Medical Exam/Standard of Care - CARE	4	4
Medical Exam/Standard of Care - ED	3	3
Medical Exam/Standard of Care - EMS	1	1
Medical Exam/Standard of Care - PCP	1	1
Medical Exam/Standard of Care - Specialists	2	2
Reporting	1	1
Risk Assessment/ Caseloads	**6**	**6**
Collaterals	3	3
Communication	1	1
Reporting	1	1
Risk Assessment - Screened In	1	1
Safety/ Use of History/ Supervisory Oversight	**11**	**11**
Appropriate Parent/Relative Component	2	2
Completed Correctly/On Time	6	6
Oversight of Agreement	3	3
Unresolved Risk	**9**	**9**
Home Visiting Programs	1	1
Legal Guardian	2	2
Parental Risk Factors	5	5
Substance-Exposed Infant	1	1
Grand Total	**69**	**69**

FINAL REVIEWS

	*Current	Grand Total
Legal	**1**	**1**
Court Hearings/ Process	1	1
MDT Response	**3**	**3**
Communication	1	1
General - Civil Investigation	1	1
General - Criminal Investigation	1	1
Medical	**1**	**1**
Home Visiting Programs	1	1
Safety/ Use of History/ Supervisory Oversight	**1**	**1**
Appropriate Parent/Relative Component	1	1
Unresolved Risk	**4**	**4**
Contacts with Family	1	1
Legal Guardian	1	1
Parental Risk Factors	2	2
Grand Total	**10**	**10**

TOTAL CAN PANEL STRENGTHS ` 79

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

Child Abuse and Neglect Panel

Strengths Detail

August 19, 2020

**Includes reviews conducted between October through June 2020.*

INITIAL REVIEWS

System Area	Strength	Rationale	Count of #
Education			1
	Reporting		1
		Multiple calls were made to the DFS Report Line by school administration expressing their suspicions of abuse or neglect.	1
MDT Response			29
	Communication		1
		There was good communication between the two law enforcement agencies involved.	1
	Crime Scene		2
		There was a good law enforcement response to the home. The scene was controlled quickly and appropriate notifications were made.	1
		The law enforcement agency conducted a thorough investigation to include a scene investigation, multiple interviews, photographic documentation with measurements in and around the pond, and an intake with the DAG.	1
	Doll Re-enactment		1
		Despite having no explanation for how the child sustained the injury, the law enforcement agency conducted a doll reenactment with Mother.	1
	General - Civil Investigation		4
		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
		The DFS caseworker advocated for a doll reenactment and blood draw of Mother, despite the near death incident appearing to be accidental.	1
		The DFS caseworker completed a thorough review of the child's medical records to ensure there was no failure to report at the birth of the infant with prenatal substance exposure, and of Mother's Medication Assisted Treatment (MAT) records to ensure Mother was compliant.	1
	General - Criminal Investigation		3
		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 the bite marks found on the child.	1
	There was a good law enforcement response to the investigation, including multiple detectives responding to the hospital and the home, immediately securing the scene, and Mother promptly being taken into custody.	1
General - Criminal/Civil Investigation		15
	Once the Criminal Investigations Unit was notified, there was good MDT communication and collaboration between DFS and the law enforcement agency.	1
	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
	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.	1
	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.	1
	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.	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 children that resided in the home.	1
	There was a good MDT response to the near death investigation, to include joint response to the hospital and the home, 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 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, and the DOJ.	1
	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 of the respective siblings, and a doll reenactment with non-relative caregiver.	1
	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 and the maternal grandmother's home, and forensic interview of the sibling.	1
	There was a strong, coordinated MDT response to the death investigation by the law enforcement agency, forensic investigators, Institutional Abuse (IA) caseworkers, medical community and the DOJ. Furthermore, a community meeting was held with the families of the daycare facility, which was attended by the DSCYF Cabinet Secretary and IA caseworkers.	1
	There was a good initial MDT response to the near death investigation between DFS and the law enforcement agency, to include a joint response to the hospital and joint interviews.	1
	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, and medical evaluations of the children within both households.	1
	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 and the home, joint interviews, and medical evaluations and forensic interviews of the siblings.	1
Interviews - Child		1
	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.	1

	Medical Exam	1
	The DFS caseworker advocated for the children to be medically evaluated by the children's hospital despite the initial treating hospital determining they were cleared for medical discharge.	1
	Mental Health	1
	The Children's Advocacy Center confirmed the children were receiving services from a mental health treatment provider following the incident.	1
Medical		13
	Home Visiting Programs	1
	There was great effort by the evidence-based home visiting program to re-engage with Mother, which included multiple phone calls to the parents, unannounced home visits, and letters mailed to the home.	1
	Medical Exam/ Standard of Care - CARE	4
	Medical evaluations of both children included a Child At Risk Evaluation (CARE) and repeat skeletal surveys.	1
	The twin sibling was admitted to the children's hospital for medical evaluation. The evaluation included an MRI and a skeletal survey.	1
	There was excellent medical follow up for the child, which included repeat MRIs and skeletal surveys, and medical coordination with the primary care physician.	1
	Two follow-up appointments were completed by the Child at Risk Evaluation (CARE) Team to confirm the x-ray findings.	1
	Medical Exam/ Standard of Care - ED	3
	The children's hospital followed its physical abuse pathway workup for the infant presenting with a bone fracture.	1
	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
	Medical Exam/ Standard of Care - PCP	1
	The primary care physician screened Mother for post-partum depression at the child's well visit. Furthermore, the physician ensured a psychologist met with Mother following the positive postpartum depression screen.	1

	Medical Exam/Standard of Care - Specialists	2
	In the previous hospital admission, the General Pediatrics physician reviewed the child's medical chart; counseled Mother on delayed vaccinations and missed appointments; and sent a letter to the child's primary care physician noting his concerns and the hospital course.	1
	A referral to evidence-based home visiting services was made prenatally for the mother by the obstetrician/gynecologist.	1
	Reporting	1
	The WIC office and the pediatrician made immediate referrals to address concerns for the child's care rather than planning for follow up visits to watch the child's progress.	1
Risk Assessment/ Caseloads		6
	Collaterals	3
	Collateral contacts were completed with non-professional sources close to the family.	1
	Strong collaterals were completed by the DFS caseworker prior to case closure. The contacts included both professional and personal resources.	1
	The DFS treatment caseworker maintained consistent, quality contact with the family and monthly follow up with Mother's substance abuse treatment provider.	1
	Communication	1
	During the near death investigation, there was a good collaboration and communication between the DFS investigation and treatment caseworkers.	1
	Reporting	1
	The Division of Forensic Science made an immediate referral to the DFS Report Line reporting the death of a child.	1
	Risk Assessment - Screened In	1
	DFS accepted the hotline report for death investigation due to the circumstances of the prior treatment case despite the report not meeting criteria as set forth in the SDM Risk Assessment tool.	1
Safety/ Use of History/ Supervisory Oversight		11
	Appropriate Parent/Relative Component	2
	The DFS caseworker made good use of the natural support network to provide a safe placement for the child.	1
	During the two investigations, the DFS investigation caseworkers made good use of the natural support network to provide safe placement for the child(ren).	1

Completed Correctly/On Time		6
	The DFS case worker immediately implemented a safety agreement prohibiting contact between the children and parents.	1
	The DFS caseworker immediately implemented a safety agreement prohibiting contact between the children, Mother, and her paramour. However, the safety agreement was modified to allow Mother supervised contact to be at the child's bedside upon his death.	1
	The DFS caseworker immediately implemented a child safety agreement restricting contact with the child while hospitalized, with the siblings and other children residing in the relative's home. The safety agreement was reviewed and modified, when necessary.	1
	The after-hours DFS caseworker implemented child safety agreements between the children and all members of both households. The safety agreement was reviewed and modified, when necessary.	1
	The after-hours DFS caseworker immediately implemented a child safety agreement restricting contact with the child while hospitalized and with the siblings in the home. The safety agreement remained in place throughout the investigation and treatment cases. The safety agreement was consistently reviewed and modified, when necessary.	1
	The DFS caseworker immediately implemented a child safety agreement restricting contact with the child while hospitalized. There was consistent review and modification, when necessary, of the safety agreement.	1
Oversight of Agreement		3
	There was consistent review and modification, when necessary, of the safety agreement by the DFS caseworker.	3
Unresolved Risk		9
Home Visiting Programs		1
	The DFS caseworker referred the victim to an early intervention evidence-based home visiting program.	1
Legal Guardian		2
	Despite the relatives filing for guardianship, the case was transferred to treatment for ongoing services.	1
	Despite the maternal grandparents filing for guardianship, the case was transferred to treatment for ongoing services.	1

	Parental Risk Factors	5
	The DFS caseworker would not modify the child safety agreement to allow for supervised visitation until Mother completed the mental health evaluation.	1
	The DFS caseworker would not modify the child safety agreement to allow for supervised visitation until parents completed the substance abuse and mental health evaluations.	1
	Throughout the near death investigation, the DFS caseworker educated Mother on infant safe sleep practices.	1
	The DFS treatment caseworker made timely, appropriate referrals for the family, which included an early intervention program, alcohol or drug (AOD) liaison, domestic violence liaison, and the family interventionist.	1
	During the prior investigation, the DFS caseworker educated Mother on infant safe sleep practices and thoroughly documented the education.	1
	Substance-Exposed Infant	1
	The Plan of Safe Care was thoroughly reviewed by the DFS caseworker and follow up was conducted with Mother's MAT provider to discuss the inefficiencies.	1
Grand Total		**69**

FINAL REVIEWS

System Area	Strength	Rationale	Count of #
Legal			1
	Court Hearings/ Process		1
		The Court made a finding of medical child abuse against both parents.	1
Medical			1
	Home 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 parents, the child's physician, and later, the out-of-state admitting hospital; unannounced home visits; and letters mailed to the home.	1
Safety/ Use of History/ Supervisory Oversight			1
	Appropriate Parent/Relative Component		1
		During the treatment case, the child safety agreement was re-implemented allowing Mother to have only supervised visitation with the sibling.	1

Unresolved Risk		4
	Parental Risk Factors	2
	The Domestic Violence Hotline coordinated services with the advocacy program and immediately sought to provide th	1
	Despite the hotline report alleging domestic violence being screened out, a referral was made to the domestic violence liaison for Mother.	1
	Contacts with Family	1
	The treatment caseworker maintained regular, quality contact with the family, and assisted Father in securing stable housing prior to case closure.	1
	Legal Guardian	1
	The DFS investigation remained open until permanency could be established for the children.	1
MDT Response		3
	General - Civil Investigation	1
	There was great response by the DFS caseworker, to include diligent efforts in dealing with a difficult family and excellent documentation of case notes.	1
	General - Criminal Investigation	1
	The law enforcement agency was immediately responsive to the ongoing case activities that took place following the near death incident.	1
	Communication	1
	There was excellent communication between DFS, the law enforcement agency, the DOJ, the civil DAG, and the child attorney.	1
Grand Total		**10**

TOTAL CAN PANEL STRENGTHS **79**

Child Abuse and Neglect Panel

Findings Summary

August 19, 2020

**Includes reviews conducted between October through June 2020.*

INITIAL REVIEWS

	*Current	Grand Total
Legal	**3**	**3**
Court Hearings/ Process	2	2
Laws/Regulations/Policies/Contracts	1	1
MDT Response	**53**	**53**
Crime Scene	6	6
Documentation	7	7
Doll Re-enactment	4	4
General - Criminal Investigation	3	3
General - Criminal Investigation / Civil Investigation	9	9
Interviews - Adult	10	10
Interviews - Child	7	7
Medical Exam	2	2
Reporting	5	5
Medical	**16**	**16**
Home Visiting Programs	1	1
Medical Exam/ Standard of Care - Birth	1	1
Medical Exam/ Standard of Care - ED	1	1
Medical Exam/ Standard of Care - Forensics	2	2
Medical Exam/ Standard of Care - PCP	3	3
Medical Exam/ Standard of Care - Radiology	1	1
Reporting	7	7
Risk Assessment/ Caseloads	**35**	**35**
Caseloads	24	24
Collaterals	6	6
Risk Assessment - Closed Despite Risk Level	1	1
Risk Assessment - Tools	2	2
Risk Assessment - Unsubstantiated	2	2
Safety/ Use of History/ Supervisory Oversight	**21**	**21**
Safety - Completed Incorrectly/ Late	12	12
Safety - Inappropriate Parent/ Relative Component	2	2
Safety - Oversight of Agreement	4	4
Supervisory Oversight	3	3
Unresolved Risk	**14**	**14**
Child Risk Factors	1	1
Contacts with Family	6	6
Home Visiting Programs	2	2
Parental Risk Factors	4	4
Substance-Exposed Infant	1	1
Grand Total	**142**	**142**

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

Prepared 8/14/2020

Child Abuse and Neglect Panel

Findings Summary

August 19, 2020

**Includes reviews conducted between October through June 2020.*

FINAL REVIEWS		
	***Current**	**Grand Total**
MDT Response	**3**	**3**
Crime Scene	1	1
General - Criminal Investigation	1	1
Prosecution/ Pleas/ Sentence	1	1
Medical	**1**	**1**
Medical Exam/ Standard of Care - Autopsy	1	1
Risk Assessment/ Caseloads	**3**	**3**
Caseloads	3	3
Safety/ Use of History/ Supervisory Oversight	**1**	**1**
Safety - Inappropriate Parent/ Relative Component	1	1
Unresolved Risk	**2**	**2**
Contacts with Family	1	1
Legal Guardian	1	1
Grand Total	**10**	**10**

TOTAL CAN PANEL FINDINGS **152**

*Current - within 1 year of incident
**Prior - 1 year or more prior to incident

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

Child Abuse and Neglect Panel

Findings Detail

August 19, 2020

**Includes reviews conducted between October through June 2020.*

INITIALS REVIEWS

System Are:	Finding	PUBLIC Rationale	Sum of #
Legal			3
	Court Hearings/ Process		2
		The DMSS liaison did not provide the Court with accurate information pertaining to the DFS investigation. This resulted in another relative being awarded guardianship.	1
		The OCA Child Attorney was not informed of the child's placement with a relative prior to placement.	1
	Laws/Regulations/Policies/Contracts		1
		The OCA Child Attorney did not follow own Serious Injury Protocol, which requires OCA to obtain the parents' medical records.	1
MDT Response			53
	Crime Scene		6
		No scene investigation was completed by the law enforcement agency.	1
		No scene investigation was completed by the law enforcement agency. As a result, the scene was not photographed and no evidence was collected.	1
		The law enforcement agency did not complete evidentiary blood draws on the child after the child ingested illicit drugs.	1
		The scene investigation by the law enforcement agency was delayed and no photos were taken.	1
		No scene investigation was completed by the law enforcement agency. As a result, the death scene was not photographed and no evidence was collected.	1
		The law enforcement agency did not complete an evidentiary blood draw on the mother after the child's death. Mother had a history of substance use, and this information was available through the DFS history.	1
	Documentation		7
		There was minimal documentation in the police report by the lead detective.	4
		There was no documentation in the police report by the lead detective.	1
		There was no documentation by the DFS case worker that all the children were seen by DFS during the initial response.	1
		There was no documentation by the DFS case worker that the family was advised to lower the temperature on the water heater.	1

Doll Re-enactment		4
	No doll re-enactment was completed by the law enforcement agency.	4
General - Criminal Investigation		3
	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.	1
	There was not an immediate call to the Criminal Investigations Unit by the law enforcement agency. It impacted the detective's ability to secure a blood draw and schedule forensic interviews.	1
	The law enforcement agency concluded that the injury was accidental and did not seek input from the burn center during the investigation.	1
General - Criminal Investigation / Civil Investigation		9
	There was not an initial MDT response to the near death incident in compliance with the MOU and statute.	3
	There was not an initial MDT response to the death incident in compliance with the MOU and statute.	2
	There was not an initial MDT response to the death incident in compliance with the MOU and statute.	2
	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.	1
	During the scene investigation, MDT members observed marijuana use in the presence of children, and a report was made to DFS. However, there was not a thorough response to the allegations.	1
Interviews - Adult		10
	DFS was not contacted by the law enforcement agency to observe the suspect/witness interviews.	7
	In the incident preceding the near death, 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
	A miranda warning was not given to the suspect prior to the interview at the police department.	1
Interviews - Child		7
	Forensic interview did not occur with the young child who was present during the near death incident.	1
	The forensic interview was scheduled by the law enforcement agency prior to any communication with the DFS caseworker.	1
	The young siblings in the home were not immediately observed or interviewed by the DFS case worker.	1
	Forensic interview did not occur with the young child who was present during the death incident.	1
	Forensic interviews did not occur for the children who were present during the near death incident.	1
	The siblings in the home were not immediately observed or interviewed by the DFS case worker.	1
	There was a delay in scheduling the forensic interviews for the other children in the home.	1

	Medical Exam	2
	The young siblings who resided in the home during the near death incident were not medically evaluated.	1
	The siblings who resided in the home during the near death incident were not medically evaluated.	1
	Reporting	5
	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
	The law enforcement agency delayed making a report to the DFS Report Line for the near death incident.	1
	The law enforcement agency did not make a report to the DFS Report Line for the near death incident.	1
	The law enforcement agency did not make a report to the DFS Report Line for the death incident.	2
Medical		16
	Home Visiting Programs	1
	The home visiting provider closed the case after two visits with the victim, who was diagnosed with failure to thrive.	1
	Medical Exam/ Standard of Care - Birth	1
	Prior to postpartum discharge, mother's depression screen was noted to be high, but there was no documentation that any follow up was recommended.	1
	Medical Exam/ Standard of Care - ED	1
	The emergency department physician at the treating hospital did not support the victims receiving additional care at the children's hospital. Regardless, the children were later admitted to the children's hospital after being transported by their father.	1
	Medical Exam/ Standard of Care - Forensics	2
	A forensic nurse was not immediately available at the time the children were brought in for medical exams.	2
	Medical Exam/ Standard of Care - PCP	3
	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.	1
	PCP did not follow through with providing the family with a prescription for the repeat skeletal survey after the family missed the appointment at the children's hospital.	1
	The PCP did not follow the standard of care for screening the mother for post-partum depression.	1
	Medical Exam/ Standard of Care - Radiology	1
	The radiologist missed the victim's rib fractures on the initial assessment of the chest x-ray.	1
	Reporting	7
	The treating hospital did not report the child death to the DFS Report Line.	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.	2
		The neurologist failed to make a report to the DFS Report Line after the MRI revealed a brain bleed.	1
		The treating hospital did not report the allegations of abuse for the second victim to the DFS Report Line.	1
		There was no report to the DFS Report Line by the PCP for the frenulum tear. The PCP even documented low suspicion for abuse.	1
Risk Assessment/ Caseloads			35
	Caseloads		24
		The caseworker was over the investigation caseload statutory standards the entire time the case was open. However, it does not appear that the caseload negatively impacted the DFS response to the case.	7
		The DFS caseworker was over the investigation caseload statutory standards the entire time the case was open. However, it does not appear that the caseload negatively impacted the DFS response to the case.	5
		The DFS caseworkers were over the investigation caseload statutory standards during the current and prior investigations. However, it is unclear whether the caseload had a negative impact on the DFS response in these cases.	1
		The caseworkers were over the investigation and treatment caseload statutory standards while the cases were 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 caseload appears to have had a negative impact on the case.	2
		The SEI caseworker was over the investigation caseload statutory standards the entire time the case was open. However, it does not appear that the caseload negatively impacted the DFS response to the case.	1
		The DFS caseworker was over the investigation caseload statutory standards during the prior investigation, and the treatment caseworker was over the treatment caseload statutory standards for a portion of the time while the case was open. However, it does not appear that the caseloads negatively impacted the DFS response to those cases.	1
		The DFS caseworker was over the investigation caseload statutory standards during the prior investigation, and the caseload appears to have had a negative impact on the response to the case. The treatment caseworker was also over the treatment caseload statutory standards for entire time the case was open. However, it is unclear whether the caseload had a negative impact on the DFS response to the case.	1
		The caseworkers were over the investigation and treatment (subsequent case) caseload statutory standards while the cases were open. However, it does not appear that the caseloads negatively impacted the DFS response to those cases.	1
		The DFS caseworker was over the investigation caseload statutory standards the entire time the case was open, and the caseload appears to have had a negative impact on the response in the case.	2

	The DFS caseworker was at or over the investigation caseload statutory standards the entire time the case was open. However, it does not appear that the caseload negatively impacted the DFS response to the case.	2
Collaterals		6
	During the death incident, a collateral contact was not completed with non-professional sources close to the family.	3
	During the treatment case, there was no documentation of collateral contacts with medical providers, who had ongoing contact with the victim as a result of the serious physical injuries.	1
	During the near death incident, a collateral contact was not completed with non-professional sources close to the family.	1
	During the treatment case, there was no documentation of a collateral contact with the early intervention program.	1
Risk Assessment - Closed Despite Risk Level		1
	The treatment case was quickly closed despite the ongoing risk due to unstable housing and unaddressed mental health and substance abuse issues.	1
Risk Assessment - Tools		2
	In the near death investigation, the SDM Risk Assessment was not completed correctly. The policy override for non-accidental injury to a non-verbal child was not selected, so the case was closed.	1
	During the treatment case, the recommendations from group supervision were not followed by the caseworker or supervisor.	1
Risk Assessment - Unsubstantiated		2
	For the death incident, there was a finding of neglect against the teen suspect and not against any adults responsible for the victim's safety and well-being.	1
	For the prior incident, there was a finding of neglect against the mother, who was the identified victim of domestic violence.	1
Safety/ Use of History/ Supervisory Oversight		21
Safety - Completed Incorrectly/ Late		12
	A safety agreement was not initially implemented for the near death incident. Instead, the hospital staff was 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 completed a safety agreement with mother, who was not ruled out as a suspect.	1
	For the near death incident, DFS initially completed a safety agreement with a relative, who was not ruled out as a suspect. In addition, the safety agreements were never signed by the parents.	1
	For the death incident, a safety agreement was not implemented for the surviving siblings despite concerns with lack of supervision by the mother.	1
	In the prior investigation, the SDM Safety Assessment was not completed on time.	1

	For the near death incident, DFS initially completed a safety agreement with mother, who was not ruled out as a suspect. However, the agreement was later amended.	1
	In the prior investigation, the safety assessment was not completed at the time of the birth for the infant with prenatal substance exposure.	1
	During the active treatment case, the need for a safety agreement was documented by the caseworker; however, the terms of the agreement and the participants were unclear.	1
	For the near death incident, the caseworker incorrectly identified the child as safe in the SDM safety assessment due to the hospitalization. As a result, there was no agreement in place to ensure mother would have no contact with the victims.	1
	During the near death investigation, DFS implemented a safety agreement allowing Father to have supervised contact with the children. However, there was no documentation that the agreement was put in place on the date of the initial response, so the parents had unsupervised contact with the victim at the hospital.	1
	For the near death investigation, DFS entered into a safety agreement with a relative, but it was not completed for the hospitalized victim and a home assessment was not conducted.	1
	In the prior investigation, the safety assessment indicated the need for an agreement; however, the agreement and any necessary safety interventions were not initiated. This also meant that extended family members with extensive DFS history were not assessed as safety resources.	1
Safety - Inappropriate 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 questionable.	1
	For the near death incident, DFS initially completed a safety agreement with a relative, who was not ruled out as a suspect.	1
Safety - Oversight of Agreement		4
	The SDM Safety Agreement was not re-assessed, and it was unclear when the assigned caseworker terminated the agreement.	1
	The DFS caseworker did not consider using informal resources to support the family as part of the safety agreement. Professional resources were identified instead.	1
	During the near death investigation, DFS implemented a safety agreement allowing Mother and a relative to have supervised contact with the children, and despite this, Mother moved the children to a daycare, where this relative worked without notifying DFS. There was no documentation that the case worker addressed the current safety agreement with the family.	1

	The safety agreement was modified by the mother and her attorney without the input of the DFS case worker. As a result, the children were replaced with a non-relative caregiver, and a home assessment was not initially conducted to assess the non-relative's ability to act as a safety participant.	1
Supervisory Oversight		3
	For the prior incident involving lack of supervision, DFS terminated the safety agreement prematurely. Collaterals and a home visit had not been completed.	1
	For the death incident, DFS terminated the safety agreement prematurely for the children residing in the home of the suspect.	1
	DFS terminated the safety agreement without a thorough assessment of collaterals, including the mother's mental health provider.	1
Unresolved Risk		14
Child Risk Factors		1
	There was no documentation by the DFS caseworker that the missed skeletal survey was addressed with the family.	1
Contacts with Family		6
	Prior to the death incident, DFS received a report involving neglect/inadequate supervision, and the initial contact did not occur with the family until almost two months after the referral was received.	1
	During the treatment case, there was no documentation that the surviving children were seen until approximately 6 weeks after the case was opened.	1
	An after-hours worker responded to a report of lack of supervision prior to the death incident, and implemented a safety agreement. However, the initial contact by the assigned worker did not occur with the family until three weeks after the referral was received.	1
	In the prior investigation, DFS received a report involving domestic violence, and the initial contact did not occur until almost 3 months after the referral was received.	1
	During the treatment case, the initial contact with the family was significantly overdue.	1
	There is no documentation to suggest that the caseworker maintained regular contact with the family following the victim's death.	1
Home Visiting Programs		2
	There was no documentation that the DFS caseworker referred the victim to an early intervention program.	1
	The DFS treatment worker made a delayed referral to an early intervention program for the victim.	1
Parental Risk Factors		4
	DFS did not follow up with the parents or the substance abuse liaison to confirm whether the parents completed their substance abuse evaluations.	1

	Mother was identified as having no mental health issues by the DFS case worker. As a result, a mental health evaluation was not included in the case plan.	1
	During the treatment case, there was no documentation that the caseworker attempted to meet with the parents or to offer case plans.	1
	There was no documentation by the treatment worker that the unfenced pond posed a safety hazard to young children and that this was discussed with the family.	1
Substance-Exposed Infant		1
	The Medication Assisted Treatment (MAT) provider did not initiate the Plan of Safe Care correctly for the infant born with prenatal substance exposure.	1
Grand Total		**142**

FINAL REVIEWS

System Are:	Finding	PUBLIC Rationale	Sum of #
MDT Response			3
	Crime Scene		1
		The SUIDI form was not fully completed by the forensic investigator, and it is unknown whether this may have impacted the cause and manner.	1
	General - Criminal Investigation		1
		There was not an immediate call to the Criminal Investigations Unit by the law enforcement agency.	1
	Prosecution/ Pleas/ Sentence		1
		The SENTAC guidelines' presumptive sentence for crimes against children should be greater.	1
Medical			1
	Medical 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
Risk Assessment/ Caseloads			3
	Caseloads		3

	The treatment and permanency caseworkers have been over the treatment caseload statutory standards the entire time the case was open. However, it does not appear that the caseload negatively impacted the DFS response in these cases.	1
	The caseworker was over the treatment caseload statutory standards the entire time the case was open, and the caseload appears to have had a negative impact on the case.	1
	The caseworker was at or over the treatment caseload statutory standards the entire time the case was open. However, it does not appear that the caseload negatively impacted the DFS response in the cases.	1
Safety/ Use of History/ Supervisory Oversight		1
Safety - Inappropriate Parent/ Relative Component		1
	During the post-incident treatment case, two new reports were received and DFS completed a safety agreement 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.	1
Unresolved Risk		2
Contacts with Family		1
	During the treatment case, there was no documentation that child was seen more than once in the almost six-month timeframe, although the child may have been present during the family team meeting.	1
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 a relative, but guardianship had not been established by the court.	1
Grand Total		**10**

TOTAL FINDINGS **152**

STATE OF DELAWARE
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 18, 2020

The Honorable John Carney
Office of the Governor
820 N. French Street, 12th 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 14 cases at its November 18, 2020 meeting.[1] Please note that despite the pandemic, the Child Abuse and Neglect Panel met conscientiously to assure that child abuse deaths and near deaths were timely reviewed; however, with the volume of deaths and near deaths to children that occurred between July and October, it is highly likely that reviews in the future may be delayed.

Six of the cases (2 deaths and 4 near deaths) had been previously reviewed and were awaiting the completion of the criminal investigation; none ended up being prosecuted. Two findings were made.

The eight remaining cases were from deaths or near deaths that occurred between January and June of 2020. Of these cases, four will have no further review as there are no criminal charges. Three of the remaining four cases have pending charges and will be reviewed again once prosecution is completed. The one remaining death is

[1] 16 Del. C. § 932.

still under investigation. The children in these cases range in age from three months to three years of age with one death and seven near deaths. The children were victims of abusive head trauma, poisoning via drug ingestion, and bone fractures. These eight cases resulted in 9 strengths and 47 current findings across system areas.

For these January through June 2020 cases, 2 strengths and 22 findings were noted for the Multidisciplinary Team Response. The Office of the Child Advocate (OCA) has now contracted with a MDT Training and Policy Administrator with significant law enforcement expertise who will be working with individual law enforcement jurisdictions on best practices, resources and compliance with the MOU. CPAC, OCA and the Office of the Investigation Coordinator will continue to push communication and collaboration with all MDT partners, and the following of best practices.

The medical community had 6 findings together with 4 strengths. The Division of Family Services (DFS) had 3 strengths and 19 findings this quarter. Seven of those findings were regarding high caseloads. The rest of the findings continue to focus on timely and appropriate completion of safety agreements, and collateral and family contacts. While ongoing coaching and training may assist, these findings 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, salaries at 100% of midpoint, portable computing equipment and employee recognition.

