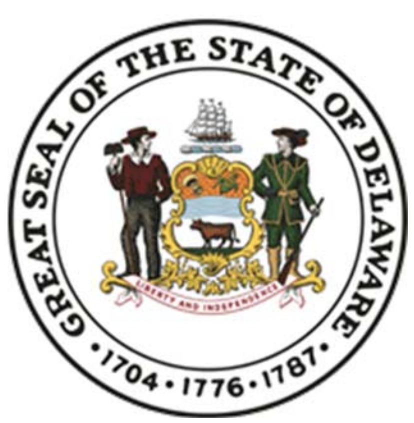
# State of Delaware

# Child Protection Accountability Commission (CPAC)




# Children's Justice Act

# Annual Progress Report and Grant Application

## May 31, 2016

State of Delaware
Child Protection Accountability Commission
c/o Office of the Child Advocate
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# CPAC STAFF

| | |
|---|---|
| Executive Director<br>16 Del. C. § 912(b) | Tania M. Culley, Esquire<br>Child Advocate<br>Office of the Child Advocate |
| CPAC Staff<br>16 Del. C. § 912(a) | Rosalie Morales, MS<br>Family Services Program Support Supervisor/CJA Coordinator<br>Office of the Child Advocate |
| | Amanda Sipple<br>Office Manager<br>Office of the Child Advocate |
| | Jessica Begley<br>Training Coordinator<br>Office of the Child Advocate |

# Mission Statement

The Child Protection Accountability Commission's overall statutory mission 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)).

# Purpose and Background

Delaware's Child Protection Accountability Commission (CPAC or the Commission) 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.

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# I. Governor's Letter

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

JACK A. MARKELL
GOVERNOR

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May 16, 2016

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

Dear Commissioner López:

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 2015 child abuse and neglect Basic State Grant and continues to comply with the requirements stipulated in Section 106(b) of the Act;
- Delaware has maintained a State multidisciplinary task force on children's justice;
- Delaware has adopted or continues to progress in adopting recommendations of the State Task Force or a comparable alternative to such recommendations;
- Delaware will make such reports to the Secretary as may reasonably be required, including an annual report on how assistance received under this program was expended throughout the State, with particular attention to the areas described in paragraphs (1) through (3) of Section 107(a);
- Delaware will maintain and provide access to records relating to activities under CJA; and
- Delaware will participate in at least one Federally initiated CJA meeting each year that the grant is in effect and are authorized to use grant funds to cover travel and per diem expenses for two CJA representatives (CJA Coordinator and Task Force Chairperson) to attend the meeting.

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

Sincerely,

Jack A. Markell
Governor

# II.Task Force Membership and Function

| Name and Title | Task Force Designation | Description |
|---|---|---|
| **Colonel Nathaniel McQueen, Jr., Superintendent, Delaware State Police**<br><br>**Captain Robert McLucas, New Castle County Police Department** | Law Enforcement Community | Colonel McQueen represents the Delaware State Police on the Task Force.<br><br>Captain Robert McLucas represents the New Castle County Police Department on the Task Force. |
| **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. |
| **Josette Manning, Esquire, Deputy Attorney General, Department of Justice**<br><br>**LaKresha Roberts, Esquire, Deputy Attorney General, Department of Justice** | Prosecuting Attorney | Ms. Manning heads the Child Victims Unit, which is a specialized unit within the Department of Justice that streamlines the prosecutorial and social services of the Department to more effectively protect Delaware's children who are victims of the most violent crime.<br><br>Ms. Roberts is the Director of the Family Division and oversees four units: Child Support, Child Protection, Domestic Violence and Child Abuse, and Juvenile Delinquency and Truancy. |
| **Kathryn Lunger, Esquire, Assistant Public Defender, Office of Defense Services** | Defense Attorney | Ms. Lunger is an Assistant Public Defender at the Delaware Office of Defense Services, which is responsible for representing indigent people at every stage of the criminal process in both adult and juvenile courts. |
| **Tania M. Culley, Esquire, Child Advocate, Office of the Child Advocate (OCA)** | Child Advocate (Attorney for Children) | As the Child Advocate, Ms. Culley is responsible for providing legal representation for dependent, neglected, and abused children in civil Family Court proceedings; engaging in legislative advocacy; collaborating with child welfare system partners to evaluate the effectiveness of the child protection system and to make recommendations for changes to policies and procedures; developing and providing quality training to OCA's volunteer attorneys and the child protection system as a |

| Name and Title | Task Force Designation | Description |
|---|---|---|
| | | whole; and participating in the community to increase public awareness of OCA. |
| **Ellen Levin, CASA** | Court Appointed Special Advocate Representative | Ms. Levin is a volunteer for the Court Appointed Special Advocate Program. |
| **Allan De Jong, M.D., Medical Director, Alfred I. duPont Hospital for Children** | Health Professional | Dr. De Jong is a pediatrician and the Medical Director of the Children at Risk Evaluation (CARE) Program at the Alfred I. duPont Hospital for Children. |
| **Susan Cycyk, M.Ed., Director, Division of Prevention and Behavioral Health Services** | Mental Health Professional | Ms. Cycyk is the Director of the Division of Prevention and Behavioral Health Services, which provides a statewide continuum of prevention services, early intervention services, and mental health and substance abuse (behavioral health) treatment programs for children and youth. |
| **Shirley Roberts, Director, Division of Family Services** | Child Protective Service Agency | Ms. Roberts is the Director of the Division of Family Services, which investigates child abuse, neglect and dependency, offers treatment services, foster care, adoption, independent living and child care licensing services. |
| **Patricia L. Maichle, Senior Administrator, Delaware Developmental Disabilities Council** | Individual experienced in working with children with disabilities | Ms. Maichle is the Senior Administrator at the Delaware Developmental Disabilities Council which addresses the unmet needs of people with developmental disabilities through system-wide advocacy, planning and demonstration projects. Ms. Maichle participates in one of the Committees under the Task Force. |
| **Mary Lou Edgar, Member of the Interagency Committee on Adoption** | Parent and/or Representative of Parent Groups | Ms. Edgar 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. |
| **Nicole Byers** | Adult former victims of child abuse and or neglect | Ms. Byers is a Communications Assistant at the Office of the Attorney General Matthew P. Denn. She was appointed to CPAC after the statutory changes were approved on July 15, 2014 and represents the Youth Advisory Council. |
| **Jennifer Davis, Education Associate, Student Services and Special Populations, 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)). | Ms. Davis is an Education Associate and oversees Student Services and Special Populations at the Department of Education. In this capacity, she serves as the State Coordinator for the Education of Homeless Children and Youth. She participates in one of the Committees under the Task Force. |

In Delaware, CPAC serves as the federally mandated Citizen Review Panel and CJA State Task Force. As a result, CPAC fulfills specific statutory requirements for each. For CJA, CPAC is required to maintain a multidisciplinary Task Force on children's justice as specified in Section 107(c)(1) of CAPTA to remain eligible for CJA grant funds. Delaware's Task Force membership is designated under section 931(a) of Title 16 of the Delaware Code. On July 15, 2014, the statute was amended to add two representatives required under CAPTA: a youth or young adult who has experienced foster care in Delaware and a Delaware attorney who represents parents in child welfare proceedings. Previously, these representatives only participated in a number of long-term Committees or Workgroups under the Task Force.

The 24 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 Chair of the Child Placement Review Board; (8) The Secretary of the Department of Education; (9) The Director of the Division of Prevention and Behavioral Health Services; (10) The Chair of the Domestic Violence Coordinating Council; (11) The Superintendent of the Delaware State Police; (12) The Chair of the Child Death Review Commission; (13) The Investigation Coordinator, as defined in § 902 of this title; (14) One youth or young adult who has experienced foster care in Delaware, appointed by the Secretary of the Department; (15) One Representative from the Office of Defense Services, appointed by the Chief Defender; and (16) 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.

## A. Structure

In addition to its members, the Child Advocate serves as the Executive Director of CPAC and oversees the Office of the Child Advocate (OCA). OCA staff includes 4 Deputy Child Advocates, a Staff Attorney, 3 Family Crisis Therapists, an Office Manager, a Training Coordinator, and a Family Services Program Support Supervisor. OCA provides staffing support to CPAC, and, as such, is responsible for administering the CJA grant on behalf of CPAC. Further, the OCA Family Services Program Support Supervisor serves as the CJA Coordinator and is responsible for drafting the Application, Annual Report and Three-Year Assessment; preparing quarterly reports for the Abuse Intervention Committee on behalf of CPAC; 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. Since October 1, 2012, the Criminal Justice Council, with assistance from the Administrative Office of the Courts, has supported OCA with the fiscal

management of the grant. The Criminal Justice Council is also responsible for the financial reporting on behalf of CPAC.

To improve the manner in which the CJA grant is administered, in April 2013, CPAC charged the Abuse Intervention Committee with providing oversight for the CJA grant activities and reporting the progress of its activities to CPAC. The Committee is chaired by CPAC Commissioner, LaKresha Roberts, Esquire, and its charge is as follows: to provide measurable oversight of the Children's Justice Act grant activities by planning and administering the Three-Year Assessment; monitoring the progress of recommendations identified in the Three-Year Assessment Report; and recommending to CPAC future system priorities related to the investigative, administrative and judicial handling of cases of child abuse and neglect.

## B. Meeting Frequency and Minutes

The CPAC Abuse Intervention Committee meets twice a year to receive progress updates on the goals identified in the Three-Year Assessment and to report this progress to CPAC. CPAC also convenes quarterly meetings to discuss the work of its 8 Committees: Abuse Intervention; Child Torture; Data Utilization; Education; Legislative; Permanency for Adolescents; Substance-Exposed Infants/Medically Fragile Children; and Training. The progress reports from each quarterly meeting can be found in the CPAC Quarterly Meeting minutes (See Appendix A: CPAC Quarterly Meeting Minutes).

# III. Prior Year Activities and Performance Report (May 1, 2015-April 30, 2016)

In its 2015-2017 Three-Year Assessment Report, CPAC prioritized 16 recommendations related to policy and training to improve the processes by which Delaware responds to cases of child abuse and neglect. The five policy recommendations related to the child protective service agency's (Division of Family Services or DFS) collateral policy and procedure; substance-exposed infants and medically fragile children; mental health, domestic violence, and substance abuse assessments; the revised Memorandum of Understanding (MOU) between the Department of Services for Children, Youth and Their Families (DSCYF), Children's Advocacy Center (CAC), Department of Justice (DOJ), and Delaware Police Departments; and cases of child torture.[1] Five additional recommendations related to the development of training programs for members of the multidisciplinary team (MDT) and the judiciary. Lastly, six recommendations involved evaluating DFS practices and system improvements, communication between DFS and DOJ, resource constraints for DOJ, and modifying Delaware statute related to training for medical professionals on the recognition of child abuse and neglect. A complete outline of the 2015-2017 priorities can be found in the CJA Annual Progress Report and Grant Application and 2015-2017 Three-Year Assessment Report. The report is available at the following link: http://courts.delaware.gov/childadvocate/docs/2015CJA-Application_Attachments.pdf.

During the first year of the 2015-2017 grant period, CPAC focused its efforts on the following activities: Child Abuse and Neglect Best Practices Guidelines; Child Abuse and Neglect Death and Near Death Reviews; Guidelines for the Child Abuse Medical Response; Best Practices for Responding to Child Torture; Response to Substance-Exposed Infants and Medically Fragile Children; Delaware Multidisciplinary Child Abuse Investigative Team Training; Data to Inform System Improvements in the Processing of Child Abuse Cases; Training Coordinator Position; Mandatory Reporting Training; Online Training System, Surveys, Training Software and Videography Services; and CJA Grantee Meeting & National Citizen Review Panel Conference. The planning and execution of these activities is carried out by CPAC through one of its eight Committees. Additionally, the Executive Director, Family Services Program Support Supervisor, Training Coordinator, and Office Manager provide administrative support to the Committees and its Workgroups. The progress on these activities will be described further below.

1. **Activity:** Develop Child Abuse and Neglect (CAN) Best Practice Guidelines

   **Output:** CPAC approved the creation of the CAN Best Practices Workgroup under the CPAC Training Committee in July 2013. Since then, the Workgroup has been meeting to draft revisions to the MOU between DSCYF, CAC, DOJ, and Delaware Police Departments.

[1] The Division of Family Services is a division within the Department of Services for Children, Youth and Their Families.

Historically, the MOU has outlined each agency's roles and responsibilities in the investigation and prosecution of child abuse cases. However, the MOU lacked multidisciplinary protocols for handling child abuse and neglect cases in Delaware. As a result, the Workgroup is in the process of developing 7 separate protocols for the MDT response to child abuse and neglect cases involving physical injury, serious physical injury, death, sexual abuse, neglect, torture and juvenile sex trafficking. The themes that will be addressed in the MOU include: cross reporting to the MDT, joint responses, forensic interviews, crime scene investigations, medical exams and transportation of victims. To support communication and collaboration between all involved parties, the group has proposed that the following signatory agencies be added: Division of Forensic Science, Delaware Hospitals, and the Investigation Coordinator.[2]

**Outcome:** During this reporting period, the Physical Injury and Serious Physical Injury Protocols were approved by the Workgroup (See Appendix B: Physical Injury and Serious Physical Injury Protocols). The revised MOU will be unveiled in its entirety in January 2017.

**Evaluation:** Until the MOU is executed, no formal evaluation will be implemented.

**Need:** To provide standardized best practice guidelines and ongoing comprehensive training to those who investigate, prosecute or otherwise respond to reports of child sexual abuse, death, and near death cases.[3]

**Funding Required:** None to date.

2. **Activity:** Review of Child Abuse and Neglect Death and Near Death Cases

   **Output:** CPAC has relied on the work of the Child Abuse and Neglect Panel (CAN Panel), a multidisciplinary panel charged with the retrospective review of child abuse and neglect death and near death cases, to evaluate the effectiveness of the MDT response and determine the priorities for system change. Specifically, the CAN Panel is responsible for reviewing and investigating the facts and circumstances of each case within six months of the incident. Upon conclusion of prosecution, a final review is conducted to include the criminal outcomes of a case. The CAN Panel makes findings from its review and those findings are considered by CPAC and Child Death Review Commission (CDRC). The duties of the CAN Panel were transferred from the Child Death Review Commission to CPAC on September 10, 2015 (See Appendix C: Senate Bill 187 for the legislation associated with the transfer).

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[2] House Substitute 1 for House Bill 371 was signed on August 16, 2012, requiring a tracking system for all child death, near death, and sexual abuse cases and creating the position of Investigation Coordinator within DSCYF.

[3] Taken from the Report on the Joint Committee on the Investigation and Prosecution of Child Abuse.

**Outcome:** At its October 14, 2015 and February 10, 2016 quarterly meetings, CPAC approved the CAN Panel's systemic findings and forwarded its action steps to the Governor (See Appendix D: Child Abuse and Neglect Panel for the systemic findings and action steps from these meetings). The CAN Panel's findings and action steps from the February meeting reflect CPAC's current process for disseminating public, summary information and findings related to child abuse and neglect death and near death cases in compliance with Delaware's statute.

**Evaluation:** CPAC staff maintain a database of the systemic findings and aggregate data on the cases reviewed. In the next reporting period, CPAC will be prepared to share summary reports for the aggregate data.

**Need:** To investigate and review deaths or near deaths of abused or neglected children.[4]

**Funding Required:** None to date.

3. **Activity:** Develop Guidelines for the Child Abuse Medical Response

   **Output:** The CPAC Child Abuse Medical Response Committee was created in July 2014 to develop guidelines for child medical evaluations and a methodology for identifying, training, supporting and sustaining a statewide network of medical professionals who have received specialized training in the evaluation and treatment of child abuse. The Committee began meeting during the reporting period and developed draft guidelines. It plans to submit a report with its recommendations to CPAC in August 2016. Upon approval by CPAC, the guidelines will be forwarded to the CAN Best Practices Workgroup for inclusion in the MOU between DSCYF, CAC, DOJ, and Delaware Police Departments. Training will also be included.

   **Outcome:** The draft guidelines have been reviewed with first responders from law enforcement, frontline workers from the DFS, and nurses from the Delaware Sexual Assault Nurse Examine (SANE) programs.

   **Evaluation:** Until the MOU is executed, no formal evaluation will be implemented.

   **Need:** To provide standardized best practice guidelines and ongoing comprehensive training to those who investigate, prosecute or otherwise respond to reports of child sexual abuse, death, and near death cases

   **Funding Required:** None to date.

[4] House Bill 136 was signed on September 10, 2015, which provides for the transfer of the Child Abuse and Neglect Panel from the CDRC to CPAC.

4. **Activity:** Develop Best Practices for Responding to Cases of Child Torture

   **Output:** The Child Torture Committee was created by CPAC and CDRC at a joint meeting in May 2014 after child torture emerged as a recurring theme in systemic findings from the reviews of child deaths and near deaths due to abuse and neglect. Some issues identified in these child torture cases included a lack of cross-reporting, medical assessments and collateral contacts with professionals, and limited adherence to the interviewing protocol, safety assessment policy, and the MOU between DSCYF, CAC, DOJ, and Delaware Police Departments. The Committee began meeting in October 2014 to research and develop best practices to help professionals recognize and appropriately respond to cases of child torture. The Committee completed its work on April 18, 2016 and forwarded its recommendations to the CAN Best Practices Workgroup for inclusion in the MOU between DSCYF, CAC, DOJ, and Delaware Police Departments. Training will also be included.

   Because Delaware sought out training opportunities, consulted with experts, and intervened early in cases of child torture, Delaware was recognized as a national leader and a panel was invited to present an advanced workshop during the pre-summit at the 13th Hawaii International Training Summit: Preventing, Assessing and Treating Across the Lifespan. The Delaware panel, which included representatives from the Beau Biden Foundation, Children's Advocacy Center, Department of Justice, Division of Family Services, Family Court, Office of the Child Advocate, New Castle County Police and medical community, had the extraordinary opportunity to present to an international audience its collaborative response in two cases, which put an end to years of torture and chronic abuse suffered by the children. The panel also shared the policy changes initiated by CPAC in response to these cases to help first responders recognize the elements of child torture.

   **Outcome A:** During this reporting period, CPAC approved the checklist for Common Elements of Child Torture (See Appendix E: Common Elements of Child Torture).

   **Evaluation A:** Until the MOU is executed, no formal evaluation will be implemented.

   **Outcome B:** Partial scholarships were provided to 6 MDT partners to participate on the panel and attend the 13th Hawaii International Training Summit on March 28-31, 2016 in Honolulu, Hawaii (See Appendix F: Collaborative Response to Child Torture for the presentation given by the Delaware Panel). Funding was also provided by the Beau Biden Foundation for the Protection of Children and the Federal Court Improvement Project through the Family Court.

   **Evaluation B:** Eight survey responses were submitted by participants who attended the Pre-Summit on Child Torture, Long Term Missing and Homicide Prosecutions (See Appendix G: Pre-Summit Survey Responses).

**Need:** To provide standardized best practice guidelines and ongoing comprehensive training to those who investigate, prosecute or otherwise respond to reports of child sexual abuse, death, and near death cases.

**Funding Required:** CJA funds were used for the partial scholarships.

5. **Activity:** Response to Substance-Exposed Infants and Medically Fragile Children

**Output:** In May 2015, CPAC and CDRC voted to create a specialized Joint Committee on Substance-Exposed Infants and Medically Fragile Children. This Joint Committee was formed to address a number of systemic findings from the reviews of child deaths and near deaths due to abuse and neglect. In response to the findings, CPAC and CDRC recommended that the following items be adopted as this committee's charge: establish a definition of substance exposed and medically fragile children; draft a statute to mirror the definitions and consider adding language to the neglect statute; recommend universal drug screening for infants in all birthing facilities in the state; review and revise the DFS Hospital High Risk Medical Discharge Protocol to include substance exposed infants; refer substance exposed infants to evidence-based home visiting nursing programs prior to discharge; and, review and incorporate the Neonatal Abstinence Syndrome (NAS) Guidelines for Management developed by the Delaware Healthy Mother & Infant Consortium Standards of Care Committee. The Committee met several times to address the complex issues surrounding substance-exposed infants and their families. The Committee determined that universal drug screening for all pregnant women upon admission should be the statewide procedure. The Committee also discussed whether in-depth technical assistance should be sought from the National Center for Substance Abuse and Child Welfare.

**Outcome:** CPAC supported a bill, which clarifies and formalizes a uniform, collaborative response protocol in accordance with CAPTA that will require Delaware's child protection system partners to work together to ensure the safety of substance-exposed infants and to provide support and services to the mothers and families of substance-exposed infants. House Bill 319 was assigned to the House Judiciary Committee in April 2016 (See Appendix H: House Bill 319).

**Evaluation:** None to date.

**Need:** To develop policies and procedures to address the needs of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure; or a Fetal Alcohol Spectrum Disorder.[5]

[5] 42 *U.S.C.* §5106(a)(b), as amended by the CAPTA Reauthorization Act of 2010 (P.L. 111-320).

**Funding Required:** None to date.

6. **Activity:** Delaware Multidisciplinary Child Abuse Investigative Team Training

   **Output:** The MDT Workgroup collaborated with the Gundersen National Child Protection Training Center (GNCPTC) to develop the three-day curriculum for the ChildFirst® training program. Upon receiving approval from GNCPTC in October 2014, the Workgroup was tasked with planning the modified training program, now titled the Multidisciplinary Child Abuse Investigative Team Training: A ChildFirst® Training. The training was held on October 26-28, 2015 at the Hyatt Place in Dewey Beach, DE, and the program included the core components of the ChildFirst® program with the exception of the forensic interview protocol. It featured three additional components that are important for our first responders in Delaware: Minimal Facts or teaching first responders how to question children prior to the forensic interview at the CAC; the importance of the multidisciplinary team approach and teaching first responders about the MOU; and the medical aspects of child sexual abuse.

   **Outcome:** 41 professionals from DFS, DOJ, Delaware Police Departments and OCA were trained.

   **Evaluation**: A Pre-Test, Post-Test and Overall Course Evaluation were completed by the participants. The majority of training participants strongly agreed that the training was pertinent to their professional needs and presented in an appropriate sequence (See Appendix I: Multidisciplinary Child Abuse Investigative Team Training for the evaluation results).

   **Need:** To provide standardized best practice guidelines and ongoing comprehensive training to those who investigate, prosecute or otherwise respond to reports of child sexual abuse, death, and near death cases.

   **Funding Required:** CJA funds were used to pay for the rental of facilities, lodging, and costs of meals and refreshments.

7. **Activity:** Utilize Data to Inform System Improvements in the Investigation and Prosecution of Child Abuse Cases

   **Output:** CPAC has historically requested data from its Task Force members to measure Delaware's Child Protection System. However, there was no structure in place to uniformly present, analyze and interpret the data. In October 2011, CPAC approved the creation of the Data Utilization Committee and charged the Committee with developing dashboards for measuring Delaware's child protection system. During the reporting period, the Data Utilization Committee met on a quarterly basis to prepare the following data dashboards: 1. Caseloads; 2. Processing of Child Abuse Cases; 3. Children in DSCYF Custody; 4.

Permanency Outcomes; 5. Extended Jurisdiction; 6. Dual Status Youth; 7. Education Outcomes for Children in Foster Care; and 8. Re-Entry/Recurrence of Maltreatment. At each CPAC meeting, the Committee provided quarterly reports of the data and presented system wide child welfare trends. Dashboard 1 summarizes the average caseloads of DFS investigation and treatment workers, reflecting the fundamental way in which caseloads impact the quality of service. Historically, caseload standards have been a critical data point that CPAC has monitored since its inception in 1997. As it relates to the CJA grant, Dashboard 2 contains the most critical data since it assesses the investigation and prosecution of child abuse cases. Specifically, it consists of reports on data collected from various child welfare agencies (e.g., Division of Family Services, Children's Advocacy Center, and Department of Justice), including the agency's involvement in intra-familial versus extra-familial reports of child abuse and neglect, and the outcome(s) in these cases. Dashboard 2 also presents the number of hotline reports received by the DFS Child Abuse and Neglect Report Line, together with (in addition to the number of reports received) the primary allegation type and case outcome. In addition, the dashboard features the number of cases opened and the civil and criminal case outcomes of cases closed by the Investigation Coordinator, who monitors and helps to coordinate all child death, near death, and sexual abuse cases to ensure a comprehensive, multidisciplinary civil and criminal system response (See Appendix J: CPAC Dashboard).

**Outcome:** In addition to the 10 charts on DFS caseloads, 11 data points were identified to assess the investigation and prosecution of child abuse cases in Delaware.

**Evaluation:** At each quarterly meeting, the Committee evaluates each data point to determine its relevance and impact on outcomes for children.

**Need:** To develop dashboards for measuring Delaware's child protection system; to present the dashboards to the Task Force for regular review; and to use the dashboards to inform system improvement and CPAC initiatives.

**Funding Required:** None to Date.

8. **Activity:** Contract with a Training Coordinator

**Output:** The Training Coordinator was contracted by OCA, on behalf of CPAC, and worked an average of 36 hours a week, 52 weeks per year. During the reporting period, the Training Coordinator was responsible for the following: provided technical support to users on OCA's online training system; updated the mandatory reporting training for educators; provided mandatory reporting training to educators and general professional audiences; worked with the professional videographer and students from the local high school to develop web-based training programs; chaired the Cross-Education Workgroup; staffed the Abuse Intervention

Committee, Training Committee, and MDT Workgroup; and gave a lecture on Child Development during the Multidisciplinary Child Abuse Investigative Team Training.

**Outcome:** The Training Coordinator facilitated 63% of the onsite mandatory reporting trainings for educators and 33% of the onsite mandatory reporting trainings for general community and professional audiences during the 12-month period. Approximately, 1,017 professionals received training from the Training Coordinator.

**Evaluation:** At each meeting of the CPAC Abuse Intervention Committee, the Training Coordinator reports out on the last two quarter's accomplishments and activities. The OCA Family Services Program Support Supervisor meets with the Training Coordinator monthly and evaluates the contract every six months.

**Need:** To facilitate and/or coordinate the CPAC approved trainings for professional audiences; expand on the use of web-based training; evaluate and enhance existing trainings; and maintain a tally of persons trained.

**Funding Required:** CJA funds were used to support the contractual position.

9. **Activity:** Train Professionals on the Recognition and Reporting of Child Abuse and Neglect

**Output:** The Mandatory Reporting Workgroup under the CPAC Training Committee updated its mandatory reporting training program for educators and general community and professional audiences. Both onsite and web-based formats are available for each training program; all web-based training can be accessed through OCA's online training system at http://ocade.server.tracorp.com/. For public schools, the Department of Education's Blackboard course management system hosts the web-based training for educators. Staff from DSCYF, DOJ, and OCA conducted several onsite training sessions for educators and general professional audiences.

**Outcome:** For the general training, approximately 23 onsite trainings were provided to 638 participants, and 384 participants completed the training online. For the educator training, approximately 26 onsite trainings were provided to 1,695 participants, and 6,700 participants completed the web-based training through the Department of Education's Blackboard course management system. In addition, 363 participants completed the web-based training on OCA's online training system. For the medical training, 395 participants completed the training online. The web-based training was offered to medical professionals in two formats for desktop computers and mobile device users.

**Evaluation:** For the onsite general training, 213 respondents submitted an evaluation and the results revealed the following: 91% of respondents correctly identified who is mandated to

report child abuse or neglect in Delaware; 90% of respondents correctly identified where to report suspicions of child abuse or neglect; 90% of respondents correctly identified the types of cases that must be reported to DFS; and 94% of respondents correctly identified that failure to report may result in civil penalties and an investigation by the DOJ (See Appendix K: Onsite Training Evaluations for General Professionals).

For the online general training, 384 respondents submitted an evaluation and the results revealed the following: 90% of respondents correctly identified who is mandated to report child abuse or neglect in Delaware; 98% of respondents correctly identified where to report suspicions of child abuse or neglect; 91% of respondents correctly identified the types of cases that must be reported to DFS; and 93% of respondents correctly identified that failure to report may result in civil penalties and an investigation by the DOJ (See Appendix L: Online Training Evaluations for General Professionals).

For the onsite educator training, 1,499 respondents submitted an evaluation and the results revealed the following: 92% of respondents correctly identified who is mandated to report child abuse or neglect in Delaware; 95% of respondents correctly identified where to report suspicions of child abuse or neglect; 95% of respondents correctly identified the types of cases that must be reported to DFS; and 98% of respondents correctly identified that failure to report may result in civil penalties and an investigation by the DOJ (See Appendix M: Onsite Training Evaluation for Educators).

For the online educator training, 6,700 respondents submitted an evaluation and the results revealed the following: 87% of respondents correctly identified who is mandated to report child abuse or neglect in Delaware; 91% of respondents correctly identified where to report suspicions of child abuse or neglect; 95% of respondents correctly identified the types of cases that must be reported to DFS; and 93% of respondents correctly identified that failure to report may result in civil penalties and an investigation by the DOJ (See Appendix N: Online Training Evaluation for Educators). These responses improved from the prior reporting period.

For the online medical training, 215 respondents submitted an evaluation and the results revealed the following: 97% of respondents agreed they had an improved understanding of the child abuse and neglect indicators; 100% of respondents agreed they know how and where to report child abuse and neglect; 97% of respondents agreed they have a better of understanding of their duty to report child abuse and neglect; and 98% of respondents agreed they have a better understanding of their duty to report under the Medical Practice Act (See Appendix O: Online Training Evaluation for Medical Professionals).[6]

[6] The evaluation was created through OCA's online training system rather than survey monkey. Separate surveys were developed for the desktop computers and mobile device users.

**Need:** To provide mandatory training regarding the statutory reporting obligations for all mandatory reporters, especially for Licensees under the Medical Practices Act.[7]

**Funding Required:** None to Date.

10. **Activity:** Develop, Evaluate, and Analyze In-Person and Web-Based Training Programs Using an Online Training System, Training Software, Surveys and Videography Services

    **Output:** The web-based mandatory reporting and the cross education training programs are created using Adobe Captivate 8 software or videography services (professional or students). The students also provide voice recordings for the web-based trainings. These training are made available on OCA's online training system, which is hosted by TraCorp. Surveys for both web-based and in-person trainings are created through Survey Monkey.

    **Outcome:** OCA's online training system has provided web-based training and resources to over 10,000 users since its inception in 2012.

    **Need:** To expand on the use of web-based training; evaluate and enhance existing trainings; and maintain a tally of persons trained.

    **Funding Required:** CJA funds were used to maintain the online training system, and the students or professional videographer were provided a nominal fee for their services.

11. **Activity:** Attend the CJA Grantee Meeting & National Citizen Review Panel (CRP) Conference

    **Output:** The OCA Family Services Program Support Supervisor and Executive Director of CPAC attended the CJA Grantee Meeting on June 10-11, 2015 and the National Citizen Review Panel Conference on May 18-20, 2015.

    **Outcome:** Participation in these meetings has resulted in the following: Task Force has developed a distinct path forward in the dual role as the CRP and CJA Task Force; and the Task Force understands its obligations under each and where the obligations intersect.

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

    **Funding Required:** CJA funds were used to cover travel and per diem expenses for the OCA Family Services Program Support Supervisor and Executive Director of CPAC.

[7] Recommendation forwarded to CPAC from the Dean Ammons Report on the Earl Brian Bradley Case.

# IV. Prior Year Budget Expenditures (May 1, 2015-April 30, 2016)

While CJA funds must be obligated and liquidated no later than two years after the end of the fiscal year in which the funds are awarded, Delaware has always obligated and liquidated the funds during the second year of the grant award. For instance, the FFY14 grant award was received in August 2014. However, CPAC did not begin obligating those funds until October 1, 2015; the remaining funds will be obligated and liquidated by September 30, 2016. As a result of this practice, both FFY13 and FFY14 funds were used during the reporting period. As such, partial budgets will be listed below for both federal fiscal years.

| **FFY13 (Grant Award $88,780)**<br>**May 1, 2015- September 30, 2015** | | **FFY14 (Grant Award $89,091)**<br>**October 1, 2015- April 30, 2016** | |
|---|---|---|---|
| **Funding Activity** | **Total** | **Funding Activity** | **Total** |
| Contractor/Training Coordinator | $16,759.37 | Contractor/Training Coordinator | $29,216.05 |
| CJA Grantee Meeting & National Citizen Review Panel Conference | $2,033.16 | Delaware Presentation at 13th Hawaii International Training Summit | $8,958.83 |
| Delaware Multidisciplinary Child Abuse Investigative Team Training | $500.00 | Delaware Multidisciplinary Child Abuse Investigative Team Training | $16,576.08 |
| Online Training System, Surveys, Training Software & Videographer/Online Training Development | $1,787.00 | Online Training System, Surveys, Training Software & Videographer/Online Training Development | $3,111.00 |
| Protecting Delaware's Children[8] | $2,996.30 | | |
| **Total FFY13 Funds** | **$24,075.83** | **Total FFY14 Funds** | **$57,861.96** |

[8] Outstanding invoices were received from two national speakers. This activity was recorded in the FFY15 CJA Annual Progress Report and Grant Application.

# V. Grant Application (May 1, 2016 - April 30, 2017)

## A. Proposed Funding Activities

### 1. Training Coordinator

**Description:** The CJA grant will continue to provide for the services of one full time (36 hours a week, 52 weeks per year) Training Coordinator that will be located at OCA and supervised by the OCA Family Services Program Support Supervisor. This position will be contracted by OCA and no benefits will be provided. The Training Coordinator will be responsible for providing administrative support to CPAC primarily for all child abuse intervention training activities related to the CJA grant.

**Approaches:** The Training Coordinator will provide technical support to users on OCA's online training system; update the mandatory reporting training for educators, general community and professional audiences, and medical professionals; publish the cross-education trainings on OCA's online training system; work with a professional videographer and students from the local high school to develop additional web-based trainings; provide mandatory reporting training to educators and general community and professional audiences; provide a lecture in the next MDT course; chair the Cross-Education Workgroup; and staff the Abuse Intervention Committee, Training Committee, and MDT Workgroup.

**Budget: $48,360.00**

**Evaluation:** The training evaluation results, through Survey Monkey or OCA's online training system, will be used to determine if the programs created by the Training Coordinator are effective or ineffective. Also, the Training Coordinator's contract is evaluated every 6 months by the OCA Family Services Program Support Supervisor.

**Impact:** Creation of a more uniform child abuse intervention curriculum, which ensures that professionals involved in the investigative, administrative and judicial handling of child abuse and neglect cases receive and have access to the same education on trending topics in child welfare.

### 2. Protecting Delaware's Children Conference

**Description:** Provide partial funding for the Protecting Delaware's Children Conference, a multidisciplinary conference and advanced training course for child welfare professionals, which has a focus on the investigation and prosecution of child abuse cases. The conference

is scheduled for April 25-26, 2017 at the Chase Center in Wilmington, DE and hosts 500 participants biennially.

**Approaches:** The conference will be sponsored by CPAC and other partner agencies. Conference costs will include rental of facilities, speakers' fees, and costs of meals and refreshments. Primary funding will be provided by CJA and the Federal Court Improvement Project through Family Court.

**Budget: $20,000.00-$30,0000**

**Evaluation:** OCA's online training system or Survey Monkey will be used to evaluate the training program. The evaluations will ask training participants to rate whether they had an increase in knowledge based on the material presented.

**Impact:** Improve the MDT response in the investigation, prosecution and judicial handling of cases of child abuse and neglect, particularly child sexual abuse, death, and near death cases.

## 3. MDT Scholarships

**Description:** Scholarships will be provided to representatives from the multidisciplinary team to give them the opportunity to attend national conferences, to learn advanced techniques, and to enhance their relationship with other members of the MDT.

**Approaches:** Scholarships will be offered to representatives from Delaware Police Departments, Office of the Investigation Coordinator, Family Court, DFS, OCA, CAC and DOJ. 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, When Words Matter: Emerging Issues in Forensic Interviewing, and the Annual Crimes Against Children Conference.

**Budget: $5,000-$10,000.00**

**Evaluation:** OCA's online training system or Survey Monkey will be used to evaluate the national conferences. Representatives who attend the conference(s) will be asked to participate in a survey to evaluate their overall satisfaction with the conference and to determine if a team should be sent next year.

**Impact:** Provision of training opportunities to members of the multidisciplinary team who are involved in the investigation, prosecution and judicial handling of cases of child abuse and neglect, particularly child sexual abuse, death, and near death cases.