In 2019, Delaware experienced 13 child abuse or neglect deaths and 29 near deaths – a small decrease from 2018. These deaths and near deaths, together with all death and near death child abuse cases from July 2017 forward, were reviewed at a virtual all-day retreat held in September 2020 with the Child Death Review Commission. The two commissions reviewed 110 cases that included 611 findings, and with the assistance of a national consultant, made recommendations for system improvement. A joint action plan is being developed and will be shared upon approval.

CPAC is currently struggling with the CAN Panel caseload that has resulted from a significant increase in child abuse cases since July 2020. Initial screenings have indicated 30 near deaths and 5 deaths in the last few months. These numbers are

double from the first half of 2020 and are troubling both in terms of child safety as well as in timely caseload management and retrospective review.

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
Executive Director
Child Protection Accountability Commission

Enclosures
cc: CPAC Commissioners
General Assembly

Child Abuse and Neglect Panel
Findings Summary
November 18, 2020

INITIAL REVIEWS

	*Current	Grand Total
MDT Response	**22**	**22**
Communication	1	1
Crime Scene	6	6
General - Civil Investigation	1	1
General - Criminal Investigation	2	2
General - Criminal Investigation / Civil Investigation	4	4
Interviews - Adult	1	1
Interviews - Child	4	4
Medical Exam	2	2
Reporting	1	1
Medical	**6**	**6**
Medical Exam/ Standard of Care - Autopsy	1	1
Medical Exam/ Standard of Care - CARE Team	1	1
Medical Exam/ Standard of Care - ED	1	1
Medical Exam/ Standard of Care - PCP	1	1
Reporting	1	1
Transport	1	1
Risk Assessment/ Caseloads	**9**	**9**
Caseloads	7	7
Collaterals	2	2
Safety/ Use of History/ Supervisory Oversight	**6**	**6**
Safety - Completed Incorrectly/ Late	5	5
Safety - Inappropriate Parent/ Relative Component	1	1
Unresolved Risk	**4**	**4**
Parental Risk Factors	3	3
Substance-Exposed Infant	1	1
Grand Total	**47**	**47**

FINAL REVIEWS

	*Current	Grand Total
MDT Response	**1**	**1**
Crime Scene	1	1
Medical	**1**	**1**
Reporting	1	1
Grand Total	**2**	**2**

TOTAL CAN PANEL FINDINGS **49**

*Current - within 1 year of incident
**Prior - 1 year or more prior to incident

Child Abuse and Neglect Panel

Findings Detail

November 18, 2020

INITIALS REVIEWS

System Area	Finding	PUBLIC Rationale	Sum of #
MDT Response			22
	Communication		1
		Throughout the investigation, inaccurate information was shared about the victim's medical condition and history, and this resulted in early conclusions that the death was natural.	1
	Crime Scene		6
		No scene investigation was completed by the law enforcement agency. As a result, the scene was not photographed and no evidence was collected.	3
		The SUIDI form was not completed by the law enforcement agency or forensic investigator, and it may have impacted the cause and manner.	1
		No scene investigation of the mother's home was completed by the law enforcement agency as it was initially suspected the incident occurred at the daycare.	1
		The law enforcement agency did not complete an evidentiary blood draw on the child after the child ingested an unknown substance.	1
	General - Civil Investigation		1
		A DFS caseworker reported to the detective that there was no history with the family, and this may have had an impact on the initial response to the criminal investigation.	1
	General - Criminal Investigation		2
		The law enforcement agency did not immediately respond to the hospital emergency department to conduct interviews.	1
		The law enforcement agency did not immediately assign the case to a detective.	1
	General - Criminal Investigation / Civil Investigation		4
		There was not an initial MDT response to the near death incident in compliance with the MOU and statute.	2
		There was not an initial MDT response to the death incident in compliance with the MOU and statute.	1
		The father was ruled out as a suspect almost immediately even though it was initially thought that the victim had a healing fracture in addition to the acute injury.	1
	Interviews - Adult		1
		In the prior investigation, DFS conducted interviews with the parents without the law enforcement agency present.	1

	Interviews - Child	4
	The father, who was not ruled out as a suspect, was permitted to transport the sibling to the forensic interview.	1
	Forensic interviews were not considered for the verbal children who attended the daycare.	1
	Forensic interview did not occur for the other child who resided in the home during the near death incident.	1
	Forensic interview did not occur for the sibling who resided in the home during the near death incident.	1
	Medical Exam	2
	Medical exams were not considered for the other children who attended the daycare.	1
	In the prior investigation, the older child in the home was not medically evaluated.	1
	Reporting	1
	In the prior investigation, the DFS caseworker delayed reporting to the law enforcement agency.	1
Medical		6
	Medical Exam/ Standard of Care - Autopsy	1
	Information, such as the victim's medical history, DFS history, and the Office of the Investigation Coordinator's referral to the MDT, was not considered in determining the cause and manner of death.	1
	Medical Exam/ Standard of Care - CARE Team	1
	There was no documentation of an evaluation by the CARE Team.	1
	Medical Exam/ Standard of Care - ED	1
	The children's hospital does not test for Fentanyl in its urine drug screen. As a result, the initial urine drug screen came back as negative, and this impacted the investigation.	1
	Medical Exam/ Standard of Care - PCP	1
	There was no documentation by the PCP that co-sleeping was discussed with the mother.	1
	Reporting	1
	There was no report to the DFS Report Line by the hospital emergency department for the first report of physical injuries, but a report was made after the child was seen by the CARE team.	1
	Transport	1
	The urgent care center allowed the mother to transport the child to the children's hospital, and did not send the child with alternative transportation.	1
Risk Assessment/ Caseloads		9
	Caseloads	7
	The DFS caseworker was over the investigation caseload statutory standards the entire time the case was open. However, it does not appear that the caseload negatively impacted the DFS response to the case.	4
	The DFS caseworker was at or over the investigation caseload statutory standards the entire time the case was open. However, it does not appear that the caseload negatively impacted the DFS response to the case.	1

		The DFS caseworkers were over the investigation caseload statutory standards during the current and prior investigations. However, it does not appear that the caseload negatively impacted the DFS response in those cases.	1
		The DFS caseworker was at or over the investigation caseload statutory standards the entire time the prior and current investigations were open. However, it does not appear that the caseload negatively impacted the DFS response to those cases.	1
	Collaterals		2
		In the prior investigation, history with the out of state child protective services agency was not checked by the DFS caseworker.	1
		In the prior investigation, a collateral contact was not completed with the mother's mental health provider to confirm her participation in treatment.	1
Safety/ Use of History/ Supervisory Oversight			6
	Safety - Completed Incorrectly/ Late		5
		In the prior investigation, there was a delay in safety planning for the victim, and the parents were experiencing homelessness and engaging in substance use.	1
		For the near death incident, the father was not considered in the safety agreement because he was not thought of as a possible suspect.	1
		In the prior investigation, no safety agreement was initially completed for the hospitalized victim.	1
		The hospital was told to restrict all visitors, but no formal safety agreement was completed for the near death incident.	1
		For the near death investigation, DFS entered into an initial safety agreement with a relative, but it was not completed for the hospitalized victim.	1
	Safety - Inappropriate Parent/ Relative Component		1
		In the prior investigation, DFS initially completed a safety agreement with a relative, who was not ruled out as a suspect.	1
Unresolved Risk			4
	Parental Risk Factors		3
		In the prior investigation, mental health issues were noted for the mother, but there was no documentation that the DFS caseworker attempted to assess the issues and the potential impact on child safety.	1
		In the prior investigation, DFS did not evaluate substance abuse issues for the parents by requesting that they complete a substance abuse evaluation after the victim was born with prenatal substance exposure.	1
		During the near death investigation, substance abuse issues were noted for the parents, but there was no documentation that the DFS caseworker attempted to assess the issues and the potential impact on child safety.	1

	Substance-Exposed Infant		1
		In the prior investigation, the Medication-Assisted Treatment (MAT) Provider did not appear to monitor the Plan of Safe Care or report Mother's ongoing substance use to DFS	1
Grand Total			**47**

FINAL REVIEWS

System Area	Finding	PUBLIC Rationale	Sum of #
MDT Response			1
	Crime Scene		1
		The SUIDI form was not completed by the law enforcement agency or forensic investigator, and it may have impacted the cause and manner of death.	1
Medical			1
	Reporting		1
		The urgent care center did not report the near death to the DFS Report Line.	1
Grand Total			**2**

TOTAL FINDINGS **49**

Child Abuse and Neglect Panel

Strengths Summary

November 18, 2020

INITIAL REVIEWS		
	***Current**	**Grand Total**
MDT Response	**2**	**2**
General - Criminal/Civil Investigation	2	2
Medical	**4**	**4**
Home Visiting Programs	1	1
Medical Exam/Standard of Care - CARE	1	1
Medical Exam/Standard of Care - Forensics	1	1
Reporting	1	1
Risk Assessment/ Caseloads	**2**	**2**
Collaterals	1	1
Reporting	1	1
Unresolved Risk	**1**	**1**
Contacts with Family	1	1
Grand Total	**9**	**9**

TOTAL CAN PANEL STRENGTHS **9**

*Current - within 1 year of incident

**Prior - 1 year or more prior to incident

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

Child Abuse and Neglect Panel

Strengths Detail

November 18, 2020

INITIAL REVIEWS

System Area	Strength	Rationale	Count of #
MDT Response			2
	General - Criminal/Civil Investigation		2
		There was good MDT communication and collaboration between DFS, the law enforcement agency, the medical team, and the DAG, to include a joint response to the hospital, joint interviews, a child safety agreement while the child was hospitalized, social admission of the child's siblings, and a timely charging decision.	1
		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 and the home, joint interviews, and medical evaluation of the sibling.	1
Medical			4
	Home Visiting Programs		1
		There was great effort by the evidence-based home visiting program to re-engage with Mother, which included multiple phone calls to the parents and letters mailed to the home.	1
	Medical Exam/ Standard of Care - CARE		1
		The Child at Risk Evaluation (CARE) Team submitted samples for testing of fentanyl despite there being no mention of or admission to using fentanyl by the caregivers.	1
	Medical Exam/ Standard of Care - Forensics		1
		During the prior hospitalization, the forensic nurse obtained photographs of the child's injuries upon presentation, and those photographs were shared with the law enforcement agency.	1
	Reporting		1
		The primary care physician made a referral to the DFS Report Line when Mother and child did not show for the child's scheduled well check, and noted that a Plan of Safe Care was in place due to infant born with prenatal substance exposure.	1
Risk Assessment/ Caseloads			2
	Collaterals		1
		During the prior hospitalization, there was good collaboration between DFS and the out-of-state child protection agency, which was thoroughly documented within the child's medical record.	1
	Reporting		1
		The Institutional Abuse investigator made a referral to the DFS Report Line when it was unclear where the child's suspected ingestion occurred, and the need for a family investigation was recognized.	1

Unresolved Risk		1
	Contacts with Family	1
		The treatment caseworker maintained regular, quality contact with the family throughout the treatment case, which included weekly visits. The treatment caseworker also responded jointly with the investigation caseworker throughout the death investigation. 1
Grand Total		**9**

TOTAL CAN PANEL STRENGTHS **9**

STATE OF DELAWARE
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

February 17, 2021

The Honorable John Carney
Office of the Governor
820 N. French Street, 12th 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 16 cases at its February 17, 2021 meeting.[1]

In 2020, Delaware experienced 9 child abuse or neglect deaths and 43 near deaths – a 24% increase from 2019. Please note that despite the pandemic, the Child Abuse and Neglect (CAN) Panel met conscientiously to assure that child abuse deaths and near deaths were timely reviewed. With the volume of deaths and near deaths to children that occurred between July and December 2020, CPAC is currently struggling with the CAN Panel caseload. The CAN Panel has agreed to add two additional meetings in the next few months in an effort to provide timely reviews; however, it is highly likely that reviews in the future may be delayed. CPAC is considering stricter criteria for review of near death cases, but even with application of that criteria, the numbers in the second half of 2020 were nearly double of those in the first half. And five new near death abuse and neglect cases occurred in January of 2021. These numbers are

[1] 16 Del. C. § 932.

troubling both in terms of child safety as well as in timely caseload management and retrospective review.

In September of 2020, CPAC and the Child Death Review Commission (CDRC) retreated virtually to review 100 child abuse and neglect deaths and near deaths that occurred between July 2017 and December 2019. Those cases resulted in 611 findings against various system areas. As a result of the virtual retreat, and with the help of a national consultant, the Commissions have developed a Joint Action Plan which CPAC approved today. It is anticipated that CDRC will approve it in March 2021. This action plan will serve as a blueprint for the Commissions and their various committees over the next two years. It is hopeful, as discussed below, that the findings that continue to be made in these retrospective reviews will decrease as the practices, policies and financial resources are put in place to reduce child abuse, child neglect and child mortality.

The Commissions were also able to better understand where children are dying and why -- and to hopefully guide the work done with law enforcement, the Division of Family Services, the medical community, the Department of Justice and other community partners as well as in the various committees tasked with system improvement. A few highlights include children continue to be harmed by their biological parents, in particular their mothers, in their own homes, and that children less than 6 months of age are at the highest risk of serious abuse or neglect. Predictive factors include history with the Division of Family Services, and a household history of criminal behavior, substance abuse and mental health disorders.

With respect to the 16 cases that were approved by CPAC today, here are the strengths and system breakdowns. Four of the cases approved (1 death and 3 near deaths) had been previously reviewed and were awaiting the completion of the criminal investigation. Three were initially prosecuted. Convictions were obtained resulting in one and two years of Level V incarceration on two of the cases. The other case was nolle prossed. Two strengths by the Division of Family Services were acknowledged.

The twelve remaining cases were from deaths or near deaths that occurred between April and July of 2020. Of these cases, seven will have no further review as there are no criminal charges (three were drug ingestion cases). Three of the remaining five cases have pending charges and the other two are still pending criminal investigations. All five will be reviewed again once prosecution is completed. The children in these

2020 cases range in age from three months to six years of age with one death and eleven near deaths. The one death is of a child who suffered near death abuse as an infant. The children were victims of abusive head trauma, poisoning via drug ingestion, and bone fractures. These twelve cases resulted in 17 strengths and 61 current findings across system areas.

For these April through July 2020 cases, 8 strengths and 21 findings were noted for the Multidisciplinary Team Response. The Office of the Child Advocate (OCA) has now contracted with a MDT Training and Policy Administrator with significant law enforcement expertise who has begun working with individual law enforcement jurisdictions on best practices, resources and compliance with the MOU. CPAC, OCA and the Office of the Investigation Coordinator will continue to push communication and collaboration with all MDT partners, and the following of best practices. The Joint Action Plan delineates the further steps this contracted position and CPAC must take to further best practices and MOU compliance by team members. CPAC will continue to identify resources to fund these necessary action steps.

The medical response had 5 findings together with 6 strengths. The medical response to child abuse and neglect cases was a significant focus in the retreat and resulting Joint Action Plan. Significant recommendations for improvement have been delineated that focus on more tailored education, coaching and support for various aspects of the medical profession, particularly hospitals and walk in care, as well as pediatric, family medicine and obstetrics/gynecological practices. The Joint Action Plan also focuses on getting specialized child abuse expertise downstate. CPAC is creating a workgroup chaired by medical professionals to tackle these significant tasks, and will be utilizing funds from mandatory reporting training to accomplish these goals. CPAC is hopeful with this targeted focus and the additional resources, it can begin to make a substantive impact on all aspects of Delaware's medical response to child abuse and neglect, as well as continue to empower the medical community to utilize Plans of Safe Care to assure supports for infants with prenatal substance exposure.

The Division of Family Services (DFS) had 2 strengths and 35 findings this quarter. Ten of those findings were regarding high caseloads. The rest of the findings continue to focus on timely and appropriate completion of safety agreements, unresolved risk, and collateral and family contacts. In the Joint Action Plan, CPAC

and CDRC, with full partnership by DSCYF, have recommended the following steps to improve worker and supervisory responses: develop and provide initial and ongoing training on the Structured Decision Making Safety and Risk Assessment tools; provide regular coaching and monitoring to DFS staff on child safety agreements; intensify DFS supervisory training and support on child safety agreements; develop an abbreviated DFS training for MDT partners; and utilize quarterly meetings to address findings from these cases with DFS staff.

Please note in the Joint Action Plan, that while not the result of child abuse and neglect deaths and near deaths, there is a recommendation to improve the multidisciplinary response to child sexual abuse cases in Delaware. Led by the Office of the Investigation Coordinator, this CPAC Committee and its more than 60 members, will be tackling the systemic barriers to the investigation, prosecution and treatment of Delaware's child sexual abuse cases which exceed more than 1,700 new alleged cases each year. This will be another monumental task that will hopefully significantly reduce the number of sexually abused children in Delaware, appropriately punish perpetrators of child sexual abuse, and ensure comprehensive and targeted services for children and their families – many of whom have suffered from multigenerational familial sexual abuse.

CPAC only brings you the most horrific of Delaware's child abuse 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
Executive Director
Child Protection Accountability Commission

Enclosures
cc: CPAC Commissioners
General Assembly

Child Protection Accountability Commission

Child Abuse and Neglect Panel

Strengths Summary

FEBRUARY 17, 2021

INITIAL REVIEWS

	*Current	Grand Total
Legal	**1**	**1**
Court Hearings/ Process	1	1
MDT Response	**8**	**8**
Crime Scene	1	1
General - Criminal Investigation	2	2
General - Criminal/Civil Investigation	4	4
Interviews - Child	1	1
Medical	**6**	**6**
Documentation / Reporting	1	1
Home Visiting Programs	3	3
Medical Exam/Standard of Care - Specialists	1	1
Reporting	1	1
Risk Assessment/ Caseloads	**2**	**2**
Collaterals	1	1
Risk Assessment - Opened Despite Risk Level	1	1
Grand Total	**17**	**17**

FINAL REVIEWS

	*Current	Grand Total
Safety/ Use of History/ Supervisory Oversight	**2**	**2**
Oversight of Agreement	1	1
Supervisory Oversight	1	1
Grand Total	**2**	**2**

TOTAL CAN PANEL STRENGTHS **19**

*Current - within 1 year of incident

**Prior - 1 year or more prior to incident

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

Child Protection Accountability Commission

Child Abuse and Neglect Panel

Strengths Detail

FEBRUARY 17, 2021

INITIAL REVIEWS

System Area	Strength	Rationale	Count of #
Legal			1
	Court Hearings/ Process		1
		There was good communication and collaboration between the Criminal DAG, the Civil DAG, and the OCA Child Attorney.	1
MDT Response			8
	Crime Scene		1
		Despite a consent search initially being conducted at the paternal aunt's home, following disclosures of abuse at the forensic interview, a search warrant was executed at the home.	1
	General - Criminal Investigation		2
		The criminal investigation remained with the State police agency rather than bring transferred to the smaller law enforcement jurisdiction.	1
		The law enforcement detective assigned to the case conducted an excellent investigation, and the persistent investigative actions resulted in the arrest of both parents.	1
	General - Criminal/Civil Investigation		4
		There was good communication and collaboration between the law enforcement agency and the DFS caseworker given the parents' efforts to avoid authorities.	1
		Although there was not an initial joint response to the investigation, there was good communication and collaboration between the law enforcement agency and the DFS caseworker throughout the remainder of the investigation.	1
		There was good MDT communication and collaboration between DFS, the law enforcement agency, the medical team, and the DAG, to include a joint response to the home, joint interviews, medical evaluations of the minor children residing in the home, and attempted forensic interviews of the minor children residing in the home.	1
		There was a good MDT response to the near-death/death investigation by the local law enforcement agency and DFS, to include a joint response to the home and joint interviews, and communication with the medical team.	1
	Interviews - Child		1
		The forensic interview occurred with the victim prior to hospital discharge.	1

Child Protection Accountability Commission

Child Abuse and Neglect Panel

Strengths Detail

FEBRUARY 17, 2021

Medical		6
	Documentation / Reporting	1
	The emergency medical services report was thoroughly documented, and an immediate report was made to the DFS Report Line.	1
	Home Visiting Programs	3
	The early intervention caseworker made a report to the DFS caseworker with concerns regarding inappropriate comments made by the foster parent during an initial visit.	1
	There was great effort by the evidence-based home visiting program to re-engage with Mother, which included multiple phone calls by the caseworker and the provider.	1
	There was great effort by the evidence-based home visiting program to re-engage with the relative caregivers, and to follow up with all the necessary service coordination ensuring the child's needs were met.	1
	Medical Exam/Standard of Care - Specialists	1
	There was good communication between the medical team and the DFS caseworker to establish an appropriate discharge plan for the child.	1
	Reporting	1
	The paramedics and emergency medical services, who responded to the home, made reports to the DFS Report Line acknowledging other minor children in the home.	1
Risk Assessment/ Caseloads		2
	Collaterals	1
	Strong collaterals were completed from the children's state of residence, to include the child protective services agency, the school, mental health and medical providers. Historical allegations were cleared and appropriate services were discussed with the child protective services agency prior to the child's medical transfer.	1
	Risk Assessment - Opened Despite Risk Level	1
	The near death investigation was transferred to treatment despite only moderate risk and no finding of abuse or neglect.	1
Grand Total		**17**

Child Protection Accountability Commission

Child Abuse and Neglect Panel

Strengths Detail

FEBRUARY 17, 2021

FINAL REVIEWS

System Area	Strength	Rationale	Count of #
Safety/ Use of History/ Supervisory Oversight			2
	Supervisory Oversight		1
		An administrative review was completed of the parents' psychological evaluations to ensure child safety was appropriately assessed, which resulted in follow up evaluations being completed with the parents.	1
	Oversight of Agreement		1
		The DFS treatment worker closely monitored the family before and after trial reunification, and continued for an additional 30 days after custody of the children was rescinded to the parents.	1
Grand Total			**2**

TOTAL CAN PANEL STRENGTHS **19**

Child Protection Accountability Commission

Child Abuse and Neglect Panel

Findings Summary

FEBRUARY 17, 2021

INITIAL REVIEWS		
	***Current**	**Grand Total**
MDT Response	**21**	**21**
Communication	1	1
Crime Scene	2	2
Documentation	1	1
General - Civil Investigation	2	2
General - Criminal Investigation	1	1
General - Criminal Investigation / Civil Investigation	8	8
Interviews - Adult	1	1
Interviews - Child	3	3
Medical Exam	2	2
Medical	**5**	**5**
Home Visiting Programs	1	1
Medical Exam/ Standard of Care - ED	2	2
Medical Exam/ Standard of Care - PCP	1	1
Reporting	1	1
Risk Assessment/ Caseloads	**14**	**14**
Caseloads	10	10
Collaterals	3	3
Risk Assessment - Tools	1	1
Safety/ Use of History/ Supervisory Oversight	**14**	**14**
Safety - Completed Incorrectly/ Late	9	9
Safety - Inappropriate Parent/ Relative Component	3	3
Safety - Violations of Safety Agreements	1	1
Supervisory Oversight	1	1
Unresolved Risk	**7**	**7**
Child Risk Factors	1	1
Contacts with Family	3	3
Parental Risk Factors	3	3
Grand Total	**61**	**61**

TOTAL CAN PANEL FINDINGS **61**

*Current - within 1 year of incident
**Prior - 1 year or more prior to incident

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

Child Protection Accountability Commission

Child Abuse and Neglect Panel

Findings Detail

FEBRUARY 17, 2021

INITIALS REVIEWS

System Area	Finding	PUBLIC Rationale	Sum of #
MDT Response			21
	Communication		1
		The law enforcement agency did not initially contact DOJ regarding the near death incident.	1
	Crime Scene		2
		No scene investigation was completed by the law enforcement agency. As a result, the scene was not photographed and no evidence was collected.	1
		The law enforcement agency did not complete an evidentiary blood draw on the child after the child ingested a controlled substance.	1
	Documentation		1
		There was no documentation in the police report by the lead detective.	1
	General - Civil Investigation		2
		An incident proceeding the near death was still active at the time of the near death investigation, and there was no consultation between the two DFS caseworkers.	1
		During the initial response to near death incident, the DFS caseworker did not observe where the substances were found in the home that resulted in the drug ingestion.	1
	General - Criminal Investigation		1
		The law enforcement agency did not immediately assign the case to a detective.	1
	General - Criminal Investigation / Civil Investigation		8
		There was not an initial MDT response to the near death incident in compliance with the MOU and statute.	3
		There was not an initial MDT response to the near death incident in compliance with the MOU and statute. DFS was called by law enforcement but did not immediately respond.	1
		Due to a miscommunication between DFS and the 911 dispatcher, there was not an initial MDT response to the near death incident resulting in the following missing investigative steps: joint interviews, blood draw, crime scene and collection of evidence.	1
		There was not an initial MDT response to the near death incident in compliance with the MOU and statute. Law enforcement delayed its report to DFS.	1
		Due to a miscommunication between DFS and the 911 dispatcher, there was not an initial MDT response to the near death incident in compliance with the MOU.	1
		There was not an initial MDT response to the near death incident in compliance with the MOU and statute. DFS delayed its report to LE.	1

	Interviews - Adult	1
	During the near death investigation, DFS conducted interviews with the mother and later a non-relative caregiver without the law enforcement agency present.	1
	Interviews - Child	3
	Forensic interview did not occur for the half siblings who resided in the home during the near death incident.	1
	Forensic interviews were not considered for the siblings, and there was no documentation of DFS or law enforcement interviews with the siblings.	2
	Medical Exam	2
	In the prior investigation, there was no follow up with the CARE Team to discuss the interpretation of medical findings.	1
	All of the children who resided in the home during the near death incident were not medically evaluated.	1
Medical		5
	Home Visiting Programs	1
	There was no documentation that the teen mother was referred for evidence-based home visiting services during her pregnancy.	1
	Medical Exam/ Standard of Care - ED	2
	The child was discharged by the trauma center without a full CARE team assessment and evaluation.	1
	In the prior investigation, the hospital discharged the victim prior to the arrival of the DFS caseworker.	1
	Medical Exam/ Standard of Care - PCP	1
	The child's height and weight were inaccurately documented by the PCP in the medical record. As a result, the child's growth was unclear.	1
	Reporting	1
	There was no report to the DFS Report Line by the hospital emergency department for the near death incident, but a report was made by the CARE team.	1
Risk Assessment/ Caseloads		14
	Caseloads	10
	The DFS caseworker was over the investigation caseload statutory standards the entire time the case was open. However, it does not appear that the caseload negatively impacted the DFS response to the case.	1
	The DFS caseworker was over the investigation caseload statutory standards the entire time the case was open, and the caseload appears to have had a negative impact on the response in the case.	1
	The DFS caseworker was 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. There was no impact in the near death investigation.	1