## 4. Online Training System, Surveys and Videography Services

**Description:** Survey Monkey and OCA's online training system will be utilized to collect, evaluate, and analyze CPAC's trainings and to ensure that all CPAC approved trainings are web-based. Additional web-based trainings, including the advanced training courses identified in the three-year assessment, will be developed using available resources.

**Approaches:** Subject matters experts will be used to develop the advanced training courses. Web-based trainings will be created using Adobe Captivate 8 software or videography services (professional or students). The Training Coordinator will work with the students to provide voice recordings for the web-based trainings. The trainings will be made available on OCA's online training system, which is hosted by TraCorp. All training evaluations will be maintained through Survey Monkey.

**Budget: $6,000.00**

**Evaluation:** The online training system will be evaluated based on the amount of technical assistance needed from the Training Coordinator and the comments about technical issues listed in the survey results.

**Impact:** Provision of training opportunities to members of the multidisciplinary team who are involved in the investigation, prosecution and judicial handling of cases of child abuse and neglect, particularly child sexual abuse, death, and near death cases.

## 5. CJA Grantee Meeting

**Description**: Each year, the Children's Bureau convenes the CJA Grantee Meeting, and the CJA Coordinator and Task Force Chairperson are required to participate in one Federally initiated CJA meeting each year that the grant is in effect.

**Approaches:** The OCA Family Services Program Support Supervisor and Executive Director of CPAC attend the meeting annually.

**Budget:** $2,500.00

**Evaluation:** Not applicable.

**Impact:** The Task Force representatives have a better understanding of the obligations under the CJA grant and an opportunity to network with other states.

## B. Awareness of CFSP and APSR

The Division of Family Services held an annual stakeholder meeting to review the Child and Family Services Plan progress, review performance data and gather stakeholder input for the coming year's strategic planning. The meeting was held April 6, 2015; 67 stakeholders were invited and 47 representatives of the child welfare community service agencies attended, including foster care, family support, shelter services and adoption. Key stakeholders included the Court Improvement Project, Child Placement Review Board and OCA. OCA was also a stakeholder interviewed during the 2015 Child and Family Services Review and participated in the November 2015 federal debriefing and subsequent Program Improvement Plan workgroups drafting corrective actions for areas needing improvement.

In addition, key stakeholders are asked to submit an annual report for the APSR detailing their agency's accomplishments and priorities. The OCA Family Services Program Support Supervisor submits the report on behalf of CPAC. DFS distributes the APSR to stakeholders annually, and the reports are made available on their website at **http://kids.delaware.gov/fs/fs_cfs_review_plan.shtml**

# VI. Certification of Lobbying Form

5/23/2016 CERTIFICATION REGARDING LOBBYING | Administration for Children and Families

# CERTIFICATION REGARDING LOBBYING

Listen

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, ``Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

http://www.acf.hhs.gov/grants/certification-regarding-lobbying 1/2

Statement for Loan Guarantees and Loan Insurance

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

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

Signature

Title
CHILD ADVOCATE

Organization
Office of the Child Advocate

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# VII. Appendices

# Child Protection Accountability Commission (CPAC)
# Quarterly Meeting Minutes

**WEDNESDAY, July 8, 2015**
**9:00 AM – 12:00 PM – New Castle County Courthouse**
**500 King Street, 12TH Floor, Wilmington, Delaware**

**Those in attendance:**

| **Members of the Commission:** | **Statutory Role:** |
|---|---|
| C. Malcolm Cochran, IV, Esq., Chair | Child Protection Community 16 Del. C. § 912 (a)(16) |
| The Honorable Jennifer Ranji | Secretary of Dept. Of Services for Children, Youth and Their Families 16 Del. C. § 912 (a)(1) |
| Dr. Victoria Kelly | Dir., Div. of Family Services 16 Del. C. § 912(a)(2) |
| Josette Manning, Esq. | Two Representatives from the Attorney General's Office 16 Del. C. § 912 (a)(3) |
| The Honorable Michael K. Newell | Family Court 16 Del. C. § 912(a)(4) |
| The Honorable Joelle Hitch | Family Court 16 Del. C. § 912(a)(4) |
| Carolyn Walker | Chair of the Child Placement Review Board 16 Del. C. § 912(a)(7) |
| Tina Shockley | Secretary of the Department of Education/Appointee 16 Del. C. § 912(a)(8) |
| Corporal Adrienne Owen | Designee for Superintendent of the Delaware State Police 16 Del. C. § 912 (a)(11) |
| Dr. Garrett Colmorgen | Chair of the Child Death, Near Death and Stillbirth Commission 16 Del. C. § 912(a)(12) |
| Jennifer Donahue, Esq. | Investigation Coordinator 16 Del. C. § 912(a)(13) |
| Nicole Byers | Young Adult 16 Del. C. § 912(a)(14) |
| Sgt. Reginald Laster | At-large Member - Law Enforcement 16 Del. C. § 912 (a)(16) |
| Ellen Levin | At-large Member - Child Protection Community 16 Del. C. § 912 (a)(16) |
| Randall Williams | At-large Member - Child Protection Community 16 Del. C. § 912 (a)(16) |
| Janice Mink | At-large Member - Child Protection Community 16 Del. C. § 912 (a)(16) |

**Staff:**
Tania Culley, Esq., Executive Director
Rosalie Morales
Amanda Sipple

**Members of the Public:**

| | |
|---|---|
| Colin P. Dunlavey, Esq. | Rachael Neff |
| Kelly Ensslin, Esq. | Anne Pedrick |
| Eliza Hirst, Esq. | Shirley Roberts |
| Carrie Hyla | Ashlee Starratt |
| Julie Leusner | Gwen Stubbolo |

## I. Chairman's Welcome

Mike Cochran, Esq. opened the meeting and welcomed the attendees. Mr. Cochran welcomed the Family Court's newly appointed Chief Judge Michael K. Newell as a new commissioner. Mr. Cochran called on the Commissioners to commend the former Chief Judge Kuhn for her service to CPAC.

Mr. Cochran discussed changes occurring within the Commission, including the expanded membership, increasingly productive meetings and the need for restructuring of the agendas. The amount of data that is captured through the Commission, particularly from the Investigation Coordinator's Office, provides an incredibly rich source of material for the Commission to analyze during meetings. Additionally, as a result of H.B. 136 passing during the legislative session, the child death and near reviews due to abuse or neglect will be transferred to the Commission. Over the next months CPAC and Child Death, Near Death and Stillbirth Commission (CDNDSC) will be working to address changes as a result of H.B. 136.

## II. Approval of Minutes – 4/15/15 Commission Meeting

The minutes of the April 15, 2015 meeting were approved.

## III. New/Old Business

a. CAN Panel

Tania Culley, Esq. stated that H.B. 136 passed and is likely to be signed by the Governor after the CDNDSC Commission meeting in September, in which several reviews will be finalized. Ms. Culley reported that CPAC will work to streamline and organize the review process to provide continuity as the reviews move from CDNDSC to CPAC.

b. Stop Child Abuse License Plates

Rosalie Morales stated that as of the May statement there has been $70.00 in revenues from the Stop Child Abuse License plates for the Protecting Delaware's Children Fund. The Commissioners requested that a follow up email with the link to the application for the license plates be redistributed. In contrast, donations to the Protecting Delaware's Children Fund from the individual income tax returns have been more significant. All amounts designated to this Fund would be forwarded to the Office of the Child Advocate for the use in public awareness campaigns promoting the reporting of child abuse.

## IV. Report from the Investigation Coordinator

Jennifer Donahue, Esq. provided a quarterly data report to the Commission. During the first quarter of the year, the Investigation Coordinator (IC) received data dumps of 957 cases of which 146 cases were opened. The case load in June of 2014 was 680. Currently, the IC is monitoring 837 cases, of which 545 are intra-familial sexual abuse, 182 are extra-familial sexual abuse, 91 are serious physical injury, and 19 are death. Primarily the cases are intra-familial sexual abuse cases.

Additionally, as the amount of information increases, IC works to capture various data points in the database. For example, during the last CPAC meeting Representative Smith inquired about multigenerational history in cases. As a result, IC modified its database to capture this. The IC is also tracking the number of substance-exposed infants separately. Therefore, this is not captured in the number of open cases.

Of the 91 serious physical injury cases, 61 occurred in New Castle County, 16 were in Kent and 14 were in Sussex. A breakdown by gender concluded that 38 victims were female and 53 were male. The main perpetrator in these 91 cases was male. Of the 19 deaths, 13 occurred in New Castle County, 1 was in Kent, and 5 were in Sussex. There were 11 females and 8 males. The main perpetrator was the biological mother. Lastly, there were 727 intra-familial and extra-familial sexual abuse cases, and the victims were predominately female.

The IC primarily receives its extra-familial reports from DFS. Ms. Donahue also added the number (182) of extra-familial sexual abuse cases may not be an accurate tally of total cases due to reporting issues that are currently being worked on. Sgt. Reginald Laster stated that the New Castle County Police Department and the State Police are working to train police officers to report to the DFS hotline even when the abuse is not intra-familial. Ms. Donahue stated there were 179 sexual abuse allegations reported between January and March. Additionally, during the same quarter, 91 forensic interviews took place while 44 sexual abuse allegations did not receive a forensic interview at the CAC. Ms. Donahue noted a few of the reasons children were not interviewed at the CAC as follows: the youth was older than 15 years of age, the child was non-verbal, the parents did not agree, or were unresponsive to a forensic interview. Additionally, Cpl. Adrienne Owen reported that detectives are trained to conduct interviews. Cpl. Owen stated that removing detectives from the interview process would not be appropriate and that the detectives who are conducting the interviews are highly trained and experienced. During the quarter, 68 cases were closed by the IC, including 2 death, 4 serious physical injury, and 62 sexual abuse cases. The criminal findings of sexual abuse cases were as follows: no law enforcement involvement in 4 cases; 24 cases were unfounded by law enforcement; prosecutions were declined in 23 cases; 2 cases were Nolle Prossed; and in 9 cases there was a guilty plea. Further detail is available in the IC quarterly report, which was distributed at the meeting.

## V. CPAC Committee Reports

a. Abuse Intervention

Rosalie Morales reported the Abuse Intervention Committee met on May 14, 2015 to finalize the work related to the Children's Justice Act Grant's 2015 – 2017 Three Year Assessment Report. To comply with the federal requirements related to this assessment, the Committee had two tasks. The first was to prioritize recommendations for the next three years that relate to policy and training, and the Committee used the recommendations from the CPAC/CDNDSC Retreat. Next, the Committee had to review the progress of the recommendations from the 2012 – 2014 assessment. The Committee found that CPAC had successfully implemented its first recommendation, which related to the Joint Committee on the Investigation and the Prosecution of Child Abuse. For the second recommendation, which was a plan to eliminate infant unsafe sleep fatalities dues to abuse or neglect, the Committee agreed that no further action would be taken. It was previously identified that this recommendation related to primary prevention, which falls under the purview of CDNDSC. Finally, for the last recommendation, which involved the support of training and education initiatives related to the investigation and prosecution of

child abuse and neglect cases using an MDT approach, the Committee concluded the recommendation must remain a priority for the Task Force. The Three Year Assessment along with an Annual Progress Report and Grant Application was submitted to the Administration for Children and Families on May 29th. As mentioned in an email to the Commission the report was approved by the Administration for Children and Families and is available on the OCA website.

b. Data Utilization

Ms. Morales reported that OCA and Family Court are in the process of hiring a Data Analyst contractor for CPAC. The position will be funded through the Court Improvement Program. A few responsibilities for this position will include: staffing the Data Utilization Committee, working with stakeholders to collect already existing data related to the dashboard, maintaining and updating all of the CPAC Data charts, and conducting statistical analysis to help CPAC inform system improvement. We are grateful to the Family Court for its making this position possible. Ms. Morales also acknowledged Carrie Hyla and Rachael Neff for their support with the creation and hiring of this new position.

At the last meeting the Commission received a presentation on the CPAC Dashboard and the proposed data analysis process. During the presentation, it was discussed how OCA was struggling to prepare the dashboards, because the CPAC meetings fall within a week or two of the end of the quarter. The Data Utilization Committee also reviewed the proposed data analysis process and delayed voting on the process until CPAC came up with a solution. The Commission approved the proposed 2016 meeting schedule with meetings occurring in February, May, August, and November. Additionally, it was determined that a discussion of the trends should occur at each meeting with a formal presentation one time per year. The Commission indicated the Data Utilization Committee is to complete their first full report out at the February of 2016 meeting.

c. Education

Eliza Hirst, Esq. reported for Tina Shockley on the three workgroups under the CPAC Education Committee. The Education Committee was unable to meet in June.

The MOU Workgroup is overhauling the current MOU between DOE, Local Education Agencies (LEAs), and DSCYF. Ms. Hirst stated the workgroup is addressing gaps for children remaining in their school of origin or transferring to a new school feeder pattern, reporting requirements, and information sharing and confidentiality.

The Collaboration Workgroup completed the Frequently Asked Questions sheet and will be adding the resources to the OCA website.

The Data Workgroup is reviewing the 2014 – 2015 aggregate school year data. The Committee is also reviewing the federal Education Stability of Foster Youth Act to review the similarities that are occurring in Delaware.

d. Legislative

Ms. Culley reported the Committee has not met.

The Honorable Jennifer Ranji reported that five bills submitted by the Department of Services for Children, Youth and Their Families (DSCYF) passed by June 30, 2015.

House Bill 118, an amendment to the Delaware Code relating to reporting child abuse or neglect, codifies that a person cannot rely on another person with less direct knowledge of child abuse or neglect to call the hotline and make a report.

Senate Bill 56, relating to Abuse of Children, allows DSCYF to petition Family Court to compel an uncooperative parent or guardian to complete a drug or alcohol evaluation or mental health evaluation for him or herself or a developmental screen for their child.

Senate Bill 110, relating to Child Care, allows the Office of Child Care Licensing to impose administrative fines for child care providers operating unlicensed.

House Bill 116, relating to the Executive Order 45 Re-Entry Education Task Force, establishes the DSCYF Education Unit as a Local Education Agency for very limited purposes. As a result, DSCYF teachers will qualify for federal loan forgiveness, the LEA will be eligible for grant funding and the unit will be able to issue credits to the students who are completing coursework.

Senate Bill 144, relating to Background Checks for Child-Serving Entities also known as the Joseph T. "Beau" Biden III Child Protection Act, streamlines and improves the background check process for those who work with children..

e. Child Abuse Medical Response

Randy Williams stated that the first meeting of the Committee has been scheduled, and a tentative meeting schedule is being finalized. Mr. Williams reported the Cory Stevens from Midwestern CAC will be a resource for the Committee. The Committee will be working to develop a statewide structure to support the need for medical experts including when to refer and where to refer.

f. Permanency for Adolescents

Ms. Culley reported the Permanency for Adolescents Committee met at the end of March, and she provided an update for the three workgroups under the Committee. The APPLA Workgroup met at the beginning of January and reviewed six children between the ages of 11 and 13 with a permanency plan of APPLA. The group did a retrospective review to determine what they could have done better or differently to prevent those children from having a permanency plan of APPLA and to identify if there is anything that can be done now. Following the review, the group developed an action plan which listed the recommendations under two categories, permanency options and court hearings. The action plan was later approved by the workgroup and Committee. Judge Jones and Judge Crowell plan to discuss the Action Plan with the other judges. The Committee also continues to track the statistics for youth with a plan of APPLA, and no new young children are entering care with this plan. Ms. Culley reported the Committee continues to review juvenile expungements. The CIP Stakeholder Training – Preventing Sex Trafficking & Strengthening Families Act is planned for September 10, 2015.

g. Training

Ms. Morales reported the next Training Committee meeting is scheduled for July 14th. The Committee plans to work on the Governance Form for the Protecting Delaware's Children Fund as well as to develop a recommendation regarding the audit process. Ms. Morales requests that Commissioners remind agency representatives to attend.

The ChildFirst™/MDT Workgroup sent out a Save the Date for the modified 3-day version of ChildFirst™ Delaware now titled the Multidisciplinary Child Abuse Investigative Team Training – A ChildFirst™ Training. The training is scheduled for October 26 – 28, 2015 at the Hyatt Place™ in Dewey Beach. There are 40 slots available and priority will be given to DFS, law enforcement, and DOJ. The training is free. A registration link will be sent out via email, and online registration will open on September 1, 2015.

The CAN Best Practices Workgroup in finalizing the physical injury protocol, which it hopes to bring back to the larger workgroup for feedback in the coming months.

The Joint Conference Workgroup is exploring April of 2017 as the next Protecting Delaware's Children Conference date.

The Mandatory Reporting Workgroup is finalizing the Mandatory Reporting Training for educators, which must be submitted to DOE by next week.

The Cross Education Workgroup is delaying additional work on the agency 101 trainings while the Mandatory Reporting Training is being finalized.

## VI. Commissioner Reports

a. Law Enforcement

Cpl. Adrienne Owen reported the State Police continue to provide training on mandatory reporting. An information sheet is being developed to inform staff on normal behaviors of adoptive families and frequently asked questions for families.

Sgt. Reggie Laster reported that his new staff will be attending the ChildFirst™ training in October.

b. Child Placement Review Board

Carolyn Walker reported that CPRB received 77 applications for the Ivyane DF Davis Memorial Scholarship. CPRB has conducted 59 youth interviews and will be distributing $150,000 in scholarship funds.

c. Children's Advocacy Center

Randy Williams reported the Caregiver Assistance Program is completed but in the evaluation phase. The Caregiver Assistance Program will provide support to caregivers of children and youth who have been the victim of abuse. The curriculum will be available to other agencies.

d. Department of Justice

Josette Manning, Esq. reported that the Child Victims Unit needs an additional experienced felony level prosecutor in New Castle County.

e. Department of Services for Children, Youth, and Their Families

Secretary Ranji reported the Division of Family Services continues to have record months. As of June 15th, the percent of fully functioning workers in treatment is up to 68 and the caseload standard was 12.6. Some difficulties the Division continues to face are the turnover rates, seriousness of reports and the number of youth in care has been increasing. Kent hired five new staff and they have just joined the rotation in Kent. The placement stability numbers continue to improve. Additionally, the Division is going into Sunset Review and will have a year to complete the review process. The Division has nearly completed the Child and Family Services Reviews (CFSRs). The Foster Care Conference is scheduled for Thursday, May 30th in Dover. The Conference will focus on Believing in the Possibilities, 400 participants are expected.

Secretary Ranji discussed the budget. Their request for the third year of ASSIST Funds, which is the $500,000 stipends for kids aging out, was approved.

Secretary Ranji then discussed how DFS is working with Chapin Hall to use their voluminous data to determine outcomes. A small data unit was also created in the Office of the Secretary to review and analyze the following baseline data points: the number of serious injury and death cases each quarter; % of cases with prior DFS history and cases open during an incident; % of cases open for investigation; % of cases open for treatment; % of cases in which DFS takes custody; and % of cases which are substantiated.

Since Structured Decision Making (SDM) was implemented, a smaller percentage of cases are being opened for investigation. To determine that these cases are being screened out appropriately, they are looking at the percentage of cases screened out and opened within a year after being screened out are: 2012 – 23%, 2013 – 19%, 2014 – 18%. These results indicate that SDM is having a positive effect.

DFS also implemented a case tiering system., in which cases are reviewed for specific risk factors and flagged for the regions. This will allow for the investigators to be aware of those factors, and cases with a higher level of risk will require framework, consult with Dr. Heather Alford, or a higher level of supervision.

i. Division of Family Services

DFS also continues to look at its domestic violence cases. Dr. Victoria Kelly reported that David Mandel is providing training to DFS and system partners to help specialize in an area with complex dynamics.

CPAC will send a letter to the Joint Sunset Committee regarding its review of the Division of Family Services..

ii. Division of Prevention and Behavioral Health Services

Julie Luessner introduced herself as the new Deputy Director of PBH. She reported the High Fidelity Wrap Around team began operating in May. The team will serve 20 children through 2 workers by partnering with DFS. Ten of the youth will be in foster care and 10 will be involved in treatment with DFS. The wraparound services will allow PBH to devote more time to the families. The program is intended to keep children safe in the home.

f. Interagency Committee on Adoption

Kelly Ensslin, Esq. reported the Interagency Committee on Adoption (ICOA) is working on the 6th Annual Adoption Day, which is scheduled for November 21st from 1 – 2:30 pm. The event will celebrate adoptive families who adopted children and youth in 2014. In addition, ICOA recently drafted a letter to mental health providers to discuss the unique needs of these children and families. The Committee intends to reach out to educators related to the same issue.

## VII. Other Child Protection Updates/Reports

a. Youth Advisory Council

Nicole Byers reported the YAC 13th Annual Conference and Destined for Greatness Event is scheduled for Wednesday, August 5, 2015. The keynote speaker will be Kevin Brown from Northern California and the president of Legacy Thinking Labs. Additionally, House Bill 46, the bill which codifies the rights of abused, neglected and dependent youth in DSCYF Custody will be signed at the event.

## VIII. Public Comment

As there was no public comment, the meeting was adjourned at 12:00 pm.

# Child Protection Accountability Commission (CPAC)
# Quarterly Meeting Minutes

**WEDNESDAY, October 14, 2015**
**9:00 AM – 12:00 PM – New Castle County Courthouse**
**500 King Street, 12TH Floor, Wilmington, Delaware**

**Those in attendance:**

| Members of the Commission: | Statutory Role: |
|---|---|
| C. Malcolm Cochran, IV, Esq., Chair | Child Protection Community 16 Del. C. § 912 (a)(16) |
| The Honorable Jennifer Ranji | Secretary, Children's Department 16 Del. C. § 912(a)(1) |
| Dr. Victoria Kelly | Dir., Div. of Family Services 16 Del. C. § 912(a)(2) |
| The Honorable Michael K. Newell | Family Court 16 Del. C. § 912(a)(4) |
| The Honorable Joelle Hitch | Family Court 16 Del. C. § 912(a)(4) |
| The Honorable Melanie George Smith | House of Representatives 16 Del. C. § 912(a)(5) |
| Tina Shockley | Designee for Secretary of the Department of Education 16 Del. C. § 912(a)(8) |
| Eleanor Torres, Esq. | Domestic Violence Coordinating Council 16 Del. C. § 912(a)(10) |
| Corporal Adrienne Owen | Designee for Superintendent of the Delaware State Police 16 Del. C. § 912 (a)(11) |
| Dr. Garrett Colmorgen | Chair of the Child Death Review Commission 16 Del. C. § 912(a)(12) |
| Jennifer Donahue, Esq. | Investigation Coordinator 16 Del. C. § 912(a)(13) |
| Nicole Byers | Young Adult 16 Del. C. § 912(a)(14) |
| Kathryn Lunger, Esq. | Public Defender's Office 16 Del. C. § 912(a)(15) |
| Dr. Allan De Jong | At-large Member - Medical Community 16 Del. C. § 912(a)(16) |
| Mary Lou Edgar | At-large Member - Interagency Committee of Adoption 16 Del. C. § 912 (a)(16) |
| Captain Robert McLucas | At-large Member - Law Enforcement 16 Del. C. § 912 (a)(16) |
| Ellen Levin | At-large Member - Child Protection Community 16 Del. C. § 912 (a)(16) |
| Randall Williams | At-large Member - Child Protection Community 16 Del. C. § 912 (a)(16) |
| Janice Mink | At-large Member - Child Protection Community 16 Del. C. § 912 (a)(16) |

**Staff:**
Tania Culley, Esq., Executive Director
Rosalie Morales

**Members of the Public:**

Nancy Carney
Kelly Ensslin, Esq.
Craig R. Fitzgerald, Esq.
Raelene Freitag
Eliza Hirst, Esq.
Carrie Hyla
Caroline Jones
Jackie Mette, Esq.
Julie Miller, Esq.
Sue Murray
Rachael Neff
Anne Pedrick
Shirley Roberts
Molly Shaw, Esq.
Ashlee Starratt
Brittany Willard

## I. Chairman's Welcome

Mike Cochran, Esq. opened the meeting and welcomed the attendees. Mr. Cochran congratulated Secretary Ranji as she was recently nominated by Governor Markell for appointment to the Family Court bench. He also thanked Secretary Ranji for her participation on the Commission. In addition, he acknowledged Senator Margaret Rose Henry as the newest Commissioner on CPAC.
Mr. Cochran discussed that the agenda was restructured to highlight the following areas: cases tracked by the Investigation Coordinator; child abuse and neglect death and near death reviews; and the CPAC Dashboards. The revised agenda reflects the way in which CPAC is evolving and drives the policy discussion around the data. While the Commissioner and Committee Reports will not be presented in the same format, Commissioners and Chairs may alert staff if a report needs to be included in an upcoming agenda.

## II. Approval of Minutes – 7/8/15 Commission Meeting

The minutes of the July 8, 2015 Meeting were approved.

## III. Executive Director's Report

Tania Culley, Esq. reported that CPAC now has three contract positions, the Training Coordinator, Jessica Begley; Data Analyst, Brittany Willard; and the Child Abuse and Neglect (CAN) Medical Abstractor, Megan Mraz. In addition, OCA has a new clerical person and Managing Attorney, and as a result of the transfer of the CAN Panel, the Child Death Specialist now works for OCA. There is still a vacancy with the Sussex County social worker position, and OCA is continually challenged with filling this position since it is not full time.

Ms. Culley also mentioned the average caseload per Deputy Child Advocate (DCA) is about 33 children. She said the DCAs are representing several children involved in death and near death incidents, which are time consuming cases. The office has two cases with terminations for parental rights on appeal. Due to the vacancy in Sussex, one social worker is carrying 88 cases and covering cases in Sussex County.

Ms. Culley stated that the assignment of cases has been very difficult since the number of children entering care is up. OCA continues to work with CASA on representing children statewide. Resources in Kent County are very limited for both agencies, and they are seeing a few children who are not represented. CASA has been picking up all cases in Sussex County, and OCA's pro bono attorneys are picking up all cases in New Castle County due to limited CASA volunteers.

OCA has had several meetings with partner agencies, such as the Department of Services for Children, Youth and Their Families (DSCYF), the Division of Management Support Services (DMSS), and the Family Court and Court Improvement Program (CIP). In addition, Ms. Culley discussed OCA's involvement in the recently signed legislation related to the Child Abuse and Neglect Panel and the Rights of Youth in DSCYF custody.

Ms. Culley has provided a number of trainings to volunteer attorneys on representing children in all types of Family Court proceedings. Kelly Ensslin, Esq. has done a number of trainings on permanency options for

youth in foster care, and the training is available online. Eliza Hirst, Esq. has participated in a few national trainings with judicial officers. Ms. Hirst also authored an article for the American Bar Association Center on Children and the Law. Ms. Culley spoke at a local CIP conference that was facilitated by Family Court. To provide additional support to the volunteer attorneys, OCA staff is putting together several primers on understanding social security and disability benefits, trying a termination of parental rights case, and handling Supreme Court cases.

OCA staff has begun participating in more national meetings. Ms. Culley is a part of a coalition of the National Ombudsman and participates in monthly conference calls. Ms. Hirst represented OCA at a Northeast Collaborative on Legal Representation of Children.

The draft CPAC Annual Report will be presented at February's meeting for approval.

## IV. Investigation Coordinator Report

Jen Donahue, Esq. presented her Quarterly Data Report, which includes the third and fourth quarters of fiscal year 2015 to draw a comparison. Chart 1.1. depicts the total referrals and total cases opened by the Investigation Coordinator (IC). In the fourth quarter (Q4), 1,124 referrals were received and 189 cases were opened. Ms. Donahue explained there is a significant disparity between the number of referrals received and the cases which are opened each quarter, because many of the cases fall outside their purview. As a result, it requires that each referral be screened for serious physical injury, sexual abuse and death. The office is working to streamline the reporting by the Division of Family Services (DFS) and the Delaware Criminal Justice Information System (DELJIS) to minimize the number of cases received outside of their purview.

In Charts 1.2 and 1.3, the total cases opened and total cases closed are presented. Ms. Donahue noted that they open more cases than they close. In the fourth quarter, 99 cases were closed. The IC will not close its case until the civil and criminal investigations conclude and the case review process is completed by the Children's Advocacy Center. Ms. Donahue said case closure is also delayed due to limited resources within their office.

Chart 1.4 shows the IC caseload. The caseload has been consistently increasing, and it is driven up by the intra-familial cases. In Q4, there were 947 open cases; 758 were intra-familial and 189 were extra-familial. The bulk of the intra-familial cases are sexual abuse. At the next meeting, Ms. Donahue will provide the Commission with a recommendation for triaging these sexual abuse.

Sections 2.1 and 2.2 deal with serious physical injury cases. The bulk of the cases are in New Castle County (64%). The alleged victims are primarily male (64%), and 50% of the alleged victims are under age one. In serious physical injury cases, the perpetrators are often the parents (77%) of childbearing age. Ms. Donahue explained that forensic interviews did not occur because many of the victims were nonverbal. The death cases are presented in Sections 3.1 and 3.2. In Q4, there were 4 deaths.

Sections 4.1 and 4.2 relate to sexual abuse cases. Almost 50% of the cases are in New Castle County, and the alleged victims are primarily female (74%). For the age range of the alleged victims, there was a spike at age 5 and 13. The alleged perpetrators were often relatives and not biological parents (58%). Ms. Donahue

discussed how most prosecutions are declined (53%) followed by law enforcement unfounded (23%), which means the vast majority are not pursued.

Representative Smith suggested identifying the caregivers that have participated in parenting classes or home visiting programs and comparing it to the criminal outcomes in these cases to demonstrate the need for directing resources towards prevention initiatives. Dr. Kelly responded that they do have data about maternal and infant early home visiting programs that the Division of Public Health oversees. DFS does a data exchange to compare participants involved in these home visiting programs with participants reported to DFS. Of the first one thousand participants in the home visiting programs, only 5 participants were reported to DFS and one was substantiated for abuse or neglect.

In addition, given the ages profiles of the alleged perpetrators, offering parent education in high schools was suggested. Dr. De Jong mentioned how Pennsylvania is piloting the COPE24 Program in schools. It is a parenting skills program that originated from Missouri that uses video clips on toileting, frustration with crying and other issues. Dr. Kelly added that DFS is working with Children and Families First to compare data for participants involved in the Strengthening Families Program, an evidence based parenting program, with participants reported to DFS.

Mr. Cochran cited the following tracking issues: involvement of the Children's Advocacy Center in serious injury cases when children are verbal; data collection and reporting on substance exposed infants; cross-checking the IC data with the CAN Panel data; and early intervention programs for 20 to 30 year-olds (i.e., Department of Education, COPE24, LifeSkills Education program by Kind to Kids).

## V. Child Abuse and Neglect Death/Near Death Reviews

a. Appointment of Review Panel, Director, Co-Chairs

On September 10, 2015, the Governor signed legislation transferring the CAN Panel to CPAC. The Commission agreed that the Panel membership will remain the same, and Janice Mink and Becky Laster will remain as the Co-Chairs. Rosalie Morales will function as the CAN Director to help the Panel work through the procedural issues, which involve collecting data and making sure the conversations are appropriately structured and moving forward efficiently.

b. CAN Steering Committee

Mr. Cochran discussed how CPAC will continue to have public meetings even with the transition of the CAN Panel. As such, discussions related to the reports, findings and recommendations will be open to the public. However, certain legal requirements do not permit CPAC to disclose identifying information, only the basic facts that relate to the findings. To balance the need to deliberate in public and have access to confidential information, it is recommended that the CAN Steering Committee be created to oversee the work of the CAN Panel, and the CAN Panel will submit its reports and findings to the Committee for review. In response to the findings, the Committee will be responsible for proposing courses of action, which will include asking system partners for a response to prioritized findings and addressing the less significant findings at the Annual Retreat.

Mr. Cochran stated that the Commission is being presented with the work of the CAN Panel since September 10, which includes the consolidated CAPTA Report, a letter to the Governor with the proposed courses of action, and a matrix which includes all the findings.

Janice Mink made a motion to give the Chair the authority to appoint the CAN Panel members, Co-Chairs, and CAN Director, and to approve the work of the CAN Panel since September 10, 2015. Judge Hitch seconded the motion. The remaining Commissioners all voted in favor of the motion.

A motion was made to appoint the Executive Committee of CPAC, Dr. De Jong and Corporal Adrienne Owen to the CAN Steering Committee. Ms. Mink seconded the motion. The remaining Commissioners voted in favor of the motion.

Ms. Culley stated that the CAN Steering Committee will meet quarterly, a few days in advance of the CPAC meetings to review the work of the CAN Panel.

c. Bylaw Amendments

Amendments to the CPAC Bylaws will be presented to the Commission at the February meeting to reflect the addition of the CAN Steering Committee and CAN Panel.

d. CAN Procedure Update

Ms. Culley provided an update on the CAN procedures. A CAN database has been created; however, it is currently being backfilled, so it is still a work in progress. As a result, quality assurance against the IC database is not possible at this point. Upon completion of the database, reports will be provided to the Co-Chairs on the upcoming reviews. In addition, a teleconference will be scheduled with the Co-Chairs in advance of the CAN Panel meetings to prepare for the meetings. Process maps are being created to help staff understand how a file runs through the office and to assign responsibility for specific activities. For Panel members, detailed agendas with specific duties are distributed to make sure individual members are prepared for the reviews. These agendas are being sent out two to three weeks ahead of time, but the goal is a month advance. Ms. Morales is assisting the Co-Chairs in making sure the reviews are streamlined. The findings from these reviews are being tracked, so system issues can be identified quickly and reported to CPAC.

e. CAN Caseloads

In October, the CAN panel will do initial reviews in the morning, and a smaller panel will meet in the afternoon to complete CAPTAs for several older cases. New cases will also be reviewed in November and December, and a second all-day meeting will be held in December to clean up the remainder of the old cases.

Currently, there are 66 open CAN cases. Fifty-one cases were transferred from the Child Death Review Commission (CDRC), and 37 did not have their first review. Of those 37 initial cases, one was included in the findings matrix approved today since the review occurred in September. There are 6 cases scheduled for a first review on October 22. Two of the cases are from 2014, and, as a result, they are out

of statutory compliance. A third case from 2014, which is not on the schedule for October, is also out of statutory compliance. The other four cases scheduled for October are past the six-month timeframe; therefore, a good cause exception will be requested to review the cases within nine months. For the remaining 29 initial cases, in which a first review has not occurred, the records are still being prepared for the review. Ms. Culley requested a second good cause exception for 19 of the 29 cases since a review will not occur before the six-month timeframe. The 19 cases are all from 2015. The 29 final cases were also discussed. Ms. Culley mentioned that many of them did not have a comprehensive review the first time. Eight of the 29 cases were included in the CAPTA Reports approved today. Eight additional cases are pending prosecution, so they will not be reviewed until the prosecution concludes. Of the 13 remaining final cases, 5 are scheduled for review in October, and 8 are scheduled for review in December (2 cases from 2012 and 6 from 2014). With this plan in place, the backlogged cases will be completed by February.

Ms. Mink made a motion to allow for a good cause exception for 4 cases to be reviewed within nine months and 19 cases to be reviewed within six months since the cases were recently transferred to CPAC and time is needed to implement procedures and to conduct appropriate reviews. The motion was seconded. The remaining Commissioners voted in favor of the motion.

f. CAN Case Approvals

Ms. Mink reported the CAN Panel meets monthly, and the last meeting occurred on September 21. At that meeting, 8 cases were reviewed.

Ms. Mink also presented the CAPTA Report, letter to the Governor with the proposed courses of action, and Findings Matrix. Eight cases are listed in the CAPTA Report. Three of the cases were from 2011 through 2013 and were originally reviewed by CDRC. During these reviews, the Panel was making recommendations which described the actions agencies needed to take, but more recently the Panel switched to making findings of actions that were not taken by the agency. Therefore, the recommendations from these reviews were included in the Joint Action Plan developed in January 2015. As such, they are not listed in the current Findings Matrix. One outstanding issue exists from these older cases, which is the issue of homeschooling.

The Findings Matrix includes 6 cases in which the date of incident was between May 2014 and February 2015. Five of the cases are listed in the CAPTA Report, and the sixth case was reviewed for the first time in September. The findings and information will not be released in a CAPTA Report until prosecution has occurred. There were a total of 30 findings, most of which have been identified previously. The breakdown was as follows: 7 findings related to DFS; 13 findings pertained to law enforcement and the multidisciplinary team (MDT); and 10 findings were for the medical community. The findings were specific to documentation issues, unresolved risk, criminal investigations, crime scenes, medical exams and medical transportation.