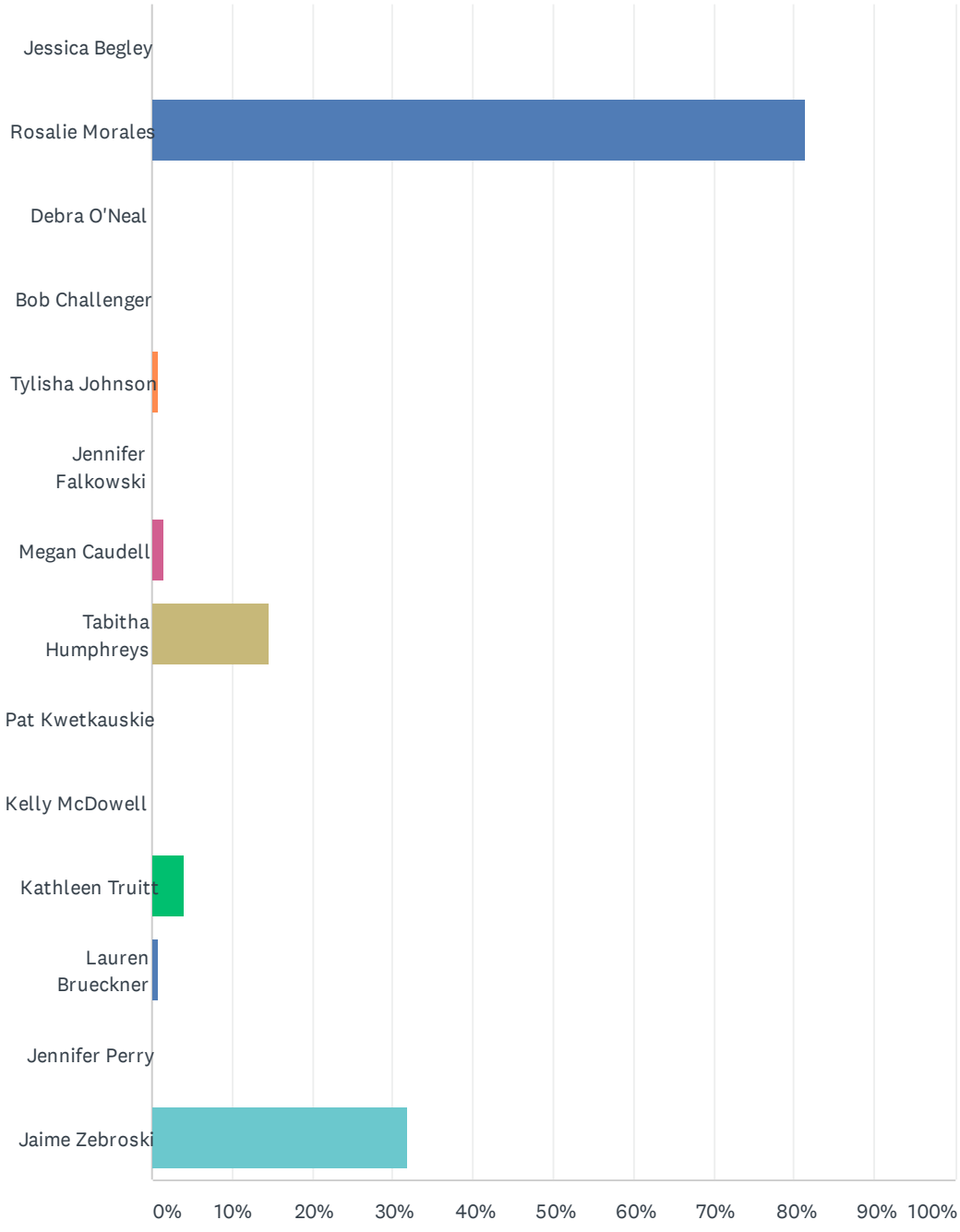
	The DFS caseworker was over the investigation caseload statutory standards the entire time the case was open, and the caseload appears to have had a negative impact on the timeliness of the case closure.	1
	The DFS caseworker was over the investigation caseload statutory standards during the current and prior investigations, and the caseload appears to have had a negative impact on the case progress and timeliness of the case closure. There was no impact in the near death investigation.	1
	The DFS caseworker was over the investigation caseload statutory standards the entire time the case was open. However, it does not appear that the caseload negatively impacted the DFS response to the case.	4
	The DFS caseworkers were over the investigation and treatment (subsequent case) caseload statutory standards while the cases were open. However, it does not appear that the caseloads negatively impacted the DFS response to those cases.	1
	Collaterals	3
	In the prior investigation, collateral information was not requested from service providers in the home, and the case was still abridged.	1
	During the near death incident, a collateral contact was not completed with the PCP for the siblings, and a few of the siblings also ingested the controlled substance.	1
	During the near death incident, a collateral contact was not completed with the PCP for the siblings.	1
	Risk Assessment - Tools	1
	In the near death investigation, the SDM Risk Assessment was not completed correctly. The assessment was completed on the wrong household, and the case was scored low and closed.	1
Safety/ Use of History/ Supervisory Oversight		14
	Safety - Completed Incorrectly/ Late	9
	During the near death investigation, no safety agreement was initially completed for the hospitalized victim.	3
	During the near death investigation, there was a delay in safety planning for the hospitalized victim and three other children in the home. A safety agreement was not put in place until three days after the incident.	1
	During the near death investigation, DFS was inconsistent in its safety planning. Mother's contact was restricted with the victim, but not with the victim's half siblings. It was not appropriate to plan with mother due to her history.	1
	DFS did not initially conduct a home assessment at the mother's home, where the near death incident occurred. Once completed, it was discovered that a staircase was broken and unsafe for the half siblings in the home.	1
	During the near death investigation, no safety agreement was completed for the hospitalized victim.	1
	During the near death investigation, DFS did not complete a safety agreement for the siblings and other children in the home when DFS and law enforcement first responded to the home.	1

	For the near death investigation, DFS entered into a safety agreement with a relative, but there was no documentation that a home assessment was conducted.	1
Safety - Inappropriate Parent/ Relative Component		3
	During the near death investigation, DFS implemented a safety agreement allowing the mother and non-relative caregiver to have supervised contact with the children, and restricting Father's contact. However, contact should have been restricted with all parties until they were ruled out as suspects.	1
	The paramour's three children were medically examined and discharged to her care without a safety agreement. She had not been ruled out as a suspect.	1
	During the near investigation, DFS implemented a safety agreement for the victim's half siblings; however, the caseworker entered into the agreement with mother, who was violating a criminal no contact order and allowing contact between the children and a registered sex offender.	1
Safety - Violations of Safety Agreements		1
	During the near death investigation, DFS was informed by law enforcement that the safety agreement was violated by the mother and non-relative caregiver; however, there no immediate action taken by DFS.	1
Supervisory Oversight		1
	For the near death investigation, DFS terminated the safety agreement prematurely. Collateral contacts and referrals for services were not completed, and risk factors included an unexplained injury to a young child, teen parents, and an uncooperative father who was responsible for caregiving.	1
Unresolved Risk		7
Child Risk Factors		1
	During the near death investigation, the family did not follow through with any follow up appointments by the CARE team or other specialists, and there was no documentation by the DFS caseworker that this was addressed.	1
Contacts with Family		3
	During the near death investigation, the initial contact with the victim was delayed. The victim was not seen until three days after the DFS report was received.	1
	In the prior investigation, the assigned worker did not follow up with family until approximately three months after the initial response by the after-hours worker. Timely follow up was necessary since the injury was suspicious and there were concerns with bed sharing.	1
	For the incident preceding the near death, the DFS caseworker did not collect information about who else resided in the home or complete background checks.	1

	Parental Risk Factors	3
	In the prior investigation, there was no documentation that the DFS caseworker assessed the use of substances by mother.	1
	In the prior investigation, there was no attempt by the DFS caseworker to corroborate the allegations of domestic violence (e.g., interviews with child or collaterals with family).	1
	DFS did not evaluate substance abuse issues for the parents by requesting that they complete a substance abuse evaluation. Risk factors included: admission of substance use by the parents, history of infants born with prenatal substance exposure, recent criminal history and the circumstances of the near death incident.	1
Grand Total		**61**

Q1 Enter the Trainer's name.

Answered: 129 Skipped: 93



ANSWER CHOICES	RESPONSES	
Jessica Begley	0.00%	0
Rosalie Morales	81.40%	105
Debra O'Neal	0.00%	0
Bob Challenger	0.00%	0
Tylisha Johnson	0.78%	1
Jennifer Falkowski	0.00%	0
Megan Caudell	1.55%	2
Tabitha Humphreys	14.73%	19
Pat Kwetkauskie	0.00%	0
Kelly McDowell	0.00%	0
Kathleen Truitt	3.88%	5
Lauren Brueckner	0.78%	1
Jennifer Perry	0.00%	0
Jaime Zebroski	31.78%	41
Total Respondents: 129		

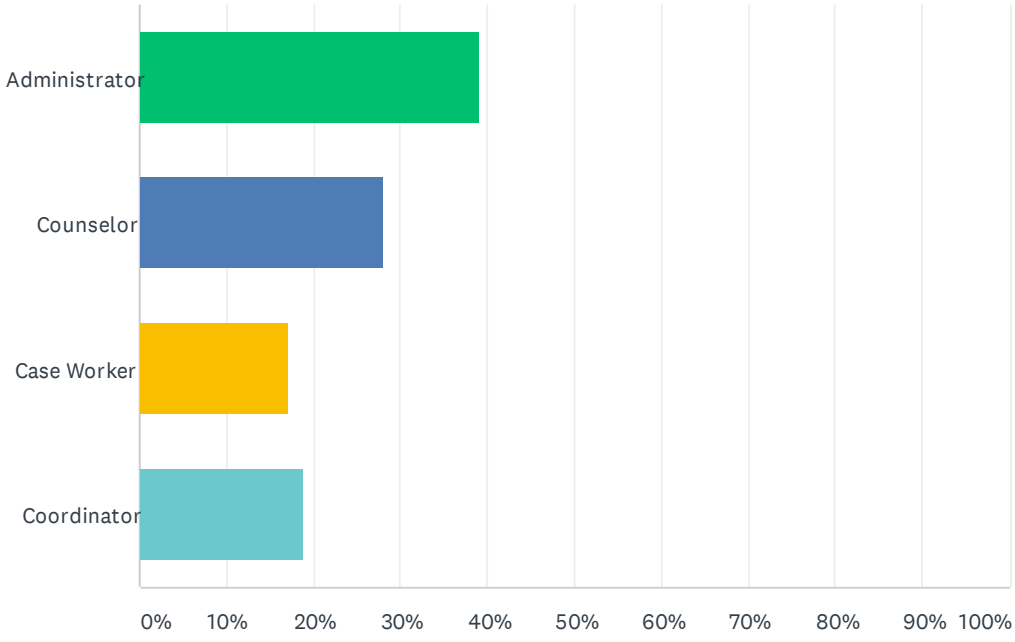
Q2 Enter the date of the training.

Answered: 222 Skipped: 0

ANSWER CHOICES	RESPONSES	
Use format listed.	100.00%	222

Q3 Enter the Respondent's Position if listed.

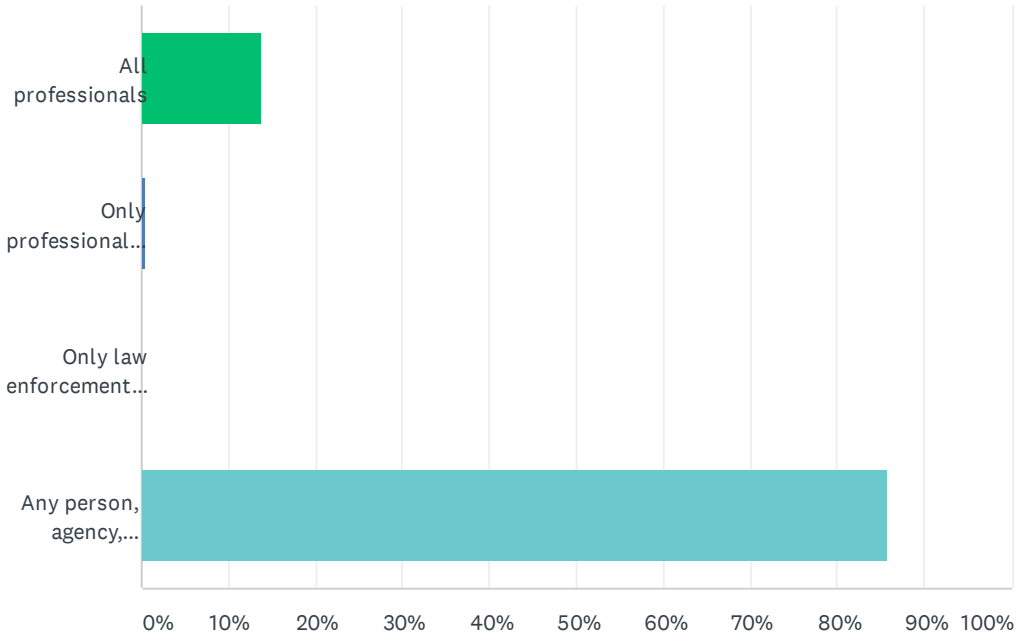
Answered: 64 Skipped: 158



ANSWER CHOICES	RESPONSES	
Administrator	39.06%	25
Counselor	28.13%	18
Case Worker	17.19%	11
Coordinator	18.75%	12
Total Respondents: 64		

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

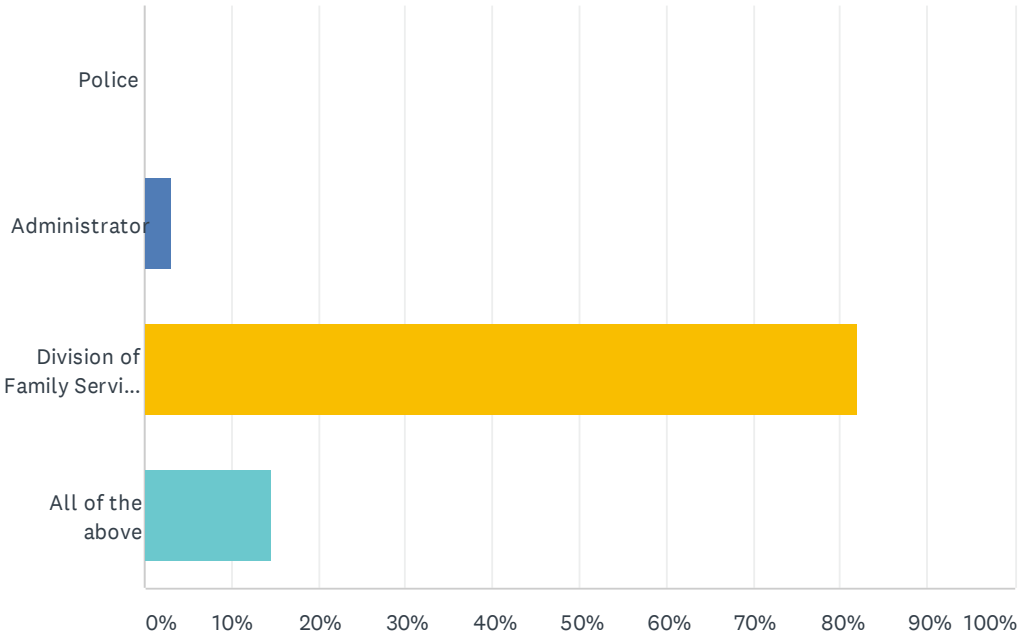
Answered: 218 Skipped: 4



ANSWER CHOICES	RESPONSES	
All professionals	13.76%	30
Only professionals that work directly with children (i.e. teachers, physicians)	0.46%	1
Only law enforcement officers	0.00%	0
Any person, agency, organization or entity	85.78%	187
TOTAL		218

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

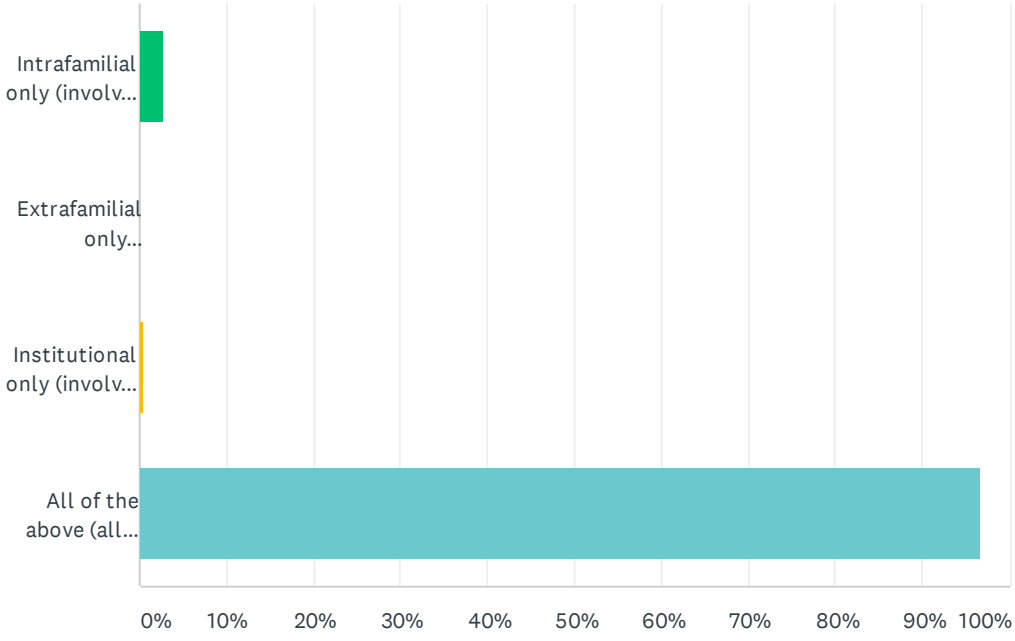
Answered: 217 Skipped: 5



ANSWER CHOICES	RESPONSES	
Police	0.00%	0
Administrator	3.23%	7
Division of Family Services Child Abuse and Neglect Report Line	82.03%	178
All of the above	14.75%	32
TOTAL		217

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

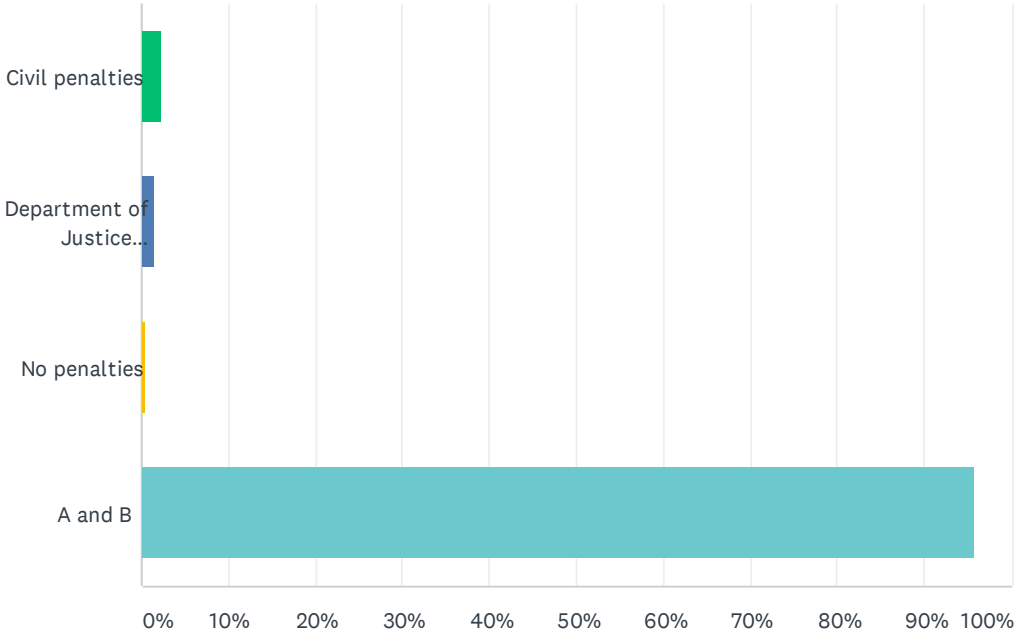
Answered: 214 Skipped: 8



ANSWER CHOICES	RESPONSES	
Intrafamilial only (involving parent, guardian, custodian, or member of the household)	2.80%	6
Extrafamilial only (perpetrator is not a member of the household or family)	0.00%	0
Institutional only (involving licensed child placement facilities)	0.47%	1
All of the above (all suspected abuse and neglect of any child, birth to age 18)	96.73%	207
TOTAL		214

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:

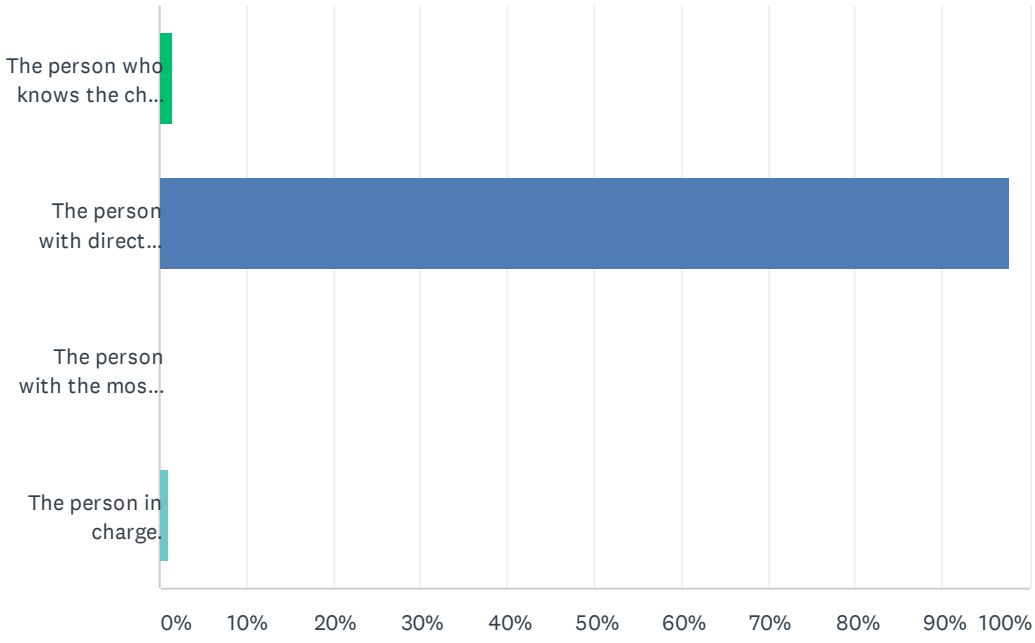
Answered: 211 Skipped: 11



ANSWER CHOICES	RESPONSES	
Civil penalties	2.37%	5
Department of Justice investigation	1.42%	3
No penalties	0.47%	1
A and B	95.73%	202
TOTAL		211

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

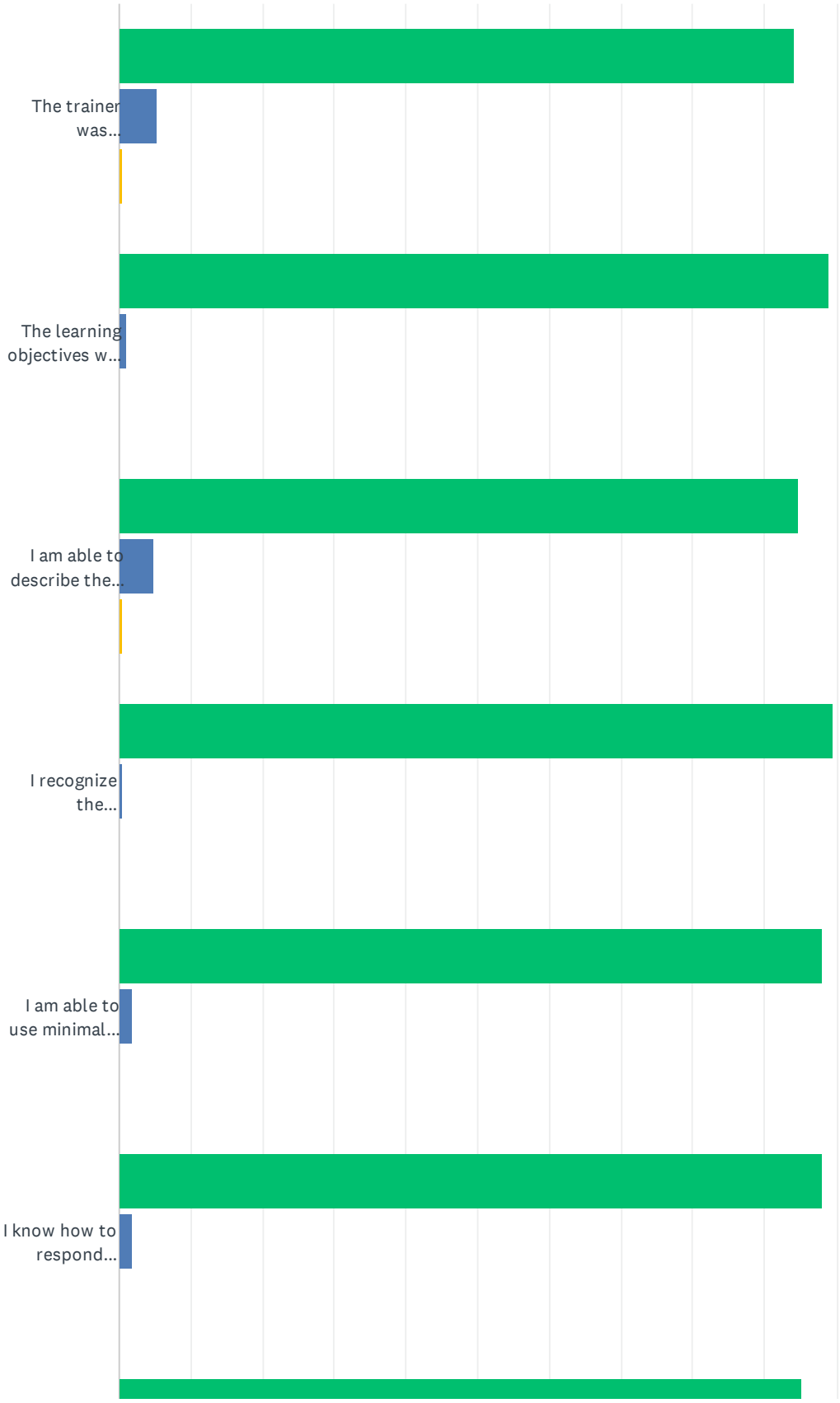
Answered: 209 Skipped: 13

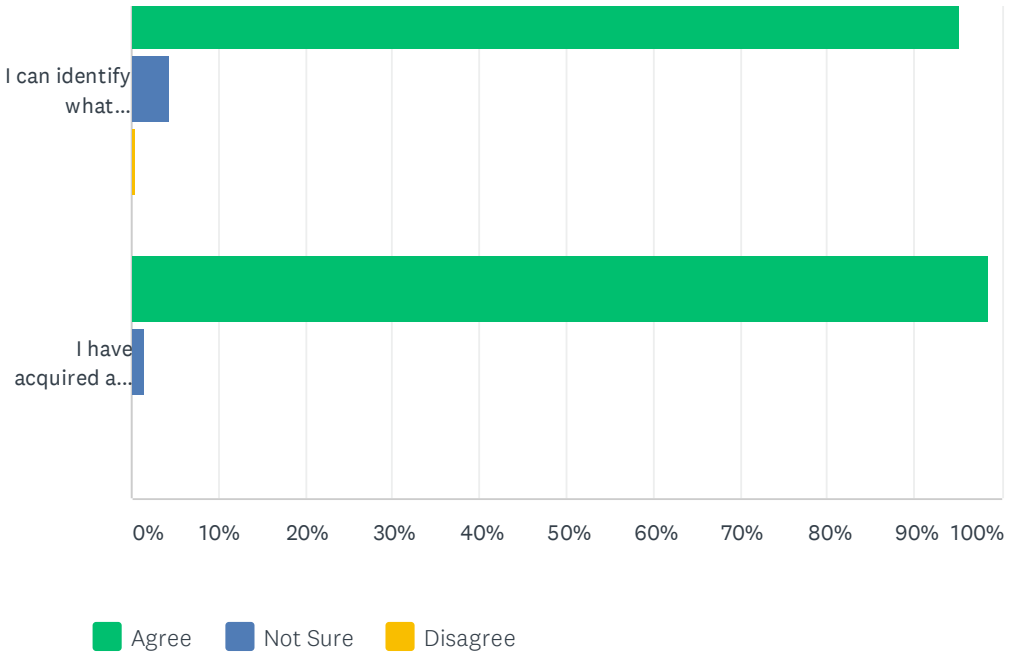


ANSWER CHOICES	RESPONSES	
The person who knows the child best.	1.44%	3
The person with direct knowledge.	97.61%	204
The person with the most time.	0.00%	0
The person in charge.	0.96%	2
TOTAL		209

Q9 Please rate each of the following statements.

Answered: 208 Skipped: 14





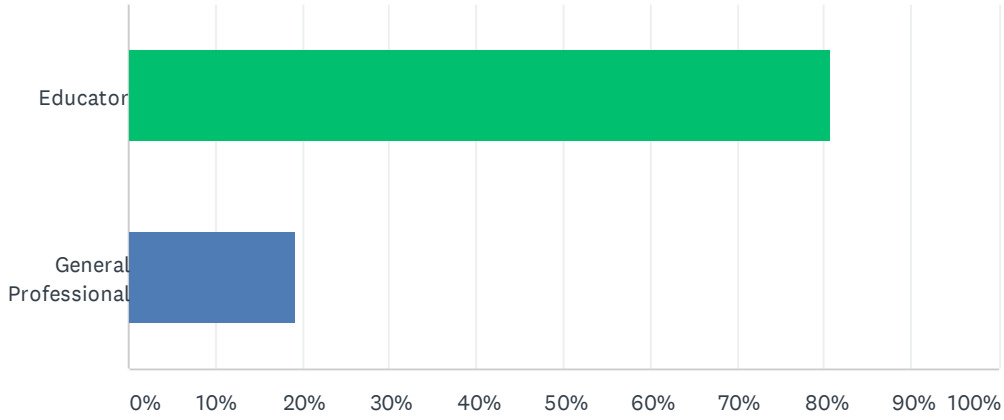
	AGREE	NOT SURE	DISAGREE	TOTAL	WEIGHTED AVERAGE
The trainer was knowledgeable and communicated effectively.	94.23% 196	5.29% 11	0.48% 1	208	1.06
The learning objectives were met.	99.04% 206	0.96% 2	0.00% 0	208	1.01
I am able to describe the reporting law and reporting procedure for the State of Delaware.	94.71% 197	4.81% 10	0.48% 1	208	1.06
I recognize the relationship between physical and behavioral indicators and suspicion of child abuse and neglect.	99.52% 207	0.48% 1	0.00% 0	208	1.00
I am able to use minimal fact questions when indicators are observed and/or a disclosure is made.	98.08% 204	1.92% 4	0.00% 0	208	1.02
I know how to respond appropriately when children disclose allegations of abuse or neglect.	98.06% 202	1.94% 4	0.00% 0	206	1.02
I can identify what information to expect from DFS following a report of child abuse or neglect.	95.17% 197	4.35% 9	0.48% 1	207	1.05
I have acquired a basic understanding of the civil and criminal definitions in statute for the various types of child maltreatment.	98.55% 204	1.45% 3	0.00% 0	207	1.01

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

Answered: 41 Skipped: 181

Q1 Please select the reporter group that best describes you.