A motion was made to approve the consolidated CAPTA Report. The motion was seconded, and the remaining Commissioners voted in favor of the motion.

A second motion was made to approve the letter to the Governor as revised. The motion was seconded, and the remaining Commissioners voted in favor of the motion.

A third motion was made to approve the Findings Matrix and have it referred back to the CAN Steering Committee for consideration of proposed actions. The motion was seconded, and the remaining Commissioners voted in favor of the motion.

## VI. Updates on Joint Action Plan

a. Use of History

Secretary Ranji reported on the 3 recommendations under the use of history. The first recommendation regarding training with the CAN Panel on the use of the Structured Decision Making (SDM) Tool was completed.

For recommendation two, DFS has started to tier cases based on history and factors present at the hotline and cases transferred to the regions. The factors include a combination of the age of the perpetrator, age of the child, domestic violence and others. These cases will be flagged and may require a critical framework or higher level of supervision. Secretary Ranji also provided an update on the partnership with Chapin Hall, who agreed to look at the data and analyze those factors against outcomes. The analysis is complete and a meeting is scheduled for next week. Raelene Freytag from the Children's Research Center will also be speaking to the Commission today about specific risk factors.

The last recommendation relates to the challenge of caseworkers to read and understand the lengthy history in an older data management system. To address this, DFS has been adopting the safety organized practice model and training staff to move away from an incident based response. They are also upgrading FACTS I to make it easier for workers to access the chronological history of the case.

b. Medically Fragile/Substance Exposed Infants

Ms. Donahue reported on the recommendation for medically fragile children and substance-exposed infants. The Joint Committee has had two meetings to date, and the next meeting is next week. Ms. Donahue reached out to Dr. Nancy Young, the Director of the Center on Substance Abuse and Child Welfare. In addition to resources, Ms. Donahue is hoping to receive informal technical assistance on substance-exposed infants. Dr. De Jong added the Joint Committee must consider the universal drug screening of all mothers at the time of delivery. Ms. Donahue also provided data on the number of substance-exposed infants reported to DFS. There were 414 reports made to DFS between January 1 and September 30, 2015. The Committee will explore this data further.

c. Safety Plans and Unresolved Risk

Dr. Vicky Kelly reported on the 4 recommendations for safety plans and unresolved risk. The legislation was passed to compel an uncooperative parent or guardian to complete a drug or alcohol evaluation, mental health evaluation or a developmental screening for their child. The DFS Supervisors will receive training on this statute from the Department of Justice (DOJ) tomorrow. DFS is also discussing the

information and findings from the CAN Panel with the Investigation and Treatment Workgroups. A week ago, Dr. De Jong trained almost 90 staff. He took difficult CAN cases and discussed where there were opportunities to learn.

d. Legal

Mr. Cochran reported on the 3 legal recommendations. Attorney General Matt Denn convened a meeting last week, and Secretary Ranji, Dr. Kelly, Patricia Daily Lewis, Kathleen Jennings, Josette Manning, Shirley Roberts, Mr. Cochran, and Tania Culley were present. Mr. Cochran explained the essential issue is how to improve communication between DOJ and DFS. Four or five action steps came out of meeting, and these will be added to the chart. It ranged from development of policy for when a case worker should contact a Deputy Attorney General to resolving protocols within the DOJ for what they can keep confidential or must disclose to other divisions within DOJ. Training was also discussed to help each agency understand what services can be provided. Ms. Culley added that she has spoken with Rachael Neff, CIP Grant Manager at Family Court, to regarding a training program for members of the judiciary. It will be something to put on the Court's agenda in future after a subject matter expert is identified.

e. MDT Response

Ms. Morales reported on the 4 recommendations for the MDT response. The first relates to the Memorandum of Understanding between DFS, DOJ, CAC, and law enforcement agencies. The CAN Best Practices Workgroup will be reviewing the draft Physical Injury Protocol in the next few months. The themes that will be addressed in the protocol include: cross reporting to the MDT, joint responses, forensic interviews, crime scene investigations, medical exams and transportation of victims. The plan is to duplicate this protocol for the other maltreatment types and add specific areas that pertain to each. The Training Committee is meeting next week to address the advanced training recommendations. It plans to identify subject matter experts to offer them at the Protecting Delaware's Children Conference. The third item is the under resourced DOJ Child Victims Unit. Ms. Culley and Mr. Cochran will reach out to the Attorney General and Ms. Manning to assess the need. The last item is the child torture piece. A torture checklist has been developed and will be approved by the Committee next week.

f. Medical

Dr. Colmorgen reported on the medical recommendation. CDRC will send a letter regarding this recommendation to the agencies listed in the Joint Action Plan, and the responses will be shared at the next meeting. The Training Committee will need to review the recommendation in relation to the current training for physicians are receiving and determine if additional components need to be added. CPAC may consider partnering with a group of physicians on drafting this legislation, but follow up should occur with the Medical Society of Delaware as they partnered with CPAC to revise the training during the last re-licensure period.

## VII. Presentation – Use of History and Predictive Factors of Risk

Raelene Freytag from the Children's Research Center discussed the use of history and predictive factors of risk. She stated the 3 primary ways risk is measured is through personal judgment, consensus based tools, and actuarial tools. The SDM tools used by DFS are an example of actuarial tools. She mentioned that predictive analytics is emerging as a fourth way to measure risk, but it is not ready yet. She provided further detail on how the Risk Assessment Tool was created and validated by states. She explained there are 4 items on the abuse scale and 3 items on the neglect scale that relate to history. The tool provides a risk classification of low, moderate, high, and very high, so they can tell which families have the greatest likelihood of abuse or neglect in the future. Identifying and providing services to the families that are rated very high is a priority.

## VIII. CPAC Dashboards

Mr. Cochran discussed the salient points in the dashboard. He indicated the statewide DFS Investigation caseloads have been over standard for a year. Mr. Cochran suggested identifying a remedy between now and the next meeting.

Mr. Cochran also noted the educational outcomes for children in foster care are substandard. He said the past Secretary of the Department of Education (DOE) was invited to the next meeting to discuss this data and potential solutions.

Lastly, Mr. Cochran noted a spike in the recurrence of maltreatment in less than a year. A year ago, it was at 5.7% and at 11.4% in June.

Dr. Kelly said the 10 new positions that DFS received in January are now fully in their complement. There is evidence of an ongoing structural deficit in the number of positions relative to the continuing volume. DFS supports help from CPAC over next few months in looking at this. Dr. Kelly also mentioned that when the treatment caseload standard of 18 was set it was not best practice. Currently, they count the number of families, so it significantly under represents the number of children on treatment caseloads.

Janice Mink made a motion to write a letter to members of the General Assembly highlighting the issue regarding caseloads and copying Anne Visalli at the Office of Management and Budget. The motion was seconded. Dr. Kelly abstained from the motion and the remaining Commissioners voted in favor of the motion.

## IX. CPAC Committee Reports

a. Child Abuse Medical Response

Randy Williams reported the Committee had its first meeting, and the second meeting is scheduled for this Friday. They plan to expand the network of medical providers beyond Dr. De Jong and to work on a medical response protocol for all first responders in the state. Captain McLucas agreed to appoint a representative from the New Castle County Police.

b. Child Torture

In addition to the checklist, Ms. Morales reported that the Committee was asked by national experts to submit an abstract to give a presentation at the 13th Hawaii International Training Summit in March 2016. Members of the MDT have been identified to participate on the Panel, and the presentation will highlight the checklist and CAN Panel cases. Federal funds will be used to support the team members.

c. Other Committee Reports

The remaining CPAC Committee Reports were submitted in writing and distributed to the Commission and are attached.

**X. Commissioner Announcements and Public Comment**

As there was no public comment, the meeting was adjourned at 12:03 pm.

| ABUSE INTERVENTION COMMITTEE |
|---|
| **Chairs/Co-chairs:** |
| Patricia Dailey Lewis, Esq. |
| **Membership:** |
| Child Death Review Commission, Children's Advocacy Center, Department of Justice, Division of Family Services, Domestic Violence Coordinating Council, Investigation Coordinator, Office of the Child Advocate, and representatives from the medical community. |
| **Last Meeting Date:** |
| August 6, 2015 |
| **Mission:** |
| To provide measurable oversight of the Children's Justice Act grant activities by planning and administering the Three-Year Assessment, monitoring the progress of recommendations identified in the Three-Year Assessment Report and recommending to CPAC future system priorities related to the investigative, administrative and judicial handling of cases of child abuse and neglect. |
| **Current Committee Initiatives: Please list each of the committee's initiatives and the steps the committee is taking to complete these initiatives.** |
| **Children's Justice Act Grant -** The grant award for the current federal fiscal year (10/1/14 – 9/30/15) is $88,780. A total of $28,012.47 was spent during the third quarter, and the remaining funds must be spent out by September 30, 2015. The funding activities during the quarter included: the Training Coordinator's Salary; travel for National Conferences; remaining speaker fees for the Protecting Delaware's Children Conference; and hosting fees for the TraCorp Learning Management System. The Committee also received a report from the Training Coordinator. Ms. Begley converted several training programs to online formats and updated the mandatory reporting training for public schools. |
| **Upcoming Committee Meetings:** |
| November 10, 2015 |

| **TRAINING COMMITTEE** |
|---|
| **Chairs/Co-chairs:** |
| Rosalie Morales |
| **Membership:** |
| Child Death Review Commission, Children's Advocacy Center, Court Appointed Special Advocates, Delaware State Police, Department of Justice, DSCYF, Division of Family Services, Domestic Violence Coordinating Council, Education Demonstration Project, Family Court, Interagency Committee on Adoption, Investigation Coordinator, Office of the Child Advocate, and Prevent Child Abuse Delaware. |
| **Last Meeting Date:** |
| July 14, 2015 |
| **Mission:** |
| To ensure the training needs of the child protection system are being met through ongoing, comprehensive, multi-disciplinary training opportunities on child abuse and/or neglect. |
| **Current Committee Initiatives: Please list each of the committee's initiatives and the steps the committee is taking to complete these initiatives.** |
| **Protecting Delaware's Children Fund -** The Committee approved the Governance Form and Expenditure Approval Form for the Protecting Delaware's Children Fund. In addition, the Committee recommended that CPAC receive a report of its expenditures for the Protecting Delaware's Children Fund once a year. The balance of the fund was $2,619. |
| **Upcoming Committee Meetings:** |
| October 19, 2015 |
| **Summary of Committee Workgroups** |
| **Name of Workgroup:** Cross Education |
| **Chairs/Co-chairs:** Jessica Begley |
| **Meeting(s) Since Last Commission Meeting:** n/a |
| **Future Meetings:** None scheduled |
| **Initiatives:** The Training Coordinator is developing the 101 trainings submitted by agencies into online formats. |
| |
| **Name of Workgroup:** ChildFirst/MDT |
| **Chairs/Co-chairs:** Rosalie Morales |
| **Meeting(s) Since Last Commission Meeting:** 10/1/15 |
| **Future Meetings:** None scheduled |
| **Initiatives:** The training is scheduled for October 26-28, 2015 at the Hyatt Place™ in Dewey Beach. All 40 spots have been filled by representatives from the Department of Justice, Division of Family Services, and law enforcement. |
| |
| **Name of Workgroup:** Joint Conference |
| **Chairs/Co-chairs:** Anne Pedrick |
| **Meeting(s) Since Last Commission Meeting:** n/a |
| **Future Meetings:** None scheduled |

| **Initiatives:** April of 2017 is the tentative date for the Protecting Delaware's Children Conference. |
|---|
| |
| **Name of Workgroup:** Mandatory Reporting |
| **Chairs/Co-chairs:** Bob Challenger |
| **Meeting(s) Since Last Commission Meeting:** 7/29/15 |
| **Future Meetings:** None scheduled |
| **Initiatives:** Trained 1,841educators onsite, and approximately 4,885 educators online. |
| |
| **Name of Workgroup:** CAN Best Practices |
| **Chairs/Co-chairs:** Cpl. Adrienne Owen |
| **Meeting(s) Since Last Commission Meeting:** n/a |
| **Future Meetings:** None scheduled |
| **Initiatives:** A smaller working group has been meeting to develop a baseline protocol. |

# State of Delaware Child Protection Accountability Commission
# Quarterly Meeting Minutes

**WEDNESDAY, FEBRUARY10, 2016**
**9:00 AM – 12:00 PM – New Castle County Courthouse**
**500 King Street, 12th Floor, Wilmington, Delaware**

## Those in Attendance:

| **Members of the Commission:** | **Statutory Role:** |
|---|---|
| C. Malcolm Cochran, IV, Esq., Chair | Child Protection Community 16 Del. C. § 912 (a)(16) |
| The Honorable Carla Benson Green | Secretary, Children's Department 16 Del. C. § 912(a)(1) |
| Shirley Roberts | Dir., Div. of Family Services 16 Del. C. § 912(a)(2) |
| Josette Manning, Esq | Two Representatives from the Attorney General's Office 16 Del. C. § 912 (a)(3) |
| LaKresha Roberts, Esq. | Two Representatives from the Attorney General's Office 16 Del. C. § 912 (a)(3) |
| The Honorable Michael K. Newell | Family Court 16 Del. C. § 912(a)(4) |
| The Honorable Joelle Hitch | Family Court 16 Del. C. § 912(a)(4) |
| Neal Tash | Chair of the Child Placement Review Board 16 Del. C. § 912(a)(7) |
| Susan Haberstroh | Designee for Secretary of the Department of Education 16 Del. C. § 912(a)(8) |
| Eleanor Torres, Esq. | Domestic Violence Coordinating Council 16 Del. C. § 912(a)(10) |
| Corporal Adrienne Owen | Designee for Superintendent of the Delaware State Police 16 Del. C. § 912 (a)(11) |
| Dr. Garrett Colmorgen | Chair of the Child Death Review Commission 16 Del. C. § 912(a)(12) |
| Jennifer Donahue, Esq. | Investigation Coordinator 16 Del. C. § 912(a)(13) |
| Nicole Byers | Young Adult 16 Del. C. § 912(a)(14) |
| Kathryn Lunger, Esq. | Public Defender's Office 16 Del. C. § 912(a)(15) |
| Dr. Allan De Jong | At-large Member - Medical Community 16 Del. C. § 912(a)(16) |
| Captain Robert McLucas | At-large Member - Law Enforcement 16 Del. C. § 912 (a)(16) |
| Sgt. Reginald Laster | At-large Member - Law Enforcement 16 Del. C. § 912 (a)(16) |
| Ellen Levin | At-large Member - Child Protection Community 16 Del. C. § 912 (a)(16) |
| Randall Williams | At-large Member - Child Protection Community 16 Del. C. § 912 (a)(16) |
| Janice Mink | At-large Member - Child Protection Community 16 Del. C. § 912 (a)(16) |

**Staff:**

Tania Culley, Esq., Executive Director
Rosalie Morales
Amanda Sipple

**Members of the Public:**

Kelly Ensslin, Esq.
Marjorie Georges
Carrie Hyla
Caroline Jones
Marianne Kenville Moore
Julie Leusner
Sue Murray
Rachael Neff
Kiersten Olsen
Nicole Papas
Trenee Parker
Anne Pedrick
Cara Sawyer, Esq.
Meredith Seitz
Brittany Willard

## I. CHAIRPERSON'S WELCOME

Mike Cochran, Esq. opened the meeting and welcomed the attendees. The Committee welcomed several new commissioners including Cabinet Secretary, Carla Benson Green; Director of the Division of Family

Services, Shirley Roberts; designee for Secretary of the Department of Education, Susan Haberstroh; and Chair of the Child Placement Review Board, Neal Tash.

## II. APPROVAL OF MINUTES

The minutes from October 10, 2015 were approved.

## III. REPORT ON SUBSTANCE EXPOSED INFANTS

Chairman, Mike Cochran, Esq. led discussion regarding the need for legislation on substance exposed infants and acknowledged that the work of the committee was not complete, but that proposed legislation being considered necessitates action by CPAC today. Mr. Cochran asked Jen Donahue to provide a brief summary on the proposed changes to Title 16 Del. C. sections 901 – 906 of the Delaware Code. Ms. Donahue reported that she was providing the draft legislation and report at the request of CPAC, and that she was not speaking on behalf of the CPAC Committee on Substance Exposed Infants/Medically Fragile Children. Ms. Donahue indicated the draft legislation follows federal law that has been in effect since 2003 and requires notification to DFS on every substance exposed infant and the development of a plan of safe care for the infant and the infant's family. The Commission members engaged in a lengthy discussion regarding the draft bill. A motion was made by Randall Williams to make the proposed legislation a CPAC bill. Janice Mink seconded the motion, all voted in favor. There were no oppositions or abstentions.

## IV. CPAC DATA DASHBOARDS

Rosalie Morales reported on the DFS investigation and treatment caseloads as part of the data dashboards. The DFS investigation caseloads have been over standard statewide consistently for the last two years, despite the creative efforts of DSCYF. This is a violation of state law and a core function of CPAC is to monitor these caseloads. The Commission discussed how the continuous statutory violation places children at serious risk. A motion was made by Randall Williams to alert the Joint Finance Committee of the ongoing violations and request that the General Assembly provide adequate funding as provided in the statute The motion was seconded by Eleanor Torres, Esquire. The Honorable Carla Benson Green and Director Shirley Roberts abstained. All remaining Commissioners voted in favor. A letter will be sent by Mr. Cochran on behalf of the Commission.

## V. CPAC BYLAWS

The Commission was asked to review the updated CPAC Bylaws for approval. A motion was made by Dr. Garrett Colmorgen to approve the changes made to the CPAC Bylaws, the motion was seconded by Eleanor Torres, Esq. All voted in favor with no oppositions or abstentions.

## VI. CPAC ANNUAL REPORT

The Commission was asked to review the FY15 CPAC Annual Report for approval. A motion was made by Randall Williams to approve the CPAC Annual Report; the motion was seconded by Dr. Colmorgen. All voted in favor with no oppositions or abstentions.

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

### a. CAN CASELOADS REPORT

Tania Culley, Esq. reported that the CAN Panel has been incredible and worked very hard to complete reviews of 29 cases over the last four months. Initial reviews for all the cases that occurred prior to 2015 have been completed and the oldest case not yet reviewed has a referral date of May 2015. After today only 39 cases remain open with 16 pending prosecution translating to a current workload of 23 cases to be reviewed (20 initials and 3 finals).

### b. CAN FINDINGS/DETAILS/JOINT ACTION PLAN

Janice Mink reported on the 132 findings from the most recent 16 cases from the CAN Panel (see attached). The CAN Steering Committee focused on three main areas; law enforcement/MDT medical, and DFS Investigation and Treatment. These three system areas were also identified during the CPAC/CDRC Joint Retreat. As a result, Ms. Mink compared the prioritized recommendations from the Joint Action Plan with the number of findings prepared for the October 10, 2015 and February 10, 2016 Commission meetings (see attached).

The Commission reviewed the proposed letter to the Governor on the work of the CAN Panel. At the next Commission meeting, representation from DOJ and law enforcement will be asked to report back law enforcement/MDT findings. DSCYF will be asked to report back on the DFS Investigation and Treatment findings. The Child Abuse Medical Response Committee will begin its work on the medical findings. A motion was made by Dr. Colmorgen and seconded by Ms. Torres, Esq. to approve the letter, findings summary and findings detail. All voted in favor except for Mr. Cochran who abstained.

## VIII. CPAC COMMITTEE REPORTS

### a. CHILD ABUSE MEDICAL RESPONSE COMMITTEE

Randall Williams reported on the Child Abuse Medical Response Committee. The Committee requests approval to use the Draft Guidelines for Child Abuse Medical Response (see attached) in a grant application under the Victims of Crime Act. A motion was made by Judge Hitch to support the application for VOCA funding with attachments that the committee approves. Jen Donahue seconded the motion, and all voted in favor. There were no oppositions or abstentions.

### b. CHILD TORTURE

Sgt. Reginald Laster discussed the Child Torture Checklist. The Committee requests that CPAC approve the checklist and allow distribution and use with system partners. Dr. Colmorgen made a motion to approve the document and distribute to system partners, Janice Mink seconded, and all voted in favor. There were no oppositions or abstentions.

### c. LEGISLATIVE

Ms. Culley reported that House Bill 248, to move the Investigation Coordinator from the Department of Services for Children, Youth and Their Families to the Office of the Child Advocate, has been introduced and is currently out of committee. Randall Williams motioned to adopt HB 248 as a CPAC bill and Dr. Colmorgen seconded. All voted in favor except Ms. Donahue who abstained.

Ms. Culley reported on the draft changes to the Extended Jurisdiction statute that change the procedure from a motion to a petition to extend jurisdiction. Ms. Mink motioned to approve the changes and to support it as a CPAC bill and Ms. Torres, Esq seconded. All voted in favor and there were no oppositions or abstentions.

## IX. 2016 MEETING DATES

May 11, 2016
May 25, 2016 Annual CPAC Legislative Meeting
August 10, 2016
September 25, 2016 Annual Retreat with CDRC*
November 9, 2016

All meetings will take place from 9:00 a.m. – 12:00 p.m. at the New Castle County Courthouse in the 12th Floor Conference Room

*Annual Retreat with CDRC will be held at Troop 2, 100 LaGrange Avenue Newark, DE 19701

## X. PUBLIC COMMENT AND ADJOURNMENT

No public comment.

| TRAINING COMMITTEE |
|---|
| **Chairs/Co-chairs:** |
| Rosalie Morales |
| **Membership:** |
| Child Death Review Commission, Children's Advocacy Center, Court Appointed Special Advocates, Delaware State Police, Department of Justice, DSCYF, Division of Family Services, Domestic Violence Coordinating Council, Family Court, Interagency Committee on Adoption, Investigation Coordinator, Office of the Child Advocate, and Prevent Child Abuse Delaware. |
| **Last Meeting Date:** |
| October 19, 2015 |
| **Mission:** |
| *To ensure the training needs of the child protection system are being met through ongoing, comprehensive, multi-disciplinary training opportunities on child abuse and/or neglect.* |
| **Current Committee Initiatives: Please list each of the committee's initiatives and the steps the committee is taking to complete these initiatives.** |
| 1. Joint Action Plan Recommendations. CPAC assigned the Committee two recommendations from the January 2015 Joint Action Plan. The Protecting Delaware's Children Conference Work Group will explore subject matter experts on the following topics: drug and alcohol abuse; Abusive Head Trauma; safety and medical assessments; warning signs and indicators of abuse and torture; and the developmental, psychological and emotional impact of abuse. The Mandatory Reporting Work Group will collaborate with the Medical Society of Delaware to modify the mandatory reporting training for medical professionals.<br>2. Protecting Delaware's Children Fund. The Committee recommended additional changes to the Expenditure Approval Form and Annual Expense Report for the Protecting Delaware's Children Fund. The Committee hopes to approve the forms at the next meeting. The balance of the fund is $6,921.19 as of January 12, 2016.<br>3. 2016 Mandatory Reporting Campaign. The Training Coordinator will be working with partner agencies to develop a plan for the annual campaign in April during Child Abuse Prevention Month. |
| **Upcoming Committee Meetings:** |
| March 3, 2016 |
| **Summary of Committee Workgroups** |
| **Name of Workgroup:** Cross Education |
| **Chairs/Co-chairs:** Jessica Begley |
| **Meeting(s) Since Last Commission Meeting:** November 16, 2015 |
| **Future Meetings:** None scheduled |
| **Initiatives:** 101 trainings have been developed by the CAC, CPRB, YRS, PBH, CASA, and DVCC. Students from the University of Delaware and Delcastle Technical |

| High School have completed the voice overs. The Training Coordinator is preparing the trainings for OCA's online training system. |
|---|
| |
| **Name of Workgroup:** ChildFirst/MDT |
| **Chairs/Co-chairs:** Rosalie Morales |
| **Meeting(s) Since Last Commission Meeting:** November 6, 2015 |
| **Future Meetings:** None scheduled |
| **Initiatives:** The Multidisciplinary Child Abuse Investigative Team Training: A ChildFirst™ Training was held on October 26-28, 2015 at the Hyatt Place™ in Dewey Beach. Forty-one members of the multidisciplinary team participated in the training, and the majority of training participants strongly agreed that the training was pertinent to their professional needs. The three-day agenda featured components that are important for our first responders in Delaware: Minimal Facts or teaching first responders how to question children prior to the forensic interview at the CAC; the importance of the multidisciplinary team approach and teaching first responders about the MOU; and the medical aspects of child sexual abuse. Given the success of the training, the Workgroup will be exploring an ongoing collaboration with the Gundersen National Child Protection Training Center for the three-day program before planning its next training. |
| |
| **Name of Workgroup:** Joint Conference |
| **Chairs/Co-chairs:** Megan Caudell and Rosalie Morales |
| **Meeting(s) Since Last Commission Meeting:** January 22, 2016 |
| **Future Meetings:** April 8, 2016 |
| **Initiatives:** The Workgroup identified April 25-26, 2017 as the tentative dates for the next Protecting Delaware's Children Conference. The group will also be exploring the Chase Center as its venue. Partner agencies were asked to contribute funding. Potential topics include: substance-exposed infants; engaging opiate addicted parents; trauma-informed interviews; juvenile sex trafficking; and early childhood development and the impact of trauma. |
| |
| **Name of Workgroup:** Mandatory Reporting |
| **Chairs/Co-chairs:** Bob Challenger |
| **Meeting(s) Since Last Commission Meeting:** December 4, 2015 |
| **Future Meetings:** Pending |
| **Initiatives:** At its last meeting, the Workgroup discussed the proposed changes to the mandatory reporting training requirement for educators (14 *Del. C.* § 4123). The Training Coordinator is working with DFS to create short video clips on reporting child abuse and neglect with the DFS Report Line staff. |
| |
| **Name of Workgroup:** CAN Best Practices |
| **Chairs/Co-chairs:** Cpl. Adrienne Owen |
| **Meeting(s) Since Last Commission Meeting:** n/a |
| **Future Meetings:** January 19, 2016 |

**Initiatives:** The revised MOU will feature 7 different multidisciplinary response protocols for physical injury, serious physical injury, death, sexual abuse, neglect, juvenile trafficking, and child torture cases. The physical injury protocol has been drafted, and it will be brought to workgroup for approval at its next meeting. The revised MOU will be unveiled in January 2017.

| **ABUSE INTERVENTION COMMITTEE** |
|---|
| **Chairs/Co-chairs:** |
| LaKresha Roberts, Esq. |
| **Membership:** |
| Child Death Review Commission, Children's Advocacy Center, Department of Justice, Division of Family Services, Domestic Violence Coordinating Council, Investigation Coordinator, Office of the Child Advocate, and representatives from the medical community. |
| **Last Meeting Date:** |
| November 10, 2015 |
| **Mission:** |
| *To provide measurable oversight of the Children's Justice Act grant activities by planning and administering the Three-Year Assessment, monitoring the progress of recommendations identified in the Three-Year Assessment Report and recommending to CPAC future system priorities related to the investigative, administrative and judicial handling of cases of child abuse and neglect.* |
| **Current Committee Initiatives: Please list each of the committee's initiatives and the steps the committee is taking to complete these initiatives.** |
| **1.** Training Coordinator**.** The Training Coordinator (a position funded under the CJA) provided mandatory reporting training to general professional audiences; chaired the Cross-Education Workgroup; staffed the Abuse Intervention Committee, Training Committee, and ChildFirst – MDT Work Group; oversaw the registration for the Multidisciplinary Child Abuse Investigative Team Training: *A ChildFirst™ Training* and presented a lecture on Child Development; and developed online content and provided technical support to users of OCA's online training system.<br>**2.** Children's Justice Act Grant. The remaining funds ($14,881.59) were spent out by September 30, 2015. The funding activities during the quarter included: the Training Coordinator's Salary; travel expenses for national conferences; remaining speaker fees for the Protecting Delaware's Children Conference; and hosting fees for the TraCorp Learning Management System and Survey Monkey. In total, $88,780.00 was expended during the grant period (10/1/14 – 9/30/15). For the next grant period (10/1/15 – 9/30/16), CPAC staff submitted a grant application to the Criminal Justice Council, the agency responsible for the fiscal oversight of the grant. CPAC was awarded $89,091 for the grant period. |
| **Upcoming Committee Meetings:** |
| April 12, 2016, September 13, 2016 |

# State of Delaware

# MEMORANDUM OF UNDERSTANDING

**Between**

**Department of Services for Children, Youth, and Their Families**

♦

**Children's Advocacy Center of Delaware**

♦

**Delaware Hospitals**

♦

**Department of Justice**

♦

**Delaware Police Departments**

♦

**Division of Forensic Science**

♦

**Investigation Coordinator**

# PROCEDURAL AGREEMENT FOR THE MULTIDISCIPLINARY RESPONSE TO CHILD ABUSE AND NEGLECT

**Prepared by**
**the Child Protection Accountability Commission**

**January 2017**

**Prior Revision Dates: 2009, 1998, 1994, 1989**

# I. MULTIDISCIPLINARY RESPONSE TO CHILD ABUSE IN DELAWARE

Title 16 Sections 901 and 906(b) mandate the use of a multidisciplinary team ("MDT") response to child abuse and neglect cases in the State of Delaware.

**DELAWARE CODE**

## State Response to Reports of Abuse or Neglect[1]

Title 16 Section 901 states: "The child welfare policy of this State shall serve to advance the best interests and secure the safety of the child, while preserving the family unit whenever the safety of the child is not jeopardized. The child welfare policy of this State extends to all child victims, whether victims of intra-familial or extra-familial abuse and neglect. To that end this chapter, among other things:

(1) Provides for comprehensive and protective services for abused and neglected children;

(2) Mandates that reports of child abuse or neglect be made to the appropriate authorities; and

(3) Requires various agencies in Delaware's child protection system to work together to ensure the safety of children who are the subject of reports of abuse or neglect by conducting coordinated investigations, judicial proceedings and family assessments, and by providing necessary services."

Section 906(b) also states: "It is the policy of this State that the investigation and disposition of cases involving child abuse or neglect shall be conducted in a comprehensive, integrated, multidisciplinary manner that:

(1) Provides civil and criminal protections to the child and the community;

(2) Encourages the use of collaborative decision-making and case management to reduce the number of times a child is interviewed and examined to minimize further trauma to the child; and

(3) Provides safety and treatment for a child and his or her family by coordinating a therapeutic services system."

[1] See 16 Del. C. § 901 and 906(b)

This Memorandum of Understanding ("MOU") seeks to establish best practice protocols for a MDT response in the following types of cases: Physical Injury to a Child; Serious Physical Injury to a Child; Child Death; Child Sexual Abuse; Juvenile Human Trafficking; Child Neglect; and Child Torture. This includes best practices for cross-reporting, investigating, prosecuting and providing services to children and families.

Delaware's MDT, which includes the Department of Services for Children, Youth, and Their Families ("DSCYF"), the Children's Advocacy Center of Delaware ("CAC"), Delaware Hospitals, the Department of Justice ("DOJ"), Delaware Police Departments ("Law Enforcement or LE"), the Division of Forensic Science ("ME"), and the Investigation Coordinator ("IC"), recognizes that a coordinated response to child abuse and neglect cases has many benefits for children, families and MDTs. Therefore, in an effort to improve the quality of services and to provide more adequate interventions, these agencies are committed to interagency cooperation and agree to utilize a MDT approach in these cases when possible. MDT intervention begins at the initial report and includes, but is not limited to: first response, pre- and post-interview communications, forensic interviews, consultations, advocacy, evaluation, treatment, case reviews, and prosecution.

## II. PHYSICAL INJURY TO A CHILD PROTOCOL

**A. DEFINITION:** Physical Injury to a child shall mean any impairment of physical condition or pain.[2]

**B. JOINT INVESTIGATIONS:** Joint investigations may include all or any combination of MDT members from the signatory agencies. Specific offenses that require a joint investigation are listed below.

**CIVIL OFFENSES**

- **Dislocation/sprains requiring medical attention**: means a medically diagnosed displacement of a bone or injury to a ligament or muscle caused by [any individual];[3]

- **Bruises, cuts, lacerations, not requiring intervention by a medical professional**: means injury caused by [any individual] to the body tissue of a child causing discoloration, but without breaking the skin (bruise) or an injury which causes an open wound (cut/laceration) of a child over the age of six months. The injuries did not require medical treatment beyond medical examination and/or were not extensive (size, quantity, and location) on the child's body;[4]

- **Bruises, cuts, lacerations requiring intervention by a medical professional:** means injury caused by [any individual] to the body tissue of a child causing discoloration, but without breaking the skin (bruise) or an injury which causes an open wound (cut/laceration). The injury required medical treatment beyond medical examination and/or was extensive (size, quantity, and locations) on the child's body. All children under the age of six months are included at this level, regardless of the need for medical treatment beyond medical examination or the extensiveness of the injury. Current evidence of historical injuries (perhaps appearing on an x-ray) that would have required medical treatment at the time of the injuries, but which do not necessitate current treatment;[5]

- **Bizarre treatment (requiring medical attention)**: means behavior toward a child by [any individual] that is extreme, or significantly disproportionate to the precipitating event initiated by the child, or would not be perceived as a logical consequence by a reasonable person such as use of or threatened use of a deadly weapon;[6] and,

- **Other Physical Abuse:** means actions prohibited by 11 Del. C. § 468(1)(c) such as striking with a closed fist and kicking or other actions such as biting and pulling hair by [any individual] that have not resulted in observable injury to the child.[7]

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[2] See 11 Del. C. § 1100(5)
[3] See 9.1.5. DFS CPR Regulations
[4] See 8.1.1. DFS CPR Regulations
[5] See 9.1.3. DFS CPR Regulations
[6] See 9.1.2. DFS CPR Regulations
[7] See 8.1.5. DFS CPR Regulations

**CRIMINAL OFFENSES**

- § 601 Offensive Touching; unclassified misdemeanor;
- § 611 Assault in the third degree; class A misdemeanor;
- § 781 Unlawful imprisonment in the second degree; class A misdemeanor;
- § 1102 Endangering the welfare of a child; class G felony or class A misdemeanor;
- § 1103 Child abuse in the third degree; class A misdemeanor; and
- § 1103A Child abuse in the second degree; class G felony.

## C. MULTIDISCIPLINARY RESPONSE

### 1. CROSS-REPORTING

For the aforementioned civil and criminal offenses, the MDT members are mandated to cross-report and share information regarding the report of abuse.

**REPORTS TO DIVISION OF FAMILY SERVICES**

***All*** suspected child abuse and neglect of any child, from birth to age 18, in the State of Delaware must be reported to the Division of Family Services Child Abuse and Neglect Report Line ("Report Line") at 1-800-292-9582.

> **DELAWARE CODE**
>
> **Mandatory Reporting Law and Penalties**[8]
>
> Title 16 Section 903 of the Delaware Code states: "Any person, agency, organization or entity who knows or in good faith suspects child abuse or neglect shall make a report in accordance with § 904 of this title…"
>
> In addition, Section 904 states: "Any report of child abuse or neglect required to be made under this chapter shall be made by contacting the Child Abuse and Neglect Report Line for the Department of Services for Children, Youth and Their Families. An immediate oral report shall be made by telephone or otherwise. Reports and the contents thereof including a written report, if requested, shall be made in accordance with the rules and regulations of the Division, or in accordance with the rules and regulations adopted by the Division. No individual with knowledge of child abuse or neglect or knowledge that leads to a good faith suspicion of child abuse or neglect shall rely on another individual who has less direct knowledge to call the aforementioned Report Line."
>
> Section 914 states: "Whoever violates § 903 of this title shall be liable for a civil penalty not to exceed $10,000 for the first violation, and not to exceed $50,000 for any subsequent violation."

Any person who has **direct knowledge** of suspected abuse must make an immediate report to the Report Line. **Direct knowledge** is obtained through disclosure (child discloses to you), discovery (you witness an act of abuse), or reason to suspect (you have observed behavioral and/or physical signs of child abuse). This report may include situations where multiple disciplines are involved, such as:

[8] See 16 Del. C. § 903, 904 and 914

- 911 call where emergency medical services and law enforcement are dispatched. A call must be made to the Report Line from both professionals.
- Child makes a disclosure to a school employee and the School Resource Officer. Both professionals must make the call.

The relationship between the child and perpetrator ***does not*** influence whether a report must be made to DFS. All reports, including domestic or intra-familial, institutional, and non-domestic or extra-familial, cases must also be reported to DFS.[9]

The MDT shall **call the DFS Report Line immediately** if the child was physically injured, if placement needs to occur, and/or if you suspect the child is in an unsafe environment.

Additionally, a separate report must be made to the Report Line for the following reasons:
- Additional suspects have been identified;
- Additional child victims have been identified; or,
- Secondary allegations have been disclosed (i.e. initial report alleged physical abuse and child later disclosed sexual abuse or additional perpetrators have been identified).

If a **secondary allegation is disclosed at the CAC** while members of the MDT are present, then LE should identify who will make the call to the DFS Report Line. However, if DFS is part of this MDT group, DFS should take responsibility for making the call to the DFS Report Line on behalf of the team. The names of all members of the MDT must be included in the report.

If known, the following should be provided to the DFS Report Line:
- Demographic information;
- Known information about the following:
  - Child, parents, siblings and alleged perpetrator;
  - The alleged child victim's physical health, mental health, educational status;
  - Medical attention that may be needed for injuries;
  - The way the caregiver and alleged perpetrator's behavior is impacting the care of the child; and,
  - Any circumstances that may jeopardize the child's or DFS worker's safety.

- Facts regarding the alleged abuse and any previous involvement with the family.

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[9] "Extra-familial" involves a perpetrator who is NOT a member of the child's family or household and the report does NOT involve institutional abuse/neglect.

- What you are worried about, what is working well, and what needs to happen next to keep the child safe.

Reports received by DFS will either be screened in for investigation as an intra-familial case and/or institutional abuse ("IA") case or will be screened out, documented, and maintained in the DFS reporting system.

Reports screened in for investigation by DFS are assigned a priority response time as follows:

- Priority 1 ("P1") – Within 24 hours
- Priority 2 ("P2") – Within 3 days
- Priority 3 ("P3") – Within 10 days

DFS has the ability to override screening decisions and/or to adjust the response time. MDT members must contact the Report Line Supervisor with any concerns.

**REPORTS TO LAW ENFORCEMENT**

DFS must make an immediate report to the appropriate law enforcement jurisdiction for all civil offenses identified in the Physical Injury protocol, including cases that screen out (e.g. extra-familial cases). DFS will also document its contact with the appropriate law enforcement agency in the DFS reporting system.

**DELAWARE CODE**

**Required Reports**[10]

Title 16 Section 903 of the Delaware Code states: "…In addition to and not in lieu of reporting to the Division of Family Services, any such person may also give oral or written notification of said knowledge or suspicion to any police officer who is in the presence of such person for the purpose of rendering assistance to the child in question or investigating the cause of the child's injuries or condition."

Section 906(e)(3) states: "The Division staff shall also contact…the appropriate law-enforcement agency upon receipt of any report under this section and shall provide such agency with a detailed description of the report received."

Other MDT agencies are encouraged to make an immediate report to the appropriate law enforcement jurisdiction to initiate a criminal investigation when appropriate. The law enforcement jurisdiction will determine whether or not a criminal investigative response is appropriate and take the necessary actions.

[10] See 16 Del. C. § 903 and 906(e)(3)

In situations in which DFS is seeking further involvement than what is initially offered by LE, DFS will contact the acting supervisor on duty at the appropriate LE agency.

## REPORTS TO DEPARTMENT OF JUSTICE

DFS is required to report all civil offenses identified in the Physical Injury protocol to the Department of Justice. Additionally, DFS is required to report all persons, agencies, organizations and entities to DOJ for investigation if they fail to make mandatory reports of child abuse or neglect under Section Title 16 Section 903.

Before clearing a case without an arrest, LE consultation with DOJ is recommended.

If the matter is referred to the Children's Advocacy Center for a forensic interview, the CAC will immediately notify the DOJ, DFS, and LE of the scheduled interview.

### DELAWARE CODE

#### Required Reports[11]

Title 16 Section 906(e)(3) states: "The Division staff shall also contact the Delaware Department of Justice… upon receipt of any report under this section and shall provide such agency with a detailed description of the report received."

## REPORTS TO INVESTIGATION COORDINATOR

No reports are required to the Investigation Coordinator or the designee for the civil offenses identified in the Physical Injury protocol. For the purposes of conflict resolution, the Investigation Coordinator or the designee may be contacted to initiate or facilitate communication with other members of the MDT.

### DELAWARE CODE

#### Required Reports[12]

Title 16 Section 906(c)(1)(a) of the Delaware Code states: "The Investigation Coordinator, or the Investigation Coordinator's staff, shall…have electronic

[11] See 16 Del. C. § 906(e)(3)

[12] See 16 Del. C. § 906(c)(1)(a)

access and the authority to track within the Department's internal information system and Delaware's criminal justice information system each reported case of alleged child abuse or neglect."

**REPORTS TO PROFESSIONAL REGULATORY BODIES**

All MDT members, with the exception of the CAC, are required by statute to make reports to professional regulatory organizations and other agencies upon receipt of reports alleging abuse or neglect by professionals licensed in Delaware.

## DELAWARE CODE

### Required Reports[13]

Title 16 Section 906(c)(1)(c) states the Investigation Coordinator or the Investigation Coordinator's designee shall: "Within 5 business days of the receipt of a report concerning allegations of child abuse or neglect by a person known to be licensed or certified by a Delaware agency or professional regulatory organization, forward a report of such allegations to the appropriate Delaware agency or professional regulatory organization…Upon the receipt of a report concerning allegations of abuse or neglect against a person known by the Division to be licensed by 1 of the boards listed in § 8735 of Title 29, forward reports to the Division of Professional Regulation."

Section 906(e)(6) states the Division and DOJ shall: "Ensure that all cases involving allegations of child abuse or neglect by a person known to be licensed or certified by a Delaware agency or professional regulatory organization, have been reported to the appropriate Delaware agency or professional regulatory organization and the Investigation Coordinator in accordance with the provisions of this section."

Title 24 Section 1731A states any person may report to the Board information that the reporting person reasonably believes indicates that a person certified and registered to practice medicine in this State is or may be guilty of unprofessional conduct or may be unable to practice medicine with reasonable skill or safety to patients by reason of mental illness or mental incompetence; physical illness, including deterioration through the aging process or loss of motor skill; or excessive use or abuse of drugs, including alcohol. The following have an affirmative duty to report, and must report, such information to the Board in writing within 30 days of becoming aware of the information:

[13] See 16 Del. C. § 906(c)(1)(c) and 906(e)(6)

(1) All persons certified to practice medicine under this chapter;
(2) All certified, registered, or licensed healthcare providers;
(3) The Medical Society of Delaware;
(4) All healthcare institutions in the State;
(5) All state agencies other than law-enforcement agencies;
(6) All law-enforcement agencies in the State, except that such agencies are required to report only new or pending investigations of alleged criminal conduct specified in § 1731(b)(2) of this title, and are further required to report within 30 days of the close of a criminal investigation or the arrest of a person licensed under this chapter.

## 2. INVESTIGATION

For the purpose of conducting an effective joint investigation, communication and coordination should occur between the MDT members as soon as possible and continue throughout the life of the case.

Upon receipt of a report, DFS/LE will communicate and coordinate a response; however, LE will take the lead in the Joint Investigation. Should DFS receive the report first, they must notify LE prior to making contact with any child, caregiver, or alleged perpetrator associated with the investigation in order to maintain the integrity of the case. Should LE receive the complaint first, they must call DFS immediately in order to apprise DFS of the case status and to obtain DFS history with the family.

The federal Child Abuse Prevention and Treatment Act requires DFS to notify the alleged perpetrator of the complaints or allegations made against him or her at the initial time of contact regardless of how that contact is made. It is recommended that DFS consult with LE prior to making the contact, so the integrity of the criminal investigation is not compromised.

During the Joint Investigation, DFS and LE must consider the following actions:

- Discuss whether a joint response is possible;
- Establish a timeframe for response;
- Identify persons involved: child, siblings, caregivers, alleged perpetrator(s), and other witnesses;
- Establish the location(s) where the incident occurred;
- Follow Guidelines for Child Abuse Medical Response;
- Assess child safety and need for out of home placement;
- Conduct child interview(s);
- Consult with DOJ (particularly for active DFS cases, for cases with DFS history and for cases with complaint and criminal history);
- Take photographs of child's injuries; and,
- Consider if all the necessary MDT members have been contacted.

## INTERVIEWS

Multiple interviews by multiple interviewers can be detrimental to the child and can create issues for successful civil and criminal case dispositions. Use of the CAC is considered best practice to minimize trauma and re-victimization of child victims and/or child witnesses.

LE, in collaboration with DFS, will discuss who will conduct interviews with the child, siblings, caregivers, alleged perpetrator(s), and other witnesses. When a joint response cannot occur, DFS or LE will be notified of interviews in a timely manner and given an opportunity to observe and/or participate. Information to consider when discussing who will conduct the interview with the alleged child victim:

- Preliminary investigative information obtained from the referent and/or sources other than the child;
- Child's cognitive, developmental, and emotional abilities;
- Safety issues, including environment and access to perpetrator; and,
- Special considerations, translation services and interpreters.

If LE and DFS are considering using the CAC, but additional information is needed from the child, the *First Responder Minimal Facts Interview Protocol* should be utilized (See Appendix). If both LE and DFS are present, then a lead interviewer should be identified prior to questioning. This protocol will still allow DFS to assess the child's safety through its in-house protocols while preserving the criminal investigation.

### FIRST RESPONDER

### Minimal Facts Interview Protocol

1. **Establish rapport**
2. **Ask limited questions to determine the following:**
   - What happened?
   - Who is/are the alleged perpetrator(s)?
   - Where did it happen?
   - When did it happen?
   - Ask about witnesses/other victims
3. **Provide respectful end**

If LE and DFS decide to make a referral to the CAC, then LE and DFS should decline to interview the child about the allegations.

**FORENSIC INTERVIEW AT THE CAC**

After making a cross-report, LE, DFS, and/or DOJ may contact the CAC in the jurisdiction where the alleged crime occurred to request a forensic interview. LE and DFS will communicate prior to contacting the CAC to determine who will make the request and the appropriate timeframe for scheduling the interview.

Forensic interviews will be scheduled on a non-urgent basis (within 5 business days) or urgent basis (within 2 business days). Please note that the CAC will accommodate after-hours interviews on an emergency basis as needed.

All members of the MDT will be present for the interview. The forensic interviewer will facilitate the CAC process. This process includes pre-interview meetings, the forensic interview, and post-interview meetings.

MDT members should refrain from engaging in pre-interview contact with the caregiver and child at the CAC to avoid impacting the forensic interview process.

When the MDT meets with the caregiver post-interview, DOJ will take the lead in sharing information related to the interview and possible criminal prosecution.

Following the post-interview meeting, the CAC Family Resource Advocate will facilitate a discussion with the caregiver about mental health services and other resources available for the child and/or family. Referrals will be made by the CAC as applicable.

**PRESERVATION OF EVIDENCE**

LE will establish, examine and document the location(s) of incident within 24 to 48 hours as practicable. The crime scene(s) and other corroborative evidence should be photographed or video recorded.

Interviews by LE should be audio and/or video recorded if possible. Forensic interviews with the child and siblings will be video and audio recorded at the CAC. Interviews with caregivers, alleged perpetrator(s), other witnesses, and those children not interviewed at the CAC will be audio recorded by LE. DFS does not audio or video record its interviews.

Photographs must be taken to document the number and size of the injuries to the child; scale of injury should be documented in photograph. If a medical examination will be conducted, these photographs will be taken as part of the examination process. If no medical examination is required, observation and photographs of the child's injuries will be coordinated between LE and DFS to prevent further trauma to the child.

## PROTECTIVE CUSTODY

Physicians, DFS, or LE may take temporary emergency protective custody of a child in imminent danger of serious physical harm or a threat to life as a result of abuse or neglect for up to 4 hours. DFS may only take temporary emergency protective custody of a child in a school, day care facility, and child care facility.

Physicians and LE must immediately notify the child's caregiver and DFS upon invoking protective custody. This shall end once DFS responds.

### DELAWARE CODE

#### Required Reports[14]

Title 16 Section 907 of the Delaware Code states: "A police officer or a physician who reasonably suspects that a child is in imminent danger of suffering serious physical harm or a threat to life as a result of abuse or neglect and who reasonably suspects the harm or threat to life may occur before the Family Court can issue a temporary protective custody order may take or retain temporary emergency protective custody of the child without the consent of the child's parents, guardian or others legally responsible for the child's care… A Division investigator conducting an investigation pursuant to § 906 of this title shall have the same authority as that granted to a police officer or physician… provided that the child in question is located at a school, day care facility or child care facility at the time that the authority is initially exercised."

## TRANSPORTATION

If the alleged perpetrator is the caregiver or is unknown, an alternative means of transportation should be provided to the child for medical examinations, forensic interviews at the CAC, and out-of-home interventions. DFS may transport a child under the following circumstances: DFS invokes Temporary Emergency Protective Custody from a school, day care facility or child care facility; DFS obtained a signed consent from the parent; or DFS is currently awarded Temporary Custody from the Family Court. In circumstances other than the aforementioned, LE shall transport the child to the hospital or seek medical transport for the child.

## MEDICAL EVALUATION

A medical evaluation may be considered for any child, who is the alleged victim of a physical abuse report. Medical evaluations are conducted to identify, document, diagnose, prevent, and treat medical conditions and/or trauma (resulting from abuse

[14] See 16 Del. C. § 907

and unrelated to abuse), as well as to assess issues related to patient safety and well-being.

In determining whether or not to seek a medical evaluation or if additional follow up is needed for a child who has already been treated by a medical provider, the MDT shall follow the Multidisciplinary Team Guidelines for Child Abuse Medical Response ("Medical Response Guidelines"). The Medical Response Guidelines for physical injury cases are listed below. In addition to the appropriate medical response, DFS or LE must contact the designated Medical Services Provider within 24 hours to determine the next steps. As noted in the protocol, the child victim(s) and/or other children in the home must be seen at AI duPont Hospital for Children or by a professional with experience in child sexual and/or physical abuse, such as a certified forensic nurse examiner, a licensed physician who specializes in Child Abuse Pediatrics, or a mid-level practitioner with a focus on pediatrics who has advanced training in child abuse/neglect. DFS has the authority to seek a medical evaluation for children without the consent of the child's parents or caregiver.

PLACEHOLDER FOR TABLE FROM MEDICAL RESPONSE GUIDELINES

Please also refer to Appendix "A" for the complete version of the Medical Response Guidelines.

**DELAWARE CODE**

### Required Reports[15]

Title 16 Section 906(e)(7) of the Delaware Code states: "The Division shall have authority to secure a medical examination of a child, without the consent of those responsible for the care, custody and control of the child, if the child has been reported to be a victim of abuse or neglect…"

The medical evaluation should include written record and photographic documentation of injuries. If no medical assessment is conducted, then LE will be responsible for taking the photographs to document the number and size of the injuries. For the purposes of its investigation, DFS may be need to take photographs, but every effort should be made by the agencies not to duplicate these efforts. Smartphones must not be utilized to document injuries.

In these cases, the medical providers have the difficult task of determining whether the child's injury is accidental, inflicted or caused by a medical condition. Both the medical evaluation and information gathered by LE and DFS are used to make this

[15] See 16 Del. C. § 906(e)(7)

determination. These preliminary medical findings will be provided immediately to LE and DFS upon completion of the evaluation. Subsequent findings and medical records should be obtained prior to completion of an investigation.

Potential questions that should be asked of the medical provider are listed below. As a rule of thumb, avoid asking a physician whether it is "possible" that a caregiver's explanation caused the injury, because the answer will always be yes. Instead, use the words "probable, likely or consistent with" when speaking with physicians and note that physicians only speak in terms of probability and not absolutes.

**COLLECTING THE MEDICAL EVIDENCE[16]**

**Questions for the Medical Provider**

- What is the nature and extent of the child's injury or illness?
- What is the mechanism of injury? What type and amount of force are required to produce the injury?
- Does the history the caregiver provided explain (in whole or in part) the child's injury?
- Have other diagnoses been explored and ruled out, whether by information gathering, examination, or medical tests?
- Could the injury be consistent with an accident?
- Can the timing of the injury be estimated? To what degree of certainty?
- Have all injuries been assessed in light of any exculpatory statements?
- What treatments were necessary to treat the injury or illness?
- What are the child's potential risks from the abusive event?
- What are the long-term medical consequences and residual effects of the abuse?

MDT members should consider the possibility of injuries that were not reported by the child or not readily visible (i.e. internal injuries or age progression of injuries). Be mindful that minor injuries, when paired with a history of alleged abuse or neglect, may be indicative of chronic physical abuse or torture.

## SAFETY ASSESSMENT

DFS is responsible for assessing the safety of the alleged child victim and other children in the home and/or visiting the home during the course of the investigation. If safety threats are present, DFS will consider if either an in-home intervention or an out-of-home intervention is needed, including safety agreements, custody and placement needs. For out-of-home interventions, DFS will conduct background

[16] Taken from the Office of Juvenile Justice and Delinquency Prevention's Portable Guide to Investigating Child Abuse: http://www.ojjdp.gov/pubs/243908.pdf

checks on all individuals in that home and complete home assessments.

LE will notify DFS if removal of a child is necessary. LE should communicate concerns and information regarding the child's safety that may impact DFS interventions. DFS, not LE, is responsible for making placement decisions when safety threats are present or children are dependent and cannot remain at the current residence.

**ARREST**

Upon completion of the criminal investigation, if probable cause is established, then an arrest is recommended.

When an alleged perpetrator is arrested, a no contact order with the alleged child victim and/or other children in the home may be recommended, as a specific condition of bail and/or other conditions that may be necessary to protect the child(ren) and any other members of the community. Input from DFS should be considered and offered to the issuing judicial officer. LE and/or DFS may contact DOJ to request a modification to the contact conditions of bail. Regardless of contact conditions of bail, DFS will consider an in-home intervention or an out-of-home intervention once safety threats are identified, including safety agreements, custody and placement needs.

Before clearing a case without an arrest, LE consultation with DOJ is recommended. LE will notify DFS upon case closure.

**CRIMINAL PROCEEDINGS**

DOJ shall review the following information (both current and historical):

- All police reports and any other information obtained during the investigation concerning all individuals involved in the case;
- All non-redacted DFS records;
- All medical records pertaining to the child;
- All CAC records; and,
- Inventory and/or copies of any evidence.

The Deputy Attorney General ("DAG") will evaluate the case to determine prosecutorial merits.

When two or more Divisions (typically Civil & Criminal) within DOJ are involved with a particular case, the DAGs will coordinate with each other to ensure the most appropriate legal outcomes are achieved. The Civil and Criminal DAGs shall communicate regularly regarding the case status. The DAG prosecuting the criminal matter will take the lead in this process.

Before resolution of a criminal proceeding, DOJ will confer with DFS, on open cases, regarding issues impacting child safety, such as vacating the No Contact Order and potential impact to a civil substantiation proceeding prior to completion of the civil investigation. This discussion should also include recommended services and/or evaluations for the perpetrator and child. Upon a criminal conviction where the civil case was unfounded and closed, the Criminal DAG will notify the Civil DAG.

**CIVIL DISPOSITION**

DFS makes a determination as to whether abuse or neglect has occurred within a 20 to 45-day timeframe. Upon completion of the civil investigation, DFS will make a finding once it has established that a preponderance of the evidence exists; the civil finding is not dependent upon the status or outcome of the criminal case.

DFS is required to give written notice to the alleged perpetrator of its finding. Recognizing that this notice to the alleged perpetrator may impact an active criminal investigation, DFS shall contact LE prior to case closure in order to maintain the integrity of the case.

**DELAWARE CODE**

**Required Reports[17]**

Title 16 Section 924(a)(2)(b) of the Delaware Code states: "[The Division shall] advise the person that the Division intends to substantiate the allegations and enter the person on the Child Protection Registry for the incident of abuse or neglect at a designated Child Protection Level."

In addition to the DFS investigation, there may be a civil proceeding in the Family Court, such as if DFS petitions for temporary custody of a child or if the alleged perpetrator appeals a finding by DFS and a Substantiation Hearing is scheduled.

MDT members may be subpoenaed to testify in civil proceedings and/or provide case documentation or evidence.

## 3. CONFIDENTIALITY, INFORMATION SHARING & DOCUMENTATION

The MDT members agree to communicate information pertaining to families and children in a legal, ethical, professional, and timely manner throughout the course of an investigation. Applicable state and federal confidentiality laws apply.

To obtain records, the requesting agency must contact the agency from which the

[17] See 16 Del. C. § 906(e)(7)

records originated. **Information may be shared between MDT agencies; however, records shall only be disseminated by the agency owning those records.**

If a criminal or civil proceeding is pending, DOJ may also issue a subpoena for records or for court testimony. The CAC shall not provide copies of, or disclose contents of, any case or interview without prior consent of the MDT.

Documentation should be specific to case facts and should not include information related to the opinions of the MDT members (i.e., the initial concerns of the investigator as to the strength, strategy, or course of the criminal investigation).

## 4. CONFLICT RESOLUTION

The MDT shall make every effort to resolve disputes through discussion and negotiation at the lowest levels of agency management. If the dispute cannot be resolved at this level, then the MDT members involved in the dispute shall contact their individual supervisors for assistance. Once the chain of command is exhausted or at the request of one of the supervisors, a team meeting may be scheduled.

## III. SERIOUS PHYSICAL INJURY TO A CHILD PROTOCOL

**A. DEFINITION:** Serious physical injury to a child shall mean physical injury which creates a risk of death, or which causes disfigurement, impairment of health or loss or impairment of the function of any bodily organ or limb, or which causes the unlawful termination of a pregnancy without the consent of the pregnant female (11 Del. C. § 1100(8)).

**B. JOINT INVESTIGATIONS:** Joint investigations may include all or any combination of MDT members from the signatory agencies. Specific offenses that require a joint investigation are listed below.

**CIVIL OFFENSES**

- **Abusive Head Trauma/Shaken Baby Syndrome**: means there has been an inflicted head injury which includes shaken baby and an impact injury. It involves some degree of intracranial injury. The most common manifestation is subdural hematoma, but it may include other types of intracranial injuries. There is a risk of serious and permanent brain damage and there may be a significant risk of death. This injury typically involves infants (10.1.19. DFS CPR Regulations);

- **Blunt Force Trauma**: means serious or life-threatening bruises, cuts, lacerations caused by [any individual] that require medical treatment beyond medical examination (10.1.2. DFS CPR Regulations);

- **Bone Fracture**: means a medically diagnosed break or crack in a bone or cartilage caused by [any individual] (10.1.3. DFS CPR Regulations);

- **Bullet/Gunshot Wound**;

- **Burn/Scald**: means a medically diagnosed injury intentionally or recklessly inflicted by [any individual] to a child by contacting the child's skin/hair to a flame, hot object, hot liquid, electrical source, or a chemical source (10.1.4. DFS CPR Regulations);

- **Head Trauma**: means a medically diagnosed serious or life-threatening injury inflicted by [any individual] to a child's face or head (10.1.9. DFS CPR Regulations);

- **Internal Injury**: means a medically diagnosed serious injury within the abdominal or chest area inflicted by [any individual] (10.1.10. DFS CPR Regulations);

- **Poisoning**: means [any individual] intentionally or recklessly over-medicates or causes a child to ingest alcohol, drugs (legal/illegal) not prescribed for that child, or other toxic substances, resulting in significant and/or enduring functional impairment (10.1.15. DFS CPR Regulations);

- **Puncture/Stab**: means [any individual] inflicts injury, piercing the child's body with

a pointed object, which requires medical treatment beyond medical examination (10.1.17. DFS CPR Regulations);

- **Suffocation**: means [any individual] deliberately interferes with child's ability to breathe, by strangling/choking, smothering or otherwise depriving the child of oxygen (10.1.20. DFS CPR Regulations); and

- **Torture** (10 Del. C. § 901(1 b3). See the Torture Checklist in Appendix A.

## CRIMINAL OFFENSES

- § 607 Strangulation; penalty; affirmative defense;
- § 612 Assault in the second degree; class D felony;
- § 613 Assault in the first degree; class B felony;
- § 782 Unlawful imprisonment in the first degree; class G felony;
- § 1102 Endangering the welfare of a child; class G felony;
- § 1103A Child abuse in the second degree; class G felony; and
- § 1103B Child abuse in the first degree; class B felony.

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## C. MULTIDISCIPLINARY RESPONSE

### 1. CROSS-REPORTING

For the aforementioned civil and criminal offenses, the MDT members are mandated to cross-report and share information regarding the report of abuse.

**REPORTS TO DIVISION OF FAMILY SERVICES**

***All*** suspected child abuse and neglect of any child, from birth to age 18, in the State of Delaware must be reported to the Division of Family Services Child Abuse and Neglect Report Line ("Report Line") at 1-800-292-9582.

> **DELAWARE CODE**
>
> **Mandatory Reporting Law and Penalties**[18]
>
> Title 16 Section 903 of the Delaware Code states: "Any person, agency, organization or entity who knows or in good faith suspects child abuse or neglect shall make a report in accordance with § 904 of this title…"
>
> In addition, Section 904 states: "Any report of child abuse or neglect required to be made under this chapter shall be made by contacting the Child Abuse and Neglect Report Line for the Department of Services for Children, Youth and Their Families. An immediate oral report shall be made by telephone or otherwise. Reports and the contents thereof including a written report, if requested, shall be made in accordance with the rules and regulations of the Division, or in accordance with the rules and regulations adopted by the Division. No individual with knowledge of child abuse or neglect or knowledge that leads to a good faith suspicion of child abuse or neglect shall rely on another individual who has less direct knowledge to call the aforementioned Report Line."
>
> Section 914 states: "Whoever violates § 903 of this title shall be liable for a civil penalty not to exceed $10,000 for the first violation, and not to exceed $50,000 for any subsequent violation."

Any person who has **direct knowledge** of suspected abuse must make an immediate report to the Report Line. **Direct knowledge** is obtained through disclosure (child discloses to you), discovery (you witness an act of abuse), or reason to suspect (you have observed behavioral and/or physical signs of child abuse). This report may include situations where multiple disciplines are involved, such as:

[18] See 16 Del. C. § 903, 904 and 914

- 911 call where emergency medical services and law enforcement are dispatched. A call must be made to the Report Line from both professionals.
- A child is brought to a medical provider but requires advanced medical care and is transported to the hospital emergency department. Both the medical provider and emergency department staff must make the call to the Report Line.

The relationship between the child and perpetrator ***does not*** influence whether a report must be made to DFS. All reports, including domestic or intra-familial, institutional, and non-domestic or extra-familial, cases must also be reported to DFS.[19]

The MDT shall **call the DFS Report Line immediately** in the following situations: it is suspected that the child sustained serious physical injury; caregivers provide no explanation or an inconsistent explanation for the injury; or there was a delay in seeking medical treatment.

Additionally, a separate report must be made to the Report Line for the following reasons:

- Additional suspects have been identified;
- Additional child victims have been identified; or,
- Secondary allegations have been disclosed (i.e. initial report alleged serious physical injury and child later disclosed sexual abuse).

If a **secondary allegation is disclosed at the CAC** while members of the MDT are present, then LE should identify who will make the call to the DFS Report Line. However, if DFS is part of this MDT group, DFS should take responsibility for making the call to the DFS Report Line on behalf of the team. The names of all members of the MDT must be included in the report.

If known, the following should be provided to the DFS Report Line:

- Demographic information;
- Known information about the following:
  - Child, parents, siblings and alleged perpetrator;
  - The alleged child victim's physical health, mental health, educational status;
  - Medical attention that may be needed for injuries;
  - The way the caregiver and alleged perpetrator's behavior is impacting the care of the child; and,
  - Any circumstances that may jeopardize the child's or DFS worker's safety.

[19] "Extra-familial" involves a perpetrator who is NOT a member of the child's family or household and the report does NOT involve institutional abuse/neglect.

- Facts regarding the alleged abuse and any previous involvement with the family.
- What you are worried about, what is working well, and what needs to happen next to keep the child safe.

Reports received by DFS will either be screened in for investigation as an intra-familial case and/or institutional abuse ("IA") case or will be screened out, documented, and maintained in the DFS reporting system.

Reports screened in for investigation by DFS are assigned a priority response time as follows:

- Priority 1 ("P1") – Within 24 hours
- Priority 2 ("P2") – Within 3 days
- Priority 3 ("P3") – Within 10 days

In most cases, DFS will assign a P1 response if the case involves a child who requires immediate medical attention for a severe injury.

DFS has the ability to override screening decisions and/or to adjust the response time. MDT members must contact the Report Line Supervisor with any concerns.

## REPORTS TO LAW ENFORCEMENT

DFS must make an immediate report to the appropriate law enforcement jurisdiction for all civil offenses identified in the Serious Physical Injury protocol, including cases that screen out (e.g. extra-familial cases). DFS will also document its contact with the appropriate law enforcement agency in the DFS reporting system.

### DELAWARE CODE

#### Required Reports[20]

Title 16 Section 903 of the Delaware Code states: "…In addition to and not in lieu of reporting to the Division of Family Services, any such person may also give oral or written notification of said knowledge or suspicion to any police officer who is in the presence of such person for the purpose of rendering assistance to the child in question or investigating the cause of the child's injuries or condition."

[20] See 16 Del. C. § 903 and 906(e)(3) and 24 Del. C. § 1762

> Section 906(e)(3) states: "The Division staff shall also contact…the appropriate law-enforcement agency upon receipt of any report under this section and shall provide such agency with a detailed description of the report received."
>
> Title 24 Section 1762 of the Delaware Code states: "Every person certified to practice medicine who attends to or treats a stab wound; poisoning by other than accidental means; or a bullet wound, gunshot wound, powder burn, or other injury or condition arising from or caused by the discharge of a gun, pistol, or other firearm, or when such injury or condition is treated in a hospital, sanitarium, or other institution, the person, manager, superintendent, or other individual in charge shall report the injury or condition as soon as possible to the appropriate police authority where the attending or treating person was located at the time of treatment or where the hospital, sanitarium, or institution is located."

Medical providers are encouraged to make an immediate report to the appropriate law enforcement jurisdiction to initiate a criminal investigation in serious physical injury cases. The law enforcement jurisdiction will determine whether or not a criminal investigative response is appropriate and take the necessary actions.

In situations in which DFS is seeking further involvement than what is initially offered by LE, DFS will contact the acting supervisor on duty at the appropriate LE agency.

## REPORTS TO DEPARTMENT OF JUSTICE

DFS is required to report all civil offenses identified in the Serious Physical Injury protocol to the Department of Justice. Additionally, DFS is required to report all persons, agencies, organizations and entities to DOJ for investigation if they fail to make mandatory reports of child abuse or neglect under Section Title 16 Section 903.

LE shall call DOJ's Child Victims Unit upon receipt of allegations of serious physical injury to a child.

If the matter is referred to the Children's Advocacy Center for a forensic interview, the CAC will immediately notify DOJ, DFS, and LE of the scheduled interview.

**DELAWARE CODE**

**Required Reports**[21]

Title 16 Section 906(e)(3) states: "The Division staff shall also contact the Delaware Department of Justice… upon receipt of any report under this section and shall provide such agency with a detailed description of the report received."

**REPORTS TO INVESTIGATION COORDINATOR**

The Investigation Coordinator (IC) receives reports of serious physical injury through data exchanges with DFS and the Delaware Criminal Justice Information System (DELJIS). Additionally, all MDT members shall provide case specific information as requested by the IC.

**DELAWARE CODE**

**Required Reports**[22]

Title 16 Section 906(c)(1) of the Delaware Code states: "The Investigation Coordinator, or the Investigation Coordinator's staff, shall…have electronic access and the authority to track within the Department's internal information system and Delaware's criminal justice information system each reported case of alleged child abuse or neglect. Monitor each 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 provide information as requested on the status of each case to the Division, the Department, the Delaware Department of Justice, the Children's Advocacy Center, and the Office of Child Advocate."

Section 905(f) states: "Upon receipt of a report of child abuse or neglect, the Division shall immediately notify the Investigation Coordinator of the report, in sufficient detail to permit the Investigation Coordinator to undertake the Investigation Coordinator's duties, as specified in § 906 of this title."

Section 906(d)(2) and (f)(3) states: The Delaware Department of Justice and law-enforcement agency investigating a report of child abuse shall "provide information as necessary to the Investigation Coordinator to permit case

[21] See 16 Del. C. § 906(e)(3)

[22] See 16 Del. C. § 906(c)(1)(a)

tracking, monitoring and reporting by the Investigation Coordinator."

**REPORTS TO PROFESSIONAL REGULATORY BODIES**

All MDT members, with the exception of the CAC, are required by statute to make reports to professional regulatory organizations and other agencies upon receipt of reports alleging abuse or neglect by professionals licensed in Delaware.

## DELAWARE CODE

### Required Reports[23]

Title 16 Section 906(c)(1)(c) states the Investigation Coordinator or the Investigation Coordinator's designee shall: "Within 5 business days of the receipt of a report concerning allegations of child abuse or neglect by a person known to be licensed or certified by a Delaware agency or professional regulatory organization, forward a report of such allegations to the appropriate Delaware agency or professional regulatory organization…Upon the receipt of a report concerning allegations of abuse or neglect against a person known by the Division to be licensed by 1 of the boards listed in § 8735 of Title 29, forward reports to the Division of Professional Regulation."

Section 906(e)(6) states the Division and DOJ shall: "Ensure that all cases involving allegations of child abuse or neglect by a person known to be licensed or certified by a Delaware agency or professional regulatory organization, have been reported to the appropriate Delaware agency or professional regulatory organization and the Investigation Coordinator in accordance with the provisions of this section."

Title 24 Section 1731A states any person may report to the Board information that the reporting person reasonably believes indicates that a person certified and registered to practice medicine in this State is or may be guilty of unprofessional conduct or may be unable to practice medicine with reasonable skill or safety to patients by reason of mental illness or mental incompetence; physical illness, including deterioration through the aging process or loss of motor skill; or excessive use or abuse of drugs, including alcohol. The following have an affirmative duty to report, and must report, such information to the Board in writing within 30 days of becoming aware of the information:

(1) All persons certified to practice medicine under this chapter;

[23] See 16 Del. C. § 906(c)(1)(c) and 906(e)(6)

(2) All certified, registered, or licensed healthcare providers;
(3) The Medical Society of Delaware;
(4) All healthcare institutions in the State;
(5) All state agencies other than law-enforcement agencies;
(6) All law-enforcement agencies in the State, except that such agencies are required to report only new or pending investigations of alleged criminal conduct specified in § 1731(b)(2) of this title, and are further required to report within 30 days of the close of a criminal investigation or the arrest of a person licensed under this chapter.

## 2. INVESTIGATION

For the purpose of conducting an effective joint investigation, communication and coordination should occur between the MDT members as soon as possible and continue throughout the life of the case.

Upon receipt of a report, DOJ, DFS and LE will communicate and coordinate a response; however, LE will take the lead in the Joint Investigation. Should DFS receive the report first, they must notify LE prior to making contact with any child, caregiver, or alleged perpetrator associated with the investigation in order to maintain the integrity of the case. Should LE receive the complaint first, they must call DFS immediately in order to apprise DFS of the case status and to obtain DFS history with the family.

The federal Child Abuse Prevention and Treatment Act requires DFS to notify the alleged perpetrator of the complaints or allegations made against him or her at the initial time of contact regardless of how that contact is made. It is recommended that DFS consult with LE prior to making the contact, so the integrity of the criminal investigation is not compromised.

During the Joint Investigation, the MDT will address the following items:

- Discuss whether a joint response is possible;
- Establish a timeframe for response;
- Identify persons involved: child, siblings, caregivers, alleged perpetrator(s), and other witnesses;
- Establish the location(s) where the incident occurred;
- Observe and photo/video document the crime scene(s);
- Conduct doll/scene re-enactment and video document;
- Collect evidence;
- Obtain consent for blood draw if impairment is suspected for alleged perpetrator(s);
- Follow Guidelines for Child Abuse Medical Response;
- Take photographs of child's injuries;
- Conduct video documentation, with explanation by the medical provider, of

any life supporting mechanisms being provided to the child;
- Consider Hospital High Risk Medical Discharge Protocol if concerns exist about the child's safety at discharge;
- Assess child safety and need for out of home placement;
- Schedule forensic interview at CAC for any child victims or child witnesses;
- Complete pre-arrest intake with DOJ;
- Consider if all the necessary MDT members have been contacted;
- Determine if the DFS Serious Injury/Sexual Abuse Unit is involved and assess for case transfer (New Castle County only); and,
- Exchange information regarding complaint, criminal and DFS history.