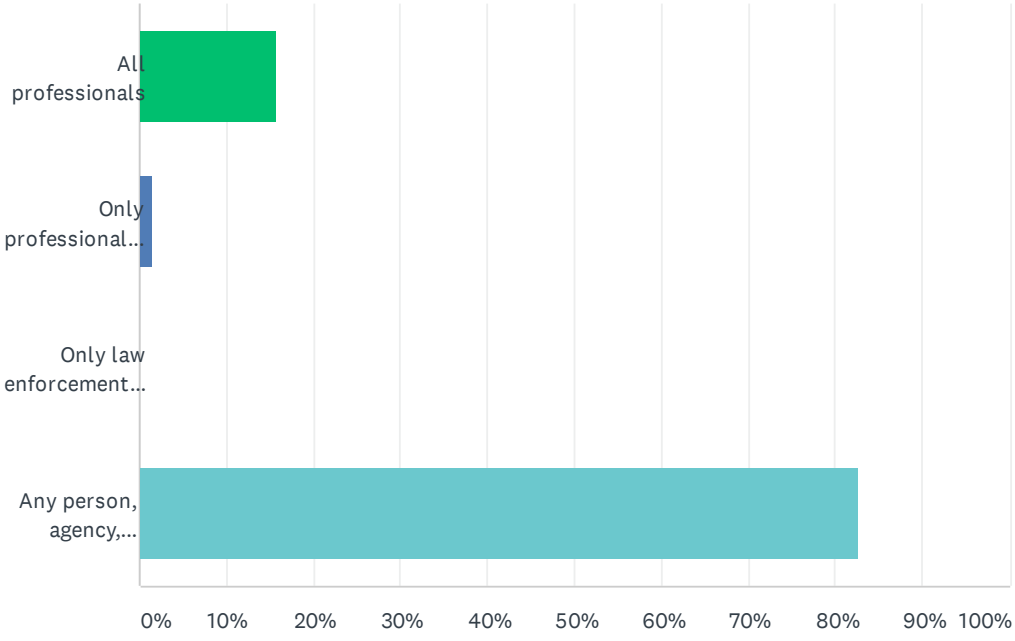
Answered: 5,276 Skipped: 30



ANSWER CHOICES	RESPONSES	
Educator	80.82%	4,264
General Professional	19.18%	1,012
TOTAL		5,276

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

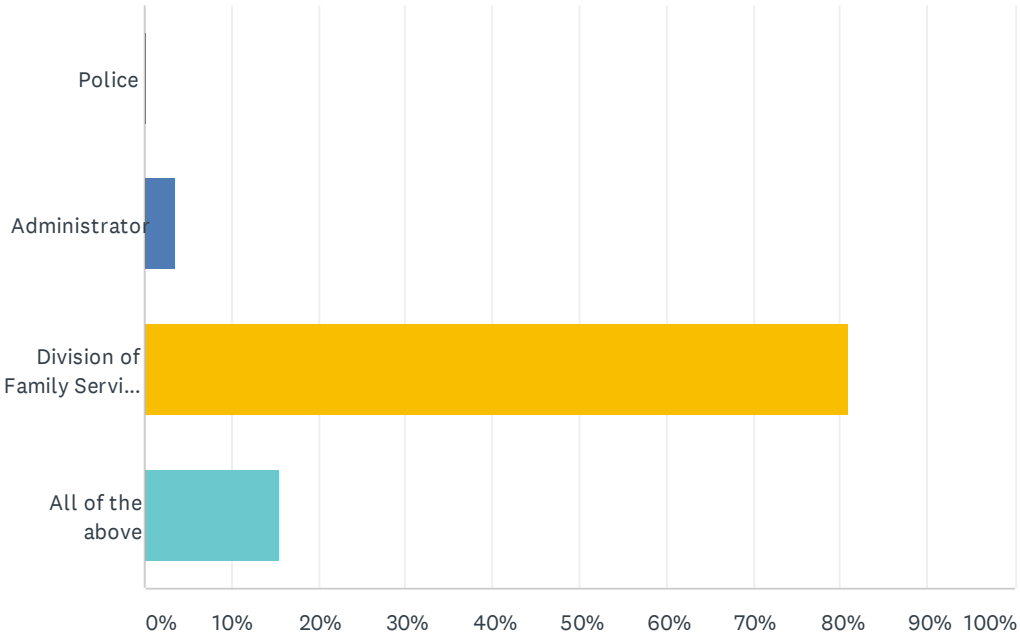
Answered: 5,306 Skipped: 0



ANSWER CHOICES	RESPONSES	
All professionals	15.77%	837
Only professionals that work directly with children (i.e. teachers, physicians)	1.55%	82
Only law enforcement officers	0.08%	4
Any person, agency, organization or entity	82.60%	4,383
TOTAL		5,306

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

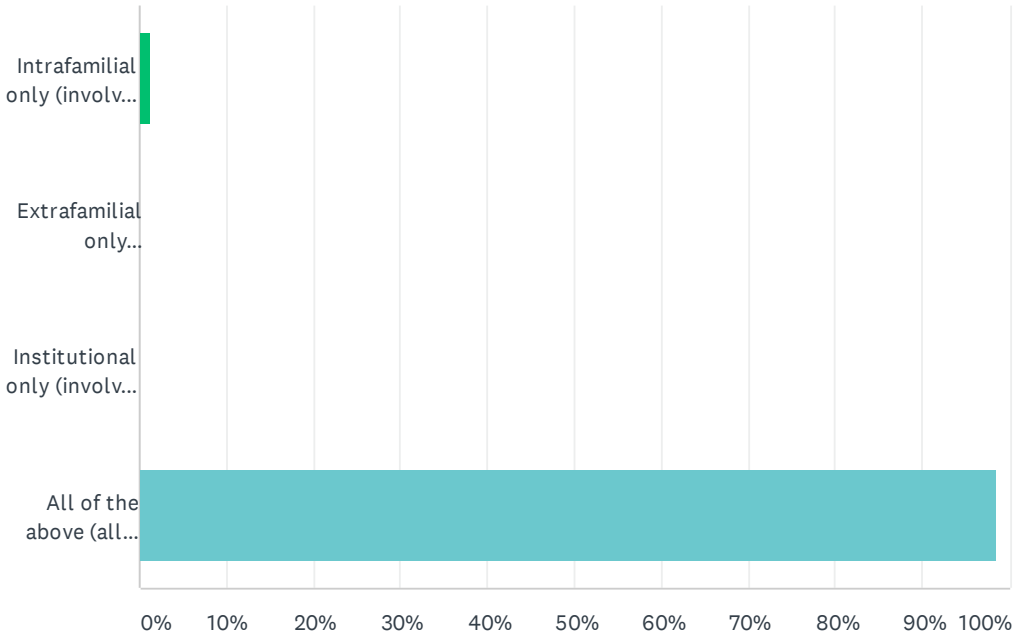
Answered: 5,286 Skipped: 20



ANSWER CHOICES	RESPONSES	
Police	0.17%	9
Administrator	3.46%	183
Division of Family Services Child Abuse and Neglect Report Line	80.91%	4,277
All of the above	15.46%	817
TOTAL		5,286

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

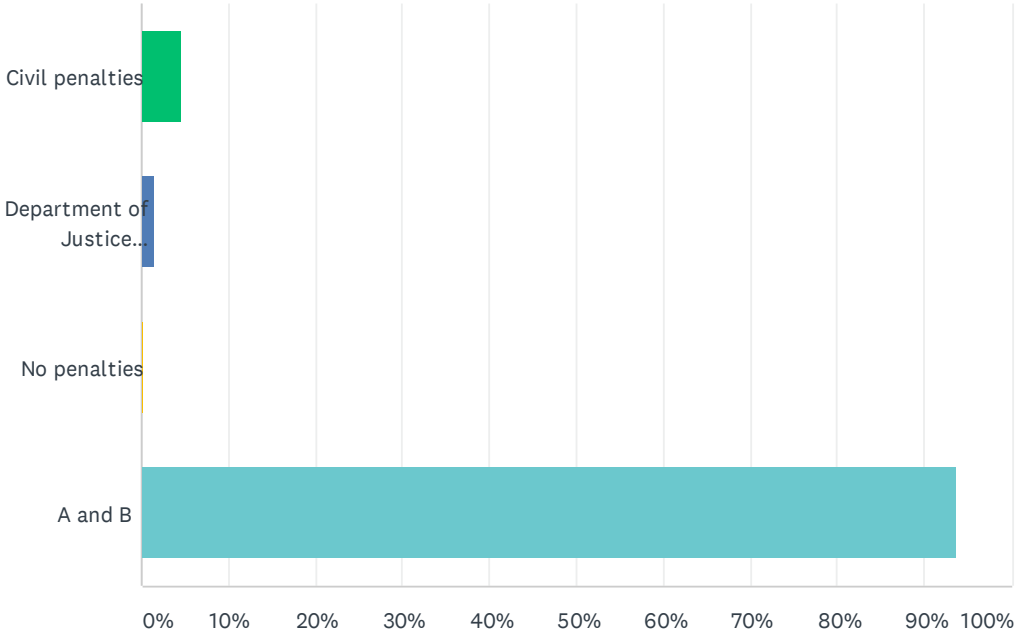
Answered: 5,262 Skipped: 44



ANSWER CHOICES	RESPONSES	
Intrafamilial only (involving parent, guardian, custodian, or member of the household)	1.27%	67
Extrafamilial only (perpetrator is not a member of the household or family)	0.08%	4
Institutional only (involving licensed child placement facilities)	0.04%	2
All of the above (all suspected abuse and neglect of any child, birth to age 18)	98.61%	5,189
TOTAL		5,262

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:

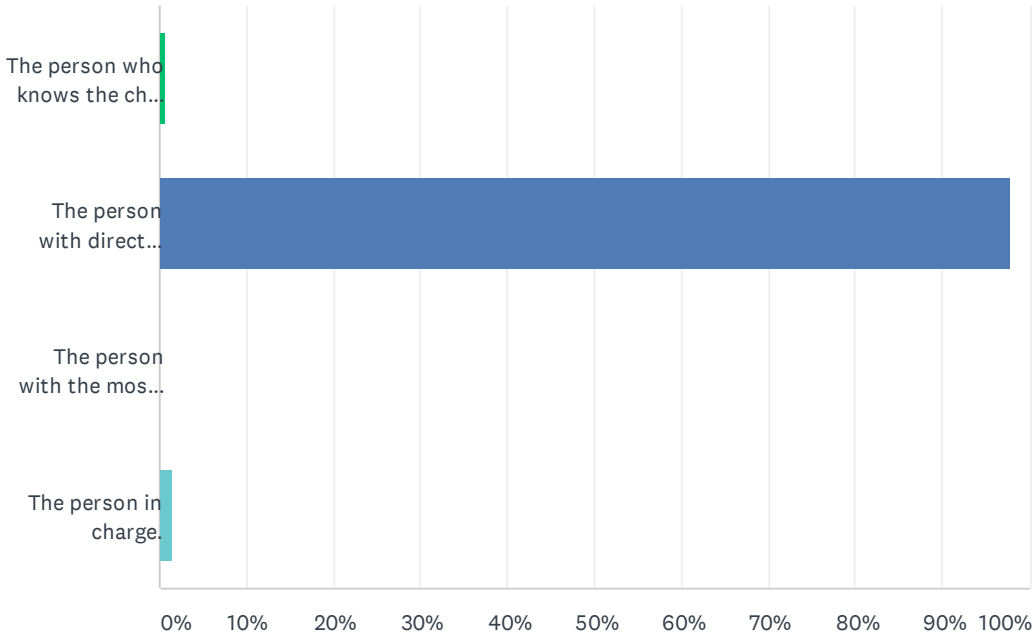
Answered: 5,253 Skipped: 53



ANSWER CHOICES	RESPONSES	
Civil penalties	4.53%	238
Department of Justice investigation	1.56%	82
No penalties	0.21%	11
A and B	93.70%	4,922
TOTAL		5,253

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

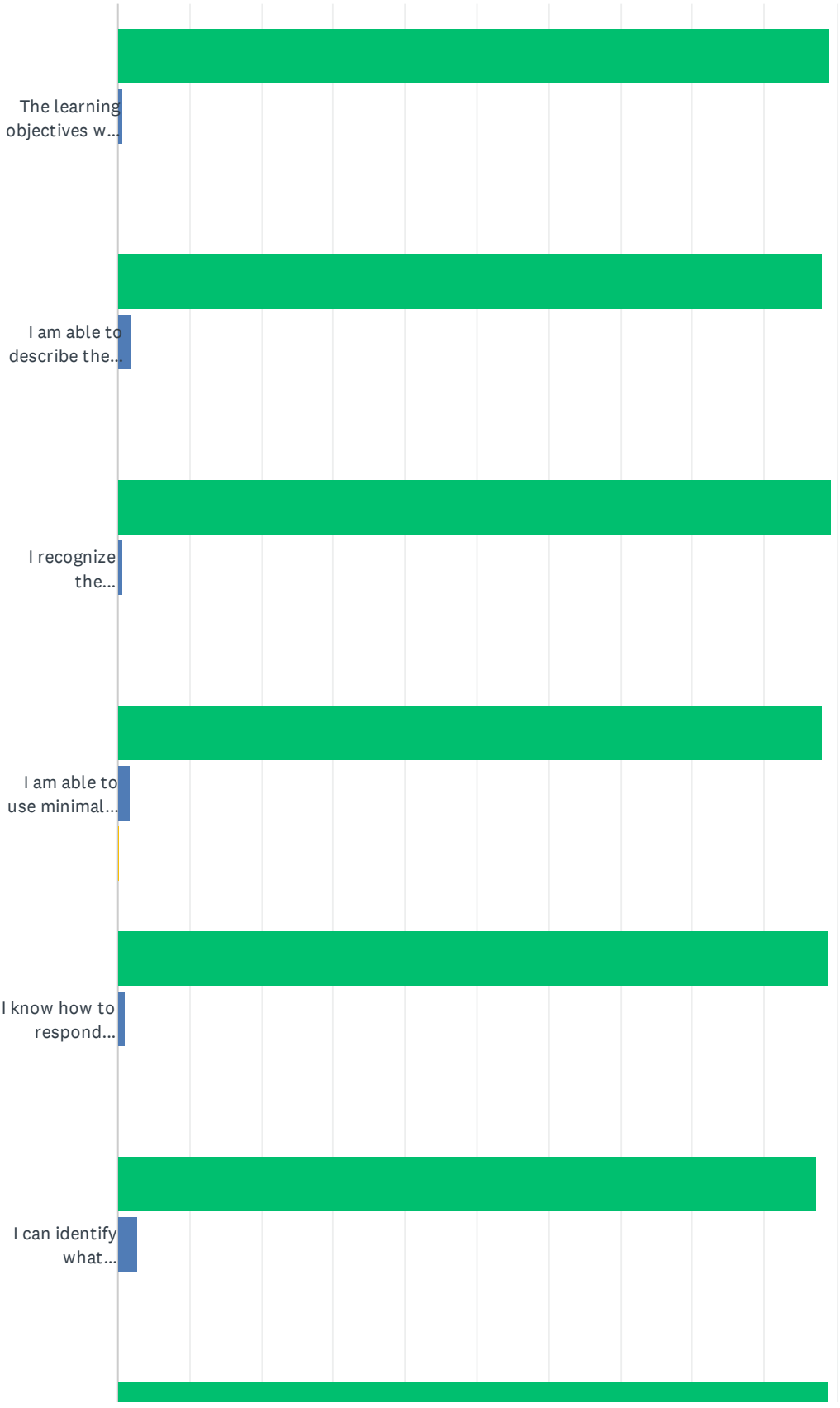
Answered: 5,239 Skipped: 67

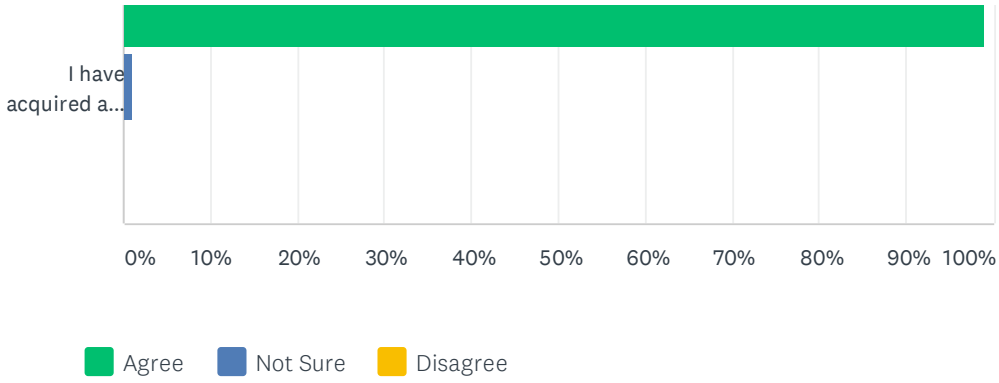


ANSWER CHOICES	RESPONSES	
The person who knows the child best.	0.65%	34
The person with direct knowledge.	97.86%	5,127
The person with the most time.	0.06%	3
The person in charge.	1.43%	75
TOTAL		5,239

Q7 Please rate each of the following statements.

Answered: 5,236 Skipped: 70





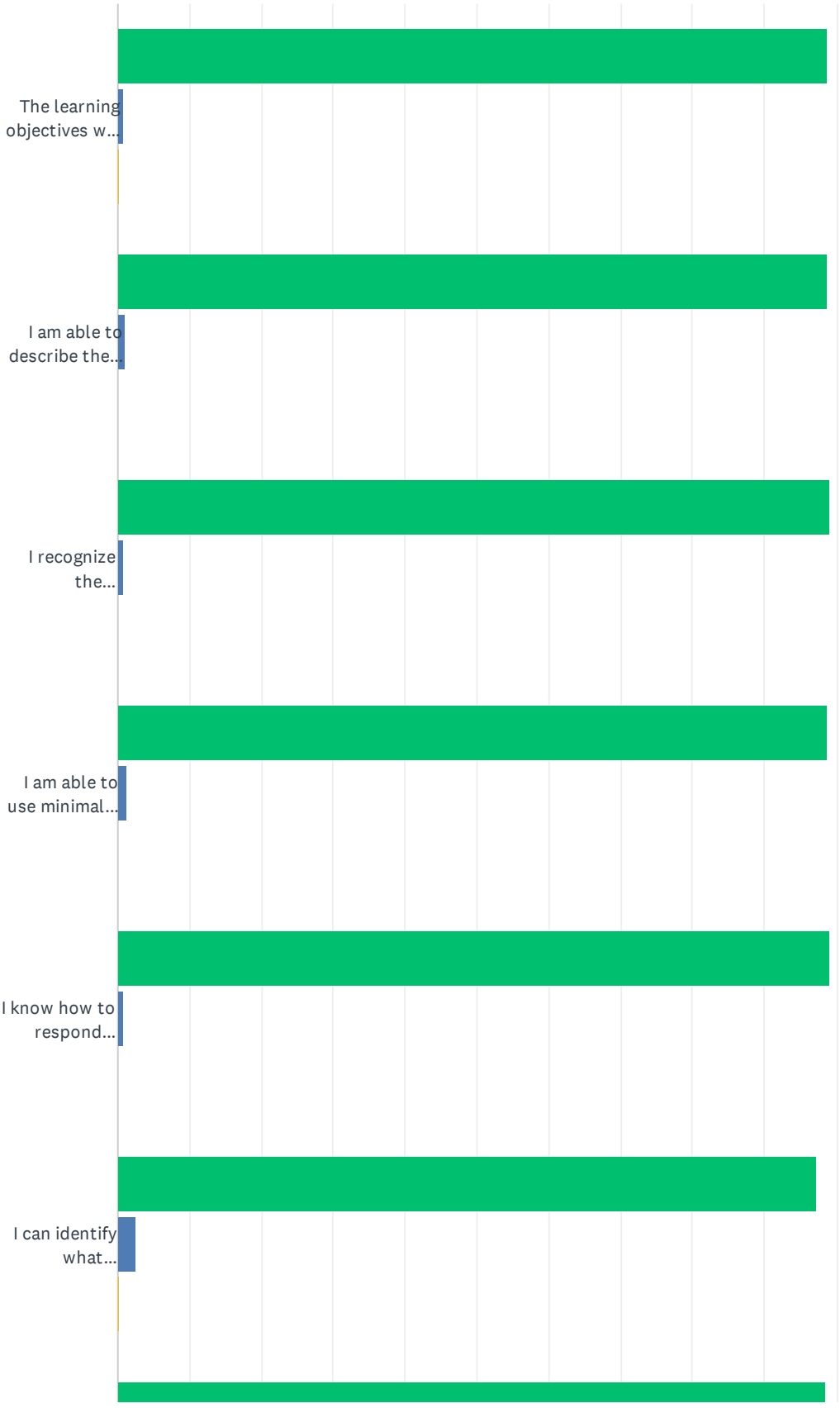
	AGREE	NOT SURE	DISAGREE	TOTAL	WEIGHTED AVERAGE
The learning objectives were met.	99.24% 5,196	0.73% 38	0.04% 2	5,236	1.01
I am able to describe the reporting law and reporting procedure for the State of Delaware.	98.13% 5,138	1.80% 94	0.08% 4	5,236	1.02
I recognize the relationship between physical and behavioral indicators and suspicion of child abuse and neglect.	99.37% 5,203	0.61% 32	0.02% 1	5,236	1.01
I am able to use minimal fact questions when indicators are observed and/or a disclosure is made.	98.09% 5,136	1.76% 92	0.15% 8	5,236	1.02
I know how to respond appropriately when children disclose allegations of abuse or neglect.	98.89% 5,178	1.07% 56	0.04% 2	5,236	1.01
I can identify what information to expect from DFS following a report of child abuse or neglect.	97.21% 5,090	2.73% 143	0.06% 3	5,236	1.03
I have acquired a basic understanding of the civil and criminal definitions in statute for the various types of child maltreatment.	98.97% 5,182	1.01% 53	0.02% 1	5,236	1.01

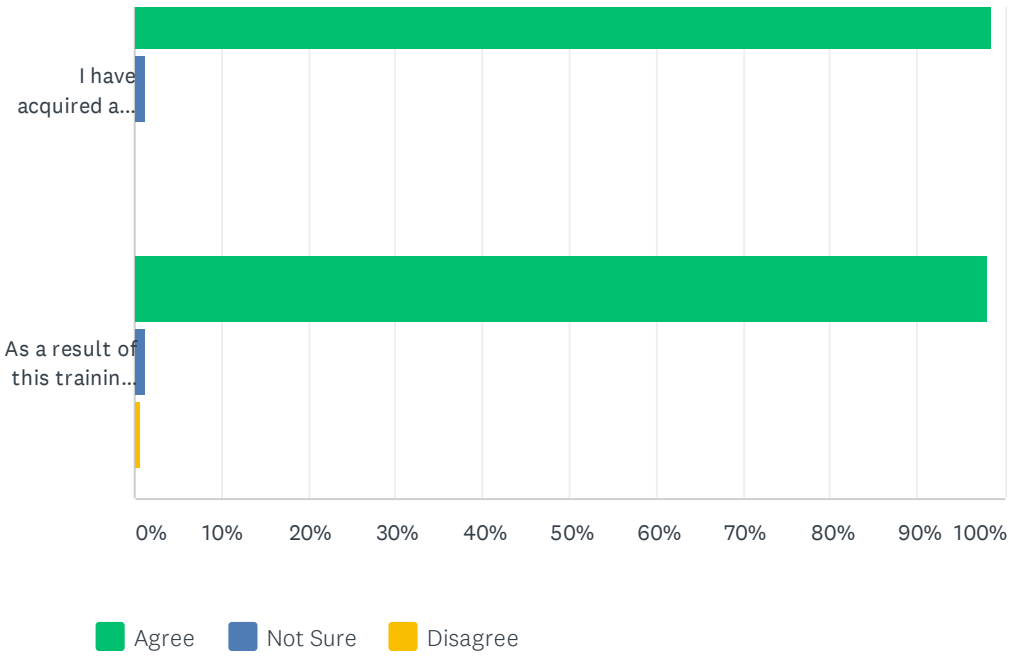
Q8 Please list any recommendations or suggestions for future content (i.e. ways training can be improved)

Answered: 689 Skipped: 4,617

Q1 Please rate each of the following statements.

Answered: 2,787 Skipped: 0





	AGREE	NOT SURE	DISAGREE	TOTAL	WEIGHTED AVERAGE
The learning objectives were met.	98.85% 2,739	0.94% 26	0.22% 6	2,771	1.01
I am able to describe the reporting law and reporting procedure for the State of Delaware.	98.81% 2,750	1.11% 31	0.07% 2	2,783	1.01
I recognize the relationship between physical and behavioral indicators and suspicion of child abuse and neglect.	99.07% 2,758	0.86% 24	0.07% 2	2,784	1.01
I am able to use minimal fact questions when indicators are observed and/or a disclosure is made.	98.78% 2,750	1.19% 33	0.04% 1	2,784	1.01
I know how to respond appropriately when children disclose allegations of abuse or neglect.	99.10% 2,759	0.86% 24	0.04% 1	2,784	1.01
I can identify what information to expect from DFS following a report of child abuse or neglect.	97.38% 2,710	2.48% 69	0.14% 4	2,783	1.03
I have acquired a basic understanding of the civil and criminal definitions in statute for the various types of child maltreatment.	98.63% 2,744	1.29% 36	0.07% 2	2,782	1.01
As a result of this training, I have a better understanding of my reporting obligations under the Medical Practice Act.	98.16% 2,716	1.19% 33	0.65% 18	2,767	1.02

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

Answered: 314 Skipped: 2,473

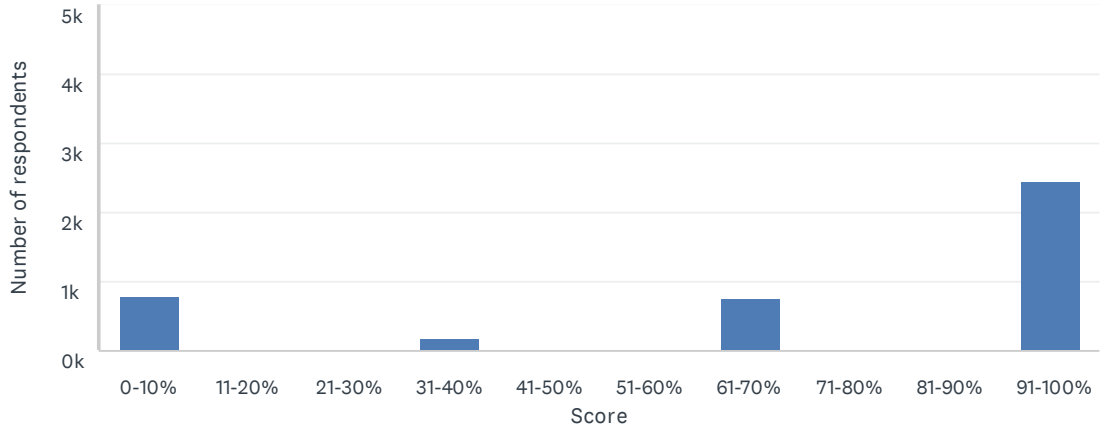
Q3 Please list any recommendations or suggestions for future content (i.e. ways training can be improved)

Answered: 485 Skipped: 2,302

Quiz Summary

AVERAGE SCORE

88% • 2.6/3 PTS



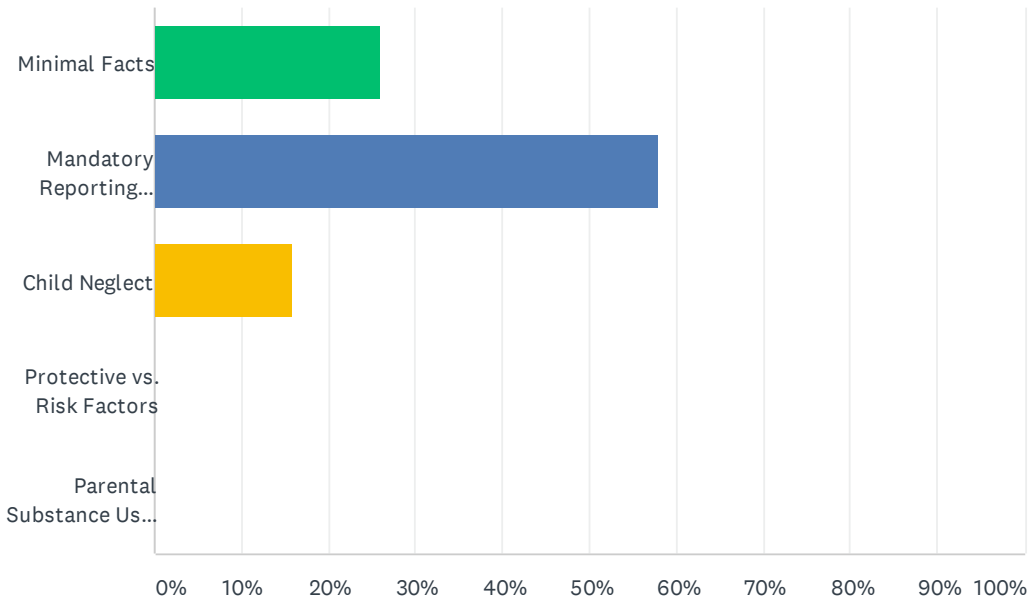
STATISTICS		
Lowest Score	Median	Highest Score
0%	100%	100%
Mean: 88%		
Standard Deviation: 21%		

Question Ranking

QUESTIONS (3)	DIFFICULTY	AVERAGE SCORE
Q12 In Delaware, who is responsible for conducting formal interviews with children about abuse and neglect allegations?	1	85%
Q13 By law, teachers are obligated to FIRST report suspicions of abuse or neglect to:	2	85%
Q15 Which person must make a report to the Division of Family Services?	3	96%

Q1 Please select the training that you just completed.

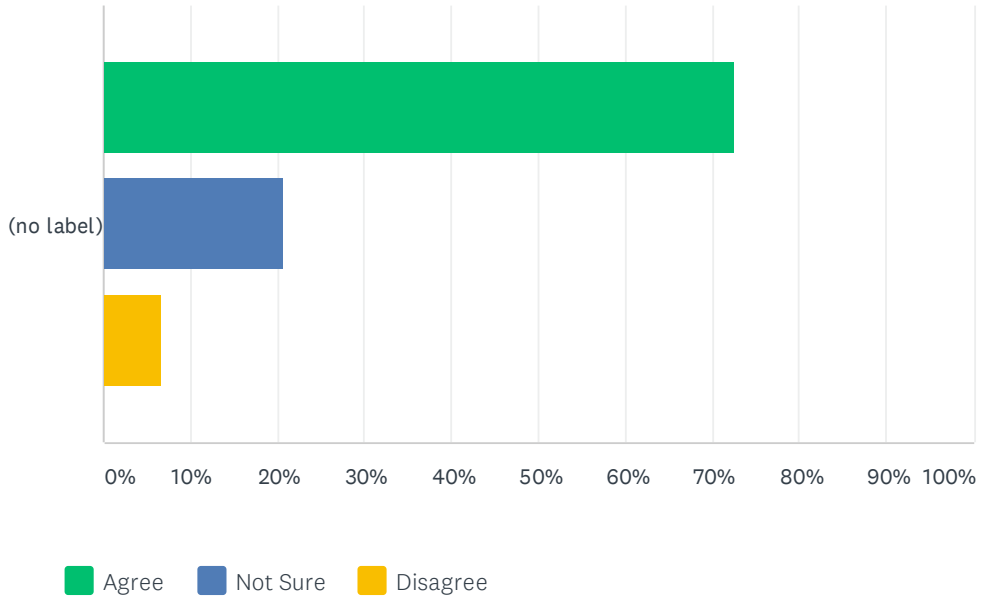
Answered: 4,184 Skipped: 0



ANSWER CHOICES	RESPONSES	
Minimal Facts	26.03%	1,089
Mandatory Reporting Refresher	58.03%	2,428
Child Neglect	15.94%	667
Protective vs. Risk Factors	0.00%	0
Parental Substance Use Disorders	0.00%	0
TOTAL		**4,184**

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

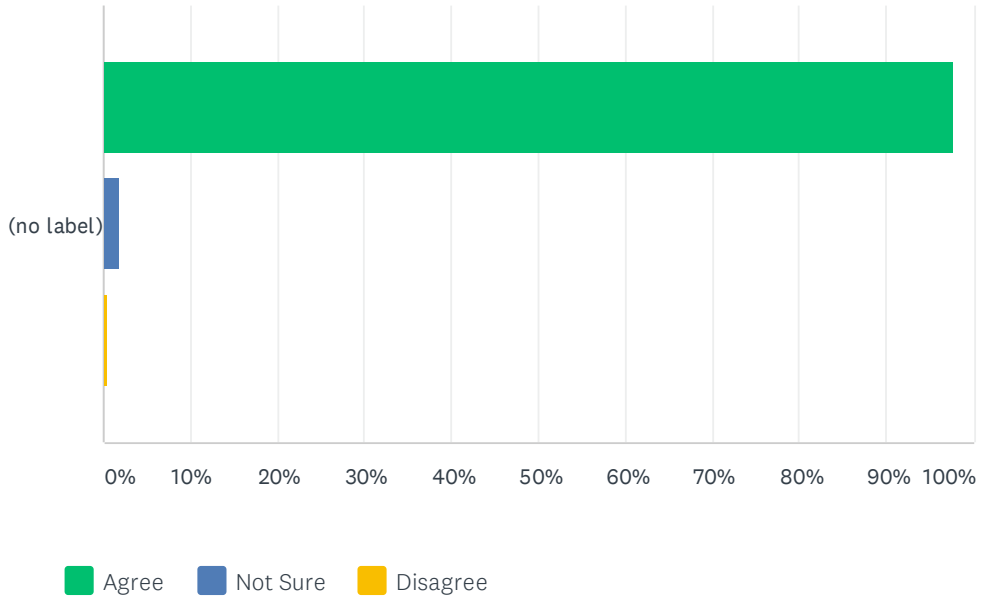
Answered: 2,367 Skipped: 1,817



	AGREE	NOT SURE	DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	72.62% 1,719	20.79% 492	6.59% 156	2,367	1.34

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

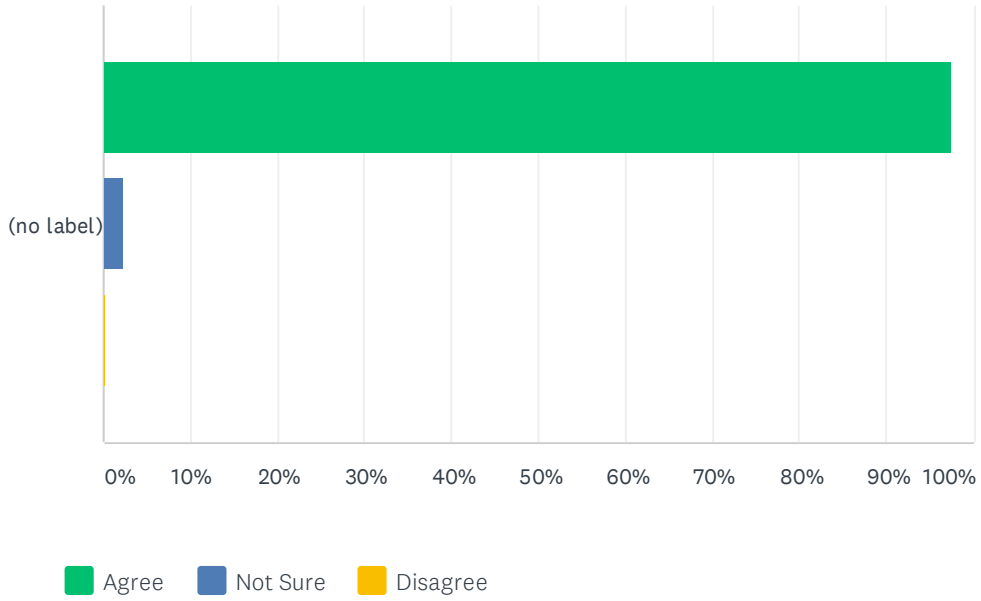
Answered: 2,371 Skipped: 1,813



	AGREE	NOT SURE	DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	97.60% 2,314	1.94% 46	0.46% 11	2,371	1.03

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

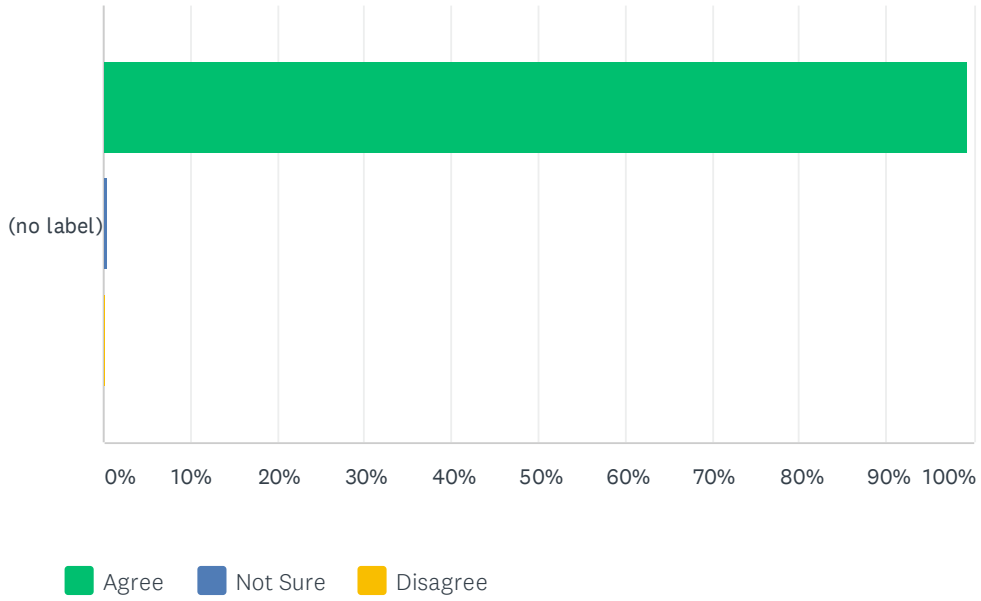
Answered: 2,357 Skipped: 1,827



	AGREE	NOT SURE	DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	97.58% 2,300	2.25% 53	0.17% 4	2,357	1.03

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

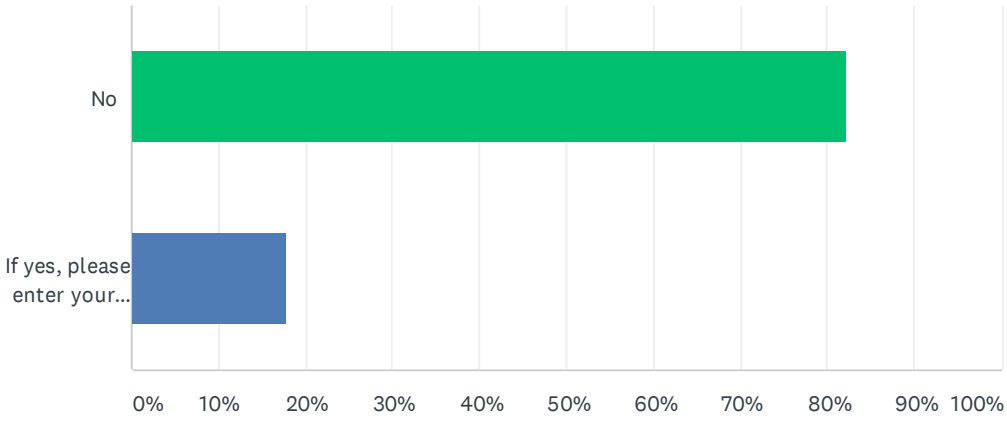
Answered: 2,365 Skipped: 1,819



	AGREE	NOT SURE	DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	99.28% 2,348	0.51% 12	0.21% 5	2,365	1.01

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.)?

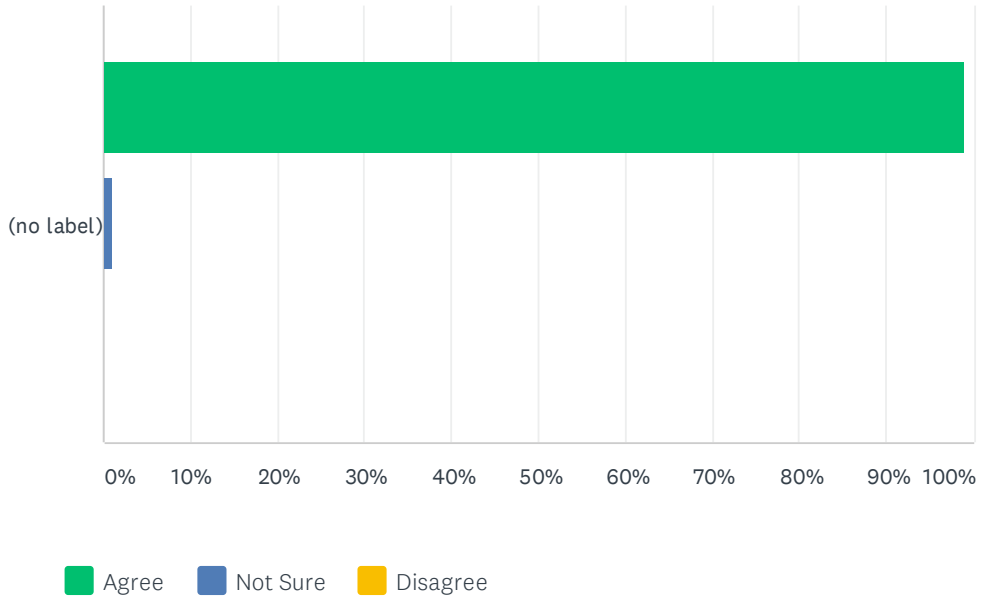
Answered: 2,292 Skipped: 1,892



ANSWER CHOICES	RESPONSES	
No	82.29%	1,886
If yes, please enter your school name:	17.71%	406
TOTAL		**2,292**

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

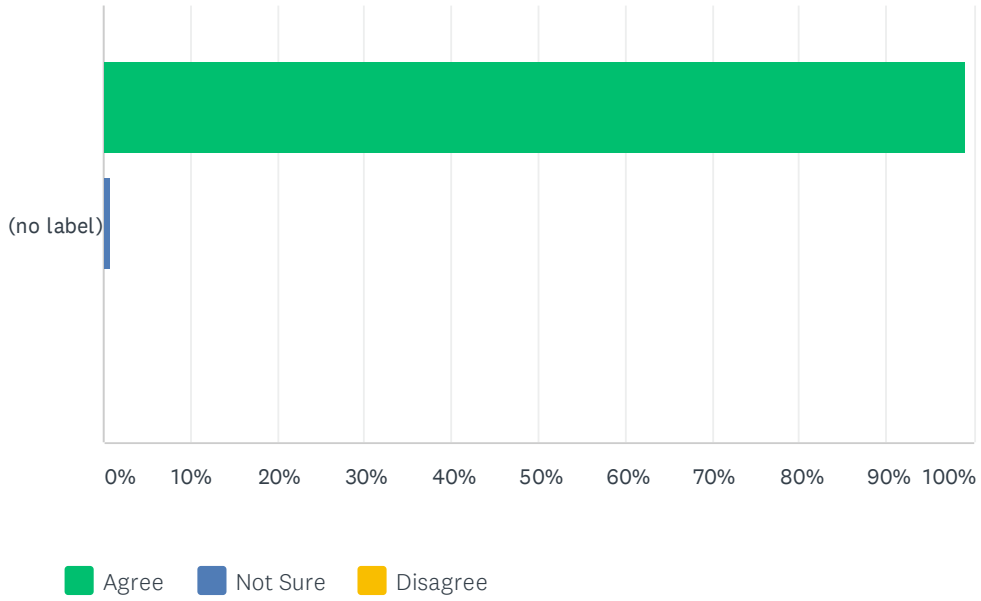
Answered: 1,074 Skipped: 3,110



	AGREE	NOT SURE	DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	98.88% 1,062	1.12% 12	0.00% 0	1,074	1.01

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

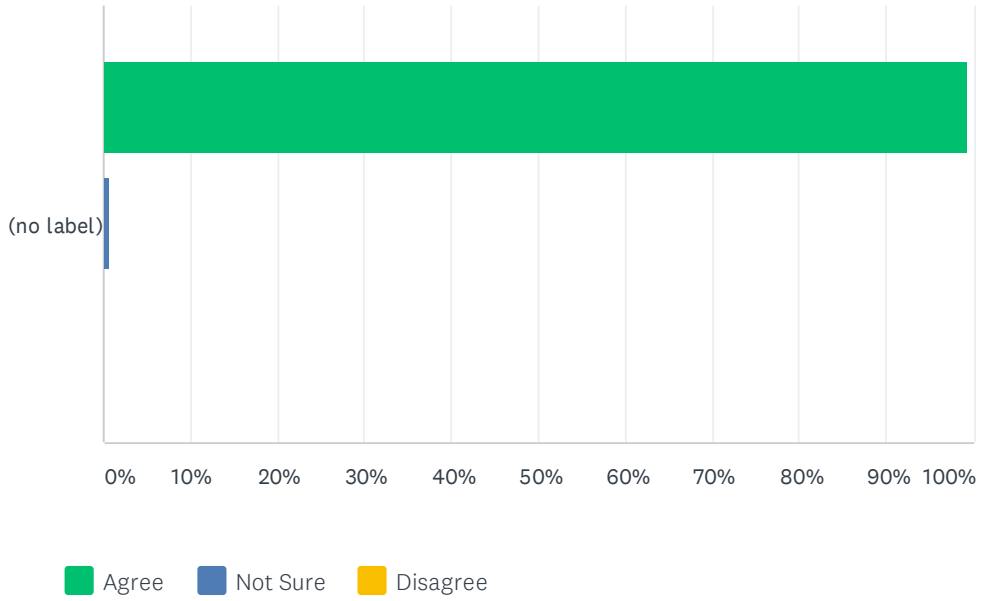
Answered: 1,077 Skipped: 3,107



	AGREE	NOT SURE	DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	99.07% 1,067	0.84% 9	0.09% 1	1,077	1.01

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

Answered: 1,077 Skipped: 3,107



	AGREE	NOT SURE	DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	99.35% 1,070	0.65% 7	0.00% 0	1,077	1.01

Q10 This training made me feel confident in my ability to identify risk factors in a child's life.

Answered: 0 Skipped: 4,184

⚠ No matching responses.

	AGREE	NOT SURE	DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	0	0.00

Q11 This training made me feel confident in my ability to strengthen protective factors in a child's life.

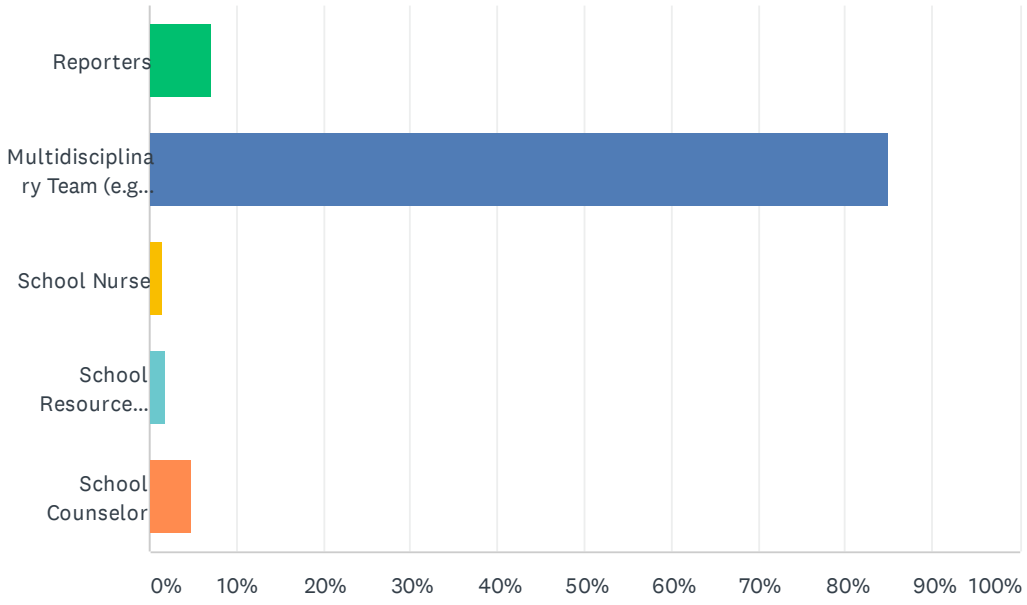
Answered: 0 Skipped: 4,184

⚠ No matching responses.

	AGREE	NOT SURE	DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	0	0.00

Q12 In Delaware, who is responsible for conducting formal interviews with children about abuse and neglect allegations?

Answered: 3,358 Skipped: 826

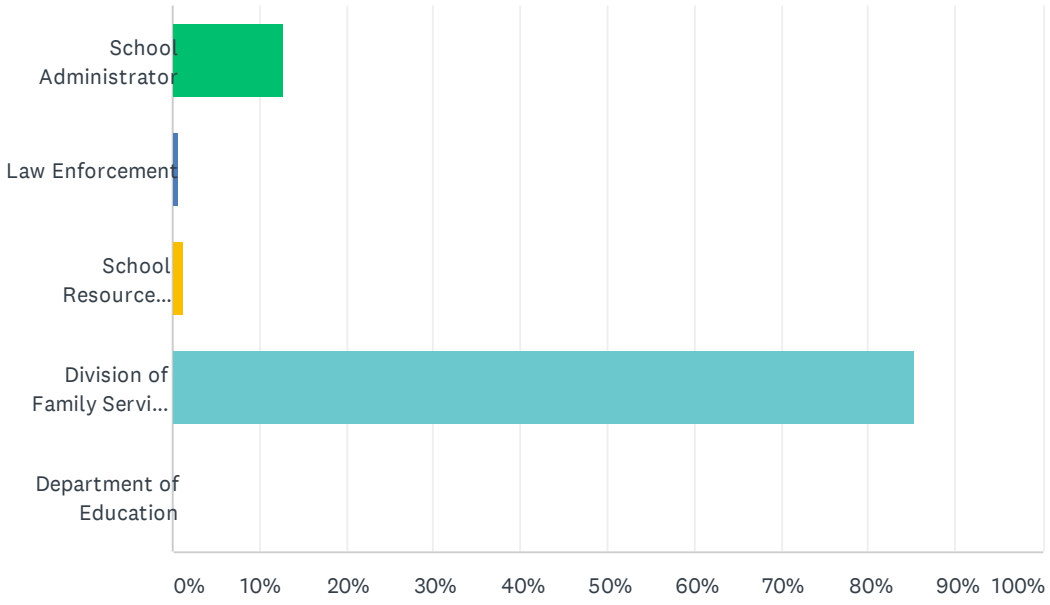


QUIZ STATISTICS			
Percent Correct 68%	Average Score 0.8/1.0 (85%)	Standard Deviation 0.36	Difficulty 1/3

ANSWER CHOICES	SCORE	RESPONSES	
Reporters	0/1	7.09%	238
✓ Multidisciplinary Team (e.g. DFS, Law Enforcement, Children's Advocacy Center)	1/1	84.99%	2,854
School Nurse	0/1	1.37%	46
School Resource Officer	0/1	1.79%	60
School Counselor	0/1	4.76%	160
TOTAL			**3,358**

Q13 By law, teachers are obligated to FIRST report suspicions of abuse or neglect to:

Answered: 3,395 Skipped: 789

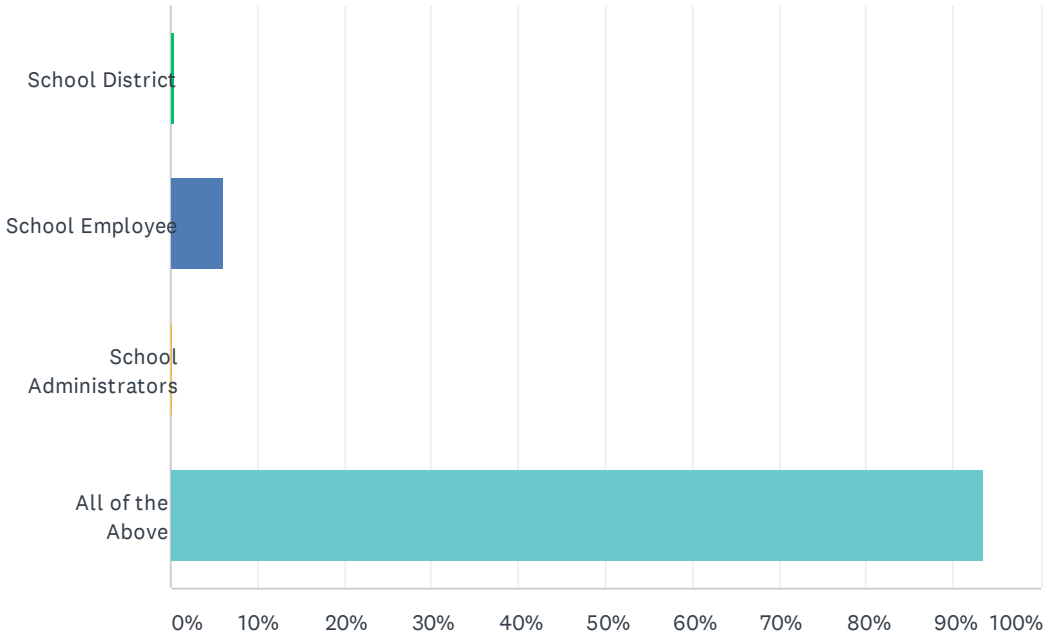


QUIZ STATISTICS			
Percent Correct 69%	Average Score 0.9/1.0 (85%)	Standard Deviation 0.35	Difficulty 2/3

ANSWER CHOICES	SCORE	RESPONSES	
School Administrator	0/1	12.67%	430
Law Enforcement	0/1	0.71%	24
School Resource Officer	0/1	1.27%	43
✓ Division of Family Services (DFS)	1/1	85.27%	2,895
Department of Education	0/1	0.09%	3
TOTAL			**3,395**

Q14 Failure to report suspicions of child abuse or neglect to the Division of Family Services can result in civil or criminal penalties to:

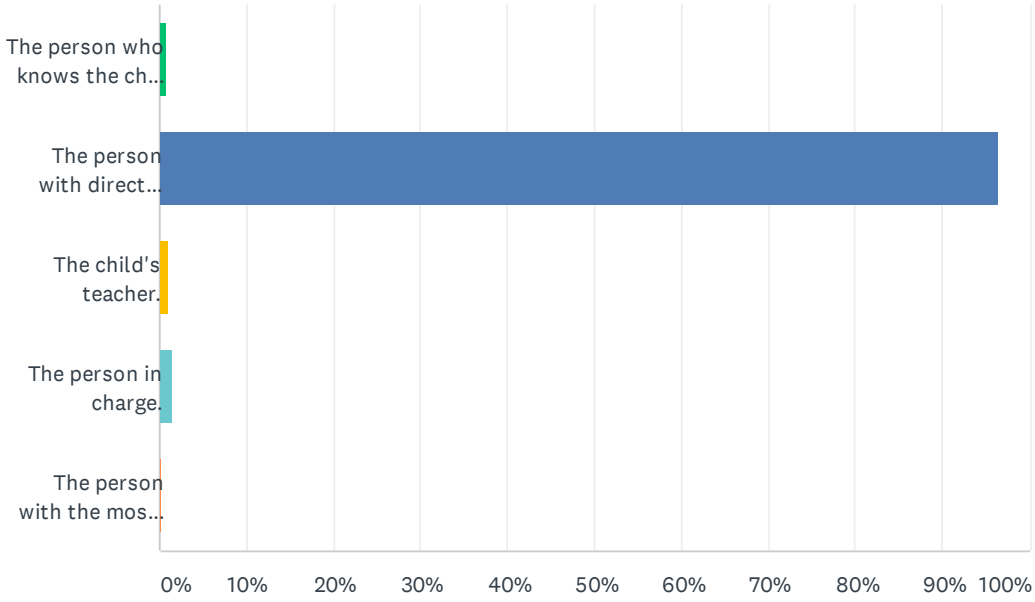
Answered: 3,398 Skipped: 786



ANSWER CHOICES	RESPONSES	
School District	0.38%	13
School Employee	5.97%	203
School Administrators	0.15%	5
All of the Above	93.50%	3,177
TOTAL		**3,398**

Q15 Which person must make a report to the Division of Family Services?

Answered: 3,398 Skipped: 786

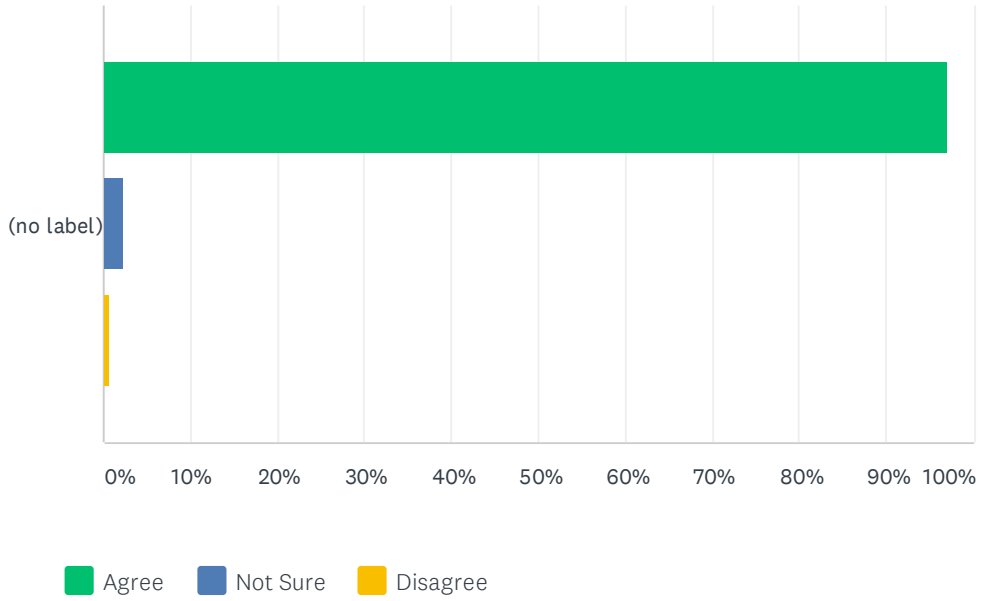


QUIZ STATISTICS			
Percent Correct 78%	Average Score 1.0/1.0 (96%)	Standard Deviation 0.19	Difficulty 3/3

ANSWER CHOICES	SCORE	RESPONSES	
The person who knows the child the best.	0/1	0.88%	30
✓ The person with direct knowledge.	1/1	96.44%	3,277
The child's teacher.	0/1	1.09%	37
The person in charge.	0/1	1.47%	50
The person with the most time.	0/1	0.12%	4
TOTAL			**3,398**

Q16 I have a better understanding of child neglect after completing this training.