## INTERVIEWS

Multiple interviews by multiple interviewers can be detrimental to the child and can create issues for successful civil and criminal case dispositions. Use of the CAC is considered best practice to minimize trauma and re-victimization of child victims and/or child witnesses. It is highly recommended that the CAC be utilized for child interviews in cases that fall within the Serious Physical Injury Protocol.

If additional information is needed prior to scheduling the forensic interview with the child, the *First Responder Minimal Facts Interview Protocol* should be utilized (See Appendix). If both LE and DFS are present, then a lead interviewer should be identified prior to questioning. This protocol will still allow DFS to assess the child's safety through its in-house protocols while preserving the criminal investigation.

### FIRST RESPONDER

### Minimal Facts Interview Protocol

1. **Establish rapport**
2. **Ask limited questions to determine the following:**
    - What happened?
    - Who is/are the alleged perpetrator(s)?
    - Where did it happen?
    - When did it happen?
    - Ask about witnesses/other victims
3. **Provide respectful end**

LE will conduct interviews with caregivers, alleged perpetrator(s), and other witnesses and will provide prior notice to DFS to allow for observation. Additionally, all interviews should be audio or video recorded by LE. DFS must receive clearance from LE before conducting follow up interviews for the purpose of gathering information relevant to the civil investigation.

## FORENSIC INTERVIEW AT THE CAC

After making a cross-report, LE, DFS, and/or DOJ must contact the CAC in the jurisdiction where the alleged crime occurred to request a forensic interview. LE and DFS will communicate prior to contacting the CAC to determine who will make the request and the appropriate timeframe for scheduling the interview.

Forensic interviews will be scheduled on a non-urgent basis (within 5 business days) or urgent basis (within 2 business days). Please note that the CAC will accommodate after-hours interviews on an emergency basis as needed.

All members of the MDT will be present for the interview. The forensic interviewer will facilitate the CAC process. This process includes pre-interview meetings, the forensic interview, and post-interview meetings. MDT members should be prepared to discuss the following: complaint and criminal history concerning all individuals involved in the case; DFS history; and prior forensic interviews at the CAC.

MDT members should refrain from engaging in pre-interview contact with the caregiver and child at the CAC to avoid impacting the forensic interview process.

When the MDT meets with the caregiver post-interview, DOJ will take the lead in sharing information related to the interview and possible criminal prosecution.

Following the post-interview meeting, the CAC Family Resource Advocate will facilitate a discussion with the caregiver about mental health services and other resources available for the child and/or family. Referrals will be made by the CAC as applicable.

## PRESERVATION OF EVIDENCE

LE will establish, examine and document the location(s) of incident within 24 to 48 hours as practicable. The crime scene(s) and other corroborative evidence should be photographed or video recorded.

For circumstances where impairment of the alleged perpetrator(s) is suspected, consent to draw blood will be attempted by LE.

Photographs must be taken to document the number and size of the injuries to the child; scale of injury should be documented in photograph. These photographs will be taken as part of the examination process. If life supporting mechanisms are utilized, then LE will video document these efforts to include the explanation by the medical provider.

LE will conduct a doll and scene re-enactment with the alleged perpetrator to provide a visual demonstration of the mechanism of injury. This re-enactment will be video documented and conducted at the scene when possible. DFS and DOJ may observe

the re-enactment.

**PROTECTIVE CUSTODY**

Physicians, DFS, or LE may take temporary emergency protective custody of a child in imminent danger of serious physical harm or a threat to life as a result of abuse or neglect for up to 4 hours. DFS may only take temporary emergency protective custody of a child in a school, day care facility, and child care facility.

Physicians and LE must immediately notify the child's caregiver and DFS upon invoking protective custody. This shall end once DFS responds.

## DELAWARE CODE

### Required Reports[24]

Title 16 Section 907 of the Delaware Code states: "A police officer or a physician who reasonably suspects that a child is in imminent danger of suffering serious physical harm or a threat to life as a result of abuse or neglect and who reasonably suspects the harm or threat to life may occur before the Family Court can issue a temporary protective custody order may take or retain temporary emergency protective custody of the child without the consent of the child's parents, guardian or others legally responsible for the child's care… A Division investigator conducting an investigation pursuant to § 906 of this title shall have the same authority as that granted to a police officer or physician… provided that the child in question is located at a school, day care facility or child care facility at the time that the authority is initially exercised."

**TRANSPORTATION**

If the alleged perpetrator is the caregiver or is unknown, an alternative means of transportation should be provided to the child for medical examinations, forensic interviews at the CAC, and out-of-home interventions. DFS may transport a child under the following circumstances: DFS invokes Temporary Emergency Protective Custody from a school, day care facility or child care facility; DFS obtained a signed consent from the parent; or DFS is currently awarded Temporary Custody from the Family Court. In circumstances other than the aforementioned, LE shall transport the child to the hospital or seek medical transport for the child.

**MEDICAL EVALUATION**

[24] See 16 Del. C. § 907

A medical evaluation will be conducted for any child, who is the alleged victim of a serious physical injury report. Medical evaluations are conducted to identify, document, diagnose, prevent, and treat medical conditions and/or trauma (resulting from abuse and unrelated to abuse), as well as to assess issues related to patient safety and well-being.

To identify the appropriate medical provider, the MDT shall follow the Multidisciplinary Team Guidelines for Child Abuse Medical Response ("Medical Response Guidelines"). The Medical Response Guidelines for serious physical injury cases are listed below. In addition to the appropriate medical response, DFS or LE must contact the designated Medical Services Provider within 24 hours to determine the next steps. As noted in the protocol, the child victim(s) and/or other children in the home must be seen at AI duPont Hospital for Children or by a professional with experience in child sexual and/or physical abuse, such as a certified forensic nurse examiner, a licensed physician who specializes in Child Abuse Pediatrics, or a mid-level practitioner with a focus on pediatrics who has advanced training in child abuse/neglect. DFS has the authority to seek a medical evaluation for children without the consent of the child's parents or caregiver.

PLACEHOLDER FOR TABLE FROM MEDICAL RESPONSE GUIDELINES

Please also refer to Appendix "A" for the complete version of the Medical Response Guidelines.

**DELAWARE CODE**

### Required Reports[25]

Title 16 Section 906(e)(7) of the Delaware Code states: "The Division shall have authority to secure a medical examination of a child, without the consent of those responsible for the care, custody and control of the child, if the child has been reported to be a victim of abuse or neglect…"

The medical evaluation should include written record and photographic documentation of injuries. If no medical assessment is conducted, then LE will be responsible for taking the photographs to document the number and size of the injuries. For the purposes of its investigation, DFS may be need to take photographs, but every effort should be made by the agencies not to duplicate these efforts. Smartphones must not be utilized to document injuries.

In these cases, the medical providers have the difficult task of determining whether

[25] See 16 Del. C. § 906(e)(7)

the child's injury is accidental, inflicted or caused by a medical condition. Both the medical evaluation and information gathered by LE and DFS are used to make this determination. These preliminary medical findings will be provided immediately to LE and DFS upon completion of the evaluation. Subsequent findings and medical records should be obtained prior to completion of an investigation.

Potential questions that should be asked of the medical provider are listed below. As a rule of thumb, avoid asking a physician whether it is "possible" that a caregiver's explanation caused the injury, because the answer will always be yes. Instead, use the words "probable, likely or consistent with" when speaking with physicians and note that physicians only speak in terms of probability and not absolutes.

## COLLECTING THE MEDICAL EVIDENCE[26]

### Questions for the Medical Provider

- What is the nature and extent of the child's injury or illness?
- What is the mechanism of injury? What type and amount of force are required to produce the injury?
- Does the history the caregiver provided explain (in whole or in part) the child's injury?
- Have other diagnoses been explored and ruled out, whether by information gathering, examination, or medical tests?
- Could the injury be consistent with an accident?
- Can the timing of the injury be estimated? To what degree of certainty?
- Have all injuries been assessed in light of any exculpatory statements?
- What treatments were necessary to treat the injury or illness?
- What are the child's potential risks from the abusive event?
- What are the long-term medical consequences and residual effects of the abuse?

MDT members should consider the possibility of injuries that were not reported by the child or not readily visible (i.e. internal injuries or age progression of injuries). Be mindful that minor injuries, when paired with a history of alleged abuse or neglect, may be indicative of chronic physical abuse or torture.

Prior to discharge, if concerns regarding the child's safety exist, then the medical providers may consider requesting a meeting in accordance with Hospital High Risk Medical Discharge Protocol.

## SAFETY ASSESSMENT

[26] Taken from the Office of Juvenile Justice and Delinquency Prevention's Portable Guide to Investigating Child Abuse: http://www.ojjdp.gov/pubs/243908.pdf

DFS is responsible for assessing the safety of the alleged child victim and other children in the home and/or visiting the home during the course of the investigation. In cases where the injuries sustained to a non-verbal child victim are unexplained or inconsistent, DFS shall convene a Team Decision Making (TDM) meeting to discuss an out-of-home intervention, including safety agreements, custody and placement needs. For out-of-home interventions, DFS will conduct background checks on all individuals in that home and complete home assessments.

LE will notify DFS if removal of a child is necessary. LE should communicate concerns and information regarding the child's safety that may impact DFS interventions. DFS, not LE, is responsible for making placement decisions when safety threats are present and the child(ren) cannot remain at the current residence.

## ARREST

LE shall call DOJ's Child Victims Unit upon receipt of allegations of serious physical injury to a child. Upon completion of a criminal investigation and prior to arresting the alleged perpetrator, LE shall consult with the DOJ reference appropriate charging.

When an alleged perpetrator is arrested, a no contact order with the alleged child victim and/or other children in the home may be recommended, as a specific condition of bail and/or other conditions that may be necessary to protect the child(ren) and any other members of the community. Input from DFS should be considered and offered to the issuing judicial officer. LE and/or DFS may contact DOJ to request a modification to the contact conditions of bail. Regardless of contact conditions of bail, DFS will consider an in-home intervention or an out-of-home intervention once safety threats are identified, including safety agreements, custody and placement needs.

Before clearing a case without an arrest, LE consultation with DOJ shall occur. LE will notify DFS upon case closure.

## CRIMINAL PROCEEDINGS

DOJ shall review the following information (both current and historical):

- All police reports and any other information obtained during the investigation concerning all individuals involved in the case;
- All non-redacted DFS records;
- All medical records pertaining to the child;
- All CAC records; and,
- Inventory and/or copies of any evidence.

The Deputy Attorney General ("DAG") will evaluate the case to determine prosecutorial merits.

When two or more Divisions (typically Civil & Criminal) within DOJ are involved with a particular case, the DAGs will coordinate with each other to ensure the most appropriate legal outcomes are achieved. The Civil and Criminal DAGs shall communicate regularly regarding the case status. The DAG prosecuting the criminal matter will take the lead in this process.

Before resolution of a criminal proceeding, DOJ will confer with DFS, on open cases, regarding issues impacting child safety, such as vacating the No Contact Order and potential impact to a civil substantiation proceeding prior to completion of the civil investigation. This discussion should also include recommended services and/or evaluations for the perpetrator and child. Upon a criminal conviction where the civil case was unfounded and closed, the Criminal DAG will notify the Civil DAG.

## CIVIL DISPOSITION

DFS makes a determination as to whether abuse or neglect has occurred within a 20 to 45-day timeframe. Upon completion of the civil investigation, DFS will make a finding once it has established that a preponderance of the evidence exists; the civil finding is not dependent upon the status or outcome of the criminal case.

DFS is required to give written notice to the alleged perpetrator of its finding. Recognizing that this notice to the alleged perpetrator may impact an active criminal investigation, DFS shall contact LE prior to case closure in order to maintain the integrity of the case.

### DELAWARE CODE

#### Required Reports[27]

Title 16 Section 924(a)(2)(b) of the Delaware Code states: "[The Division shall] advise the person that the Division intends to substantiate the allegations and enter the person on the Child Protection Registry for the incident of abuse or neglect at a designated Child Protection Level."

In addition to the DFS investigation, there may be a civil proceeding in the Family Court, such as if DFS petitions for temporary custody of a child or if the alleged perpetrator appeals a finding by DFS and a Substantiation Hearing is scheduled.

MDT members may be subpoenaed to testify in civil proceedings and/or provide case documentation or evidence.

[27] See 16 Del. C. § 906(e)(7)

## 3. CONFIDENTIALITY, INFORMATION SHARING & DOCUMENTATION

The MDT members agree to communicate information pertaining to families and children in a legal, ethical, professional, and timely manner throughout the course of an investigation. Applicable state and federal confidentiality laws apply.

To obtain records, the requesting agency must contact the agency from which the records originated. **Information may be shared between MDT agencies; however, records shall only be disseminated by the agency owning those records.**

If a criminal or civil proceeding is pending, DOJ may also issue a subpoena for records or for court testimony. The CAC shall not provide copies of, or disclose contents of, any case or interview without prior consent of the MDT.

Documentation should be specific to case facts and should not include information related to the opinions of the MDT members (i.e., the initial concerns of the investigator as to the strength, strategy, or course of the criminal investigation).

## 4. CONFLICT RESOLUTION

The MDT shall make every effort to resolve disputes through discussion and negotiation at the lowest levels of the agencies. If the dispute cannot be resolved at this level, then the MDT members involved in the dispute shall contact their individual supervisors for assistance. Once the chain of command is exhausted or at the request of one of the supervisors, a team meeting may be scheduled. Additionally, the Investigation Coordinator may be contacted to initiate or facilitate communication with other members of the MDT.

CHAPTER 187
FORMERLY
HOUSE BILL NO. 136
AS AMENDED BY
HOUSE AMENDMENT NO. 1

AN ACT TO AMEND THE DELAWARE CODE RELATING TO REVIEW OF THE DEATH OR NEAR DEATH OF A CHILD.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

Section 1. Amend § 2105, Title 13 of the Delaware Code as follows:

§ 2105. Fatal incident reviews.

(a) The Council shall have the power to investigate and review, through a review panel, the facts and circumstances of all deaths and near deaths that occur in Delaware as a result of domestic violence. “Near death” means a victim in serious or critical condition as certified by a physician. This review shall include both homicides and suicides resulting from domestic violence. The Division of Forensic Science shall submit to the Council a monthly report within 30 days of the last day of the previous month, of all the homicides and suicides that occurred in Delaware. Reviews may also include cases where the victim suffered a substantial risk of serious physical injury or death. The review of deaths or near deaths involving criminal investigations will be delayed for at least 6 months, and will under no circumstances begin until authorized by the Attorney General's office. Any case involving the death of a minor (any child under the age of 18) related to domestic violence will be reviewed jointly by the Child Protection Accountability Commission and the domestic violence fatal incident review panel. The death of a minor will only be reviewed by the domestic violence fatal incident review panel where the minor's parents or guardians were involved in an abusive relationship and the minor's death is directly related to that abuse.

Section 2. Amend § 711, Title 16 of the Delaware Code as follows:

§ 711. Confidentiality of records and information.

All information and records held by the Division of Public Health relating to known or suspected causes of STD, including infection with human immunodeficiency virus (HIV), the virus causing Acquired Immunodeficiency Syndrome (AIDS), shall be strictly confidential. Such information shall not be released or made public upon subpoena or otherwise, except that release may be made under the following circumstances:

(3) Release is made of medical or epidemiological information to medical personnel, appropriate state agencies, including the Child Death Review Commission, or state courts to the extent required to enforce the provisions of this chapter and related rules and regulations concerning the control and treatment of STDs, or as related to child abuse investigations pursuant to Chapter 9 of this title, or as related to Child Death Review Commission investigations pursuant to subchapter II of Chapter 3 of Title 31;

Section 3. Amend § 717, Title 16 of the Delaware Code as follows:

§ 717. Confidentiality.

(a) No person may disclose or be compelled to disclose the identity of any person upon whom an HIV-related test is performed, or the results of such test in a manner which permits identification of the subject of the test, except to the following person:

(7) Health facility staff committees or accreditation or oversight review organizations which are conducting program monitoring, program evaluation or service reviews, including the Child Death Review Commission conducting reviews pursuant to Title 31.

Section 4. Amend Chapter 9, Title 16 of the Delaware Code as follows:

Subchapter I. Reports and Investigations of Abuse and Neglect

Section 5. Amend § 902, Title 16 of the Delaware Code as follows and by redesignating accordingly:

§ 902. Definitions.

As used in this chapter:

(1) “Abuse” or “abused child” is as defined in § 901 of Title 10.

(16) “Near death” means a child in serious or critical condition as a result of child abuse or neglect as certified by a physician.

(17) “Neglect” is as defined in § 901 of Title 10.

(18) “Physical injury” is as defined in § 222 of Title 11.

(20) “Serious physical injury” is as defined in § 222 of Title 11.

Section 6. Amend § 906, Title 16 of the Delaware Code as follows:

§ 906. State response to reports of abuse or neglect.

(c)(1) In implementing the Investigation Coordinator's role in the child protection system, the Investigation Coordinator, or the Investigation Coordinator's designee, shall:

d. Report every case involving the death or near death of a child due to abuse or neglect to the Child Protection Accountability Commission under § 932(a) of this title and every case involving the death of a child to the Child Death Review Commission; and

(e) In implementing the Division's role in the child protection system, the Division shall:

(5) Ensure that every case involving the death or near death of a child due to abuse or neglect is reported to the Child Protection Accountability Commission under § 932(a) of this title and every case involving the death of a child to the Child Death Review Commission;

(f) In implementing the Delaware Department of Justice's role in the child protection system, it shall:

(2) Ensure that every case involving the death or near death of a child due to abuse or neglect is reported to the Child Protection Accountability Commission under § 932(a) of this title and every case involving the death of a child to the Child Death Review Commission;

Section 7. Amend Chapter 9, Title 16 of the Delaware Code as follows:

Subchapter III. Child Protection Accountability Commission.

Section 8. Amend Chapter 9, Title 16 of the Delaware Code by transferring § 912, Title 16 to Subchapter III, Chapter 9, Title 16 and redesignating it as § 931, Title 16, and as follows:

§ 931. The Child Protection Accountability Commission.

(a) The Delaware Child Protection Accountability Commission is hereby established. The Commission shall consist of 24 members with the at-large members and the Chair appointed by the Governor. Members of the Commission serving by virtue of position may appoint a designee to serve in their stead. The Commission shall be comprised of the following:

(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’s General 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 Chair of the Child Placement Review Board.

(8) The Secretary of the Department of Education.

(9) The Director of the Division of Prevention and Behavioral Health Services.

(10) The Chair of the Domestic Violence Coordinating Council.

(11) The Superintendent of the Delaware State Police.

(12) The Chair of the Child Death Review Commission.

(13) The Investigation Coordinator, as defined in § 902 of this title.

(14) One youth or young adult who has experienced foster care in Delaware, appointed by the Secretary of the Department.

(15) One representative from the Public Defender's Office, appointed by the Public Defender.

(16) 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. The law-enforcement representative may designate a proxy as needed.

(b) The Commission is designated as a "citizen review panel" as required under the federal Child Abuse Prevention and Treatment Act, 42 U.S.C. § 5106a(c) and the "State task force" as required under the federal Children's Justice Act, 42 U.S.C. § 5106(c). The Commission's purpose is to monitor Delaware's child protection system to best ensure the health, safety, and well-being of Delaware's abused, neglected, and dependent children. To that end, the Commission shall meet on a quarterly basis and shall:

(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.

(c) The Child Advocate shall serve as the Executive Director of the Commission, and the Office of the Child Advocate shall provide staff support to the Commission. The Office of the Child Advocate shall assist the Commission in investigating and reviewing the deaths or near deaths of abused or neglected children, in addition to performing any other duties assigned by the Commission. The Child Advocate shall hire employees or contract for services as necessary to assist the Commission in performing its duties under this subchapter, within the limitations of funds appropriated by the General Assembly or obtained from other sources.

Section 9. Amend Subchapter III, Chapter 9, Title 16 of the Delaware Code as follows:

§ 932. Investigation and review of the death or near death of an abused or neglected child.

(a) The Attorney General, the Department of Services for Children, Youth and Their Families, and any other state or local agency with responsibility for investigating child deaths shall report to the Commission any death or near death of a child who is determined to have been abused or neglected within 14 days of that determination. Within 6 months of any such report to the Commission, the Commission shall conclude an investigation and review of the facts and circumstances of the death or near death incident. For good cause shown to the Commission, the 6 month period for the completion of an investigation and review under this subsection may be extended from 6 to 9 months. If the need for an extension under this subsection is attributable to an ongoing criminal prosecution, the

extension may be for a period of up to 6 months following the completion of the prosecution. In cases in which the time for the Commission's complete investigation and review is extended under this subsection, the Commission shall issue initial recommendations if it determines that such are necessary under the circumstances.

(b) No person identified by the Attorney General's office as a potential witness in any criminal prosecution arising from the death or near death of an abused or neglected child shall be questioned, deposed, or interviewed by or for the Commission in connection with its investigation and review of such death or near death until the completion of the prosecution.

(c) Notwithstanding any requirement of § 931(b) of this title to the contrary, the Commission shall, if necessary, make system-wide recommendations arising from an investigation and review conducted under this section.

(1) The Commission shall provide these recommendations, if any, to the Governor, the General Assembly, and the public within 20 days of the approval of the recommendations made under this section.

(2) All recommendations made by the Commission under this subsection shall comply with applicable state and federal confidentiality provisions, including those set forth in § 934 of this title and § 9017(e) of Title 29.

(3) Notwithstanding any provision of this subchapter to the contrary, no recommendation made by the Commission under this subsection shall specifically identify any individual or nongovernmental agency, organization, or entity.

(4) In addition to the Commission's release of recommendations, the Commission shall release to the public summary information and findings resulting from reviews of child deaths and near deaths due to abuse and neglect as required by 42 U.S.C. § 5106a(b)(2)(B). The Commission may release summary information and findings only upon completion of the prosecution.

(d) Notwithstanding this section or § 931(b)(7) of this title, the Child Death Review Commission may review deaths of abused or neglected children, for good cause shown, as determined by the agreement of the Commission and the Child Death Review Commission.

(e) For purposes of this subsection, "completion of the prosecution" means the decision to file no information or seek no indictment, conviction or adjudication, acquittal, dismissal of an information or indictment by a court, the conditional dismissal under a program established by Delaware law or a court, or the nolle prosequi of an information or indictment by the Attorney General.

§ 933. Power and authority of investigations and reviews.

(a) In connection with any investigation and review conducted under § 931(b)(7) of this title, the Commission has power and authority to:

(1) Administer oaths and affirmations to any person related to the death or near death under review.

(2) Issue subpoenas to compel the attendance of witnesses whose testimony is related to the death or near death under review.

(3) Issue subpoenas to compel the production of records related to the death or near death under review.

(b) The Commission may delegate its power and authority in subsection (a) of this section to the Child Advocate, who may further delegate the power and authority to any attorney employed by, contracting with, or volunteering for the Office of the Child Advocate.

(c) A subpoena issued under subsection (a) of this section may be enforced or challenged only in the Family Court.

(1) All proceedings before the Family Court and all records of such proceedings conducted under subsection (c) of this section are private.

(2) In a proceeding under subsection (c) of this section, the Family Court may impose reasonable restrictions, conditions, or limitations on the access to proceedings and records of proceedings to preserve the confidentiality set forth in § 934 of this title.

§ 934. Confidentiality of records related to investigations and reviews.

(a) The records of the Commission and its staff, including original documents and documents produced in the investigation and review process with regard to the facts and circumstances of each death or near death, shall be confidential and shall not be released to any person except as expressly provided by this subchapter. Such records shall be used by the Commission and its staff only in the exercise of the proper functions of the Commission and its staff and shall not be public records and shall not be available for Court subpoena or subject to discovery. Except where constitutional provisions require otherwise, statements, records, or information shall not be subject to any statute or rule that would require those statements, records, or information to be disclosed in the course of a criminal trial or associated discovery. Aggregate statistical data compiled by the Commission or its staff, however, may be released at the discretion of the Commission or its staff.

(b) No person in attendance at a meeting of the Commission shall be required to testify as to what transpired at a meeting.

§ 935. Immunity from suit related to investigations and reviews.

(a) Members of the Commission and their agents or employees shall not be subject to, and shall be immune from, claims, suits, liability, damages, or any other recourse, civil or criminal, arising from any act, proceeding, decision, determination, or recommendation. For the immunity provided by this subsection to apply, the members of the Commission or their agents or employees must have acted in good faith and without malice in carrying out the responsibilities, authority, duties, powers, and privileges of the offices conferred upon them by this subchapter or by any other provisions of the Delaware law, federal law or regulations, or duly adopted rules and regulations of the Commission. Complainants shall bear the burden of proving malice or a lack of good faith to defeat the immunity provided by this subsection.

(b) No organization, institution, or person furnishing information, data, reports, or records to the Commission or its staff with respect to any subject examined or treated by such organization, institution, or person, by reason of furnishing such information, shall be liable in damages to any person or subject to any other recourse, civil or criminal.

Section 10. Amend § 1210, Title 16 of the Delaware Code as follows:

§ 1210. Definitions.

As used in this subchapter:

(3) “Legitimate public health purpose” means a population-based activity or individual effort primarily aimed at the prevention of injury, disease, or premature mortality or the promotion of health in the community, including:

a. Assessing the health needs of the community through public health surveillance and epidemiological research;

b. Developing public health policy;

c. Responding to public health needs and emergencies;

d. Review by the Child Death Review Commission or the Child Protection Accountability Commission; and

e. Requests for hospital records by the Division of Long Term Care Residents' Protection pursuant to § 1212 of this title.

Section 11. Amend § 1211, Title 16 of the Delaware Code as follows:

§ 1211. Use of protected health information.

(a) Protected health information collected by the Department of Health and Social Services or its agencies, the Child Death Review Commission, and the Child Protection Accountability Commission shall be used solely for legitimate public health purposes.

Section 12. Amend § 1212, Title 16 of the Delaware as follows:

§ 1212. Disclosure of protected health information.

(d) *Disclosure without informed consent.* — Protected health information may be disclosed without the informed consent of the individual who is the subject of the information where such disclosures are made:

(6) To the Child Death Review Commission or to the Child Protection Accountability Commission;

(i) The Child Death Review Commission and the Child Protection Accountability Commission are charged with helping to safeguard the health and safety of children. Each shall be recognized as a “health oversight agency”, and as a “public health authority”, and each shall be recognized in the performance of its functions as a peer review organization or auditor or evaluator with respect to any aspect of healthcare delivery systems or providers.

Section 13. Amend § 5161, Title 16 of the Delaware Code as follows:

§ 5161. Rights of patients in mental health hospitals or residential centers.

(b) Any hospital or residential center that admits persons pursuant to Chapter 50, 51, or 55 of this title shall prominently post in English and Spanish the list of patients rights set forth in this subsection. In addition to the posting, the Department shall distribute a copy of the list to each patient and to other persons, as provided in Department regulations. Each patient shall have the rights listed below, which shall be liberally construed to fulfill their beneficial purposes. Furthermore, in defining the scope or extent of any duty imposed by this section, higher or more comprehensive obligations established by otherwise applicable federal, state, or local enactments as well as certification standards of accrediting agencies may be considered.

(13) The hospital or residential center shall maintain a clinical record for each patient admitted. The clinical record shall contain complete information on all matters relating to the admission, legal status, care and treatment of the patient, and shall include all pertinent documents relating to the patient. Copies of informed consent forms signed by patients or guardians pursuant to paragraph (b)(8)d. of this section shall be kept with each patient's ward chart. The Department shall, by regulation, determine the scope and method of recording information maintained on the clinical records. Those regulations shall ensure the completeness and accuracy of data pertaining to admission, legal matters affecting the patient, records and notations of the course of care and treatment, therapies, the patient's progress if in research and adverse or other reactions thereto, restrictions on the patient's rights, periodic examinations and other information required by the Department.

No information reported to the Department and no clinical records maintained with respect to patients shall be public records. Such information and records shall not be released to any person or agency outside of the Department except in conformity with existing law and as follows:

h. As requested by the Child Death Review Commission or the Child Protection Accountability Commission pursuant to an investigation or review; and

Section 14. Amend § 4714, Title 29 of the Delaware Code as follows:

§ 4714. Commission on Forensic Science.

(d) The Commission shall undertake the following tasks:

(4) Receive and consider input from all stakeholders in the criminal justice community, including, without limitation, prosecutors, defense attorneys, the courts, law enforcement, victims’ advocates, the Domestic Violence Coordinating Council, the Child Death Review Commission, the Child Protection Accountability Commission, and other interested persons or parties;

Section 15. Amend § 9005A, Title 29 of the Delaware Code as follows:

§ 9005A. Duties of the Child Advocate.

The Child Advocate shall perform the following duties:

(1) Take all possible actions, including programs of public education and legislative advocacy, to secure and ensure the legal, civil, and special rights of the children.

(2) Review periodically relevant policies and procedures with a view toward the rights of children.

(3) Refer any person making a complaint or report required by Chapter 9 of Title 16 to the Division of Family Services, and, if warranted, to an appropriate police agency. If a complaint or report includes an allegation of misconduct against a Department employee, the complaint or report must also be referred to the Secretary of the Department.

(4) Recommend changes in the procedures for investigating and overseeing the welfare of children.

(5) Make the public aware of the services of the Child Advocate and the Commission, its purpose, and how it can be contacted.

(6) Apply for and accept grants, gifts, and bequests of funds from other state, federal, and interstate agencies, as well as from private firms, individuals, and foundations, for the purpose of carrying out the Commission's lawful responsibilities. The funds must be deposited with the State Treasurer in a restricted receipt account established to permit funds to be expended in accordance with the provision of the grant, gift, or bequest.

(7) Examine policies and procedures and evaluate the effectiveness of the child protection system, specifically the respective roles of the Division, the Attorney General's Office, the courts, the medical community, and law enforcement agencies.

(8) Review and make recommendations concerning investigative procedures and emergency responses pursuant to this chapter.

(9) Develop and provide quality training to Division staff, Deputy Attorneys General, law enforcement officers, the medical community, family court personnel, educators, day care providers, and others on the various standards, criteria, and investigative technology used in these cases.

(10) Submit an annual report analyzing the work of the office that shall be included in the Commission’s annual report.

(11) Serve as the Executive Director of the Commission.

(12) Provide staff support to the Commission, including assisting the Commission in investigating and reviewing the deaths or near deaths of abused or neglected children.

(13) Hire employees or contract for services as necessary to assist the Commission in investigating and reviewing the deaths or near deaths of abused or neglected children and performing its other duties under Subchapter III, Chapter 9, Title 16, within the limitations of funds appropriated by the General Assembly or obtained from other sources.

(14) Take whatever other actions are necessary to help the Commission accomplish its goals.

Section 16. Amend Chapter 3, Title 31 of the Delaware Code as follows:

Subchapter II. Child Death Review Commission.

Section 17. Amend § 320, Title 31 of the Delaware Code as follows:

§ 320. Declaration of legislative intent.

The General Assembly hereby declares that the health and safety of the children and pregnant women of the State will be safeguarded if deaths of children under the age of 18 and stillbirths occurring after at least 20 weeks of gestation and maternal death are reviewed, in order to provide recommendations to alleviate those practices or conditions which impact the mortality of children and pregnant women. This subchapter establishes the Child Death Review Commission. For the purposes of this subchapter, "Commission" means the Child Death Review Commission. Stillbirths occurring after at least 20 weeks of gestation shall not include stillbirths which occur as a result of an elective medical procedure.

Section 18. Amend § 321, Title 31 of the Delaware Code as follows:

§ 321. Organization and composition.

(a) The following shall be members of the Commission: The State Attorney General, the Secretary of the State Department of Health and Social Services, the Secretary of the State Department of Services to Children, Youth and Their Families, the person appointed as the child advocate pursuant to § 9003A of Title 29, the Chair of Child Protection Accountability Commission, the State Secretary of Education, the State Medical Examiner, the Director of the Division of Public Health, the Chief Judge of the Family Court, and the Superintendent of the Delaware State Police, or the designee of any of the preceding persons. Additionally, the following shall be appointed by the Governor as members of the Commission:

(1) A representative of the Medical Society of Delaware specializing in each of pediatrics, neonatology, obstetrics, and perinatology.

(2) A representative of the Delaware Nurses Association.

(3) A representative of the National Association of Social Workers.

(4) A representative of the Police Chiefs' Council of Delaware who is an active law enforcement officer.

(5) A representative of the New Castle County Police Department.

(6) 2 child advocates from state-wide non-profit organizations.

A Chairperson of each regional child death review panel, each maternal death panel, and each Fetal and Infant Mortality Review Case Review Team established pursuant to subsections (d) and (e) of this section shall also serve as members of the Commission. The term of members appointed by the Governor shall be 3 years and shall terminate upon the Governor's appointment of a new member to the Commission. The members of the Commission, regional panels, Case Review Teams, and Community Action Teams shall serve without compensation. The Commission shall be staffed, and its staff shall include an Executive Director. The Executive Director shall be hired and supervised by the executive committee of the Commission. The General Assembly may annually appropriate such sums as it may deem necessary for the payment of the salary of the Executive Director and the staff, and for the payment of actual expenses incurred by the Commission.

(b) The Commission shall, by affirmative vote of a majority of all members of the Commission, appoint a chairperson from its membership for a term of 1 year. The Commission shall meet at least semi-annually.

(c) Meetings of the Commission, regional panels, Case Review Teams, and Community Action Teams shall be closed to the public. The Commission shall meet at least annually with the Child Protection Accountability Commission to jointly discuss the public recommendations generated from reviews conducted under § 932 of Title 16. This meeting shall be open to the public.

(d) The Commission shall by resolution passed by a majority of its members establish at least 1 but no more than 3 regional panels authorized to review child deaths. For good cause shown to the Commission, any panel may investigate and review any death or stillbirth entitled to review by the Commission. Members of the Commission shall appoint representatives to each regional panel such that the regional panel reflects the disciplines of the Commission. The Commission shall also appoint to each regional panel all of the following:

(1) A representative from each of the 3 police departments which investigate the majority of child deaths in the region covered by the panel.

(2) A citizen of the region interested in child death and stillbirth issues.

(e) The Commission shall by resolution passed by a majority of its members establish Fetal and Infant Mortality Review Case Review Teams and Community Action Teams based on the National Fetal and Infant Mortality Review Program model.

(f) Each regional panel and the Fetal and Infant Mortality Review Case Review Teams shall have the powers, duties, and authority of the Commission as delegated by the Commission. Each regional panel and Fetal and Infant Mortality Review Case Review Team shall, by affirmative vote of a majority of all members of that regional panel or team, appoint cochairpersons from its membership for a term of 1 year.

(g) The Commission shall by resolution passed by a majority of its members establish 1 regional panel authorized to review maternal deaths.

Section 19. Amend § 323, Title 31 of the Delaware Code as follows:

§ 323. Powers and duties.

(a) The Commission shall have the power to investigate and review the facts and circumstances of all deaths of children under the age of 18, except deaths of abused or neglected children which are within the jurisdiction of the Child Protection Accountability Commission under subchapter III, Chapter 9 of Title 16, all stillbirths, and all maternal deaths which occur in Delaware. The Commission may review deaths of abused or neglected children, for good cause shown, as determined by the agreement of the Commission and the Child Protection Accountability Commission. The review of deaths involving criminal investigations will be delayed until the completion of the prosecution. For purposes of this subsection, "completion of the prosecution" means the decision to file no information or seek no indictment, conviction or adjudication, acquittal, dismissal of an information or indictment by a court, the conditional dismissal under a program established by Delaware law or court program, or the nolle prosequi of an information or indictment by the Attorney General. The Commission shall

make recommendations to the Governor and the General Assembly, at least annually, regarding those practices or conditions which impact the mortality of children and mothers. All recommendations made pursuant to this subsection shall comply with applicable state and federal confidentiality provisions, including those enumerated in § 324 of this title and § 9017(e) of Title 29. Notwithstanding any provision of this subchapter to the contrary, such recommendation shall not specifically identify any individual or any nongovernmental agency, organization or entity.

(b) The Commission shall conduct child death reviews according to procedures promulgated by the Commission. The Commission shall conduct maternal death reviews which utilize a public health model and shall include information gathered through a clinical review and summary of medical and other subpoenaed records. The Commission may amend such procedures upon a three-quarters affirmative vote of all members of the Commission.