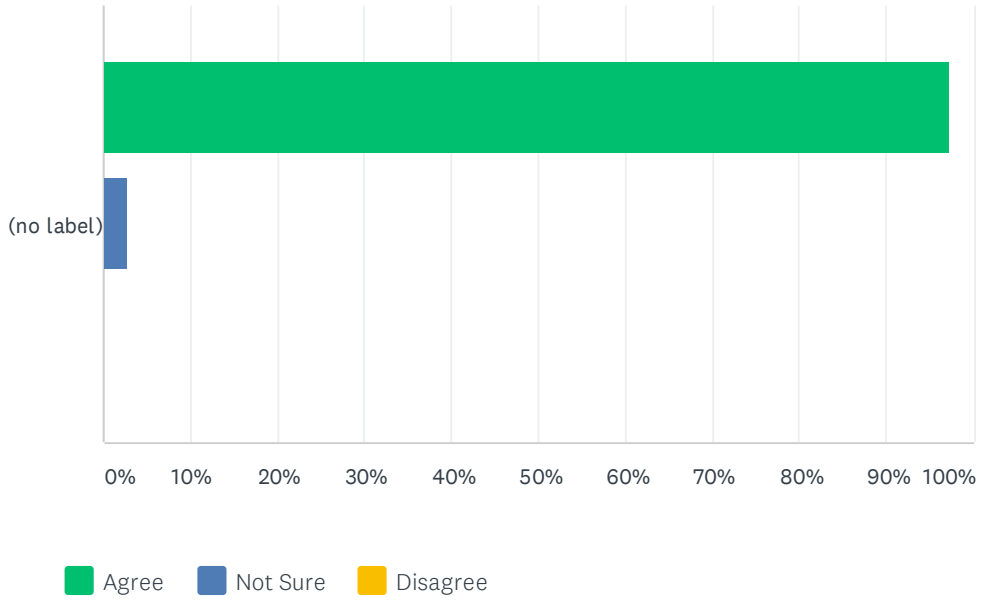
Answered: 4,055 Skipped: 129



	AGREE	NOT SURE	DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	97.07% 3,936	2.34% 95	0.59% 24	4,055	1.04

Q17 I feel confident in my ability to identify and report allegations of child neglect.

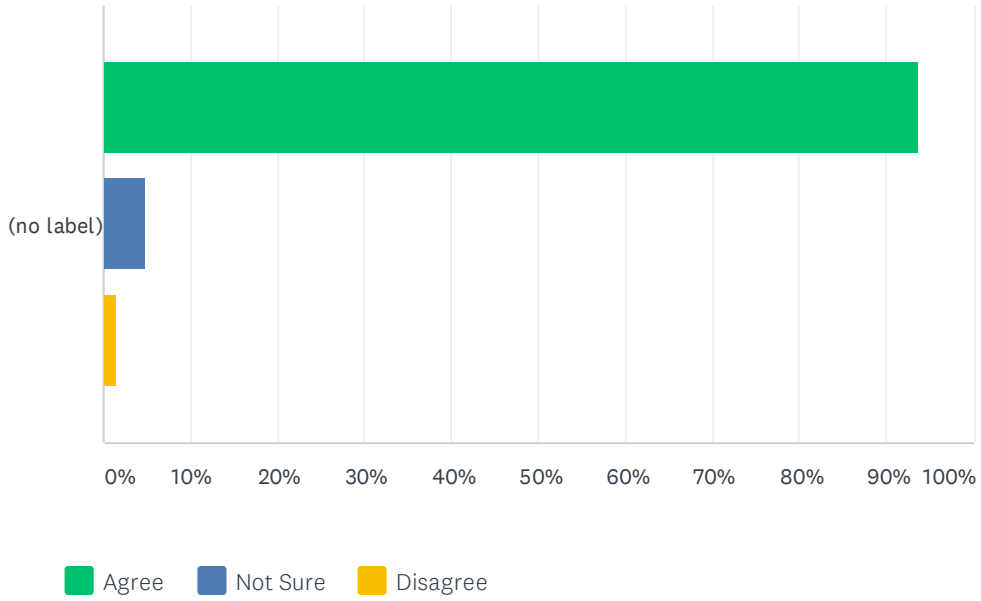
Answered: 4,044 Skipped: 140



	AGREE	NOT SURE	DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	97.23% 3,932	2.67% 108	0.10% 4	4,044	1.03

Q18 After this training, I have a better understanding of the difference between poverty and neglect.

Answered: 4,054 Skipped: 130



	AGREE	NOT SURE	DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	93.71% 3,799	4.81% 195	1.48% 60	4,054	1.08

Q19 Please provide any suggestions for future advanced training topics.

Answered: 870 Skipped: 3,314

Q20 Please provide the name of the training you just completed and any feedback or suggestions for improvement.

Answered: 1,767 Skipped: 2,417

Child Protection Accountability Commission & Child Death Review Commission

2018-2019 Action Plan

Summary of Action Plan: The recommendations from the 2018 Joint Retreat stem from the review of 41 child abuse and neglect death and near death cases approved by CPAC for incidents that occurred between May 2016 and July 2017. The result was 267 findings and 194 strengths. 5 prioritized recommendations for system improvement are below, along with 7 additional recommendations identified by the Joint Commissions and 10 ongoing recommendations from the 2016-2017 Action Plan. The 2018-2019 Action Plan was approved by CPAC on 5/23/18 and by CDRC on 5/11/18. All the recommendations below will be explored throughout the period by CPAC and its partner agencies.

Prioritized Recommendations from 2018 Joint Retreat (5):	**5/22/19 Status:**
1. 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 Division of Family Services (DFS), law enforcement (LE) agencies 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. ▪ Provide a list of direct contact numbers for all forensic nurse examiner teams and identified medical coordinators of care to the MDT. **Agency Responsible**: CPAC/CAN Best Practices Workgroup; **Timeframe**: 12 – 18 months	**In Progress** The CAN Best Practices Workgroup will be meeting in 2019 to review the suggested MOU revisions drafted by a smaller working group.
2. Create an automatic medical referral for evidence-based home visiting services in the standard nursing admission orders for every Delaware birthing hospital when the mother comes into labor and delivery and the newborn is at risk. This referral should have a pre-checked box with the ability to opt out if delineated risk factors are not present. **Agency Responsible**: CDRC/Delaware Perinatal Cooperative; **Timeframe**: 12 – 18 months	**In Progress** In February 2019, the Child Death Review Commission created a Home Visiting Committee and will take on this action item. The home visiting advisory council discovered that nurses cannot create

Prioritized Recommendations from 2018 Joint Retreat (5):	**5/22/19 Status:**
	these orders but they must come from physicians.
3. Advocate to DHSS and the General Assembly for Medicaid reimbursement for all evidence-based home visiting providers in Delaware. **Agency Responsible**: CDRC/Division of Public Health (DPH); **Timeframe**: 12 – 18 months	**In Progress** DPH is still working to address this issue with MCO's and evaluating contracts.
4. Advocate for increased funding to the Department of Justice (DOJ) Special Victims Unit (SVU), which has statewide jurisdiction of all felony level, criminal child abuse cases including those involving serious physical injury, death or sexual abuse of a child to ensure the same level of victim service and MDT collaboration in all counties. **Agency Responsible**: CPAC; **Timeframe**: Annually	**Done** Chair and Executive Director sent letter to Joint Finance Committee in March 2019 requesting additional resources for several child welfare partners. No specific request for the SVU unit was made by DOJ or CPAC. Kent/Sussex SVU position has been filled.
5. Advocate for compliance with statutory caseload mandates as required by 29 Del. C. § 9015 and continue to work on promising practices and strategies for recruitment and retention of the child welfare workforce. a. Reconvene the CPAC Caseload/Workloads Committee to review treatment caseloads and state standards. **Agency Responsible**: CPAC Caseloads/Workloads Committee b. Consider adjusting DFS caseloads based on complexity of the cases to better utilize staff strengths and balance workload. **Agency Responsible**: Division of Family Services c. Explore the use of differential response for domestic violence, substance exposed infants, and chronic neglect cases accepted by DFS. **Agency Responsible**: Division of Family Services d. Include caseloads in its prioritized list of CPAC funding requests to be submitted to the Governor and General Assembly each fiscal year. **Agency Responsible**: CPAC Chair/Executive Director	**In Progress** CPAC Caseloads/Workloads Committee presented its update at the March 2019 CPAC meeting. A final report with recommendations will be presented to CPAC in May or August of 2019.

Additional Recommendations from 2018 Joint Retreat (6):[1]	**5/22/19 Status:**
1. Ensure CAN Panel findings are being addressed with local law enforcement agencies through either the MDT Case Review process, Police Chiefs' Council or the Office of the Investigation Coordinator. **Action by OCA**: Ask CPAC Steering Committee and Office of the Investigation Coordinator (IC) to consider; **Timeframe**: 6 months	**In Progress** IC has continued to meet with several jurisdictions over the last year.
2. Recommend education for medical providers around the standard of care for providing medical exams to siblings and other children in the home. **Action by OCA**: Ask CPAC Training Committee to consider; **Timeframe**: 6 months	**Done** 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.
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. **Action by OCA**: OCA will include in CAN Trainings and annual conferences as well as offer trainings to individual jurisdictions as requested; **Timeframe**: Annually	**In Progress** Delaware State Police facilitated training on 8/2/18 for statewide LE agencies. Additional trainings are being scheduled.
4. Send a survey to providers to identify the type of electronic medical record and include the code to allow providers to automatically download the encrypted evidence-based home visiting referral form for all pregnant women. **Action by OCA**: Ask IC to consider incorporating into Infants with Prenatal Substance Exposure (IPSE) work; **Timeframe**: 12 – 18 months	**In Progress** In February 2019, the Child Death Review Commission created a Home Visiting Committee which can consider this. The Home Visiting advisory council discovered that nurses are not allowed to authorize an order for this and it must come from a physician. This issue will be addressed by the CDRC newly formed committee.
5. Include the evidence-based home visiting referral form in the treatment plan developed by medication-assisted treatment (MAT) providers. **Action by OCA**: : Ask IC to consider incorporating into IPSE work; **Timeframe**: 12 – 18 months	**Done** The 3 main MAT providers in Delaware – Brandywine Counseling & Community Services, Connections, and Kent Sussex Community Services – have been trained on preparation of Plans of Safe Care, which include home visiting referrals. These providers are now

[1] CPAC voted to remove one of the additional recommendations regarding a change in LogistiCare criteria at its 11/14/18 quarterly meeting.

	preparing the Plans and making the referrals for home visiting in the prenatal period.
6. Provide training to DFS workers on the available evidence-based home visiting programs and consider referrals as part of the child safety agreement for children, 6 months and younger. **Action by OCA**: Ask DFS to consider in annual training of workers or ask IC to consider as part of IPSE training to DFS; **Timeframe**: 12 – 18 months	**Done** DFS and IC have trained all DFS workers, who will be handling cases with infants with prenatal substance exposure, on the home visiting referral process through the Plan of Safe Care.

Ongoing Recommendations from 2016-2017 Action Plan (10):	5/22/19 Status:
1. Develop a MDT protocol for removal of life support cases. **Agency Responsible**: DOJ/OCA/Family Court; **Timeframe**: 6-12 months	**Done** Final Report and Protocol approved by CPAC on 8/8/18. Training on protocol to occur at CIP Stakeholder Meetings in 2019.
2. Finalize and implement the DOJ comprehensive case management system. The system must be capable of producing current information regarding the status of any individual case, and must be capable of producing reports on case outcomes. The system must also allow the DOJ to track the caseloads of its Deputies and staff, so that informed resource allocation decisions can be made, and must ensure cross-referencing of all cases within the DOJ which share similar interested parties. **Agency Responsible:** DOJ; **Timeframe:** Immediately **Repeat recommendation from the May 2013 Final Report of the Joint Committee on the Investigation and Prosecution of Child Abuse*	**In Progress** The DOJ comprehensive case management system was rolled out in December 2017, and it continues to be piloted in various units.
3. Recommend to the Delaware Police Chiefs' Council that all police departments supply their departments with cameras to document child abuse. **Agency Responsible:** CPAC Training Committee; **Timeframe:** April 2017	**Done** CPAC representatives have shared this recommendation with the Police Chiefs Council.
4. Consider and draft the following legislation: a. *Add Child Abuse First and Second degrees to the list of violent felonies and enhance the sentencing penalties*; b. *Create a negligent mens rea for child abuse and create a statute to address those who enable child abuse*; c. Modification of the crime of Murder by Abuse or Neglect; d. *Resolve inconsistencies in Title 11 due to the differing definitions of physical injury and serious physical injury*; e. Consideration of enhanced sentencing penalties for the crime of Rape involving a child to include a life sentence; **Agency Responsible:** CPAC Legislative Committee; **Timeframe:** February 2017 **Some are repeat recommendations from the May 2013 Final Report of the Joint Committee on the Inv. & Prosecution of Child Abuse*	**In Progress** CPAC has provided draft legislation to the General Assembly on a which should also address d. CPAC has declined to pursue b. and c. at this time.
5. Provide ongoing training on the SDM Risk Assessment tool to reinforce the policy and ensure consistent application. **Agency Responsible:** DFS; **Timeframe:** Immediately and ongoing	**Done** DFS completed training in June 2018.

Ongoing Recommendations from 2016-2017 Action Plan (10):	5/22/19 Status:
6. Revise the DFS non-relative/relative home safety assessment form, build it into the DFS case management system as part of the SDM Caregiver Safety Assessment when a home assessment is indicated, and provide training. **Agency Responsible:** DFS; **Timeframe:** 18 months	**Done** This form has been built into the new FOCUS system and workers can also self-generate the form when needed or if an additional form is needed.
7. Provide supervisory training to DFS supervisors that is specific to child welfare and case management utilizing a national evidence-based curriculum. **Agency Responsible:** DFS; **Timeframe:** 18 months	**Done** DFS with support from the Center for Professional Development, conducted child welfare specific supervisory training days from August 2018 – October 2018. Their next goal is to determine the ongoing scheduling need for new supervisors or refresher training.
8. Utilize the Division of Substance Abuse and Mental Health (DSAMH)/DSCYF partnership and Casey Family Programs to better assist high risk families involved in the child welfare system, with risk factors such as mental health, substance abuse and domestic violence, and to identify appropriate services for children and caregivers. **Agency Responsible:** DSCYF; **Timeframe:** 3-6 months	**Done** MSHAC meetings continue across the state and have provided good opportunities for collaboration, education and consultation. The meetings include representatives from home visiting, substance abuse, mental health, medical/healthcare and DFS.
9. Provide ongoing booster training on safety assessments and safety planning to DFS staff to enhance understanding of the safety threats, interventions, and violations of safety plans. **Agency Responsible:** DFS; **Timeframe:** 6-12 months and then annually	**Done** DFS completed training in June 2018.
10. Establish a process between DFS and Family Court in cases where guardianship petitions are filed to ensure legal protections are in place for the child and the needs of the child are being addressed. **Agency Responsible:** DFS/Family Court; **Timeframe:** 6-12 months	**Done** The Guardianship checklist has been approved. In these cases, Family Court will send the final order to DFS, so there is record that the guardianship was not dismissed. Language about sharing the final order will also be added to the checklist.

Child Death Review Commission and Child Protection Accountability Commission Joint Retreat

September 29, 2020

Attendees: Delaware CDRC and CPAC members and staff, and Abby Collier, Director, National Center for Fatality Review & Prevention

Facilitator: Susan Decker, Senior Governance Consultant, BoardSource

Please bring: Joint Retreat Packet, a list of current initiatives related to the findings and a mindset of analysis, synthesis, and solutions

9:30 a.m.	**Welcome, introductions, and overview of the day** • Approval of Minutes • Overview and goals for the session: o Analyze Delaware data for death and near death cases of child abuse and neglect o Synthesize an understanding of the data o Outline recommendations to address findings; celebrate strengths	Setting the Stage
	Establishing the Context • National Center for Fatality Review & Prevention Highlights • Presentation of Delaware CAN data • Summary of findings • Review of findings and strengths	Information Sharing
	Developing Shared Understandings • Viewing through 4 lenses: Medical, Safety, MDT Response, and Risk • Global perspective, not case specific • Improve civil and criminal responses to Delaware child abuse cases; decrease Delaware child fatalities and near fatalities	Outlining Process
10:20 a.m.	**Break**	
10:25 a.m.	**Area of Focus: Medical** • What are the ongoing opportunities for improvement based on the findings? • Is there an opportunity to incorporate our strengths into any path forward?	Large and Small group discussion
	Area of Focus: Safety • What are the ongoing opportunities for improvement based on the findings? • Is there an opportunity to incorporate our strengths into any path forward?	Small group discussion
11:30 a.m.	**Extended Break/Lunch**	
1:00 p.m.	**Area of Focus: MDT Response** • What are the ongoing opportunities for improvement based on the findings? • Is there an opportunity to incorporate our strengths into any path forward?	Small group discussion
	Area of Focus: Risk • What are the ongoing opportunities for improvement based on the findings?	Small group discussion

	• Is there an opportunity to incorporate our strengths into any path forward?	
1:50 p.m.	**Break**	
1:55 p.m.	**Recommendations** • Through the following lenses as required by the Children's Justice Act grant: o Investigative, administrative, and judicial handling of cases of child abuse and neglect o Experimental, model, and demonstration programs for testing innovative approaches and techniques o Reform of State laws, ordinances, regulations, protocols and procedures • Focus on prevention, intervention, and training • Include current initiatives as needed	Large and Small group discussion
	Prioritization of Recommendations • What recommendations are the most critical? • What impact will these recommendations make?	Decision Point
3:00 p.m.	**Closing**	

Cases of Child Abuse and Neglect

Delaware Data | Initial Case Reviews | Incident Dates: July 2017 – December 2019

Strengths: 478 | Findings: 611

Case Summary:

n=110

82% of cases involved the Victim's biological parent as the primary suspect.

54% of victims were less than one year old. 83% were 2 years of age or younger.

88% of incidents occurred in the Child's Home.

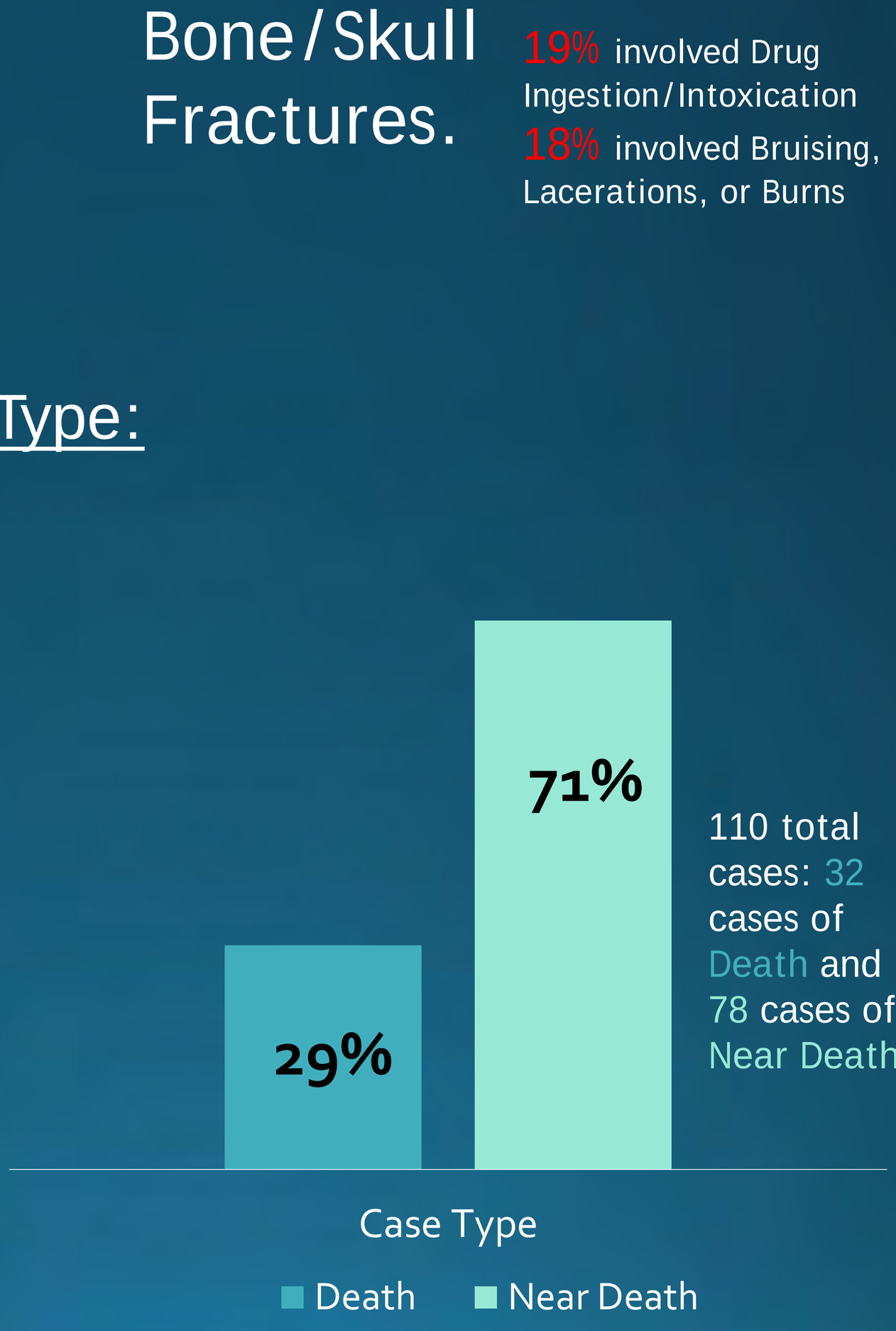
35% of cases involved Bone/Skull Fractures.

19% involved Drug Ingestion/Intoxication

18% involved Bruising, Lacerations, or Burns

Case Type:

- Counties differed in their reported rates of Death and Near Death: New Castle (38%, 62%), Kent (20%, 80%), Sussex (10%, 90%).
- Rate of Death in New Castle was nearly twice as high as Kent and nearly four times that of Sussex in this sample.

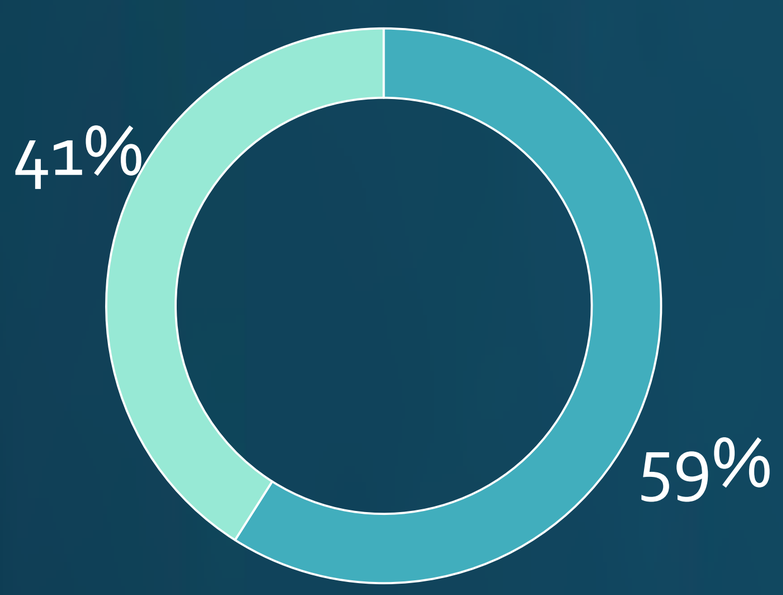


110 total cases: 32 cases of Death and 78 cases of Near Death

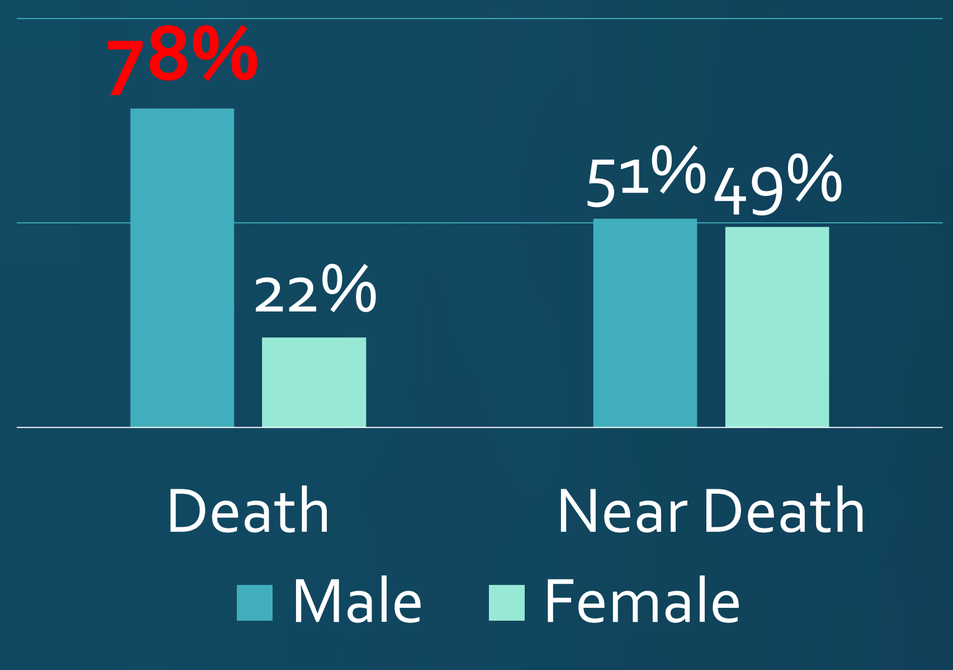
Victim Demographics and Case Type

Victim age ranged from less than a month old to fourteen years of age. Average victim age was 1.5 years old.

Gender (overall)

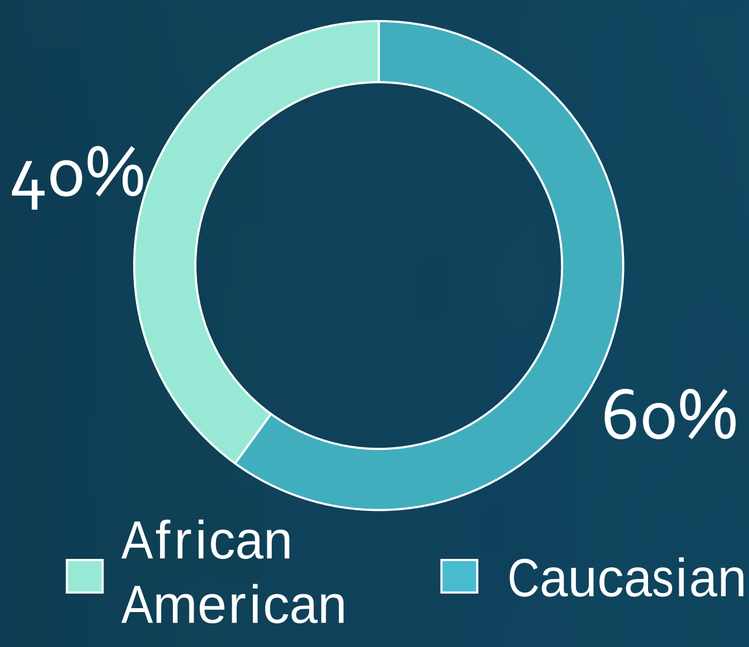


Death vs Near Death

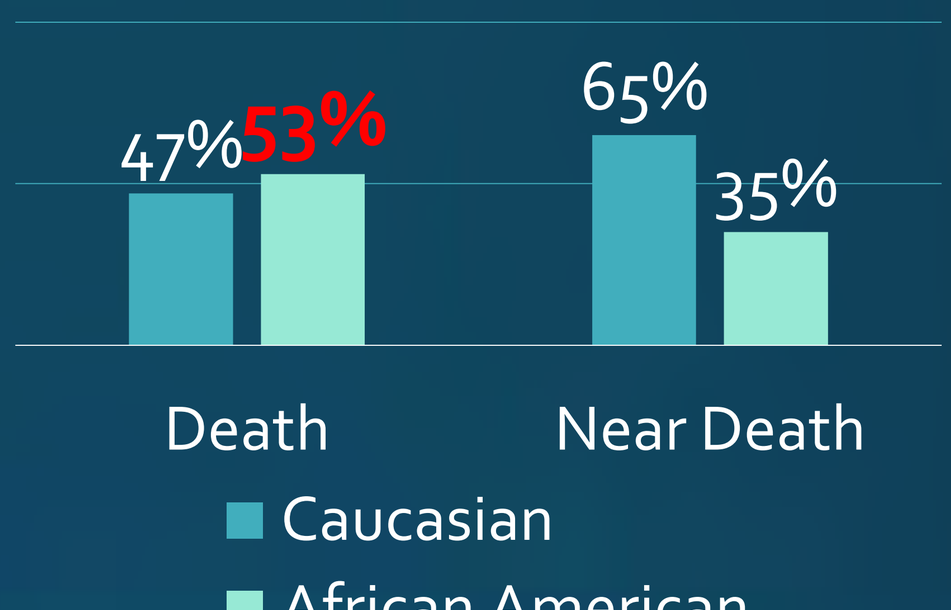


- In Death cases (n=32), male victims were represented at a disproportionally higher rate than female victims relative to the general population.