(c) The Commission shall conduct fetal and infant mortality reviews and facilitate the implementation of recommendations based on the National Fetal and Infant Mortality Review Program model. Utilizing a public health model, the reviews shall include information gathered through a clinical review and summary of medical and all other subpoenaed records, and maternal interviews. The Commission may amend such procedures upon a three-quarters affirmative vote of all members of the Commission.

(d) (1) In connection with any review, the Commission shall have the power and authority to:

a. Administer oaths.

b. Issue subpoenas to compel the attendance of witnesses whose testimony is related to the death or stillbirth under review.

c. Issue subpoenas to compel the production of records related to the death or stillbirth under review.

(2) A subpoena issued under paragraphs (d)(1)a. through c. of this section may be enforced or challenged only in the Family Court.

(3) All proceedings before the Family Court and all records of such proceedings conducted under paragraph(d)(2) of this section are private.

(4) In a proceeding under paragraph (d)(2) of this section, the Family Court may impose reasonable restrictions, conditions, or limitations on the access to proceedings and records of proceedings to preserve the confidentiality set forth in § 324 of this title.

(e) [Repealed]

(f) [Repealed]

(g) The Commission shall coordinate with the Child Protection Accountability Commission to receive statistics and other necessary information from the Child Protection Accountability Commission related to the Child Protection Accountability Commission's investigation and review of deaths of abused or neglected children.

(h) The Commission shall adopt rules or regulations for the administration of its duties or this chapter, as it deems necessary.

Section 20. Amend § 324, Title 31 of the Delaware Code as follows:

§ 324. Confidentiality of records and immunity from suit.

(a) The records of the Commission and of all regional panels, Fetal and Infant Mortality Review Case Review Teams, and Community Action Teams, including original documents and documents produced in the review process with regard to the facts and circumstances of each death or stillbirth, shall be confidential and shall not be released to any person except as expressly provided in subchapter II of this chapter. Such records shall be used by the Commission, and any regional panel or team, only in the exercise of the proper function of the Commission, regional panel, or team and shall not be public records and shall not be available for Court subpoena or subject to discovery. Subject to constitutional requirements, statements, records, or information shall not be subject to any statute or rule that would require those statements to be disclosed in the course of a criminal trial or associated discovery. Aggregate statistical data compiled by the Commission, regional panels, or teams, however, may be released at the discretion of the Commission or regional panels.

(b) Members of the Commission, regional panels, Case Review Teams, and Community Action Teams, and their agents or employees, shall not be subject to, and shall be immune from, claims, suits, liability, damages, or any other recourse, civil or criminal, arising from any act, proceeding, decision, or determination undertaken or performed or recommendation made, provided such persons acted in good faith and without malice in carrying out their responsibilities, authority, duties, powers and privileges of the offices conferred by this law upon them or by any other provisions of the Delaware law, federal law or regulations, or duly adopted rules and regulations of the Commission or its regional panels or teams. Complainants shall bear the burden of proving malice or a lack of good faith to defeat the immunity provided by this subsection.

(c) No person in attendance at a meeting of any such Commission, regional panel, Case Review Team, or Community Action Team shall be required to testify as to what transpired at a meeting. No organization, institution, or person furnishing information, data, reports, or records to the Commission or any regional panel or team with respect to any subject examined or treated by such organization, institution, or person, by reason of furnishing such information, shall be liable in damages to any person or subject to any other recourse, civil or criminal.

Approved September 10, 2015

STATE OF DELAWARE
**CHILD PROTECTION ACCOUNTABILITY COMMISSION**
C/O OFFICE OF THE CHILD ADVOCATE
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WILMINGTON, DELAWARE 19801
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C. MALCOLM COCHRAN, IV, ESQUIRE
CHAIR

TANIA M. CULLEY, ESQUIRE
EXECUTIVE DIRECTOR

November 9, 2015

The Honorable Jack Markell
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 Markell:

Responsibility for reviews of child deaths and near deaths due to abuse or neglect was transferred to the Child Protection Accountability Commission ("CPAC") on September 10, 2015 via House Bill 136. As required by law, CPAC approved findings from nine cases at its October meeting.[1] A consolidated CAPTA report, publicizing the facts and circumstances for eight of the cases as required by the federal Child Abuse Prevention and Treatment Act is attached. In one matter, the prosecution has not been resolved. As such, while its findings are incorporated below, the facts and circumstances of case 14-000325 will not be made available in a CAPTA report until prosecution has concluded.[2]

With respect to the nine cases, CPAC has handled the findings as follows:

Cases 11-000375, 12-000414 and 14-00015 involved matters that occurred between 2011 and 2013. These were pending before the Child Death Review Commission, prior to the transfer of responsibility to CPAC. The findings from these cases are being addressed in accordance with the Joint Commission Action Plan and by several

[1] 16 Del. C. § 912(b)(7)
[2] 16 Del. C. § 932(c)(4)

CPAC Committees. The only remaining, outstanding issue from these cases relates to home schooling regulations and their connection to child torture. This finding was also made in another child torture case and will be considered by CPAC and its Education Committee for possible action.

As for the remaining six cases, involving incidents that occurred between May of 2014 and February of 2015, several themes have been identified, as follows:

1. While there has been improvement in the law enforcement response to child abuse and neglect cases, opportunities for improvement still exist, particularly around compliance with the Memorandum of Understanding between the Department of Services for Children, Youth and Their Families, Delaware Children's Advocacy Center, Department of Justice and Delaware Police Departments; scene investigations; doll re-enactments; and documentation. In the six remaining cases, eleven findings were made. Noteworthy is the involvement of smaller jurisdictions in several of these cases, and the need for law enforcement agencies in those jurisdictions to receive ongoing training, support and resources to help them improve their response(s) in these most difficult investigations. The CPAC Training Committee as well as the law enforcement representatives on CPAC will be responsible for addressing this problem.

2. Eight findings from these six remaining 2014 and 2015 cases suggest opportunities for improvement in the medical response to child abuse and neglect cases. While training is provided under statute and otherwise, there is more work to do with medical professionals in diagnosing and documenting suspected child abuse, and in helping them to understand their need to communicate with members of the multidisciplinary team. These issues were identified in the Joint Commission Action Plan with a recommendation for additional training to be required by statute for some medical professionals. The CPAC Legislative Committee will assist in the drafting of legislation, following further consideration of the matter with the Board of Medical Licensure and Discipline, the Board of Nursing and the Medical Society of Delaware.

3. Lastly, the six remaining cases evidence ongoing concern within the Division of Family Services regarding the need to investigate (and assess) collateral sources of information, the proper use and development of safety plans, and the ongoing need to improve the response to cases that involve unresolved risks. There were seven findings from these six cases that fall in these categories. The DSCYF Cabinet Secretary and the DFS Director as CPAC members will continue their work in these areas, subject to further examination and monitoring by CPAC.

System responses will also be reviewed at least annually by the Child Protection Accountability Commission. I am available at your convenience should you have any questions.

Respectfully,

Tania M. Culley, Esquire
Executive Director
Child Protection Accountability Commission

cc: CPAC Commissioners
General Assembly

**STATE OF DELAWARE**
**Child Protection Accountability Commission**
**900 King Street**
**Wilmington, DE19801-3341**


# CAPTA REPORT

In the Matters of

11-000375: Y.B.G.
12-000414: R.H.
14-000015: N.H.
14-000146: Z. D.
14-000147: H.D.
14-000208: J.V.
14-000307: A.T.F.
15-000050: M.F.

October 14, 2015

## Background and Acknowledgements

Under federal law, the Child Protection Accountability Commission, as Delaware's Citizen Review Panel, is required to evaluate the extent to which the State is effectively discharging its child protection responsibilities.[1] One evaluation method sanctioned under federal law is the review of child deaths and near deaths due to abuse or neglect.[2] While CPAC previously relied upon Delaware's Child Death Review Commission ("CDRC") to conduct the actual reviews and then share the findings with CPAC so that it could evaluate the State child protection system, in September of 2015, responsibility for the actual reviews was transferred to CPAC. During the transition, reviews will be a mixture of work done by CDRC and CPAC.

In accordance with 16 Del. C. § 912(b)(7), CPAC reviewed and approved findings from 8 child death and near death cases due to abuse or neglect. Below is a summary of the findings and information for each case.

## Cases Reviewed

**1. Case 11-000375: Y.B.G. – Near Death**

**Date of Birth: April 2011; Date of Incident: May 2011**

In May of 2011, a one-month-old female infant was brought in to the emergency department ("ED") by her parents for excessive crying. Victim was discharged on the same date, and it was recommended that she follow up with the primary care physician ("PCP") the next day. The following day, she was seen by her PCP and referred to the ED because she was noted to be fussy, inconsolable, and febrile. Due to an unknown etiology, she was transferred to the children's hospital for further examination and evaluation. A computerized tomography ("CT") scan of the head revealed three linear, non-depressed skull fractures. The skeletal survey was negative, and the ophthalmology exam demonstrated no retinal hemorrhages. Victim also received a Child At Risk Evaluation ("CARE") team consult and was admitted.

The Division of Family Services ("DFS") and law enforcement agency responded to the children's hospital, and DFS interviewed the parents with the help of an interpreter. On the same date, another case worker from DFS responded to the home to interview other household occupants, including several siblings. Forensic interviews also occurred at a later date. No safety plan was implemented by DFS. Victim was discharged to the care of her parents four days later with approval from

[1]. 42 U.S.C § 5106 a(c)(4)(A)

[2] The federal Child Abuse Prevention and Treatment Act requires the disclosure of facts and circumstances related to a child's near death or death. 42 U.S.C § 5106 a(b)(2)(A)(x). See also, 16 Del.C. § 912(b)(7).

DFS. After three days, Victim was re-admitted to the children's hospital for seizures, and a magnetic resonance imaging ("MRI") demonstrated subacute bilateral subdural hematomas.

As a result of the second admission, DFS petitioned for and was awarded custody of Victim. In August of 2013, paternal relatives were awarded permanent guardianship of Victim.

There were no criminal charges filed in this case. Mother and her husband were substantiated for Head Trauma and entered on the Child Protection Registry at Level IV. Victim's father appealed the DFS finding and the petition was dismissed.

The family has prior DFS involvement involving Mother's six other children. She and her husband had three prior investigations, which were unsubstantiated, and one treatment case. Victim's father has had no prior DFS involvement. It was learned that he was recently convicted of an incident involving a child and deported.

**Findings**

1. CDNDSC recommends that the hospital follow the American Academy of Pediatrics' guidelines as to appropriate care and case management for infants under six weeks of age, presenting to the emergency department with a high fever (*from initial review by the Child Death Review Commission and included in the 2015 Joint Action Plan*).

2. CDNDSC recommends that education be offered to the hospital on what a full skeletal survey consists of as per the American College of Radiology (*from initial review by the Child Death Review Commission and included in the 2015 Joint Action Plan).*

3. The law enforcement agency did not maintain ongoing collaboration or communication with DFS and Department of Justice ("DOJ") (*from final review*).

4. The law enforcement agency had the DFS investigation worker take the lead in the interview with the suspects (*from final review*).

5. No doll re-enactment was completed by the law enforcement agency (*from final review*).

6. No scene investigation was completed by the law enforcement agency (*from final review*).

7. There was minimal documentation in the police report by the law enforcement agency (*from final review*).

8. Limited resources and education impacted the criminal investigation (*from final review*).

9. DFS approved discharge of baby to parents when origin of skull fractures was undetermined (*from final review*).

10. Assigned dayshift worker was notified of potential discharge by hospital but took no action (*from final review*).

11. Two radiologists came up with two different conclusions after reading the scans (*from final review*).

12. Forensic interviews did not occur until a month after the incident (*from final review*).

**2. Case 12-000414: R.H. – Near Death**

**Date of Birth: March 2000; Date of Incident: November 2012**

In November of 2012, the law enforcement agency responded to a call regarding a twelve-year-old male child, who had fled his home and was at the home of an acquaintance. Victim disclosed that he had been punched in the face by his step-mother. Law enforcement returned to the home and interviewed the family. Victim remained in the patrol car during this time. Step-Mother admitted to backhanding Victim. Father reported that Victim throws fits and self inflicts injuries. He also admitted that they often lock Victim in his room. Law enforcement observed Victim's room to have only paper, pencils and a lamp with no shade. For punishment, Victim was forced to repeatedly write that he would not throw fits. Law enforcement contacted the DFS Report Line, and the case was originally assigned a priority two response (within three days). However, after Victim was admitted to the children's hospital, a DFS case worker responded to the hospital immediately. Victim had multiple bruises to his face, back, right thigh, right hip, and knuckles, as well as an ulcer on his upper lip. He was also 30 to 40 pounds underweight.

A forensic interview occurred with Victim, and he disclosed numerous incidents of being hit with a belt, a ruler, and a spoon by both his step-mother and his father. He also disclosed being locked in his room for days at a time and not being fed. At a later date, Victim's sibling and step siblings received forensic interviews.

DFS petitioned for and was awarded custody of the children. DFS was ordered to place the sibling and step siblings with relatives. Victim was placed with a foster parent upon his discharge. Sole custody was later awarded to Victim's Mother while Victim's sibling and step siblings are in the guardianship of relatives.

In September of 2013, Father pled guilty to Assault in the Second Degree and was sentenced to 8 years at Level V confinement, suspended after serving 6 years, followed by 6 months at Level IV partial confinement and 2 years at Level III

probation. He also pled guilty to Misdemeanor Endangering the Welfare of a Child, and was sentenced to one year at Level V confinement, suspended after serving one month, followed by 11 months at Level III probation. His anticipated release date is May of 2018 with good time; his maximum release date is December of 2018.

Step-Mother pled guilty to Assault in the Second Degree and was sentenced to 8 years at Level V confinement, suspended after serving 5 years, followed by 6 months at Level IV partial confinement and 2 years at Level III probation. She also pled guilty to Misdemeanor Endangering the Welfare of a Child and was sentenced to one year at Level V confinement, suspended after serving one month, followed by 11 months at Level III probation. Her anticipated release date is July of 2017 with good time; her maximum release date is December of 2017.

As ordered by Superior Court, both Father and Step-Mother will spend 10 consecutive days in solitary confinement during the Thanksgiving holiday each year until their release. They are both entered on the Child Protection Registry at Level IV as a result of their convictions involving the same incident of abuse.

The family had frequent involvement with DFS since 2003. Between 2003 and 2007, the reports involved allegations of abuse and neglect against Victim and his sibling by Father. None of these reports resulted in a DFS finding. Routine medical care for Victim also stopped between 2009 and 2012. In April of 2012, the reports of abuse began to focus solely on Victim, but no evidence of abuse was found by DFS and no disclosure was made Victim. By August of the same year, Victim was withdrawn from school and homeschooled, limiting his contact with adults outside the home. Despite this, school staff remained diligent and reported suspicions of abuse to DFS two months prior to Victim's near death incident.

**Findings**

1. CDNDSC recommends that DFS comply with policy as it relates to utilizing a minimum of two collateral contacts prior to case determination *(from initial review by the Child Death Review Commission and included in the 2015 Joint Action Plan).*

2. CDNDSC recommends that DFS comply with policy as it pertains to the Medical Examination Protocol for children under the age of eight years old, indicating that any infant or child who is the alleged victim of a physical abuse report must receive a medical examination by a pediatrician or family practitioner as soon as possible; and for children between the ages of nine and eighteen years old, indicating the child must be seen by a registered nurse or physician's assistant to determine if more in-depth medical care is needed, to ensure the children are evaluated to determine whether or not an injury exists as a result of said physical abuse *(from initial review by the Child Death Review Commission and included in the 2015 Joint Action Plan).*

3. CDNDSC recommends that DFS notify law enforcement in compliance with the Memorandum of Understanding ("MOU") upon receipt of any report that would constitute criminal violations against a child by a person responsible for the care, custody and control of the child *(from initial review by the Child Death Review Commission and included in the 2015 Joint Action Plan).*

4. CDNDSC recommends that in making the determination to screen out reports of physical abuse, DFS should utilize previously reported allegations and give greater credibility to professionals reporting the concerns of child abuse and neglect *(from initial review by the Child Death Review Commission and included in the 2015 Joint Action Plan).*

5. CDNDSC recommends that DFS follow the MOU with the Department of Education ("DOE") that DFS address employee performance as it relates to collateral contacts, providing caseworkers with a higher level of supervisory oversight and further guidance on how to proceed when negative concerns are presented from such collateral contacts *(from initial review by the Child Death Review Commission and included in the 2015 Joint Action Plan).*

6. CDNDSC recommends that CPAC develop a tool to educate professionals of the warning signs and indicators of physical abuse and neglect by torture. This tool shall be focused on all professionals to include school administration and staff, law enforcement, social workers, caseworkers and other professionals that may be involved with such cases. This tool shall also reflect that the child denying allegations of physical abuse and/or neglect should be an expectation *(from initial review by the Child Death Review Commission and included in the 2015 Joint Action Plan).*

7. CDNDSC recommends that judicial officers and other child welfare professionals receive training on the emotional trauma that children experience as a result of witnessing a parent or caregiver abuse and/or neglect a targeted sibling, particularly when the abuse is severe or results in death or near death (*from initial review by the Child Death Review Commission and included in the 2015 Joint Action Plan).*

8. CDNDSC applauds the efforts of the law enforcement agency in identifying a child that presented as a victim of physical abuse and neglect, and ensuring the safety of said child by responding to the children's hospital rather than returning the child home as instructed to do so by DFS *(from initial review by the Child Death Review Commission and included in the 2015 Joint Action Plan).*

9. The only oversight with the current DOE Home Schooling regulations is an application and yearly attendance (*from final review*).

10. An application for home schooling was approved despite suspicions of abuse and neglect and truancy issues. Without oversight, it may leave children vulnerable to abuse or neglect (*from final review*).

11. The inpatient psychiatric hospital shredded the child's initial assessment (*from final review*).

12. PCP did not follow up with family after 2009 visit and child was not seen again until 2012 (*from final review*).

13. PCP did not recognize signs of potential abuse and neglect during May of 2012 visit, which included swelling, bruising, delayed shots, poor weight gain, mechanism of injury, and long absence of medical care (*from final review*).

14. ***Strengths***: reporting person was willing to get involved; assigned detective built a rapport and obtained significant detail from suspects that corroborated Victim's statements; the lengthy sentence recommended by the Judge; visiting teacher and school nurse advocated for Victim; and a CARE team consult and forensic evaluation were done (*from final review*).

## 3. Case 14-000015: N.H. – Near Death

**Date of Birth: June 2008; Date of Incident: October 2013**

In October of 2013, a five-year-old female child was admitted to the children's hospital. Her blood cultures were positive for at least six types of bacterial infection for which doctors have been unable to find a medical cause. Victim's medical history was concerning as she had numerous hospital admissions to the children's hospital and an out-of-state children's hospital from 2009 to present. During her admission, Victim was moved to a hospital room with three hidden cameras. Mother was seen covering up one camera on several occasions, and later seen taking a syringe from her pants pocket, injecting the syringe into Victim's IV and placing the syringe back into her pocket.

The children's hospital contacted DFS and the law enforcement agency. Authorities in Pennsylvania were also alerted since Victim resided in Pennsylvania with her mother, father and two siblings.

Law enforcement obtained a confession from Mother, who admitted to using the syringe filled with saline or tap water on 3-4 occasions to flush out Victim's IV. In November of 2014, she pled guilty to Child Abuse in the Second Degree and Felony Endangering the Welfare of a Child. She was sentenced to 2 years at Level V, suspended for 18 months at Level II for each offense, and probation to run concurrent. She was ordered to have no contact with Victim or with any minor under the age of 18. She was entered on the Child Protection Registry at Level IV as a result of a conviction involving the same incident.

Victim and siblings reside in the care and custody of their father in Pennsylvania. The child protective services agency in Pennsylvania was providing ongoing services to

the family at the close of the DFS investigation. The family had no prior history with Delaware DFS.

**Findings**

1. ***Strengths***: DFS overrode the decision from the Structured Decision Making ("SDM") Screening Assessment to screen in the report; Delaware and Pennsylvania authorities collaborated during the investigation; a multidisciplinary team approach was utilized; and the children's hospital suspected abuse and initiated video recording *(from initial review by the Child Death Review Commission).*

2. A sentence of 18 months probation was inadequate given the finding of Medical Child Abuse (Munchausen by Proxy) (*from final review*).

**4. Case 14-000146: Z. D. - Death**

**Date of Birth: February 2014; Date of Incident: May 2014**
***Sibling to Case 14-000147***

In May of 2014, emergency medical services ("EMS") and law enforcement agencies were dispatched to a motel in reference to an unresponsive three-month-old male infant. Victim was transported to the ED in respiratory arrest. Once stabilized, a CT scan of the head was performed and showed a subdural hematoma and possibly a small amount of subarachnoid blood. Victim was transported to the children's hospital, where he received further diagnostic exams. A chest x-ray showed left rib fractures of the lateral $6^{th}$, $7^{th}$, and $8^{th}$ ribs. CARE team, neurology, and ophthalmology were consulted, and it was determined that Victim presented after a prolonged cardiac arrest with evidence of significant traumatic brain injury, bilateral retinal hemorrhages, and rib fractures. The diagnosis was non-accidental trauma. Two brain death examinations occurred the next day, and the findings were consistent with brain death. He was declared deceased on the same date. Following an autopsy, the Division of Forensic Science identified the cause of death as Shaken Baby Syndrome and Blunt Force Head Trauma, and the manner of death as homicide.

DFS and the law enforcement agency responded to the children's hospital. At the same time, law enforcement secured the scene until a search warrant was obtained and a scene investigation could be completed. Law enforcement obtained a confession from Father, who admitted to shaking the infant. Father also demonstrated the mechanism of injury through a doll re-enactment. Mother denied any knowledge of the abuse and was not caring for the Victim when he was injured.

Father pled guilty to Murder by Abuse or Neglect in the Second Degree. He was sentenced to 25 years at Level V, suspended after service of 12 years to 7 years at

Level III. He was entered on the Child Protection Registry at Level IV as a result of a conviction involving the same incident.

DFS had an active investigation prior to the death incident. In March of 2014, Victim and his twin sibling were seen by the PCP at one-month of age for a well visit. The PCP noticed bruises on the children and suspected abuse. The twins were evaluated at the ED at the request of the PCP. The ED doctor indicated the red marks were not bruises, and there was no suspicion of abuse. At the request of DFS, a skeletal survey was completed showing no evidence of fractures. The infants were discharged to Mother and Father, and no safety plan was implemented by DFS. DFS continued to have contact with the family up until two days prior to the incident.

**Findings**

1. The hospital emergency department nurse reported the March incident to the local law enforcement agency; however, there was no action taken by the law enforcement agency.

2. PCP suspected abuse during the March incident and instructed parents to have infant seen at the hospital emergency department; however, alternate transportation was not provided.

3. The hospital emergency department doctor did not request a forensic evaluation for suspected physical abuse or a skeletal survey for the March incident.

4. For the March incident, both infants were evaluated at the hospital emergency department for "suspected abuse secondary to red marks on arms and legs"; however, an explanation for the red marks was not noted in the diagnosis.

5. It was not clear from the hospital emergency department doctor's documentation in the medical record or diagnosis that there was no suspicion of child abuse for the March incident.

6. Despite the family's risk factors, no referral was made to a home visiting program by any of the professionals involved.

7. ***Strengths***: PCP contacted DFS with original suspicion of abuse; emergency department nurse reported March incident to law enforcement agency; the children's hospital went above and beyond with brain death tests; DFS documentation was thorough; DFS insisted on x-rays; DFS made referrals to Parents as Teachers and Cribs for Kids; excellent law enforcement investigation, which included thorough documentation, homicide detective was assigned early, completion of SUIDI form, doll re-enactment, scene investigation, confession, and charges for abuse of sibling; excellent communication between law enforcement and DOJ; and a multidisciplinary team approach was utilized.

**5. Case 14-000147: H.D. – Near Death**

**Date of Birth: February 2014; Date of Incident: May 2014**
***Sibling to Case 14-000146***

In May of 2014, a three-month-old male infant was brought to the ED for suspected abuse after Victim's sibling presented with serious non-accidental trauma. In addition to multiple bruises on several body surfaces, an abrasion or ulceration on Victim's chin was identified, and it was suspicious for a cigarette burn. Further diagnostic exams were completed at the ED, including a head CT scan and skeletal survey. The skeletal survey was suspicious for fractures of the left upper extremity.

DFS and the law enforcement agency had already begun an investigation as a result of the sibling's injuries. DFS implemented a safety plan and placed Victim with a paternal relative. However, the paternal relative violated the safety plan. As a result, DFS petitioned for and was awarded custody of Victim, and Victim was placed in foster care.

A few days after the incident, Victim received a CARE team consult at the children's hospital, which identified healing fractures of his left $6^{th}$, $7^{th}$, and $8^{th}$ lateral ribs; a compression fracture of the L2 vertebrae likely to be healing; and irregularities of the left shoulder and arm consistent with fractures.

Father denied shaking or inflicting the injuries to Victim. Father was later indicted for Victim's injuries, and he pled guilty to Assault in the Second Degree. He was sentenced to 8 years at Level V, suspended after service of 30 months and 5 days to 5 years at Level III. The Level III probation will run concurrent with his sentence related to Victim's sibling. He was entered on the Child Protection Registry at Level IV as a result of a conviction involving the same incident.

Mother denied any knowledge of the abuse and was not caring for the Victim when he was injured. She completed her case plan, and custody was eventually rescinded to Mother by agreement of all the parties.

DFS had an active investigation prior to the near death incident. In March of 2014, Victim and his twin sibling were seen by the PCP at one-month of age for a well visit. The PCP noticed bruises on the children and suspected abuse. The twins were evaluated at the ED at the request of the PCP. The ED doctor indicated the red marks were not bruises, and there was no suspicion of abuse. At the request of DFS, a skeletal survey was completed showing no evidence of fractures. The infants were discharged to Mother and Father, and no safety plan was implemented by DFS. DFS continued to have contact with the family up until two days prior to the incident.

**Findings**

1. The hospital emergency department nurse reported the March incident to the local law enforcement agency; however, there was no action taken by the law enforcement agency.

2. PCP suspected abuse during the March incident and instructed parents to have infant seen at the hospital emergency department; however, alternate transportation was not provided.

3. The hospital emergency department doctor did not request a forensic evaluation for suspected physical abuse or a skeletal survey for the March incident.

4. For the March incident, both infants were evaluated at the hospital emergency department for "suspected abuse secondary to red marks on arms and legs"; however, an explanation for the red marks was not noted in the diagnosis.

5. It was not clear from the hospital emergency department doctor's documentation in the medical record or diagnosis that there was no suspicion of child abuse for the March incident.

6. Despite the family's risk factors, no referral was made to a home visiting program by any of the professionals involved.

7. DFS did not follow through with referrals for domestic violence services for mother despite identifying it as a concern.

8. No services were provided to help mother learn to identify appropriate caregivers/partners in the future.

9. ***Strengths***: DFS insisted on x-rays; DFS Case Plan with Mother was well written and comprehensive; law enforcement and DFS documentation was thorough; child was transported to hospital by law enforcement agency; perpetrator was charged for injuries to child even without a confession; excellent communication between law enforcement and DOJ; Family Court kept case open for 60 days after rescinding custody to Mother; and emergency department nurse reported March incident to law enforcement agency.

## 6. Case 14-000208: J.V. – Near Death

**Date of Birth: April 2014; Date of Incident: July 2014**

In July of 2014, the DFS Report Line received a report regarding a two-month-old male infant. It was alleged that Victim had been crying all night according to Mother. The four-year-old sibling disclosed that Victim was dropped by his three-year-old sibling, and Mother's paramour confirmed this story. However, Mother reported that the four-year-old fell while holding the Victim.

DFS contacted Mother and advised her to have Victim medically evaluated at the children's hospital. At the hospital, DFS conducted interviews with Mother and her paramour. Both reported that the four-year-old fell while holding the victim. Victim was examined and no marks or bruises were visible, but further diagnostic exams were scheduled. DFS determined Victim to be safe prior to completion of the diagnostic exams, and the case worker left the hospital without implementing a plan.

The children's hospital contacted the DFS Report Line a short time later with the results. Victim had a healing right tibia fracture; healing fractures of his 3rd, 4th, 5th, and 7th ribs; an acute 4th rib fracture; a possible fracture of the L2 vertebrae; and a fracture to the right 5th middle phalanx finger. Victim was admitted. Following the call, the DFS second shift case worker contacted the law enforcement agency to request a response and immediately responded to the children's hospital. The siblings were medically evaluated, and there were no concerns of abuse. A safety plan was implemented for the siblings to remain in the care of their father.

Forensic interviews were also conducted with the three-year-old and four-year-old. The four-year disclosed that she and her sibling have dropped Victim and demonstrated her interactions with the forensic interviewer. The detective later presented this information to the medical expert, and the conclusion was that the siblings may have caused the injuries.

Prosecution was denied by DOJ due to lack of evidence. Mother was substantiated for neglect and entered on the Child Protection Registry at Level III. The children remained in the care of their father at the close of the investigation.

Multi-generational history existed with DFS for Mother prior to the near death incident. Following the incident, DFS investigated allegations that Father sexually abused the three-year-old sibling. Father was substantiated and entered on the Child Protection Registry at Level IV. Children remain in the care of Mother.

**Findings**

1. DFS received a call from the children's hospital with a report of abuse as a result of the conclusions from the initial medical evaluation and diagnostics, and it was not written as a new report.

2. A safety determination was made before the initial medical evaluation and diagnostics were completed.

3. No scene investigation was completed by the law enforcement agency.

4. Child was not able to be immediately evaluated by a child abuse expert as there is no statewide network of medical professionals who have received specialized training in the evaluation and treatment of child abuse.

5. The CARE team was consulted; however, there was no note in the medical record.

6. ***Strengths***: DFS utilized group supervision; DFS weekend shift immediately responded after diagnostic results were received; forensic interviews occurred and were timely; the law enforcement agency assigned two detectives and presented disclosures from the forensic interviews to the medical expert; medical provider told family to call if overwhelmed or concerned; and the daycare provider was involved and appropriate.

## 7. Case 14-000307: A.F. – Near Death

**Date of Birth: August 2014; Date of Incident: August 2014**

In August of 2014, EMS, law enforcement, and the fire department were dispatched to a medical complaint of a child birth at home. Upon arrival, law enforcement observed the alleged father standing over the toilet and holding the male victim's head above the water. He reported that he was not sure if the infant was breathing. Mother was also observed in the bathroom and noted to be unclothed and disoriented. She was described as having slurred speech and glassy eyes, and law enforcement believed that she was under the influence of drugs or alcohol. EMS arrived and took over care of the Victim, who was now pink and breathing. Victim and Mother were transported to the ED.

While at the hospital, Victim was assessed by a neonatologist and noted to have gestational exposure to methadone, heroin and benzodiazepines. He was later discharged at day 49 of life after being monitored for neonatal abstinence and prescribed a medication regimen.

Law enforcement contacted the DFS Report Line and then responded to the ED. Mother disclosed to law enforcement that she had not used heroin since December of 2013, but she was prescribed several other prescription medications. She also reported that she was on Level III probation. There was no further involvement from law enforcement since it was a medical complaint only.

DFS also responded to the ED and interviewed Mother. DFS suspected she was under the influence of drugs or alcohol. She disclosed a history of mental health issues. No safety plan was implemented as the Victim was admitted. On the same date, Mother left against medical advice. DFS conducted a home visit with Mother and alleged father five days later, where Mother was again noted to have slurred speech. Mother would not confirm paternity when questioned. In addition, Hospital staff contacted DFS with concerns since Mother was not visiting regularly. During her visits, she was noted to nod off while holding Victim and repeatedly asked the same questions.

Prior to Victim's discharge, DFS convened a Team Decision Making ("TDM") meeting, and it was decided DFS would file for custody. During the meeting, the alleged father admitted to buying Mother heroin so she could be admitted into a detoxification program. It was determined that paternity testing was needed, and the alleged father agreed to complete a substance abuse evaluation.

In September of 2014, DFS was awarded temporary custody of Victim. However, within days, the Family Court determined that DFS did not establish probable cause to continue custody believing the alleged Father's court testimony over the statements of DFS and law enforcement as to the events that occurred on the day of birth. The Family Court rescinded custody of Victim to Mother. Paternity was not established at the conclusion of this hearing. DFS filed a motion for re-argument, which was denied. The decision was appealed to the Supreme Court not on the facts of the case, but on a legal issue. The Supreme Court rejected the legal argument raised by DFS and affirmed the Family Court decision on that basis.

Mother was substantiated for neglect; however, her substantiation is pending appeal. The case was transferred to treatment for ongoing services, and Victim remains in the home of Mother and alleged father.

Mother had no prior DFS involvement. However, a relative was awarded guardianship of her six-year-old son when he was an infant, as a result of her drug use. She was also convicted of drug related charges in 2013. The alleged father had no DFS history, but had a criminal history of two DUIs.

**Findings**

1. ***Strengths***: excellent response by the DFS caseworker, which included filing for custody, good communication with hospital staff, convening a TDM meeting, and keeping the case open in treatment; and excellent medical documentation by the

nursing staff at the hospital *(from final review by the Child Death Review Commission).*

2. When DFS filed for custody of the infant in September of 2014, there was an error in the reporting of the mother's date of birth that would have flagged previous court involvement and brought such files to the Judge's attention, perhaps assisting the Court in considering mother's history *(from final review by the Child Death Review Commission).*

3. No collateral contacts were completed by the DFS caseworker during the investigation of the case *(from final review by the Child Death Review Commission).*

4. Although it was documented throughout the investigation and treatment cases that the mother had substance abuse and mental health issues, there was no documentation to support such referrals were made for the mother and that the mother complied with such *(from final review by the Child Death Review Commission).*

5. Upon law enforcement response to the incident, the investigation proceeded as a medical emergency rather than a potential criminal investigation of abuse or neglect of an infant. There was no referral to the Criminal Investigative Unit and no scene investigation *(from final review by the Child Death Review Commission).*

6. At the onset of the case, the law enforcement agency failed to utilize a multidisciplinary team approach and failed to consult with the Department of Justice following an incident involving the possible abuse/neglect of an infant *(from final review by the Child Death Review Commission).*

**8. Case 15-000050: M.F. – Near Death**

**Date of Birth: May 2014; Date of Incident: February 2015**

In February of 2015, an eight-month-old male infant was brought in to the ED by Mother for swelling to his head after a fall. Mother reported that the fall occurred approximately five hours earlier. However, she had been monitoring Victim and brought him in once the swelling started. She reported no nausea, vomiting, sleepiness, or other concerns.

DFS and the law enforcement agency responded to the ED to interview Mother and Father. Mother reported that Victim has been attempting to walk, and fell between a carpeted area in the living room and the linoleum floor in the kitchen. Father was not present during the incident. A three-year-old sibling also resided in the home.

Further diagnostic exams were completed at the ED, including a head CT scan and blood work. The head CT identified a non-displaced right parietal bone fracture with hematoma. As a result, Victim was transferred to the children's hospital and admitted. The CARE team and ophthalmology were consulted. The right parietal skull fracture was confirmed, as well as an acute epidural or subdural hemorrhage underlying the skull fracture. The skeletal survey revealed no other fractures, and no retinal hemorrhages were identified by ophthalmology. The CARE team consult revealed that mother's story did not explain the skull fracture. A fall from an elevated surface or while being carried was identified as the likely cause of the injuries, but a single inflicted blunt impact was not ruled out. There was concern that a communication barrier may be hindering Mother's explanation, but an interpreter was utilized and the explanation remained the same.

No safety plan was implemented by DFS, and the case was unsubstantiated with concern since the injury did not match the explanation given by Mother. Additionally, there were no criminal charges filed in this case.

**Findings**

1. There was minimal documentation in the police report by the law enforcement agency.

2. No scene investigation was completed by the law enforcement agency.

3. No doll re-enactment was completed by the law enforcement agency.

4. Limited resources and education impacted the criminal investigation.

5. DFS and the law enforcement agency misinterpreted the findings from the CARE team consult once "accidental fall" was mentioned, and the investigations immediately concluded as a result. The CARE team consult revealed that mother's history did not explain the skull fracture. A fall from an elevated surface or while being carried was identified as the likely cause of the injuries, but a single inflicted blunt impact was not ruled out.

STATE OF DELAWARE
**CHILD PROTECTION ACCOUNTABILITY COMMISSION**
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WILMINGTON, DELAWARE 19801
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C. MALCOLM COCHRAN, IV, ESQUIRE
CHAIR

TANIA M. CULLEY, ESQUIRE
EXECUTIVE DIRECTOR

February 10, 2016

The Honorable Jack Markell
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 Markell:

Responsibility for reviews of child deaths and near deaths due to abuse or neglect has been transferred to the Child Protection Accountability Commission ("CPAC"). As required by law, CPAC approved findings from 29 cases at its February 10, 2016 meeting.[1] With respect to the first 13 cases, these incidents occurred from 2012 through 2014 and the findings within are being addressed in accordance with the Joint Commission Action Plan or by a CPAC Committee. Please note that several findings in these cases continue to be themes in the 2015 cases.

The remaining 16 cases, with the exception of one, all involve deaths or near deaths which occurred in 2015[2] and have resulted in 132 findings across system areas. Several themes have been identified, as follows:

1. Law Enforcement/Multidisciplinary Team Response. While there has been improvement in the law enforcement response to child abuse and neglect cases, there were 25 findings in the 2015 cases demonstrating that opportunities for improvement still exist, particularly in connection with scene investigations,

[1] 16 Del. C. § 932
[2] One case from the Fall of 2014 is included.

doll re-enactments, interviews and documentation. Opportunities for improvement also exist around compliance with the Memorandum of Understanding between the Department of Services for Children, Youth and Their Families, Delaware Children's Advocacy Center, the Department of Justice and Delaware Police Departments. The Department of Justice and law enforcement representatives on CPAC have been tasked with immediately addressing this ongoing statewide problem and presenting an interim solution at the May 2016 CPAC meeting prior to the implementation of a new MOU in 2017. If legislation is needed regarding mandatory intakes in death and serious physical injury cases or other matters, a request for assistance from the CPAC Legislative Committee can be made.

2. Medical Response. There were 23 findings from the 2015 case reviews that suggested ongoing opportunities for improvement in the medical response to child abuse and neglect. While training is provided under statute and otherwise, there is more work to do with medical professionals in helping them to recognize the signs of suspected child abuse, together with the need to communicate with members of the multidisciplinary team. These issues were identified in the Joint Commission Action Plan with a recommendation for additional training to be required by statute for some medical professionals. The CPAC Child Abuse Medical Response Committee will consider these findings and recommend an action plan designed to highlight to physicians their frontline responsibilities in the diagnosing and reporting of suspected child abuse. If legislation is needed the CPAC Legislative Committee will draft legislation in partnership with CPAC Child Abuse Medical Response Committee and the medical community. Meetings with area hospitals should also occur.

3. DFS Safety Plans/Unresolved Risk. The 2015 cases also demonstrate an ongoing struggle by the Division of Family Services regarding the proper use and development of safety plans, appropriate screening of hotline reports, and responses to cases that involve unresolved risks. There were 42 findings that fall in these categories. CPAC has requested a presentation from the DSCYF Cabinet Secretary and the DFS Director at the May CPAC meeting as to internal steps being taken to address these findings.

System responses will also be reviewed at least annually by the Child Protection Accountability Commission. We are available should further information be required.

Respectfully,

Tania M. Culley, Esquire
Executive Director
Child Protection Accountability Commission

cc: CPAC Commissioners
General Assembly

Findings Summary of Cases to be
Reviewed at February CPAC Meeting

| System Area2 | Finding | Count of # |
|---|---|---|
| LE and MDT | | |
| | Crime Scene | 5 |
| | Criminal Investigation | 5 |
| | Documentation | 6 |
| | Doll Re-enactment | 3 |
| | Interviews | 3 |
| | LE Contact with DOJ | 2 |
| | Non-compliance with MOU | 1 |
| **Grand Total** | | **25** |

| System Area | Finding | Count of # |
|---|---|---|
| Medical | | |
| | Documentation | 2 |
| | Failure to Report | 3 |
| | Medical Exam | 13 |
| | Standard of Care | 3 |
| | Substance-Exposed Infant | 1 |
| | Transport | 1 |
| **Medical Total** | | **23** |
| **Grand Total** | | **23** |

Part 1

| Area for Pivot Table | Finding | Count of # |
|---|---|---|
| DFS | | |
| | Risk Assessment | 8 |
| | Safety Plan | 13 |
| | Unresolved Risk | 21 |
| **Grand Total** | | **42** |

Part 2

| Area for Pivot Table | Finding | Count of # |
|---|---|---|
| DFS | | |
| | Best Practice | 5 |
| | Caseloads | 1 |
| | Collaterals | 1 |
| | DFS Contact with DOJ | 2 |
| | Documentation | 3 |
| | Failure to Report | 1 |
| | Interviews | 1 |
| | Interviews | 1 |
| | Medical Exam | 3 |
| | Non-compliance with MOU | 1 |
| | Supervisory Oversight | 2 |
| | Use of History | 1 |
| **Grand Total** | | **22** |

| System Area | Finding | Count of # |
|---|---|---|
| Legal | | |
| | Best Practice | 1 |
| | Court Hearings | 17 |
| | Use of History | 2 |
| **Legal Total** | | **20** |
| **Grand Total** | | **20** |

| **Total Findings** | **132** |
|---|---|

| CPAC Review Dat | Feb |
|---|---|
| Date of Incident | (Multiple Items) |

| System Area | Finding | Rationale | Sum of # |
|---|---|---|---|
| LE and MDT | | | 25 |
| | Crime Scene | | 5 |
| | | No scene investigation was completed by the law enforcement agency. | |
| | | No scene investigation was completed by the law enforcement agency. | |
| | | The scene was not preserved by the law enforcement agency. | |
| | Criminal Investigation | | 5 |
| | | DFS and LE misinterpreted the findings from the CARE team consult to be accidental whereas it was undetermined. As a result, the investigations immediately concluded. | |
| | | DFS and LE misinterpreted the findings from the CARE team consult for the first incident as consistent with a fall. However, the CARE team consult revealed that the injuries were more severe than suspected based on the history provided, and the tibial fracture was unexplained. | |
| | | Temporary emergency protective custody as provided for in Section 907 of Title 16 was not utilized during the initial response. | |
| | | The investigation focused solely on the mother's paramour rather than including the mother as a suspect. | |
| | | The law enforcement agency did not take photographs of the child. | |
| | Documentation | | 6 |
| | | The assigned detective failed to submit the master supplemental report despite the case being cleared. | |
| | | The assisting officers did not document their actions in the case. | |
| | | The police report did not include documentation of a consult with the medical expert. | |
| | | There was minimal documentation in the police report by the law enforcement agency. | |
| | Doll Re-enactment | | 3 |
| | | No doll re-enactment was completed by the law enforcement agency. | |
| | | No doll re-enactment was completed by the law enforcement agency. | |
| | Interviews | | 3 |
| | | An interview was not conducted with the mother’s boyfriend, who was caring for the child at the time of the incident. | |
| | | Forensic interview did not occur with the 3-year-old sibling. | |

| System Area | Finding | Rationale | Sum of # |
|---|---|---|---|
| LE and MDT | Interviews | Forensic interviews did not occur with other children residing in the home. | |
| | LE Contact with DOJ | | 2 |
| | | A delay in the criminal investigation may have hindered or caused difficulty in charging the alleged perpetrator. In addition, a pre-arrest intake has not been scheduled with the DOJ. | |
| | | The law enforcement agency did not notify the DOJ Child Victims Unit of the near death incident. | |
| | Non-compliance with MOU | | 1 |
| | | MDT communication was poor during the joint investigation. As a result, DFS had minimal knowledge of case details that were known by other MDT partners. | |
| **Grand Total** | | | **25** |

**Total LE and MDT Findings 25**

| | |
|---|---|
| CPAC Review Dat | Feb |
| Date of Incident | (Multiple Items) |

| System Area | Finding | Rationale | Sum of # |
|---|---|---|---|
| Medical | | | 23 |
| | Documentation | | 2 |
| | | For the June 2014 incident, the documentation was inconsistent and unclear for the bruising to the child's ears. | |
| | | The emergency department's intake assessment revealed no safety concerns for violence yet a hotline report was made for the June 2014 incident. | |
| | Failure to Report | | 3 |
| | | A report was not made to the DFS Report Line when the victim's sibling was born substance-exposed in 2013. | |
| | | The DFS Report Line was not contacted after the emergency department's scans revealed a skull fracture to an 11-month-old and no explanation was provided. | |
| | | The home visiting nurse failed to report a disclosure of sexual abuse and domestic violence of a minor to the DFS Report Line. | |
| | Medical Exam | | 13 |
| | | In June 2014, the child was seen at the emergency department for bruising to both ears, but no CARE consult occurred despite suspicion for abuse. | |

| | | | |
|---|---|---|---|
| Medical | Medical Exam | Child was not able to be seen by the local child abuse expert due to the ongoing dispute between the children's hospital and insurance company. | |
| | | Despite serious non-accidental injuries to a 3-month-old infant, the physician communicated their reluctance to DFS to complete a scan on the victim's sibling, who was under 2 years of age. | |
| | | In June 2014, a forensic consult did not occur during the emergency department visit. | |
| | | PCP failed to refer the child to the emergency department in February 2015 after child had decreased right leg movement. Prior to incident, medical care was inconsistent and shots were delayed. | |
| | | Radiology scans completed by the initial treating hospital misinterpreted the injury as "acute on chronic," which is interpreted that two separate events have occurred. Whereas pediatric experts interpreted the scans as a single incident. | |
| | | The CARE Team was consulted; however, there was no physical assessment of the injuries noted in the CARE Team record. Medical evaluation of the child was provided by the inpatient attending, and the CARE consult was provided by a member of the CARE Team but not a medical expert. | |
| | | The hospital emergency department did not complete a skeletal survey despite the absence of a mechanism of injury. | |
| | | There was no documentation in the medical record as to whether child was undressed during his well visit, which is standard practice for children under two years of age. | |
| | | Unclear from medical documentation by PCP in February 2015 whether the documented decrease in limb movement was an acute versus chronic condition. | |
| | | With assessments revealing a hematoma and healing fracture, an appropriate implementation would be to consider a forensic evaluation. No forensic evaluation on the record. | |
| | Standard of Care | | 3 |
| | | In June 2014, the inpatient hospital social worker was not consulted during the emergency department visit instead the on-call social worker was called. | |
| | | PCP records did not contain the discharge summary from the birthing hospital, so there is no record that the PCP was ever notified of the birth. | |
| | | The Panel identified that the child(ren) were currently at risk in the active treatment case | |
| | Substance-Exposed Infant | | 1 |

| | | | |
|---|---|---|---|
| Medical | Substance-Exposed Infant | The Hospital High Risk Medical Discharge Protocol was not requested by the birth hospital despite the hospital's concerns at discharge. | |
| | Transport | | 1 |
| | | PCP sent child in a car to the emergency department with suspected head trauma. | |
| **Grand Total** | | | **23** |

| | |
|---|---|
| CPAC Review Dat | Feb |
| Date of Incident | (Multiple Items) |

| System Area | Finding | Rationale | Sum of # |
|---|---|---|---|
| DFS | | | 42 |
| | Risk Assessment | | 8 |
| | | Despite the death being identified as a homicide, DFS was unable to make a finding that abuse occurred at the conclusion of its investigation. The case was unsubstantiated with concern. | |
| | | DFS did not consider making a finding of neglect for the near death investigation. The case was unsubstantiated with concern. | |
| | | DFS should have made a finding of abuse based on the medical evidence for the near death incident. | |
| | | No scene investigation was completed by the law enforcement agency. | |
| | | Policy override was not checked for non-accidental injury to a nonverbal child in the risk assessment for the March incident resulting in the case being closed. | |
| | | The DFS Family and Child Tracking System (FACTS) does not identify cases where abuse has been confirmed but the perpetrator is unknown. | |
| | | The Structured Decision Making (SDM) risk assessment for the March 2013 investigation was rated high and the case was closed despite the risk level. | |
| | | Throughout the history of the case, there was a lack of recognition of how parental risk factors could have factored into the serious injuries. | |
| | Safety Plan | | 13 |
| | | DFS addressed the repeated violations of the safety agreement by entering into subsequent plans with the same participants who were allowing mother unrestricted access to the child and sibling. | |

| | | |
|---|---|---|
| DFS | Safety Plan | In the July 2015 Investigation, the case worker incorrectly identified the child as safe in the SDM safety assessment due to his hospitalization. |
| | | A Structured Decision Making (SDM) safety assessment was not completed on-time for either child. |
| | | Despite extensive DFS history and chronic substance abuse issues in family, the Team Decision Making Meeting only focused on victim and did not include discussion of the maternal grandmother's 5-year-old child. |
| | | Despite maternal grandparents' involvement as caregivers in the first investigation (where there was no explanation for injuries), they were still approved as safety plan participants in the second incident. |
| | | DFS entered into safety agreements with participants who had criminal and DFS histories. |
| | | During the near death incident, the safety assessments were not completed correctly on 5/1 and 5/4 impacting the safety decisions. |
| | | Mother was not considered as a potential perpetrator in the safety plan despite a serious unexplained injury to a 10-month-old. Neither parent sought medical treatment. |
| | | The initial contact did not occur with the victim until 3 months after the first referral was received. Face-to-face contact occurred with the non-victim 18 days after the first referral was received. |
| | | The SDM safety assessment was not completed correctly for June 2014 and July 2015 investigations. As a result, the child was determined to be safe in both instances. |
| | | The SDM safety assessment was not completed correctly. "Drug-exposed infant" and "caregiver is unwilling or unable to protect the child from serious harm or threatened harm by others" were not checked as safety threats. No protective capacities or safety interventions were checked. |
| | | There was a delay in assessing and planning for the safety of all other children involved in the case, particularly for victim's sibling and three children residing in the home where the death occurred (i.e., victim's mother did not immediately sign the safety agreement and DFS entered into a safety agreement via telephone with an out-of-state relative for the other three children 6 days after incident). |
| | | Two safety threats were not identified in the DFS Safety Assessment. |
| | Unresolved Risk | 21 |
| | | DFS did not evaluate substance abuse issues for father or request that he complete a substance abuse evaluation. |

| | | |
|---|---|---|
| DFS | Unresolved Risk | Treatment worker did not follow up to make sure services were implemented in the September 2014 case, and parents were not compliant with service providers. |
| | | A referral was not made to the DFS substance abuse liaison and a substance abuse evaluation was not requested. |
| | | A referral was not made to the DFS substance abuse liaison for the March 2013 investigation involving a substance-exposed infant. |
| | | Despite identifying ongoing domestic violence issues, DFS did not make a referral to the domestic violence liaison during the investigation, and the referral was delayed in treatment. |
| | | DFS did not verify mother's participation in services with a substance abuse provider. |
| | | DFS involved father in the family meeting and safety agreements despite the concerns of domestic violence. |
| | | DFS screened out the January 2015 hotline report alleging multiple inconsistent or unexplained injuries to a 2-year-old victim. |
| | | During the May 2015 contact with the family, the caseworker discussed case closure with the parents prior to requesting substance abuse evaluations and completing safety and risk assessments. |
| | | No documentation that the mother was referred for home visiting services |
| | | Supervisor completed an override to screen out a hotline report alleging physical neglect by the mother in the January 2014 report. |
| | | The caseworker had no contact or made no attempts to reach the family for 30 days. |
| | | The caseworker's attempts to make the initial contact with the family during the February 2015 investigation were unproductive, and the following measures were not taken: contacting the birth hospital to determine when the family was visiting the victim; requesting assistance from the DFS after-hours unit; adhering to the client lack of cooperation policy; filing a petition to compel cooperation; involving the special investigator sooner; and reviewing the Division of Motor Vehicle and Medicaid records. |
| | | The DFS history, substance abuse allegations, and hospital's concerns were not reviewed or evaluated prior to the victim leaving the hospital. Once the concerns and the non-compliance issues were identified, there was no action taken by the caseworker. |
| | | The family was not referred to other supportive in-home services, such as Safe and Stable Families or a Home Visiting, during the March investigation. |

| | | | |
|---|---|---|---|
| DFS | Unresolved Risk | The February 2015 investigation did not receive a higher level of review by DFS, which may have included a consult with DOJ, a TDM meeting, or a framework. Risk factors included a substance-exposed infant, prior involuntary TPR, a family with significant DFS history, and family's whereabouts were unknown. | |
| | | The March and May investigations, involving serious unexplained bruises to a 7 week old, did not receive a higher level of review by DFS, which may have included a consult with DOJ or a framework. Risk factors included very young parents that had history of abuse as children. | |
| | | The Panel identified that the children were currently at risk in the active treatment case. | |
| | | The September 2014 treatment case did not receive a higher level of review by DFS, which may have included a consult with DOJ, a TDM meeting, or a framework. Risk factors included a substance-exposed infant, a drug-addicted mother, mental health and domestic violence issues, and multigenerational history. | |
| | | Throughout the history of the case, there was a lack of recognition of how parental risk factors could have factored into the serious injuries. | |
| | | Treatment worker identified concerns with parenting behaviors and unsafe sleep practices in September of 2014 and failed to immediately provide education or services to address these issues. | |
| **Grand Total** | | | **42** |

| | |
|---|---|
| CPAC Review Dat | Feb |
| Date of Incident | (Multiple Items) |

| System Area | Finding | Rationale | Sum of # |
|---|---|---|---|
| DFS | | | 22 |
| | Best Practice | | 5 |
| | | Differential response was not available for families with chronic neglect, only for families with high risk teens. | |
| | | Differential response was not available for mothers with substance-exposed infants, only high risk teens. | |
| | | Differential response was not available for this population, which could have prevented the January 2015 near death incident. | |

| Agency | Category | Finding | Count |
|---|---|---|---|
| DFS | Best Practice | The call by paramedics to the DFS Report Line in May 2015 was written as a hotline progress note rather than a new report. | |
| | | When the non-victim was placed in foster care, his half-sibling's adoptive parents were not explored. | |
| | Caseloads | | 1 |
| | | The caseworker was over investigation caseload statutory standards the entire time the case was open. | |
| | Collaterals | | 1 |
| | | A collateral contact was not made with the birth hospital regarding the victim's substance-exposed birth. | |
| | DFS Contact with DOJ | | 2 |
| | | Following the May 2015 incident, DFS did not file for temporary custody of both children at the same time. DFS delayed filing for custody of the victim due to his hospitalization. | |
| | | Prior to closing case, DFS did not consult with Civil DAG regarding a finding against the mother for failure to protect and/or seek medical treatment. | |
| | Documentation | | 3 |
| | | DFS failed to follow policy regarding minimal documentation about a criminal investigation in FACTS. | |
| | | DFS failed to follow policy regarding minimal documentation about the criminal investigation in FACTS. | |
| | | The information documented by DFS regarding the medical conclusions from the child abuse expert was contradictory with the information obtained by DOJ and LE. | |
| | Failure to Report | | 1 |
| | | A new hotline report was not made by the case worker after the sibling disclosed allegations of domestic violence and physical abuse in the July 2014 investigation. | |
| | Interviews | | 2 |
| | | An interview did not occur with the father during the initial contact in March 2015 despite father being present. | |
| | | DFS conducted interviews with parents prior to police response. | 1 |
| | Medical Exam | | 3 |
| | | For the May 2015 incident, there was no follow up with the medical expert after the alleged mechanism of injury was investigated and concluded to be consistent with the injury. | |

| | | | |
|---|---|---|---|
| DFS | Medical Exam | Given the risk factors for this family, an immediate medical evaluation was not sought for either child despite learning that the children were behind on well visits and immunizations. | |
| | | Not all of the involved children were medically evaluated despite the death of a 16-month-old child. | |
| | Non-compliance with MOU | | 1 |
| | | Police were not notified of the potential criminal violation in the June 2014 investigation. | |
| | Supervisory Oversight | | 2 |
| | | The lack of supervisory oversight negatively impacted the critical decisions made throughout the treatment case. | |
| | | The supervisor did not adhere to the critical due dates in the Family and Child Tracking System (FACTS). | |
| | Use of History | | 1 |
| | | Two hotline reports received in July 2014 were screened out in error. A participant's name was spelled incorrectly in one of the reports, so the reports were not linked with each other. | |
| **Grand Total** | | | **22** |

| | |
|---|---|
| CPAC Review Dat | Feb |
| Date of Incident | (Multiple Items) |

| System Area | Finding | Rationale | Sum of # |
|---|---|---|---|
| Legal | | | 20 |
| | Best Practice | | 1 |
| | | The attorney guardian ad litem did not talk to all specialists providing care to the victim, including the infectious disease doctor. As a result, it was not known that the brain infection was caused by the initial trauma. | |
| | Court Hearings | | 17 |
| | | A higher level of coordination was needed between OCA, DOJ, and legal counsel at the children's hospital to identify a physician for the independent medical evaluation and to have the physician designated as an expert by the Court. | |
| | | A sentence of 12 months probation was inadequate given the diagnosis by the CARE Team of child physical abuse and blunt abdominal trauma. | |

| | | |
|---|---|---|
| Legal | Court Hearings | An Ex Parte Order completed by the Court failed to include a narrative of the allegations to support the findings. |
| | | Case was scheduled for mediation when the father had a criminal no contact order with mother and child, which is a violation of Family Court procedure. |
| | | Delaware only has one pediatric neurologist in the state, that has no affiliation with the children's hospital, who is able to conduct an independent medical examination as needed in such cases. |
| | | Despite indication on the petition that interpreters were needed for both parties, the Adjudicatory Hearing needed to be rescheduled since interpreters were not present. (Finding specific to a child in foster care.) |
| | | No consistent procedure exists for any of the involved agencies on how to legally pursue de-escalation of a medical procedure. |
| | | The Adjudicatory Hearing was not held in compliance with Family Court Rule 215(a), which requires an Adjudicatory Hearing to be held within 30 days of a Preliminary Protective Hearing. (Finding specific to a child in DSCYF custody.) |
| | | The attorney guardian ad litem did not immediately reach out to legal counsel at the children's hospital, so the hospital did not understand who had authorization for medical procedures. |
| | | The Court's requirement for the completion of parent education prior to judicial scheduling was a barrier in this case, resulting in a dismissed custody petition regarding the sibling and the underlying Ex Parte Order being vacated. |
| | | The Visitation Center was not utilized despite an ongoing criminal investigation regarding serious physical injuries to child and a request by parent. |
| | | There was a disconnect between the medical and legal communities as to what constitutes an emergency with medical care. The legal community determined that the endotracheal and nasogastric tubes could remain in place for a longer period, while the medical community concluded that more permanent life support systems were needed due to various risks associated with the current treatment. |
| | Use of History | 2 |
| | | After dismissal of the first custody petition, a second petition was filed and scheduled before a mediator despite the initial custody petition being referred for judicial scheduling after a Commissioner's hearing on the emergency motion. |

| | | | |
|---|---|---|---|
| Legal | Use of History | It is not routine practice for mediators to check with DFS regarding any history with the family on private filings. | |
| **Grand Total** | | | **20** |

**Total Findings from all System Areas - 132**

# Common Elements of Child Torture

**Consider child torture when several of the following elements are identified within a case:**

## Section One: Deprivation of Basic Necessities (at least 1 element)

☐ **Current or History of Allegations for Neglect**

- ☐ Withholding Food
- ☐ Withholding Water
- ☐ Withholding Clothing
- ☐ Subjecting to Extremes of Heat or Cold
- ☐ Limiting Access to Others
- ☐ Limiting Access to Routine Medical Care
- ☐ Forcing Child to Stay Outside for Extended Periods or Sleep Outside
- ☐ Limiting Access to Toilet
- ☐ Limiting Access to Personal Hygiene/Bathing
- ☐ Inability to Move Free of Confinement
- ☐ Withholding Access to Schooling/Withdrawing to Home School
- ☐ Sleep Deprivation
- ☐ Low Body Mass Index
- ☐ Other:

Please explain (as needed):

## Section Two: Physical Abuse (at least 2 physical assaults or 1 severe assault)

☐ **Current or History of Allegations for Physical Abuse**

- ☐ Bruising Shaped like Hands, Fingers, or Objects, or Black Eyes
- ☐ Fractures that are Unexplained and Unusual
- ☐ Ligature, Binding, and Compression Marks due to Restraints
- ☐ Contact or Scald Burns to the Skin or Genitalia
- ☐ Flexion of a Limb or Part of Limb beyond its Normal Range
- ☐ Human Bite Marks
- ☐ Force-Feeding
- ☐ Asphyxiation
- ☐ Other:

Please explain (as needed):

## Section Three: Psychological Maltreatment (2 or more elements, can be a single incident)

☐ **Current or History of Allegations for Psychological Maltreatment**

- ☐ Rejection by Caregiver
- ☐ Terrorizing
- ☐ Isolating
- ☐ Threats of Harm or Death to Child, Sibling(s) or Pets
- ☐ Exploiting/Corrupting
- ☐ Unresponsive to Child's Emotional Needs
- ☐ Shaming/Humiliation
- ☐ Other:

Please explain (as needed):

# Common Elements of Child Torture

| | Section Four: Supplemental Items |
|---|---|
| ☐ | **Current or History of Allegations for Sexual Abuse**<br>☐ Penile, Digital or Object Penetration of the Anus<br>☐ Assault to the Genitals<br>☐ Forcing Sexual Intercourse<br>☐ Forcing to Remain Naked or Dance<br>☐ Forcing to Witness or Participate in Sexual Violence against another person<br>☐ Other: |
| ☐ | **Forcing Excessive Exercise for Punishment** |
| ☐ | **History of Prior Referrals and /or Investigations by the Division of Family Services (DFS)** |
| ☐ | **One Child is Targeted** |
| ☐ | **Sibling(s) Abused** |
| ☐ | **Siblings Join in Blaming Victim and Possibly Demonstrate Empathy Defects for Self Protection** |
| ☐ | **Family System is Blended and Both Caregivers Participate in the Alleged Abuse and/or Neglect** |
| ☐ | **One Caregiver Fails to Protect** |
| ☐ | **No Disclosure is Made by Targeted Child or Siblings** |
| ☐ | **Caregivers Provide Reasonable Explanations in Response to Allegations** |
| ☐ | **Caregivers Allege Mental Health Issues for Targeted Child (e.g. self injury) and Report Repeated Attempts to Seek Help** |
| | **Please explain (as needed):** |

Sources: Holler, Jim. "Child Torture – the American Trend." 30th National Symposium on Child Abuse (2014). Knox, Barbara L., et al. "Child Torture as a Form of Child Abuse." *Journal of Child & Adolescent Trauma* 7.1 (2014): 37-49.

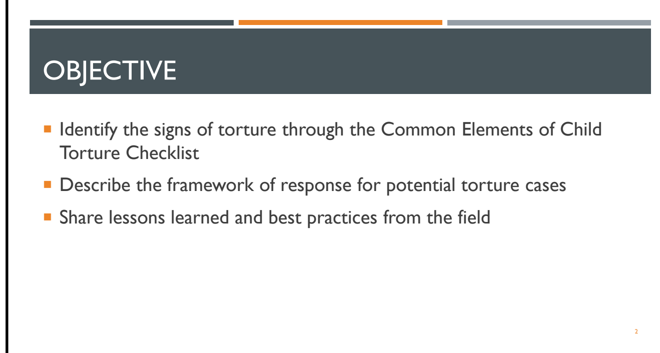
## COLLABORATIVE RESPONSE TO CHILD TORTURE: THE DELAWARE MODEL

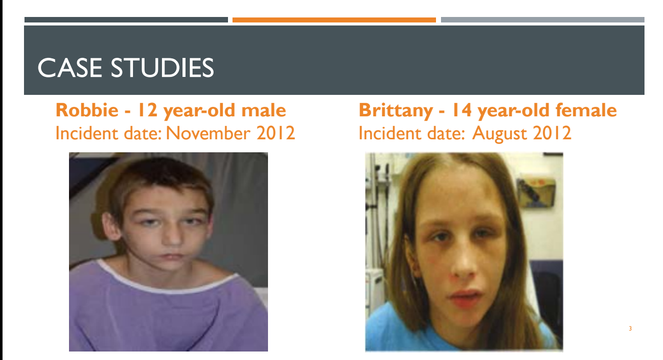
**SUMMIT ON CHILD TORTURE, LONG TERM MISSING & HOMICIDE PROSECUTIONS**

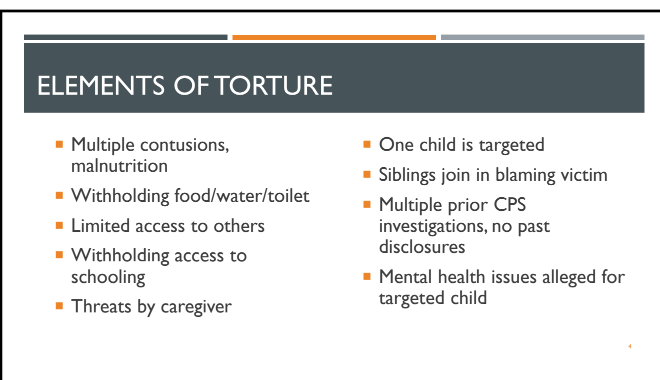
**MARCH 29, 2016**

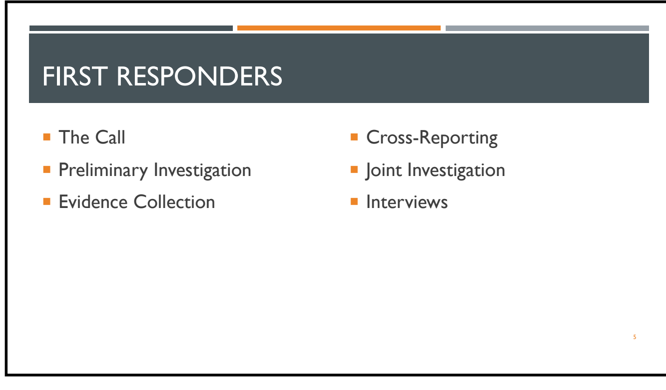
Presented by:
Allan R. De Jong, M.D., Nemours - Alfred I. du Pont Hospital for Children
The Honorable Joelle P. Hitch, Family Court of the State of Delaware
Diane Klecan, Children's Advocacy Center of Delaware, Inc.
Sgt. Reginald L. Laster, New Castle County Police Department
Kathleen Truitt, Delaware Division of Family Services
Victoria Witherell, Esq., State of Delaware Department of Justice

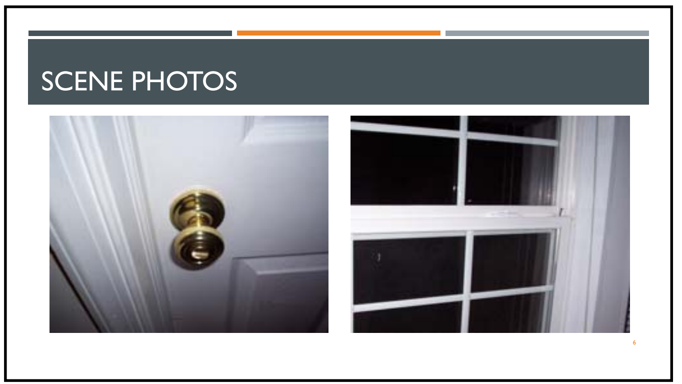
Moderated by: Patricia Dailey Lewis, Esq., Beau Biden Foundation for the Protection of Children

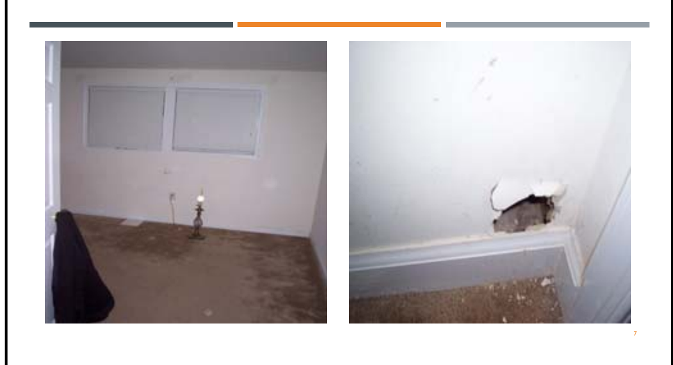


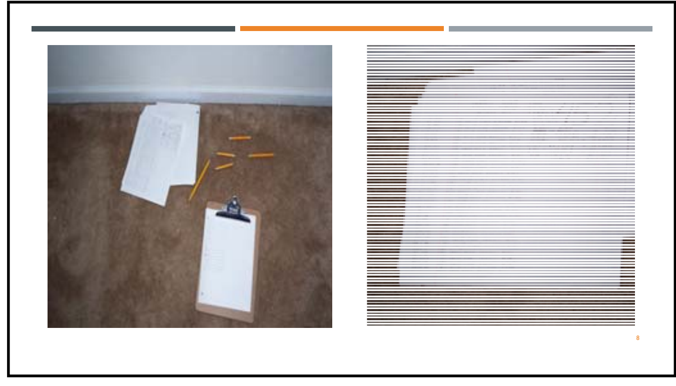











## FIRST RESPONDERS

- The Call
- Preliminary Investigation
- Evidence Collection
- Cross-Reporting
- Joint Investigation
- Interviews

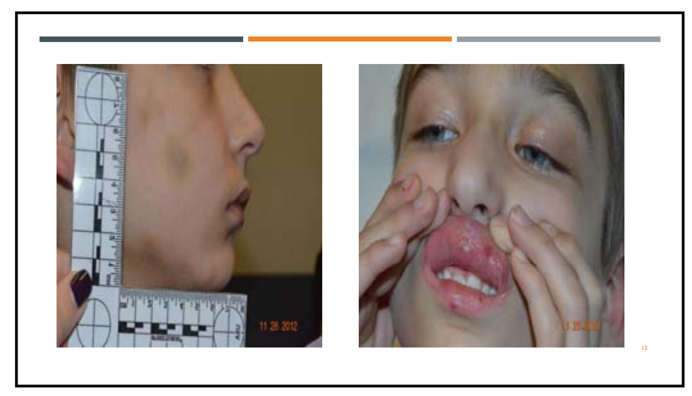


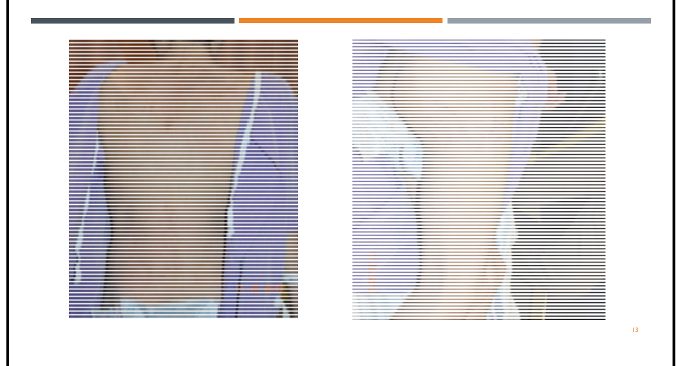
## MEDICAL RESPONSE

- Hospitalization
  - Condition
  - Behavior
  - Parents
  - Disclosure
  - Discharge

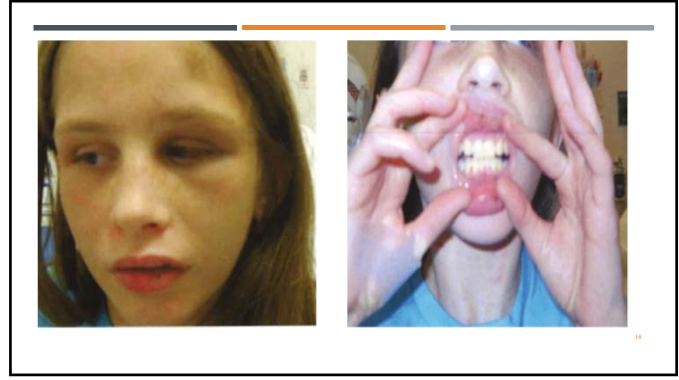


## DOCUMENTATION OF INJURIES

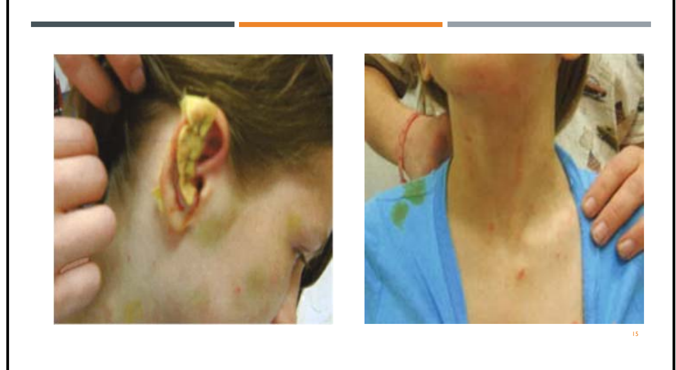




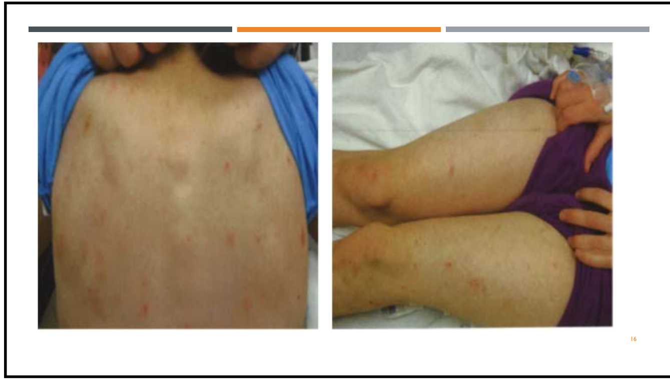














## MEDICAL RESPONSE

- Hospitalization
  - Condition
  - Behavior
  - Parents
  - Disclosure
  - Discharge
- Multidisciplinary team (MDT) interaction/communication/support
- Role in legal proceedings
  - Testimony in civil proceeding
  - Preparation for criminal prosecution



## FORENSIC INTERVIEW

- Forensic Interview Process
- Forensic Interview Timeline
- Information Provided by the MDT
  - History of Prior Referrals and/or Investigations
  - Preliminary Investigation, Joint Investigation, and Interventions
  - Questioning Strategies
- Best Practices Contributing to the Success of the Interviews

## CRIMINAL PROSECUTION

- Involve prosecutor at beginning (always within 10 days)
  - Now have designated prosecutor for serious abuse & neglect cases
- Authorize arrest/draft indictment after consulting w/ police
- Participate in CAC; suggest questions needed for trial
- Coordinate with professionals/collaterals identified by police
- Coordinate with CPS attorney
- Determine case strategy & direction
- Prepare case for trial: Experts, Pleas, Motions, etc.