Race (overall)



Death vs Near Death



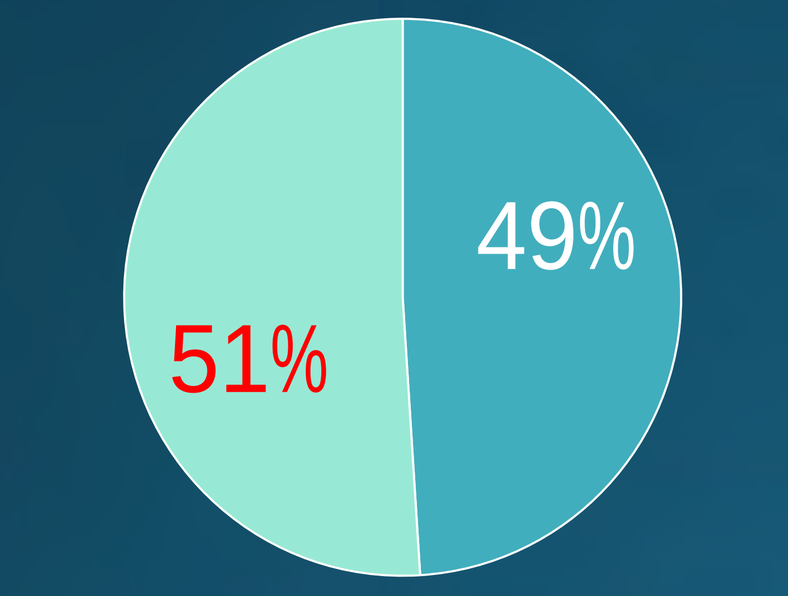
- In both Death (n=32) and Near Death cases (n=78), African American victims were represented at a disproportionally higher rate than Caucasian victims relative to the general population.

- African American male victims made up 44% of Death cases.

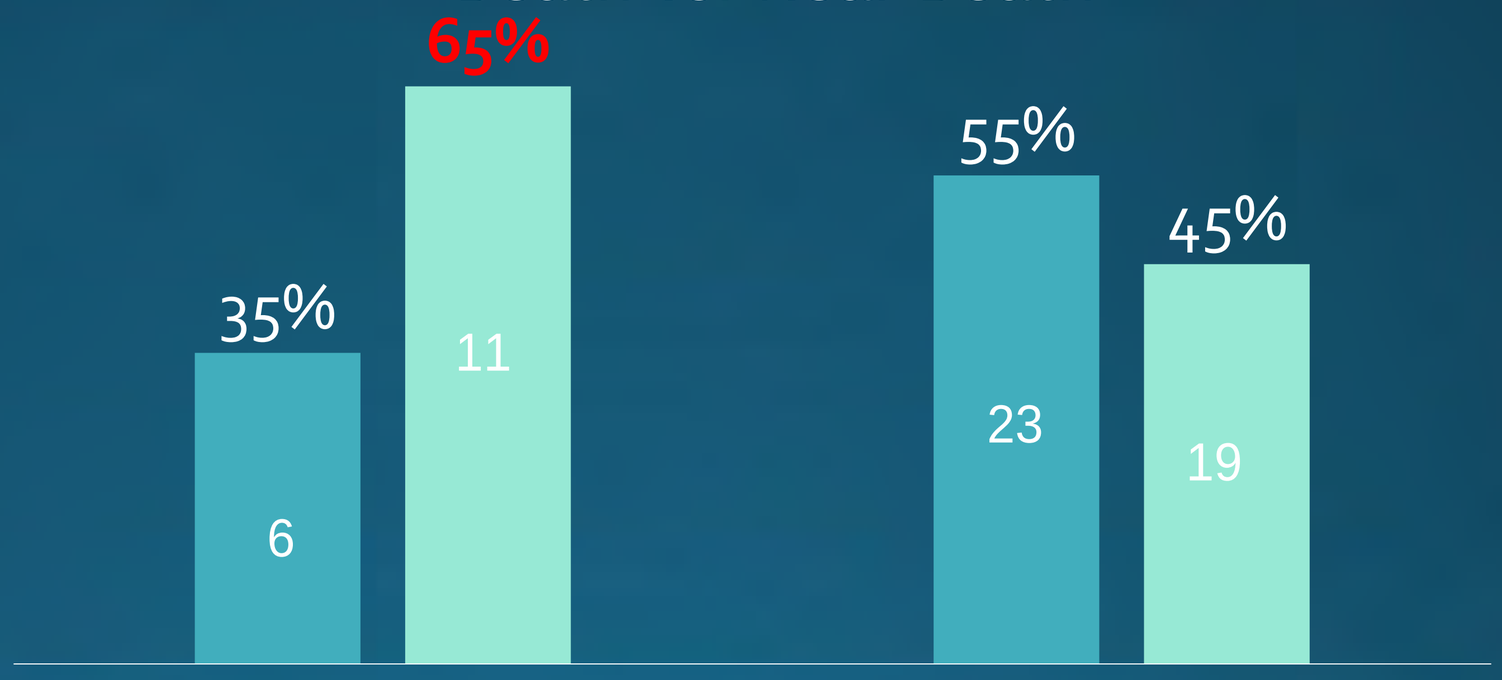
Victims less than 1 year old

(n=59; 54% of sample)

All case types



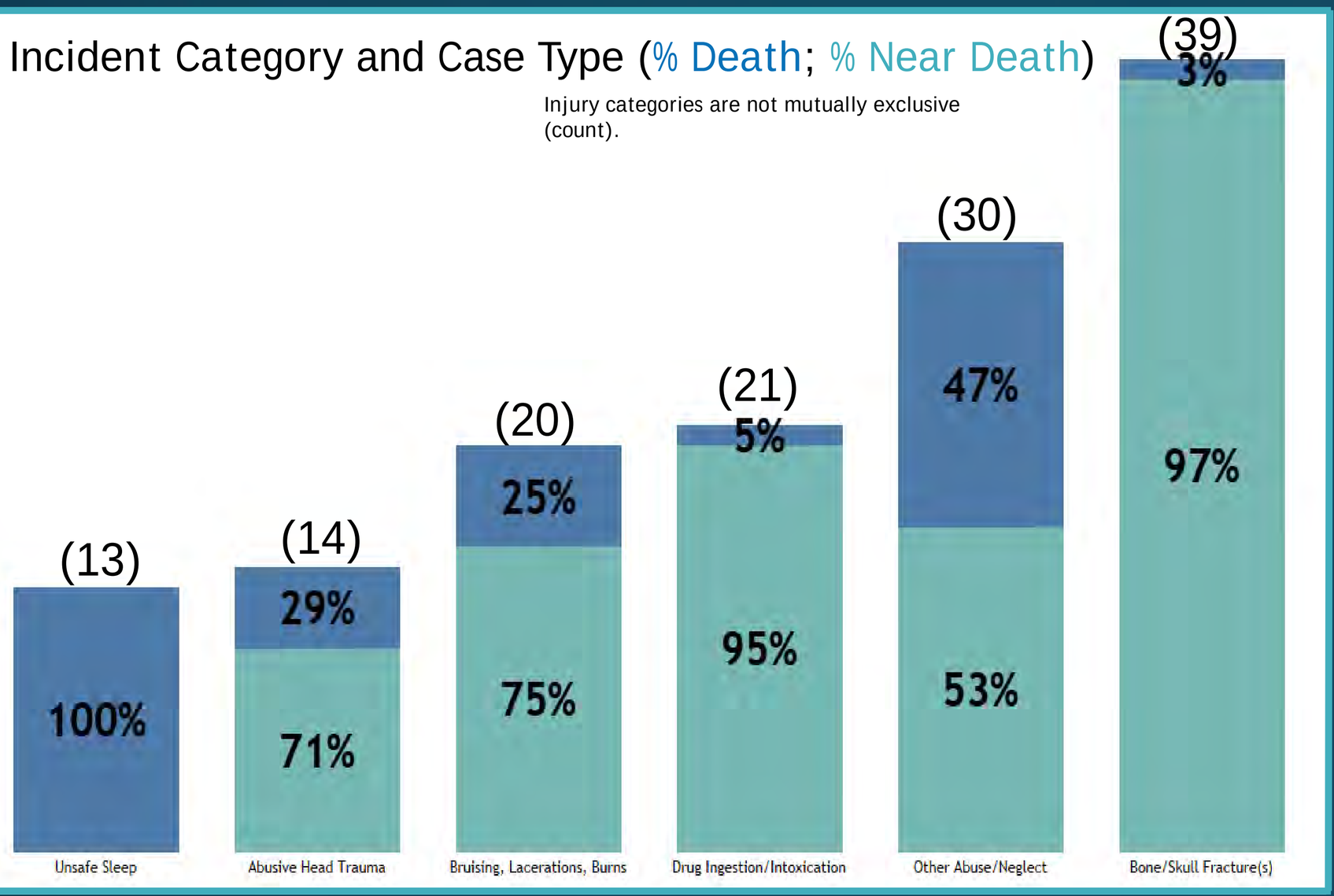
Death vs. Near Death



- 65% of victims in cases of death among children less than one year of age were African American

- While there was less of a discrepancy in cases of Near Death across race, African Americans victims are still represented at a rate that is disproportionately high relative to the general population

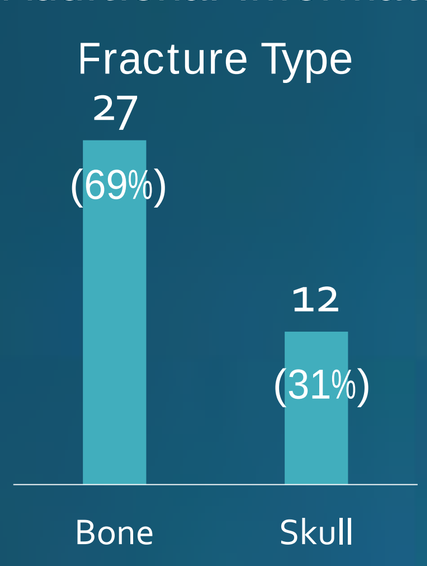
Incident Overview

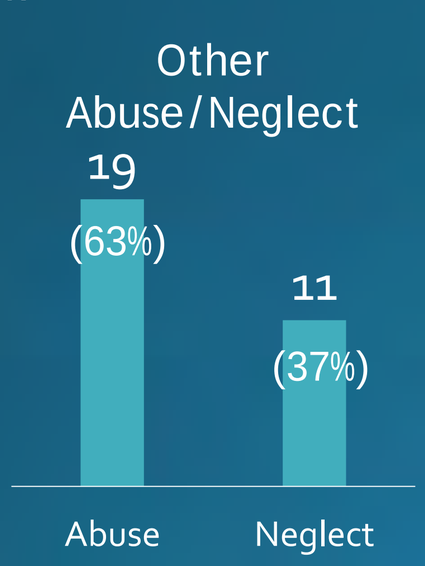


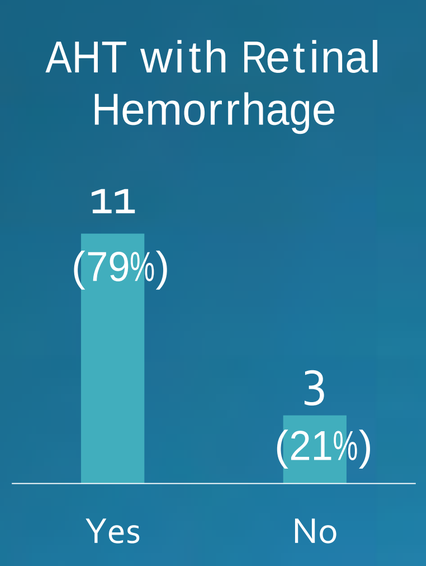
- Incidents occurred across several main categories (e.g. Unsafe Sleep; Drug Ingestion), and incidents that did not were categorized as Other Abuse/Neglect (e.g. Heat exposure; Drowning).
- Three incidents were not included in the incident count as they were later determined to be natural or accidental.
- Incident categories varied in their rates of Death and Near Death:
  - Bone/Skull Fracture(s), Drug Ingestion/Intoxication, Bruising, Lacerations, and Burns, and Abusive Head Trauma were generally comprised of cases of Near Death
  - The highest rate of death was found in cases of Unsafe Sleep (100%)

Injury Type	Number of Injuries	Number of Victims	% of all Cases (Injury category not mutually exclusive)	Age			
				Range	Average	Median	% less than 1 year old
Bone/Skull Fracture(s)	39	35	36%	0-11 years	1 year, 2 months	4 months	69% (66% bone fractures; 83% skull fractures)
Other Abuse/ Neglect	30	28	28%	Abuse: 0-14 years Neglect: 0-5 years	Abuse: 3 years, 1 month Neglect: 1 year, 6 months	Abuse: 1 year 6 months Neglect: 1 year, 2 months	40%
Drug Ingestion/ Intoxication	21	21	20%	0-8 years	2 years, 11 months	2 years 4 months	10%
Bruising, Lacerations, and/or Burns	20	18	19%	0-11 years	2 years, 2 months	1 year 1 month	50%
Abusive Head Trauma	14	14	13%	0-3 years	9 months	3 months	64% (57% 0-6 months)
Unsafe Sleep	13	13	12%	0-1 years	5 months	4 months	92% (69% 0-6 months)

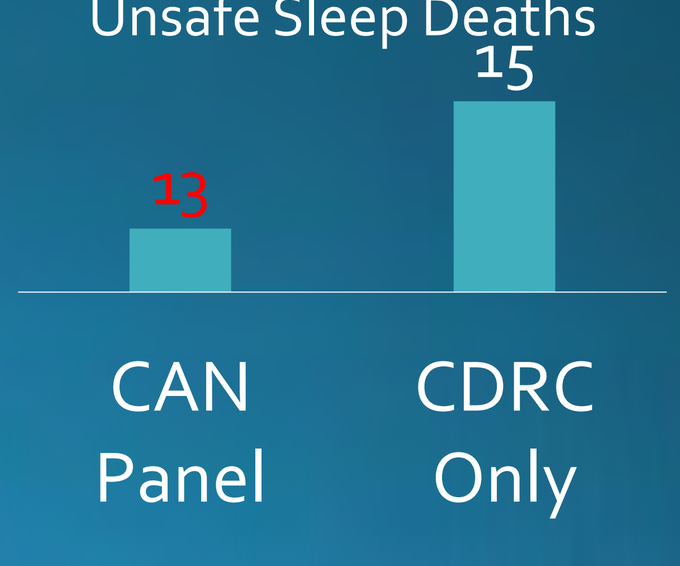
Additional Information:



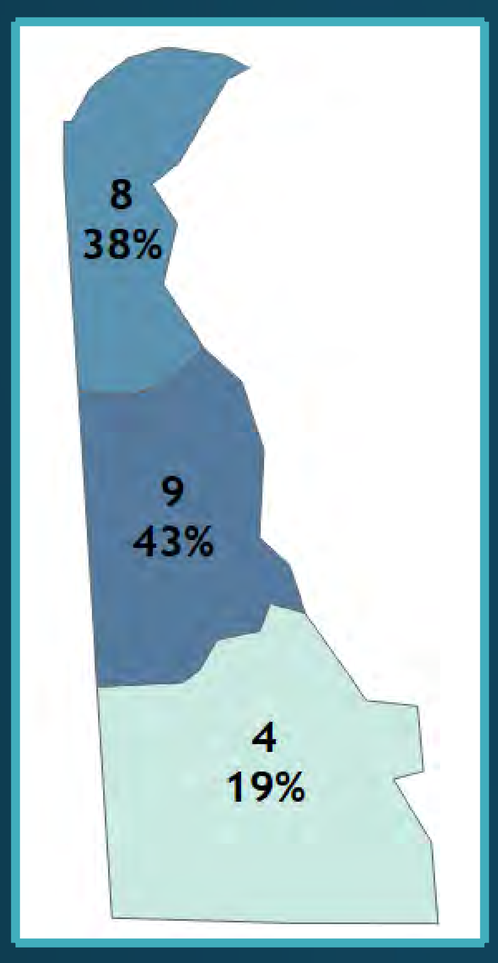




28
total unsafe sleep deaths



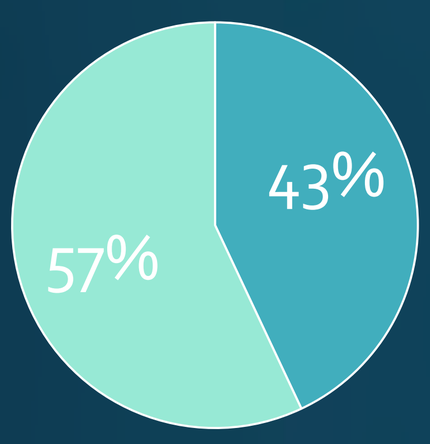
Drug Ingestion/Intoxication

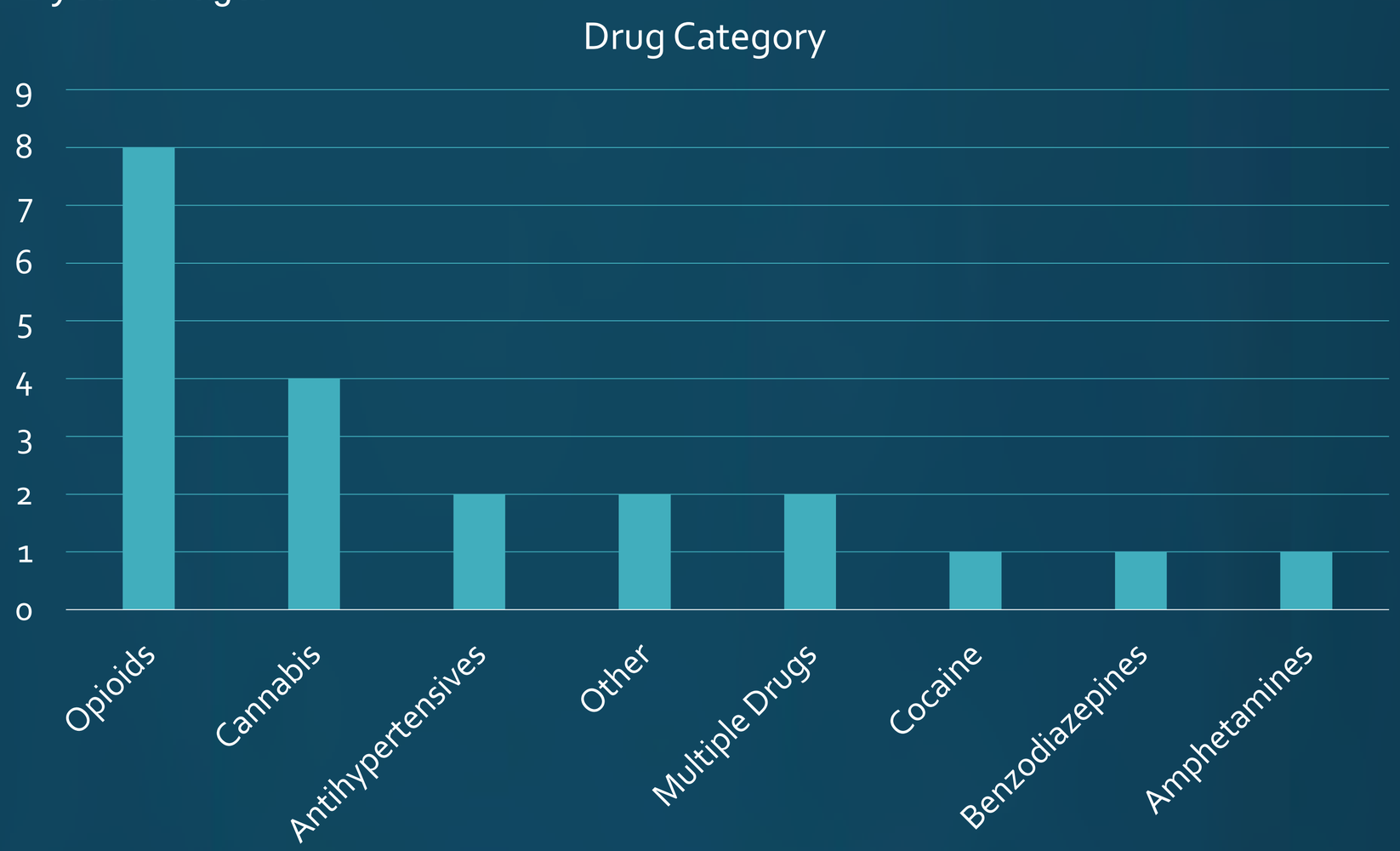


- There were 21 incidents of drug ingestion/intoxication.
- Kent was overrepresented in incidents of drug ingestion relative to the general population. New Castle was underrepresented.
- 90% of victims of drug ingestion/intoxication were at least 1 year of age.

- 86% of drug ingestion/intoxication incidents occurred in the Child's Home
- 76% of drug ingestion/intoxication incidents involved the victim's mother as the primary suspect
- 95% of drug ingestion/intoxication cases involved previous substance abuse history
- Fentanyl is not included in routine hospital drug screening. Fentanyl detection requires special testing.

Illicit vs. Prescription Drugs





- 43% of drug ingestion/intoxication incidents involved prescription medication
- 50% of opioid ingestion incidents involved prescription medication

- Categories (illicit): Cocaine, Cannabis, Opioids
- Categories (prescription): Amphetamines, Benzodiazepines, Antihypertensives, Other, Opioids

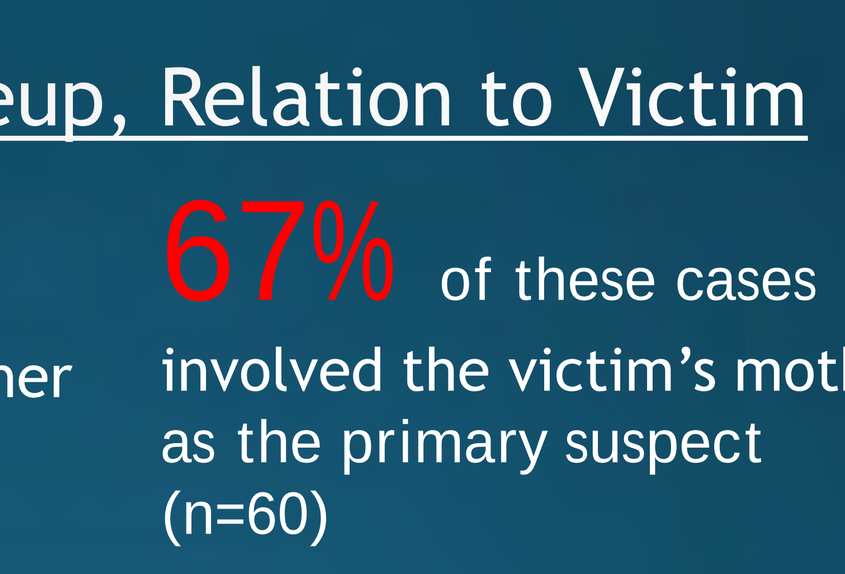
- Opioids included: Heroin (29%), Suboxone (29%), Fentanyl (14%), Methadone (14%), and Oxycodone (14%)
- Cannabis included: marijuana edibles (75%) and marijuana (25%)
- 'Other' substances included: rubbing alcohol; Zofran (antiemetic)
- Antihypertensives: Clonidine

Suspect Characteristics, Household Makeup, Relation to Victim

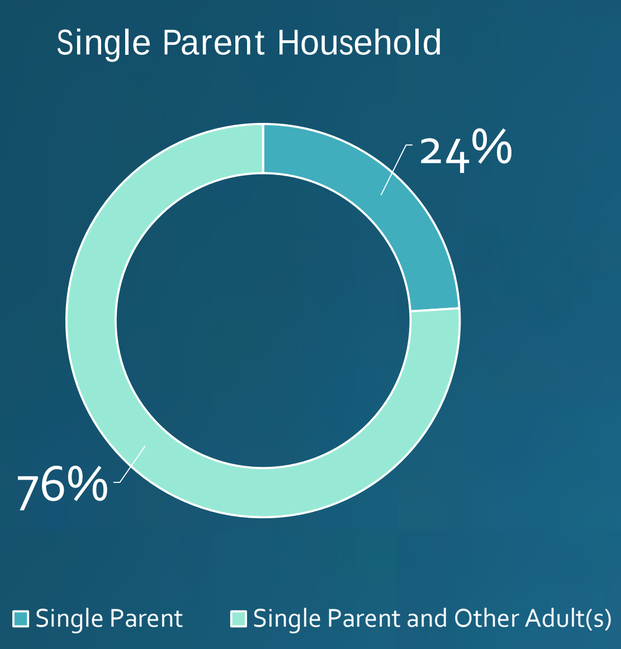
82% of cases (n=90) involved the Victim's biological parent as the primary suspect.

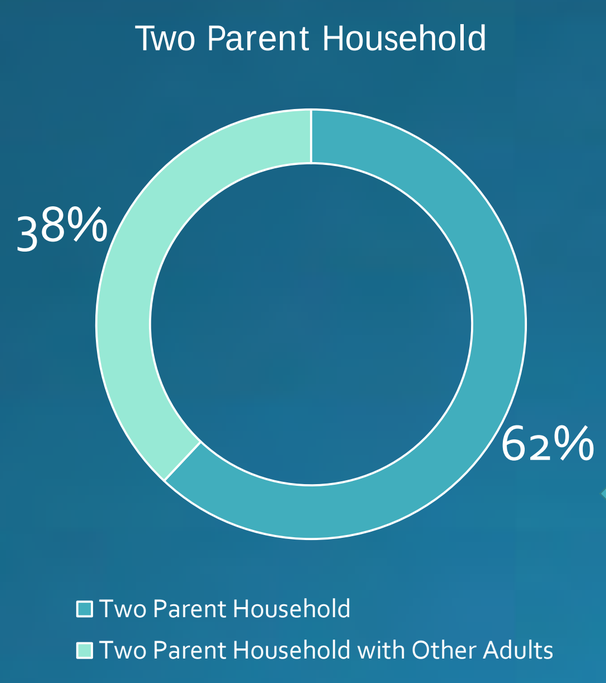
33% of these cases involved the victim's father as the primary suspect (n=30)

67% of these cases involved the victim's mother as the primary suspect (n=60)



The majority of households were two parent households (52%), followed by single parent households (34%), and other household types (14%).





Many households had other adults (e.g. partner of parent; relative) present. In 76% of single parent households there was at least one other adult present. In 38% of Two Parent Households at least one other adult (not including parents) was present.

Household History Risk Factors

65% of cases had a household criminal history

67% of cases had a household history of substance abuse

63% of cases had a household history of mental health disorder(s)

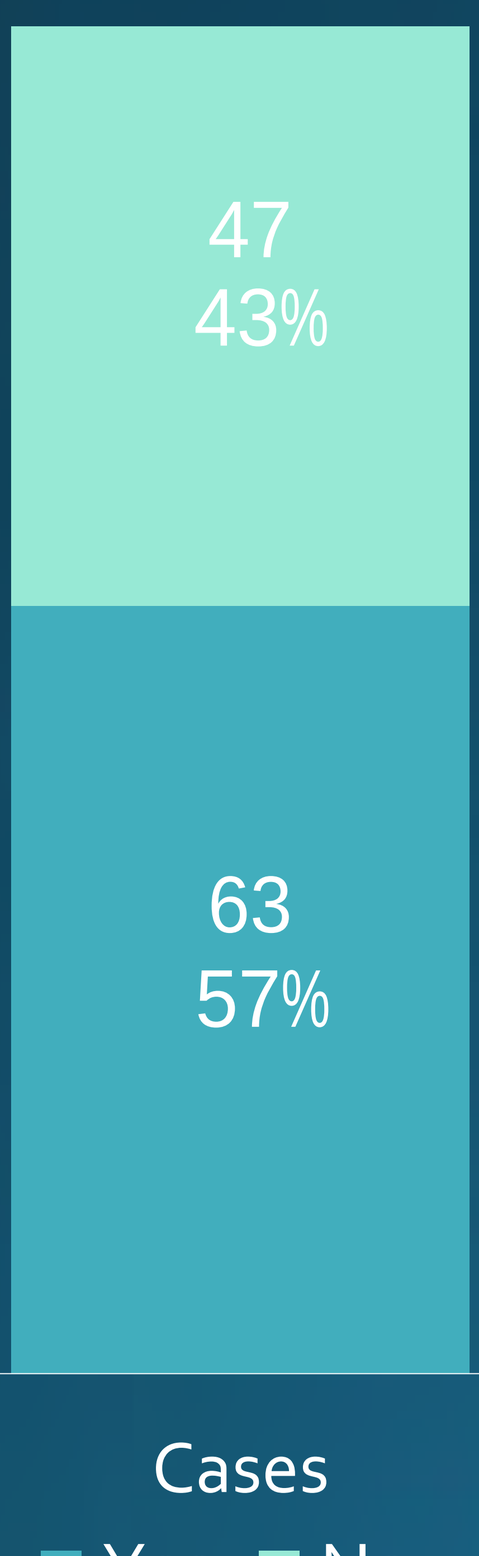
Of cases with at least one of these risk factors:
22% of cases had 1
30% of cases had 2
48% of cases had all 3 risk factors

Overall, 87% of cases had at least one of these risk factors present.

Household intimate partner violence was also captured, and made up 49% of cases.

12 cases with no history in any domain, or no/unknown history.

Prior Substantiations



- Of cases with DFS history, 59% were not previously substantiated.
- 21% of cases (13) with previous DFS involvement had 1 prior substantiation.
- 8% of these cases (5) had 2 prior substantiations.
- 5% of these cases (3) had 3 prior substantiations.
- 3% of these cases (2) had 5 prior substantiations.

Substantiation maltreatment types included: Neglect, Physical Abuse, Dependency, Exploitation, Emotional Neglect, and Severe Physical Neglect.

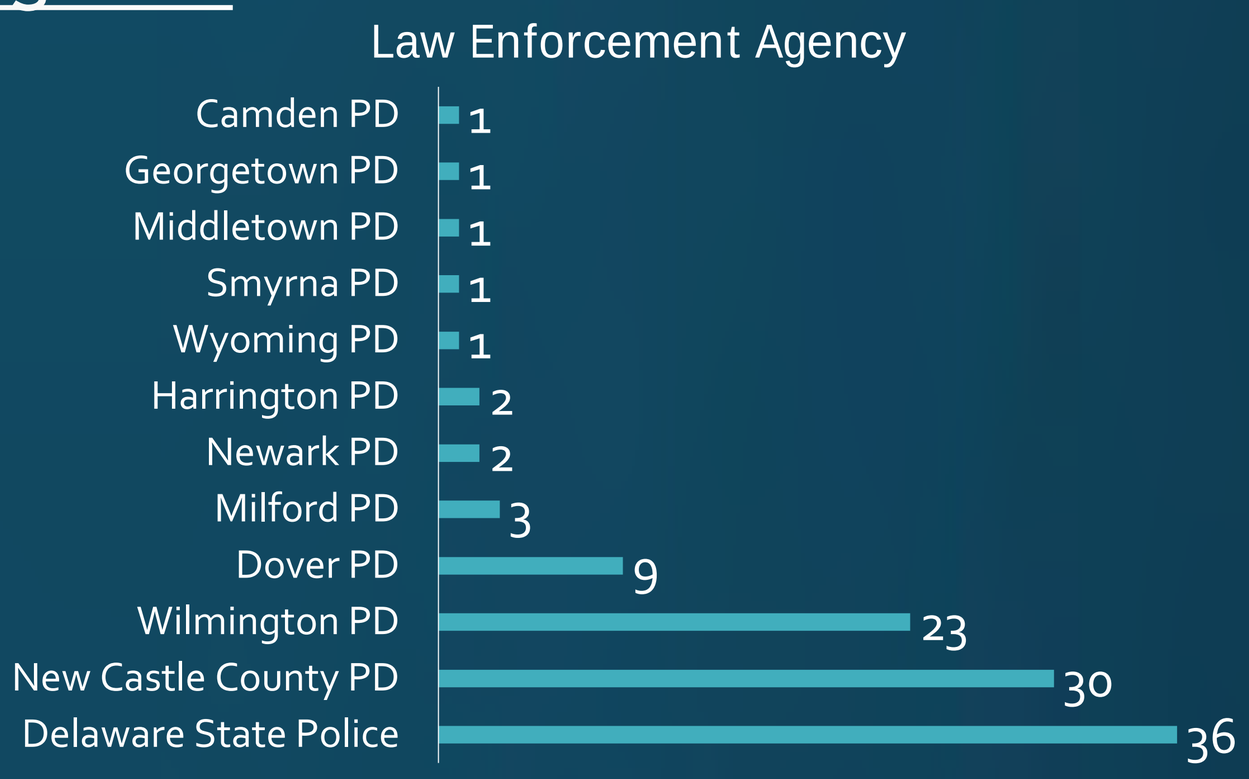
Investigation and Criminal Outcomes

Investigation

90% Suspect Interview (Initial; within 24 – 48 hours)

80% Scene Investigation

70% DoII Reenactment



Charges, Convictions, and Sentencing

n=100, excludes pending, N/A

Total Cases

- Total Cases: 100
- New Castle: 55 (55%)
- Kent: 25 (25%)
- Sussex: 20 (20%)

Charged Cases

- Total Charged Cases: 53 (53%)
- Charging rate:
  - New Castle: 26 (47%)
  - Kent: 14 (56%)
  - Sussex: 13 (65%)

Charges, Death Cases:

- In cases of Death, the primary suspect was charged in 67% (16) of cases.

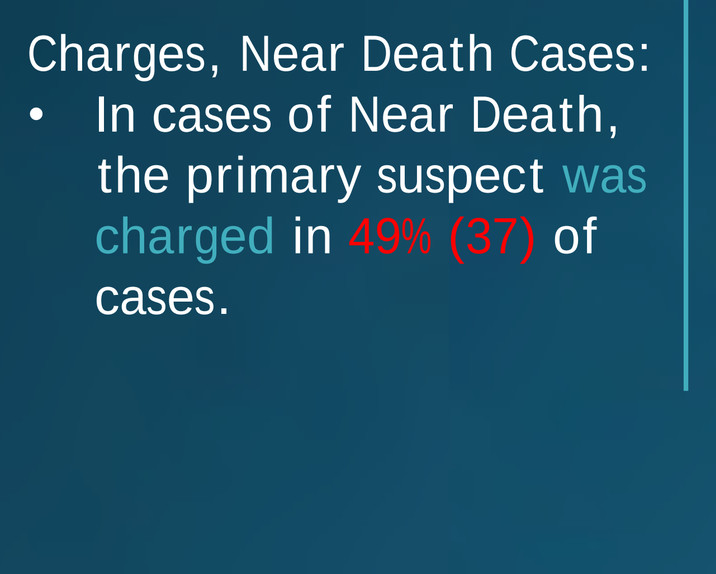
Charges, Near Death Cases:

- In cases of Near Death, the primary suspect was charged in 49% (37) of cases.

Cases with Convictions (of charged cases)

- Total Cases with Convictions: 33 (62% of cases charged; 33% of total cases)
- Conviction rate:
  - New Castle: 16 (62%)
  - Kent: 9 (64%)
  - Sussex: 8 (62%)

Misdemeanor vs. Felony Convictions



Sentencing

55% of sentences resulted in probation (18)

39% resulted in prison (13)

6% resulted in a diversion program or home confinement (2)

Among prison sentences (n=13), the average sentence length was 5.1 years; the median length was 2 years. Sentence length ranged from 0.5 to 35 years.

Sentencing, Death cases (n=4):

- Average sentence length: 9.6 years
- Median sentence length: 1.5 years

Sentencing, Near Death cases (n=9):

- Average sentence length: 3.1 years
- Median sentence length: 2 years

Appendix I: Death & Near Death Findings Summary

Child Protection Accountability Commission/ Child Death Review Commission
JOINT RETREAT
SEPTEMBER 29, 2020

Findings Summary

	CAN PANEL: INITIAL REVIEWS				CDRC Reviews	
	2017	2018	2019	CAN Total	Total	Grand Total
Education	**0**	**0**	**0**	**0**	**1**	**1**
Child Well-Being	0	0	0	0	**1**	**1**
Legal	**3**	**3**	**3**	**9**	**0**	**9**
Court Hearings/ Process	1	0	2	3	0	**3**
DFS Contact with DOJ	2	3	0	5	0	**5**
Laws/Regulations/Policies/Contracts	0	0	1	1	0	**1**
MDT Response	**67**	**84**	**77**	**228**	**24**	**252**
Communication	2	1	2	5	2	**7**
Crime Scene	11	13	6	30	6	**36**
Documentation	1	7	7	15	2	**17**
Doll Re-enactment	4	1	4	9	2	**11**
General - Civil Investigation	2	1	1	4	0	**4**
General - Criminal Investigation	6	4	4	14	1	**15**
General - Criminal Investigation / Civil Investigation	0	10	14	24	0	**24**
Intake with DOJ	1	3	0	4	0	**4**
Interviews - Adult	13	9	22	44	1	**45**
Interviews - Child	14	11	9	34	2	**36**
Medical Exam	11	12	3	26	2	**28**
Prosecution/Pleas/Sentence	0	0	0	0	1	**1**
Reporting	2	12	5	19	5	**24**
Medical	**25**	**30**	**23**	**78**	**48**	**126**
Documentation	0	0	1	1	11	**12**
Home Visiting Programs	6	2	1	9	1	**10**
Laws/Regulations/Policies/Contracts	0	1	0	1	1	**2**
Medical Exam/ Standard of Care - Autopsy	0	0	0	0	6	**6**
Medical Exam/ Standard of Care - Birth	5	6	2	13	7	**20**
Medical Exam/ Standard of Care - CARE Team	0	0	0	0	0	**0**
Medical Exam/ Standard of Care - ED	10	2	1	13	11	**24**
Medical Exam/ Standard of Care - Forensics	0	0	2	2	0	**2**
Medical Exam/ Standard of Care - PCP	0	2	3	5	3	**8**
Medical Exam/ Standard of Care - Radiology	0	1	1	2	0	**2**
Medical Exam/ Standard of Care - Specialist	0	0	1	1	5	**6**
Reporting	4	14	11	29	3	**32**
Transport	0	2	0	2	0	**2**
Safety/ Use of History/ Supervisory Oversight	**22**	**48**	**34**	**104**	**3**	**107**
Safety - Completed Incorrectly/ Late	12	25	16	53	3	**56**
Safety - Inappropriate Parent/ Relative Component	4	12	7	23	0	**23**
Safety - No Safety Assessment of Non-Victims	2	1	1	4	0	**4**
Safety - Oversight of Agreement	4	6	7	17	0	**17**
Supervisory Oversight	0	3	3	6	0	**6**
Use of History	0	1	0	1	0	**1**

Child Protection Accountability Commission/ Child Death Review Commission
JOINT RETREAT
SEPTEMBER 29, 2020

Findings Summary

CAN PANEL: INITIAL REVIEWS					CDRC Reviews	
	2017	2018	2019	CAN Total	Total	Grand Total
Risk Assessment/ Caseloads	**36**	**71**	**48**	**155**	**5**	**160**
Caseloads	20	42	31	93	2	**95**
Collaterals	4	9	9	22	0	**22**
Reporting	0	1	0	1	0	**1**
Risk Assessment - Abridged	1	0	0	1	0	**1**
Risk Assessment - Alternative Response	1	0	0	1	0	**1**
Risk Assessment - Closed Despite Risk Level	3	4	1	8	0	**8**
Risk Assessment - Screen Out	2	2	1	5	2	**7**
Risk Assessment - Tools	4	10	3	17	1	**18**
Risk Assessment - Unsubstantiated	1	3	3	7	0	**7**
Unresolved Risk	**5**	**12**	**20**	**37**	**1**	**38**
Child Risk Factors	2	0	3	5	0	**5**
Contacts with Family	3	3	9	15	0	**15**
Home Visiting Programs	0	0	2	2	1	**3**
Legal Guardian	0	0	1	1	0	**1**
Parental Risk Factors	0	7	4	11	0	**11**
Substance-Exposed Infant	0	2	1	3	0	**3**
Totals	**158**	**248**	**205**	**611**	**82**	**693**

CAN PANEL: FINAL REVIEWS					
	2016	2017	2018	2019	Grand Total
MDT Response	**1**	**4**	**4**	**1**	**10**
Crime Scene	0	0	1	1	2
Doll Re-enactment	1	0	0	0	1
General - Criminal Investigation	0	0	1	0	1
Prosecution/ Pleas/ Sentence	0	4	2	0	6
Medical	**4**	**0**	**1**	**0**	**5**
Medical Exam/ Standard of Care - Autopsy	0	0	1	0	1
Medical Exam/ Standard of Care - Specialist	1	0	0	0	1
Medical Exam/ Standard of Care - Urgent Care	2	0	0	0	2
Transport	1	0	0	0	1
Safety/ Use of History/ Supervisory Oversight	**1**	**2**	**1**	**0**	**4**
Safety - Completed Incorrectly/ Late	1	2	0	0	3
Safety - Inappropriate Parent/ Relative Component	0	0	1	0	1
Risk Assessment/ Caseloads	**2**	**1**	**6**	**0**	**9**
Caseloads	0	1	5	0	6
Collaterals	1	0	1	0	2
Reporting	1	0	0	0	1
Unresolved Risk	**0**	**0**	**2**	**0**	**2**
Contacts with Family	0	0	1	0	1
Legal Guardian	0	0	1	0	1
Grand Total	**8**	**7**	**14**	**1**	**30**

*Initials: Findings are from incidents that occurred between July 1, 2017 and December 31, 2019.

**Finals: Findings are from final reviews that occurred between July 1, 2017 and June 30, 2020.

Child Protection Accountability Commission & Child Death Review Commission

2020-2021 Action Plan

The Child Protection Accountability Commission (CPAC) and the Child Death Review Commission (CDRC) convened its Joint Report on September 29, 2020. The recommendations from the 2020 Joint Retreat stem from the review of 110 child abuse and neglect death and near death cases approved by CPAC for incidents that occurred between July 2017 and December 2019. The result was 611 findings and 478 strengths. 13 prioritized recommendations for system improvement are below, along with 6 ongoing recommendations from prior Action Plans and two priority areas identified by CPAC and CDRC. The 2020-2021 Action Plan was approved by CPAC on February 17, 2021 and by CDRC on March 12, 2021. All the recommendations below will be monitored by the CPAC Grants Oversight Committee, and updates will be provided to CPAC and CDRC at least annually.

Prioritized Recommendations from 2020 Joint Retreat (13)

System Area: Medical Response Recommendations (4)

1. Substantially and significantly improve the medical response to child abuse cases.

SOURCE: Similar recommendations made in 2015, 2016-2017 and 2018-2019 Action Plans.

AGENCY RESPONSIBLE: CPAC Training Committee, Medical Response to Child Abuse Workgroup

Actions	Anticipated Completion Date	Status Updates
a. Redesign the curriculum and training delivery methods for the Mandatory Reporting Training for medical professionals.	18 months	
b. Emphasize that every person who suspects child abuse or neglect must report to DFS or must designate one person to report AND physicians and nurse practitioners may take temporary emergency protective custody of a child.	18 months	
c. Utilize case studies and findings from the Child Abuse and Neglect Panel to highlight the system breakdowns in the medical response.	18 months	
d. Address the social biases, as well as fear and panic for reporting by medical professionals through videos and role playing, if possible.	18 months	
e. Consider referencing the Child Protector mobile application as a resource to assist medical professionals in their examinations and consideration of abuse or neglect.	18 months	

Prioritized Recommendations from 2020 Joint Retreat (13)		
System Area: Medical Response Recommendations (4)		
f. Develop a standardized pathway or flow chart for emergency room medical professionals to utilize when assessing for abuse or neglect.	24 months	
g. Offer statewide virtual or in person training to all staff in medical practices and hospitals.	24 months	
h. Develop specialized targeted trainings to various medical groups and utilize case studies.	18 months	
i. Utilize child abuse experts, who are trusted and respected by the medical profession, as developers and trainers.	12 months	
j. Secure videographers to finalize and implement a high-level interactive training.	6 months	
k. Secure medical contractors or staffing to fully implement the recommendations of the workgroup.	12 months	
2. Ensure medical professionals have a dedicated line at the DFS Report Line that reduces wait times.		
AGENCY RESPONSIBLE: Division of Family Services		
Actions	**Anticipated Completion Date**	**Status Updates**
No additional actions were identified.	6 months	
3. Provide opportunities for medical professionals to consult with a child abuse medical expert, and promote and secure resources for medical child abuse expertise downstate.		
AGENCY RESPONSIBLE: CPAC Training Committee, Medical Response to Child Abuse Workgroup		

Prioritized Recommendations from 2020 Joint Retreat (13)

System Area: Medical Response Recommendations (4)

Actions	Anticipated Completion Date	Status Updates
a. Design and promote information to downstate medical professionals on how to contact and consult with Delaware child abuse medical experts.	24 months	
b. Continue partnership with Nemours, and others as appropriate, to promote and secure resources for downstate medical child abuse expertise.	24 months	

4. Develop an effective collateral information request for DFS to utilize with medical providers and other professionals and provide training on same ("How to be a good Collateral").

SOURCE: Similar recommendation made in 2015 Action Plan.

AGENCY RESPONSIBLE: CPAC Training Committee, Medical Response to Child Abuse Workgroup and the Division of Family Services

Actions	Anticipated Completion Date	Status Updates
a. Develop an improved collateral information form.	12 months	
b. Develop and provide interactive training on form.	12 months	

Prioritized Recommendations from 2020 Joint Retreat (13)

System Area: MDT Response Recommendations (3)

1. Continuously improve and reinforce Delaware's coordinated, multidisciplinary team (MDT) response to serious child abuse and neglect cases.

SOURCE: Similar recommendations made in 2016-2017 and 2018-2019 Action Plans.

AGENCY RESPONSIBLE: CPAC Training Committee, CAN Best Practices Workgroup

Actions	Anticipated Completion Date	Status Updates
a. Provide MDT members with regular opportunities for specialized training, coaching and education to improve the investigation, prosecution and judicial handling of cases of child abuse and neglect.	24 months	
b. Offer initial and ongoing training and coaching on the MOU for the MDT Response to Child Abuse & Neglect with a focus on: the initial MDT response, which ensures DFS is notified of exigent situations impacting joint interviews, and the referral by the Office of the Investigation Coordinator; evidentiary blood draws in drug ingestion cases; timely examination of crime scenes and evidence collection; timely interactions between MDT members (collaboration, communication & MOU compliance); interviews of all children who have had access to the alleged perpetrator - even if they did not witness the incident; participation in the MDT Case Review process; and the MOU mobile application.	24 months	
c. Utilize case studies and findings from the Child Abuse and Neglect Panel to highlight the system breakdowns in the MDT response.	24 months	
d. Work closely with MDT members to communicate findings from the Child Abuse and Neglect Panel, including regular presentations to the Delaware Police Chief's Council.	24 months	

Prioritized Recommendations from 2020 Joint Retreat (13)		
System Area: MDT Response Recommendations (3)		
e. Lead individualized meetings and coaching sessions with MDT agencies to cultivate relationships and foster engagement in the MOU.	24 months	
f. Present regular, ongoing training at the police academy and patrol officer training.	24 months	
g. Secure MDT/law enforcement contractors or staffing to fully implement the recommendations.	6 months	
2. Update the MOU for the MDT Response to Child Abuse & Neglect regularly to incorporate best practices and to address the latest findings from the Child Abuse and Neglect Panel. **SOURCE:** Similar recommendation made in 2018-2019 Action Plan.		
AGENCY RESPONSIBLE: CPAC Training Committee, CAN Best Practices Workgroup		
Actions	**Anticipated Completion Date**	**Status Updates**
a. Include evidentiary blood draws and MDT meetings within 24 to 48 hours for death or serious injury cases.	24 months	
b. Incorporate the findings and recommendations from the CPAC Committee on the Investigation, Prosecution and Treatment of Child Sexual Abuse.	24 months	
c. Implement any recommendations for suspected victims of trafficking from the CAN Best Practices Workgroup, the Human Trafficking Interagency Coordinating Council's Juvenile Committee and the Robert F. Kennedy National Resource Center's work on dual status youth	24 months	

Prioritized Recommendations from 2020 Joint Retreat (13)

System Area: MDT Response Recommendations (3)

3. Develop a crimes against children code and continue to review Delaware's sentencing guidelines as they pertain to criminal child abuse cases, including consideration of the previously recommended legislation.

SOURCE: Similar recommendations made in 2013 CPAC Final Report on the Investigation and Prosecution of Child Abuse, and 2015 and 2016-2017 Action Plans.

AGENCY RESPONSIBLE: CPAC Legislative Committee

Actions	Anticipated Completion Date	Status Updates
a. Add Child Abuse First and Second degrees to the list of violent felonies and enhance the sentencing penalties.	24 months	
b. Increase Child Abuse Second degree to a Class D felony.	24 months	
c. Review civil and criminal definitions of abuse and neglect.	24 months	
d. Revise the Endangering the Welfare statute.	24 months	
e. Create a negligent mens rea for child abuse and create a statute to address those who enable child abuse.	24 months	
f. Modification of the crime of Murder by Abuse or Neglect.	24 months	
g. Resolve inconsistencies in Title 11 due to the differing definitions of physical injury and serious physical injury.	24 months	
h. Consideration of enhanced sentencing penalties for the crime of Rape involving a child to include a life sentence.	24 months	
i. Review sex crimes against children and implement any recommendations from the CPAC Committee on the Investigation, Prosecution and Treatment of Child Sexual Abuse.	24 months	

Prioritized Recommendations from 2020 Joint Retreat (13)

System Area: Safety & Risk Recommendations (6)

1. Develop and provide initial and ongoing training on the Structured Decision Making® Safety and Risk Assessment tools to help DFS staff better understand the tools, implement the tools in the field, and promote discussions of safety and risk with all MDT partners from the beginning of the DFS investigation.

SOURCE: Similar recommendations made in 2015 and 2016-2017 Action Plans.

AGENCY RESPONSIBLE: Division of Family Services

Actions	Anticipated Completion Date	Status Updates
No additional actions were identified.	12 months	

2. Provide regular coaching and monitoring to DFS staff on child safety agreements.

SOURCE: Similar recommendation made in 2016-2017 Action Plan.

AGENCY RESPONSIBLE: Division of Family Services

Actions	Actions	Actions
a. Plan for hospitalized children and ensure that safety is assessed regardless of hospitalization.	6 months	
b. Engage both parents as part of the safety agreement where appropriate, and complete background checks on all household members and participants in the safety agreements.	6 months	
c. Rule out suspects and assess caregivers as safety participants prior to placing children in home.	6 months	
d. Consult with MDT members through the MDT Case Review process or other means to ensure all information is known and considered before a safety agreement is implemented.	6 months	

Prioritized Recommendations from 2020 Joint Retreat (13)		
System Area: Safety & Risk Recommendations (6)		
3. Intensify DFS supervisory training and support on child safety agreements.		
AGENCY RESPONSIBLE: Division of Family Services		
Actions	**Actions**	**Actions**
Emphasize through training and support that agreements must be appropriate, timely and properly extended when necessary, and oversight of the agreement is maintained.	12 months	
4. Develop an abbreviated training for MDT partners on safety organized practice, safety and risk assessment and utilization of collaterals to help partner agencies understand the practice models and tools utilized by DFS.		
AGENCY RESPONSIBLE: Division of Family Services		
Actions	**Actions**	**Actions**
No additional actions were identified.	12 months	
5. Consider adjusting the DFS home assessment policy based upon the impact of COVID-19.		
AGENCY RESPONSIBLE: Division of Family Services		
Actions	**Actions**	**Actions**
No additional actions were identified.	6 months	

Prioritized Recommendations from 2020 Joint Retreat (13)		
System Area: Safety & Risk Recommendations (6)		
6. Utilize the SDM Fidelity Team's quarterly meetings to address findings from the Child Abuse and Neglect Panel and recommendations from the Joint Action Plan with DFS staff.		
AGENCY RESPONSIBLE: Division of Family Services		
Actions	**Actions**	**Actions**
No additional actions were identified.	6 months	

Recommendations from Prior Action Plans (6)

1. 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.

SOURCE: 2018-2019 Action Plan

AGENCY RESPONSIBLE: CPAC Training Committee, CAN Best Practices Workgroup

Actions	Anticipated Completion Date	Status Updates
a. Develop a protocol or plan to coordinate hospital discharge between Division of Family Services (DFS), law enforcement (LE) agencies 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.	12-18 months	**In Progress** The CAN Best Practices Workgroup plans to finalize the suggested MOU revisions with approval by the workgroup and present the revised MOU to CPAC for approval in May 2021.
b. Develop a protocol or plan for meetings between MDT and medical providers on immediate safety plan during child's hospital admission.	12-18 months	**Completed** A section on hospital discharge was added to the protocols, and it addresses safety issues.
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.	12-18 months	**Completed** The age requirement was not included in the updates. This was recommended for all children.
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.	12-18 months	**Considered** This was not included in the updates. All law enforcement jurisdictions do not have the resources to assign a detective.

Recommendations from Prior Action Plans (6)		
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. • Provide a list of direct contact numbers for all forensic nurse examiner teams and identified medical coordinators of care to the MDT.	12-18 months	**Considered/Completed** The first and last bullets were included in the updates. Instead of recommending that forensic nurse examiners be accessible, the updates included language that DFS and law enforcement have the ability to request a forensic exam.
2. Create an automatic medical referral for evidence-based home visiting services in the standard nursing admission orders for every Delaware birthing hospital when the mother comes into labor and delivery and the newborn is at risk. This referral should have a pre-checked box with the ability to opt out if delineated risk factors are not present. **SOURCE:** 2018-2019 Action Plan and similar recommendation made in 2016-2017 Action Plan		
AGENCY RESPONSIBLE: CDRC and Delaware Perinatal Quality Collaborative		
Actions	**Anticipated Completion Date**	**Status Updates**
No additional actions were identified.	12-18 months	**In Progress –** In February 2019, the Child Death Review Commission (CDRC) created a Home Visiting Committee to take on this action item. The home visiting advisory council discovered that nurses could not create these orders, but they must come from physicians. However, this is currently being re-evaluated by the Delaware Healthcare Association and their

Recommendations from Prior Action Plans (6)		
		representative on the CDRC Home Visiting Committee.
3. Advocate to DHSS and the General Assembly for Medicaid reimbursement for all evidence-based home visiting providers in Delaware. **SOURCE:** 2018-2019 Action Plan		
AGENCY RESPONSIBLE: CDRC and Division of Public Health (DPH)		
Actions	**Anticipated Completion Date**	**Status Updates**
No additional actions were identified.	12-18 months	**In Progress –** The Division of Public Health and the Division of Medicaid and Medical Assistance are collaborating and have been accepted to participate in a Technical Assistance opportunity offered by National Academy for State Health Policy for 1 year to explore Medicaid reimbursement for evidence-based home visiting.
4. Advocate for compliance with statutory caseload mandates as required by 29 Del. C. § 9015 and continue to work on promising practices and strategies for recruitment and retention of the child welfare workforce. **SOURCE:** 2018-2019 Action Plan and similar recommendation made in 2016-2017 Action Plan		
AGENCY RESPONSIBLE: CPAC Caseloads/Workloads Committee, CPAC Legislative Committee and the Division of Family Services		
Actions	**Anticipated Completion Date**	**Status Updates**
a. Reconvene the CPAC Caseload/Workloads Committee to review treatment caseloads and state standards.	18 months	**Completed**

Recommendations from Prior Action Plans (6)		
b. Consider adjusting DFS caseloads based on complexity of the cases to better utilize staff strengths and balance workload.	18 months	**Completed**
c. Explore the use of differential response for domestic violence, substance exposed infants, and chronic neglect cases accepted by DFS.	18 months	**Completed**
d. Include caseloads in its prioritized list of CPAC funding requests to be submitted to the Governor and General Assembly each fiscal year.		**In Progress** In FY20, the CPAC Caseloads/Workloads Committee satisfied its charge and submitted its final report and recommendations to CPAC in November 2019. The Committee put forth two recommendations: Lower the treatment caseloads to 12 cases for 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. In November 2019, CPAC voted to approve the report. The Legislative Committee was tasked with drafting the bill, which was completed in 2020. Now, the Committee awaits guidance from DFS and OMB as to when to present the bill to CPAC.

5. Send a survey to providers to identify the type of electronic medical record and include the code to allow providers to automatically download the encrypted evidence-based home visiting referral form for all pregnant women.

SOURCE: 2018-2019 Action Plan

Recommendations from Prior Action Plans (6)

AGENCY RESPONSIBLE: CDRC

Actions	Anticipated Completion Date	Status Updates
No additional actions were identified.	12-18 months	**In Progress** This was assigned to the Child Death Review Commission's Home Visiting Committee. The survey was completed in December 2020 and will be distributed in February 2021.

6. Finalize and implement the DOJ comprehensive case management system. The system must be capable of producing current information regarding the status of any individual case, and must be capable of producing reports on case outcomes. The system must also allow the DOJ to track the caseloads of its Deputies and staff, so that informed resource allocation decisions can be made, and must ensure cross-referencing of all cases within the DOJ which share similar interested parties

SOURCE: 2013 Final Report of the Joint Committee on the Investigation and Prosecution of Child Abuse and 2015, 2016-2017, and 2018-2019 Action Plans

AGENCY RESPONSIBLE: Department of Justice

Actions	Anticipated Completion Date	Status Updates
No additional actions were identified.	Immediately	**In Progress – DOJ Update Needed** The DOJ comprehensive case management system was rolled out in December 2017, and it continues to be piloted in various units.

CPAC/CDRC Additional Priorities

1. Improve the education provided on infant unsafe sleeping to focus on a comprehensive interdisciplinary approach that will ultimately decrease the number of unsafe sleep deaths.

AGENCY RESPONSIBLE: CDRC

Actions	Anticipated Completion Date	Status Updates
a. Revitalize the Infant Safe Sleeping Program Community Action Team (TISSPCAT) by revisiting the name, objectives, and mission, and by expanding the membership.	24 months	
b. Review current trainings and educational materials.	24 months	
c. Develop or improve prevention messaging to families.	24 months	

2. Improve the multidisciplinary response to child sexual abuse cases in accordance with the Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect ("MOU")

SOURCE: CPAC approved the creation of the Committee at its August 19, 2020 meeting.

AGENCY RESPONSIBLE: CPAC Committee on the Investigation, Prosecution and Treatment of Child Sexual Abuse

Actions	Anticipated Completion Date	Status Updates
a. Identify system weaknesses and strengths in the investigation, prosecution and treatment of child sexual abuse cases and create an Action Plan of priorities;	24 months	
b. Review, update and modify the MOU as needed to address the investigation, prosecution and treatment of child sexual abuse cases,	24 months	

CPAC/CDRC Additional Priorities		
including differentiating between the various types of sexual abuse and building a response system unique to each;		
c. Develop time-sensitive protocols to ensure cases of child sexual abuse progress promptly and effectively through both the civil and criminal systems while seeking safety, justice and timely resolution for these victims;	24 months	
d. Ensure that child victims of sexual abuse have access to and referrals for appropriate mental health services, medical care, and forensic interviews;	24 months	
e. Identify and review existing prevention initiatives related to child sexual abuse; and,	24 months	
f. Advocate for increased resources to those agencies that need further support in the investigation, prosecution or treatment of child sexual abuse cases.	24 months	