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## CIVIL RESPONSE – DEPARTMENT OF JUSTICE

- CPS attorney involved at beginning
- Counsel CPS to decide when to take custody & planning issues
- Participate in CAC
- Coordinate with professionals/ collaterals identified by CPS
- Coordinate with prosecutor
- Child Protection Registry = separate track
- Prepare case for hearings
  - Petitions, Motions, witnesses, etc.
- Termination of Parental Rights

20

## CIVIL RESPONSE – FAMILY COURT

- 10 Day Protection Hearing
- Adjudicatory Hearing
- Dispositional Hearing
- Motion to be Relieved of Planning for Reunification
- Review Hearing

21

## ROBBIE'S OUTCOME

- Robbie
  - Sole Custody Rescinded to Mother
  - Father's Rights Remain Intact
- Sibling
  - Placed in Guardianship of Paternal Aunt
  - Father's Rights Remain Intact

22

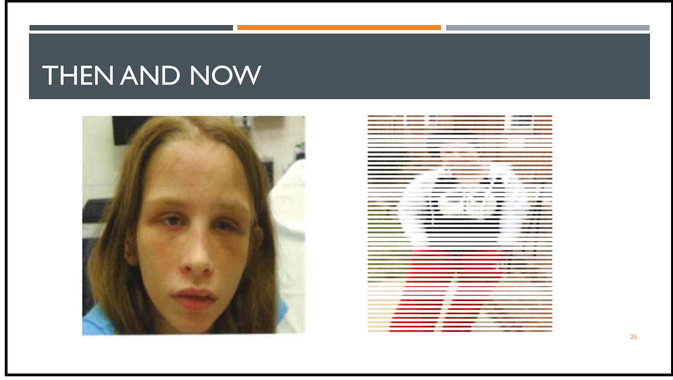
## THEN AND NOW

23

## BRITTANY'S OUTCOME

- Brittany
  - Father's Rights Terminated
  - Remains in Foster Care
- Siblings
  - Parents' Rights Terminated
  - One Child Remains in Foster Care
  - Two Other Siblings are Awaiting Adoption Together

24




## LESSONS LEARNED

- Child Abuse & Neglect (CAN) Panel - Retrospective Reviews
- Training and Policy Changes
- Use of History
- Child Torture Committee and Checklist
- Revised Memorandum of Understanding (MOU) between Law Enforcement, Dept. of Justice and CPS

## QUESTIONS?

## PS2. Child Torture, Long Term Missing and Homicide Prosecutions

### 17. PS2. List 2 'necessities' perpetrators often deny child victims of severe physical abuse and torture.

| # | Answer | | Response | % |
|---|---|---|---|---|
| 1 | Strongly Disagree | | 1 | 13% |
| 2 | Disagree | | 0 | 0% |
| 3 | Neither Agree nor Disagree | | 0 | 0% |
| 4 | Agree | | 2 | 25% |
| 5 | Strongly Agree | | 5 | 63% |
| | Total | | 8 | 100% |

| Statistic | Value |
|---|---|
| Min Value | 1 |
| Max Value | 5 |
| Mean | 4.25 |
| Variance | 1.93 |
| Standard Deviation | 1.39 |
| Total Responses | 8 |

### 18. PS2. Analyze discipline and corporal punishment and practices in home environments which may constitute abuse.

| # | Answer | | Response | % |
|---|---|---|---|---|
| 1 | Strongly Disagree | | 1 | 13% |
| 2 | Disagree | | 0 | 0% |
| 3 | Neither Agree nor Disagree | | 0 | 0% |
| 4 | Agree | | 4 | 50% |
| 5 | Strongly Agree | | 3 | 38% |
| | Total | | 8 | 100% |

| Statistic | Value |
|---|---|
| Min Value | 1 |
| Max Value | 5 |
| Mean | 4.00 |
| Variance | 1.71 |
| Standard Deviation | 1.31 |
| Total Responses | 8 |

## 19. PS2. List 2 questions exploring access to food and toilet.

| # | Answer | | Response | % |
|---|---|---|---|---|
| 1 | Strongly Disagree | | 1 | 13% |
| 2 | Disagree | | 1 | 13% |
| 3 | Neither Agree nor Disagree | | 0 | 0% |
| 4 | Agree | | 3 | 38% |
| 5 | Strongly Agree | | 3 | 38% |
| | Total | | 8 | 100% |

| Statistic | Value |
|---|---|
| Min Value | 1 |
| Max Value | 5 |
| Mean | 3.75 |
| Variance | 2.21 |
| Standard Deviation | 1.49 |
| Total Responses | 8 |

## 20. PS2. Patricia Dailey-Lewis

| # | Question | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Presenter did not present | Total Responses | Mean |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Concepts clearly explained | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 2 | Quality or Presentations | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 3 | Was interesting and dynamic | 1 | 0 | 0 | 4 | 3 | 0 | 8 | 4.00 |
| 4 | Allowed and answered questions | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 5 | Content met my expectations | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 6 | Knowledgeable and well prepared | 1 | 0 | 0 | 2 | 5 | 0 | 8 | 4.25 |

| Statistic | Concepts clearly explained | Quality or Presentations | Was interesting and dynamic | Allowed and answered questions | Content met my expectations | Knowledgeable and well prepared |
|---|---|---|---|---|---|---|
| Min Value | 1 | 1 | 1 | 1 | 1 | 1 |
| Max Value | 5 | 5 | 5 | 5 | 5 | 5 |
| Mean | 4.13 | 4.13 | 4.00 | 4.13 | 4.13 | 4.25 |
| Variance | 1.84 | 1.84 | 1.71 | 1.84 | 1.84 | 1.93 |
| Standard Deviation | 1.36 | 1.36 | 1.31 | 1.36 | 1.36 | 1.39 |
| Total Responses | 8 | 8 | 8 | 8 | 8 | 8 |

## 21. PS2. Michael R. Galantino

| # | Question | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Presenter did not present | Total Responses | Mean |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Concepts clearly explained | 1 | 0 | 0 | 2 | 4 | 1 | 8 | 4.38 |
| 2 | Quality or Presentations | 1 | 0 | 0 | 2 | 4 | 1 | 8 | 4.38 |
| 3 | Was interesting and dynamic | 1 | 0 | 0 | 4 | 2 | 1 | 8 | 4.13 |
| 4 | Allowed and answered questions | 1 | 0 | 0 | 4 | 2 | 1 | 8 | 4.13 |
| 5 | Content met my expectations | 1 | 0 | 0 | 3 | 3 | 1 | 8 | 4.25 |
| 6 | Knowledgeable and well prepared | 1 | 0 | 0 | 2 | 4 | 1 | 8 | 4.38 |

| Statistic | Concepts clearly explained | Quality or Presentations | Was interesting and dynamic | Allowed and answered questions | Content met my expectations | Knowledgeable and well prepared |
|---|---|---|---|---|---|---|
| Min Value | 1 | 1 | 1 | 1 | 1 | 1 |
| Max Value | 6 | 6 | 6 | 6 | 6 | 6 |
| Mean | 4.38 | 4.38 | 4.13 | 4.13 | 4.25 | 4.38 |
| Variance | 2.27 | 2.27 | 2.13 | 2.13 | 2.21 | 2.27 |
| Standard Deviation | 1.51 | 1.51 | 1.46 | 1.46 | 1.49 | 1.51 |
| Total Responses | 8 | 8 | 8 | 8 | 8 | 8 |

## 22. PS2. Joelle Hitch

| # | Question | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Presenter did not present | Total Responses | Mean |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Concepts clearly explained | 1 | 0 | 0 | 2 | 5 | 0 | 8 | 4.25 |
| 2 | Quality or Presentations | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 3 | Was interesting and dynamic | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 4 | Allowed and answered questions | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 5 | Content met my expectations | 1 | 0 | 0 | 2 | 5 | 0 | 8 | 4.25 |
| 6 | Knowledgeable and well prepared | 1 | 0 | 0 | 2 | 5 | 0 | 8 | 4.25 |

| Statistic | Concepts clearly explained | Quality or Presentations | Was interesting and dynamic | Allowed and answered questions | Content met my expectations | Knowledgeable and well prepared |
|---|---|---|---|---|---|---|
| Min Value | 1 | 1 | 1 | 1 | 1 | 1 |
| Max Value | 5 | 5 | 5 | 5 | 5 | 5 |
| Mean | 4.25 | 4.13 | 4.13 | 4.13 | 4.25 | 4.25 |
| Variance | 1.93 | 1.84 | 1.84 | 1.84 | 1.93 | 1.93 |
| Standard Deviation | 1.39 | 1.36 | 1.36 | 1.36 | 1.39 | 1.39 |
| Total Responses | 8 | 8 | 8 | 8 | 8 | 8 |

## 23. PS2. Allan R. DeJong

| # | Question | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Presenter did not present | Total Responses | Mean |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Concepts clearly explained | 1 | 0 | 0 | 2 | 5 | 0 | 8 | 4.25 |
| 2 | Quality or Presentations | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 3 | Was interesting and dynamic | 1 | 0 | 0 | 2 | 5 | 0 | 8 | 4.25 |
| 4 | Allowed and answered questions | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 5 | Content met my expectations | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 6 | Knowledgeable and well prepared | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |

| Statistic | Concepts clearly explained | Quality or Presentations | Was interesting and dynamic | Allowed and answered questions | Content met my expectations | Knowledgeable and well prepared |
|---|---|---|---|---|---|---|
| Min Value | 1 | 1 | 1 | 1 | 1 | 1 |
| Max Value | 5 | 5 | 5 | 5 | 5 | 5 |
| Mean | 4.25 | 4.13 | 4.25 | 4.13 | 4.13 | 4.13 |
| Variance | 1.93 | 1.84 | 1.93 | 1.84 | 1.84 | 1.84 |
| Standard Deviation | 1.39 | 1.36 | 1.39 | 1.36 | 1.36 | 1.36 |
| Total Responses | 8 | 8 | 8 | 8 | 8 | 8 |

## 24. PS2. Tonya Culley

| # | Question | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Presenter did not present | Total Responses | Mean |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Concepts clearly explained | 1 | 0 | 0 | 3 | 3 | 1 | 8 | 4.25 |
| 2 | Quality or Presentations | 1 | 0 | 0 | 3 | 3 | 1 | 8 | 4.25 |
| 3 | Was interesting and dynamic | 1 | 0 | 0 | 3 | 3 | 1 | 8 | 4.25 |
| 4 | Allowed and answered questions | 1 | 0 | 0 | 4 | 2 | 1 | 8 | 4.13 |
| 5 | Content met my expectations | 1 | 0 | 0 | 3 | 3 | 1 | 8 | 4.25 |
| 6 | Knowledgeable and well prepared | 1 | 0 | 0 | 3 | 3 | 1 | 8 | 4.25 |

| Statistic | Concepts clearly explained | Quality or Presentations | Was interesting and dynamic | Allowed and answered questions | Content met my expectations | Knowledgeable and well prepared |
|---|---|---|---|---|---|---|
| Min Value | 1 | 1 | 1 | 1 | 1 | 1 |
| Max Value | 6 | 6 | 6 | 6 | 6 | 6 |
| Mean | 4.25 | 4.25 | 4.25 | 4.13 | 4.25 | 4.25 |
| Variance | 2.21 | 2.21 | 2.21 | 2.13 | 2.21 | 2.21 |
| Standard Deviation | 1.49 | 1.49 | 1.49 | 1.46 | 1.49 | 1.49 |
| Total Responses | 8 | 8 | 8 | 8 | 8 | 8 |

## 25. PS2. Diane Klecan

| # | Question | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Presenter did not present | Total Responses | Mean |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Concepts clearly explained | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 2 | Quality or Presentations | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 3 | Was interesting and dynamic | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 4 | Allowed and answered questions | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 5 | Content met my expectations | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 6 | Knowledgeable and well prepared | 1 | 0 | 0 | 2 | 5 | 0 | 8 | 4.25 |

| Statistic | Concepts clearly explained | Quality or Presentations | Was interesting and dynamic | Allowed and answered questions | Content met my expectations | Knowledgeable and well prepared |
|---|---|---|---|---|---|---|
| Min Value | 1 | 1 | 1 | 1 | 1 | 1 |
| Max Value | 5 | 5 | 5 | 5 | 5 | 5 |
| Mean | 4.13 | 4.13 | 4.13 | 4.13 | 4.13 | 4.25 |
| Variance | 1.84 | 1.84 | 1.84 | 1.84 | 1.84 | 1.93 |
| Standard Deviation | 1.36 | 1.36 | 1.36 | 1.36 | 1.36 | 1.39 |
| Total Responses | 8 | 8 | 8 | 8 | 8 | 8 |

## 26. PS2. Sgt. Reginald Laster

| # | Question | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Presenter did not present | Total Responses | Mean |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Concepts clearly explained | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 2 | Quality or Presentations | 1 | 0 | 0 | 4 | 3 | 0 | 8 | 4.00 |
| 3 | Was interesting and dynamic | 1 | 0 | 0 | 4 | 3 | 0 | 8 | 4.00 |
| 4 | Allowed and answered questions | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 5 | Content met my expectations | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 6 | Knowledgeable and well prepared | 1 | 0 | 0 | 4 | 3 | 0 | 8 | 4.00 |

| Statistic | Concepts clearly explained | Quality or Presentations | Was interesting and dynamic | Allowed and answered questions | Content met my expectations | Knowledgeable and well prepared |
|---|---|---|---|---|---|---|
| Min Value | 1 | 1 | 1 | 1 | 1 | 1 |
| Max Value | 5 | 5 | 5 | 5 | 5 | 5 |
| Mean | 4.13 | 4.00 | 4.00 | 4.13 | 4.13 | 4.00 |
| Variance | 1.84 | 1.71 | 1.71 | 1.84 | 1.84 | 1.71 |
| Standard Deviation | 1.36 | 1.31 | 1.31 | 1.36 | 1.36 | 1.31 |
| Total Responses | 8 | 8 | 8 | 8 | 8 | 8 |

## 27. PS2. Robert Lowery, Jr.

| # | Question | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Presenter did not present | Total Responses | Mean |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Concepts clearly explained | 1 | 0 | 0 | 3 | 3 | 1 | 8 | 4.25 |
| 2 | Quality or Presentations | 1 | 0 | 0 | 3 | 3 | 1 | 8 | 4.25 |
| 3 | Was interesting and dynamic | 1 | 0 | 0 | 3 | 3 | 1 | 8 | 4.25 |
| 4 | Allowed and answered questions | 1 | 0 | 0 | 4 | 2 | 1 | 8 | 4.13 |
| 5 | Content met my expectations | 1 | 0 | 0 | 4 | 2 | 1 | 8 | 4.13 |
| 6 | Knowledgeable and well prepared | 1 | 0 | 0 | 2 | 4 | 1 | 8 | 4.38 |

| Statistic | Concepts clearly explained | Quality or Presentations | Was interesting and dynamic | Allowed and answered questions | Content met my expectations | Knowledgeable and well prepared |
|---|---|---|---|---|---|---|
| Min Value | 1 | 1 | 1 | 1 | 1 | 1 |
| Max Value | 6 | 6 | 6 | 6 | 6 | 6 |
| Mean | 4.25 | 4.25 | 4.25 | 4.13 | 4.13 | 4.38 |
| Variance | 2.21 | 2.21 | 2.21 | 2.13 | 2.13 | 2.27 |
| Standard Deviation | 1.49 | 1.49 | 1.49 | 1.46 | 1.46 | 1.51 |
| Total Responses | 8 | 8 | 8 | 8 | 8 | 8 |

## 28. PS2. Rosalie Morales

| # | Question | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Presenter did not present | Total Responses | Mean |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Concepts clearly explained | 1 | 0 | 0 | 4 | 2 | 1 | 8 | 4.13 |
| 2 | Quality or Presentations | 1 | 0 | 0 | 4 | 2 | 1 | 8 | 4.13 |
| 3 | Was interesting and dynamic | 1 | 0 | 0 | 4 | 2 | 1 | 8 | 4.13 |
| 4 | Allowed and answered questions | 1 | 0 | 0 | 4 | 2 | 1 | 8 | 4.13 |
| 5 | Content met my expectations | 1 | 0 | 0 | 4 | 2 | 1 | 8 | 4.13 |
| 6 | Knowledgeable and well prepared | 1 | 0 | 0 | 4 | 2 | 1 | 8 | 4.13 |

| Statistic | Concepts clearly explained | Quality or Presentations | Was interesting and dynamic | Allowed and answered questions | Content met my expectations | Knowledgeable and well prepared |
|---|---|---|---|---|---|---|
| Min Value | 1 | 1 | 1 | 1 | 1 | 1 |
| Max Value | 6 | 6 | 6 | 6 | 6 | 6 |
| Mean | 4.13 | 4.13 | 4.13 | 4.13 | 4.13 | 4.13 |
| Variance | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 | 2.13 |
| Standard Deviation | 1.46 | 1.46 | 1.46 | 1.46 | 1.46 | 1.46 |
| Total Responses | 8 | 8 | 8 | 8 | 8 | 8 |

## 29. PS2. Kevin Takata

| # | Question | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Presenter did not present | Total Responses | Mean |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Concepts clearly explained | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 2 | Quality or Presentations | 1 | 0 | 0 | 5 | 2 | 0 | 8 | 3.88 |
| 3 | Was interesting and dynamic | 1 | 1 | 1 | 2 | 3 | 0 | 8 | 3.63 |
| 4 | Allowed and answered questions | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 5 | Content met my expectations | 1 | 1 | 0 | 3 | 3 | 0 | 8 | 3.75 |
| 6 | Knowledgeable and well prepared | 1 | 0 | 1 | 3 | 3 | 0 | 8 | 3.88 |

| Statistic | Concepts clearly explained | Quality or Presentations | Was interesting and dynamic | Allowed and answered questions | Content met my expectations | Knowledgeable and well prepared |
|---|---|---|---|---|---|---|
| Min Value | 1 | 1 | 1 | 1 | 1 | 1 |
| Max Value | 5 | 5 | 5 | 5 | 5 | 5 |
| Mean | 4.13 | 3.88 | 3.63 | 4.13 | 3.75 | 3.88 |
| Variance | 1.84 | 1.55 | 2.27 | 1.84 | 2.21 | 1.84 |
| Standard Deviation | 1.36 | 1.25 | 1.51 | 1.36 | 1.49 | 1.36 |
| Total Responses | 8 | 8 | 8 | 8 | 8 | 8 |

## 30. PS2. Suzanna Tiapula

| # | Question | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Presenter did not present | Total Responses | Mean |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Concepts clearly explained | 1 | 0 | 0 | 2 | 5 | 0 | 8 | 4.25 |
| 2 | Quality or Presentations | 1 | 0 | 0 | 2 | 5 | 0 | 8 | 4.25 |
| 3 | Was interesting and dynamic | 1 | 0 | 0 | 2 | 5 | 0 | 8 | 4.25 |
| 4 | Allowed and answered questions | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 5 | Content met my expectations | 1 | 0 | 0 | 2 | 5 | 0 | 8 | 4.25 |
| 6 | Knowledgeable and well prepared | 1 | 0 | 0 | 2 | 5 | 0 | 8 | 4.25 |

| Statistic | Concepts clearly explained | Quality or Presentations | Was interesting and dynamic | Allowed and answered questions | Content met my expectations | Knowledgeable and well prepared |
|---|---|---|---|---|---|---|
| Min Value | 1 | 1 | 1 | 1 | 1 | 1 |
| Max Value | 5 | 5 | 5 | 5 | 5 | 5 |
| Mean | 4.25 | 4.25 | 4.25 | 4.13 | 4.25 | 4.25 |
| Variance | 1.93 | 1.93 | 1.93 | 1.84 | 1.93 | 1.93 |
| Standard Deviation | 1.39 | 1.39 | 1.39 | 1.36 | 1.39 | 1.39 |
| Total Responses | 8 | 8 | 8 | 8 | 8 | 8 |

## 31. PS2. Kathleen Truitt

| # | Question | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Presenter did not present | Total Responses | Mean |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Concepts clearly explained | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 2 | Quality or Presentations | 1 | 0 | 0 | 2 | 5 | 0 | 8 | 4.25 |
| 3 | Was interesting and dynamic | 1 | 0 | 0 | 2 | 5 | 0 | 8 | 4.25 |
| 4 | Allowed and answered questions | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 5 | Content met my expectations | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 6 | Knowledgeable and well prepared | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |

| Statistic | Concepts clearly explained | Quality or Presentations | Was interesting and dynamic | Allowed and answered questions | Content met my expectations | Knowledgeable and well prepared |
|---|---|---|---|---|---|---|
| Min Value | 1 | 1 | 1 | 1 | 1 | 1 |
| Max Value | 5 | 5 | 5 | 5 | 5 | 5 |
| Mean | 4.13 | 4.25 | 4.25 | 4.13 | 4.13 | 4.13 |
| Variance | 1.84 | 1.93 | 1.93 | 1.84 | 1.84 | 1.84 |
| Standard Deviation | 1.36 | 1.39 | 1.39 | 1.36 | 1.36 | 1.36 |
| Total Responses | 8 | 8 | 8 | 8 | 8 | 8 |

## 32. PS2. Victoria Witherell

| # | Question | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Presenter did not present | Total Responses | Mean |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Concepts clearly explained | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 2 | Quality or Presentations | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 3 | Was interesting and dynamic | 1 | 0 | 0 | 4 | 3 | 0 | 8 | 4.00 |
| 4 | Allowed and answered questions | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 5 | Content met my expectations | 1 | 0 | 0 | 3 | 4 | 0 | 8 | 4.13 |
| 6 | Knowledgeable and well prepared | 1 | 0 | 0 | 4 | 3 | 0 | 8 | 4.00 |

| Statistic | Concepts clearly explained | Quality or Presentations | Was interesting and dynamic | Allowed and answered questions | Content met my expectations | Knowledgeable and well prepared |
|---|---|---|---|---|---|---|
| Min Value | 1 | 1 | 1 | 1 | 1 | 1 |
| Max Value | 5 | 5 | 5 | 5 | 5 | 5 |
| Mean | 4.13 | 4.13 | 4.00 | 4.13 | 4.13 | 4.00 |
| Variance | 1.84 | 1.84 | 1.71 | 1.84 | 1.84 | 1.71 |
| Standard Deviation | 1.36 | 1.36 | 1.31 | 1.36 | 1.36 | 1.31 |
| Total Responses | 8 | 8 | 8 | 8 | 8 | 8 |

## 33. PS2. Session comments, strengths, weaknesses, and suggestions

| Text Response |
| --- |
| This was a GREAT session! The Delaware Panel was fabulous and I felt like that was a really great way to present cases and to give us a well-rounded view of how a case works from each of the service provider's perspectives. They also clearly practiced and/or had a plan so they were well-organized. Mike Murphy (who filled in for his boss Robert Lowery) was a breath of fresh air. He has such a GREAT energy! He was very funny, very knowledgeable and gave us lots and lots of resources. Kevin Takata was really fascinating, smart, hugely helpful and probably gave the most useful, practical presentation of the day. The information about investigations was incredibly thoughtful and thorough and it was clear that he had a lot of experience. He has kind of a flat affect, but his wealth of knowledge more than made up for his presentation tone of voice. I took tons of notes! Overall a really amazing, really comprehensive group of presentations today. Everything flowed really well, the breaks were perfectly timed (to needing to get up, stretch, use the restroom, etc.). Very, very enjoyable! |
| Only stayed the morning then went to ACES OR AVA |
| The session was well put together with good information. The presenters were clear and demonstrated outstanding knowledge of their jobs. Time wise it could have been managed better (ex: Lunch was cut short and there was little time to go anywhere to get food except for the convention stand) Overall, I enjoyed the presentation and hope to be able to attend again next year. |

| Statistic | Value |
| --- | --- |
| Total Responses | 3 |

SPONSOR: Rep. M. Smith & Rep. Briggs King & Sen. Blevins & Sen. Cloutier
Reps. Baumbach Bentz Bolden Heffernan J. Johnson Lynn Osienski Ramone B. Short Wilson ; Sens. Henry Lopez Marshall McDowell Peterson Poore Richardson Sokola Townsend

HOUSE OF REPRESENTATIVES
148th GENERAL ASSEMBLY

HOUSE BILL NO. 319

AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO SUBSTANCE EXPOSED INFANTS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

Section 1. Amend Chapter 9, Title 16 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows and redesignating accordingly:

Subchapter I. Reports and Investigations of Abuse, ~~and~~ Neglect, and Substance Exposed Infants

§ 901. Purpose.

The child welfare policy of this State shall serve to advance the best interests and secure the safety of the child, while preserving the family unit whenever the safety of the child is not jeopardized. The child welfare policy of this State extends to all child victims, whether victims of intra-familial or extra-familial abuse and neglect. To that end this chapter, among other things:

(1) Provides for comprehensive and protective services for abused and neglected children and substance exposed infants;

(2) Mandates that reports of child abuse, ~~or~~ neglect, and substance exposed infants be made to the appropriate authorities; ~~and~~

(3) Requires various agencies in Delaware's child protection system to work together to ensure the safety of children who are the subject of reports of abuse or neglect by conducting coordinated investigations, judicial proceedings and family assessments, and by providing necessary ~~services.~~ services; and

(4) Requires various agencies in Delaware’s child protection system to work together to ensure the safety of substance exposed infants, while preserving the family whenever the safety of the substance exposed infant is not jeopardized, and in doing so, develop a plan of safe care for those cases that are accepted by the Division for investigation or family assessment.

This chapter also provides for the protection of children in facilities or organizations primarily concerned with child welfare and care that are required to be licensed under Delaware law by requiring the Delaware Department of Justice to

notify any such facility where an employee of, or other person associated with, the facility has been charged with or convicted of an offense involving child sexual abuse.

§ 902. Definitions.

As used in this chapter:

(10) “Family assessment and services” shall mean a case management approach by the Division of Family Services that provides for a prompt assessment of a child and the child's family and the circumstances of the reported incident (including the known history of the child and/or the alleged perpetrator) when there has been a report to the Division that the child was a victim of abuse or neglect, or at risk of maltreatment by a person responsible for that child's care, custody or control. Family assessment and services shall be used in conjunction with the investigation approach defined in paragraph ~~(13)~~ (14) of this section but may not supplant it in circumstances which require an investigation. The family assessment response shall focus on the integrity and preservation of the family and shall assess the status of the child and the family in terms of the risk of abuse and neglect and, if necessary, plan and provide for the provision of community-based services to reduce the risk and to otherwise support the family.

(12) Health care provider is as defined in § 714 of this title.

(12) “Internal information system” shall mean a system of maintaining information related to all reports of abuse, neglect, investigations, family assessments, services and other relevant information.

~~(13)~~ (14) “Investigation” shall mean the collection of evidence in response to a report of abuse, neglect, or risk of maltreatment by a person responsible for that child's care, custody or control in order to determine if a child has been abused, neglected, or is at risk of maltreatment. The Division shall develop protocols for its investigations that focus on ensuring the well-being and safety of the child. The Division may conduct an investigation in response to any report of abuse, neglect, or risk of maltreatment but shall conduct an investigation as enumerated under § ~~906(e)(3)~~ 906(f)(3) of this title.

(20) “Plan of safe care” or “plan” shall mean a multidisciplinary plan for coordinated family services to ensure the safety and well-being of the substance exposed infant. For cases accepted by the Division for investigation or family assessment, the plan shall be developed by the Division, or its contract agency, in collaboration with the health care providers and other agencies involved with the care of the substance exposed infant and parent(s). For these cases, the Division will implement and monitor the plan. The plan shall be in writing and shared with all health care providers and involved agencies prior to the substance exposed infant’s discharge from the hospital. The plan shall address the needs of the substance exposed infant, the areas of risk in the substance exposed infant’s life, and shall identify any available family supports to assist with the care of the substance exposed infant. The plan shall include, but not be limited to, the following areas: safe sleeping education and confirmation of safe sleeping arrangements for the substance exposed infant; referral of parent(s) to a substance use disorder treatment program; if parent(s) is already involved in a substance use disorder treatment program, the treatment providers shall be notified of the birth of the substance exposed infant; referral of parent(s) to appropriate home visiting programs; and the scheduling of the first pediatric appointment for the substance exposed infant prior to discharge from the hospital. If the Division implements a safety plan for the child, the safety plan shall be incorporated into the plan of safe care

and shared with all healthcare providers and involved agencies prior to the substance exposed infant's discharge from the hospital. A plan of safe care implemented and monitored by the Division shall end when the Division closes the investigation case which is not transferred to the treatment unit, or when the treatment case is closed.

(25) "Substance exposed infant" shall mean a child not more than 4 weeks of age, born in this State, who is born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder.

(28) "Withdrawal symptoms resulting from prenatal drug exposure" shall mean a group of behavioral and physiological features in the infant that follow the abrupt discontinuation of a drug that has the capability of producing physical dependence. Withdrawal symptoms resulting exclusively from a prescription drug used by the mother under the care of a prescribing medical professional, in compliance with the directions for the administration of the prescription as directed by the prescribing medical professional, and its compliance and administration verified by the healthcare provider involved in the delivery or care of the infant, is not included in the definition.

§ 903. Reports required.

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

(b) In accordance with § 904 of this title, a healthcare provider shall immediately make a report or cause a report to be made to the Division if the provider is involved in the delivery or care of an infant who is born with and identified as being affected by any of the following:

(1) Illegal substance use by the infant's mother.

(2) Withdrawal symptoms resulting from prenatal drug exposure unless the withdrawal symptoms:

a. Result exclusively from a prescription drug used by the mother under the care of a prescribing medical professional; and

b. The prescription drug use is in compliance with the directions for the administration of a prescription drug as directed by the prescribing medical professional; and

c. Its compliance and administration has been verified by the healthcare provider involved in the delivery or care of the infant.

(3) A fetal alcohol spectrum disorder.

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

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

§ 905. Telephone reports, Child Protection Registry and information.

(a) The Division shall establish and maintain a 24-hour statewide toll-free telephone report line operating at all times and capable of receiving all reports of alleged abuse, ~~and~~ neglect, and substance exposed infants as defined in ~~§ 901 of Title 10~~ this chapter.

(b) The Division shall maintain a Child Protection Registry and an internal information system as defined by § 902 of this title. Reports unsubstantiated shall be kept in the internal information system by the Division.

(c) Every report of child abuse, ~~or~~ neglect, or substance exposed infant made to the Division shall be entered in the Division's internal information system and each such report involving the death of, serious physical injury to, or allegations of sexual abuse of a child shall also be entered in the Department's multi-disciplinary tracking system.

(d) Although reports of abuse and neglect may be made anonymously, the Division shall in all cases, after obtaining relevant information regarding alleged abuse or neglect, request the name and address of any person making a report. Reports of substance exposed infants shall not be made anonymously.

(e) Upon receipt of a report, the Division shall immediately communicate such report to its appropriate Division staff, after a check has been made with the internal information system to determine whether previous reports have been made regarding actual or suspected abuse or neglect of the subject child, or any reports regarding any siblings, family members or the alleged perpetrator, including any previous reports of a substance exposed infant born to the mother of the subject child, and such information as may be contained from such previous reports. Such relevant information as may be contained in the internal information system shall also be forwarded to the appropriate Division staff.

(f) Upon receipt of a report of child abuse, ~~or~~ neglect, or substance exposed infant, the Division shall immediately notify the Investigation Coordinator of the report, in sufficient detail to permit the Investigation Coordinator to undertake the Investigation Coordinator's duties, as specified in § 906 of this title.

§ 906. State response to reports of abuse, ~~or~~ neglect, or substance exposed infants.

(a) The State's child protection system shall seek to promote the safety of children and the integrity and preservation of their families by conducting investigations ~~and/or~~ or family assessments in response to reports of child abuse, ~~or~~ neglect, or substance exposed infants. The system shall endeavor to coordinate community resources and provide assistance or services to children and families identified to be at risk, and to prevent and remedy child abuse and neglect.

(b) It is the policy of this State that the investigation and disposition of cases involving child abuse or neglect shall be conducted in a comprehensive, integrated, multi-disciplinary manner that:

(1) Provides civil and criminal protections to the child and the community;

(2) Encourages the use of collaborative decision-making and case management to reduce the number of times a child is interviewed and examined to minimize further trauma to the child; and

(3) Provides safety and treatment for a child and his or her family by coordinating a therapeutic services system.

(c) It is the policy of this State that the investigation or family assessment of cases involving substance exposed infants shall be conducted in a coordinated, service integrated manner that:

(1) Ensures the safety of the substance exposed infant while preserving the family whenever the safety of the substance exposed infant is not jeopardized; and

(2) Develops a plan of safe care for cases involving substance exposed infants that are accepted by the Division for investigation or family assessment.

~~(c)~~ (d)(1) In implementing the Investigation Coordinator's role in the child protection system, the Investigation Coordinator, or the Investigation Coordinator's designee, shall:

a. Have the authority to track within the Department's internal information system each reported case of alleged child abuse, ~~or~~ neglect, or substance exposed infant;

~~(e)~~ (f) In implementing the Division's role in the child protection system, the Division shall:

(3) The Division may investigate any report, but shall conduct an investigation involving all reports, which if true, would constitute violations against a child by a person responsible for the care, custody and control of the child of any of the following provisions of § 603, § 604, § 611, § 612, § 613, § 621, § 625, § 626, § 631, § 632, § 633, § 634, § 635, § 636, § 645, § 763, § 765, § 766, § 767, § 768, § 769, § 770, § 771, § 772, § 773, § 774, § 775, § 776, § 777, § 780, § 782, § 783, § 783A, § 791, § 1100A, § 1101, § 1102, § 1107, § 1108, § 1109, § 1110, § 1111, or § 1259 of Title 11, or an attempt to commit any such crimes. The Division staff shall also contact the Delaware Department of Justice and the appropriate law-enforcement agency upon receipt of any report under this section and shall provide such agency with a detailed description of the report received. The appropriate law-enforcement agency shall assist the Division in the investigation or provide the Division, within a reasonable time, an explanation detailing the reasons why it is unable to assist. Notwithstanding any provision of the Delaware Code to the contrary, to the extent the law-enforcement agency with jurisdiction over the case is unable to assist, the Division may request that the Delaware State Police exercise jurisdiction over the case and upon such request the Delaware State police may exercise such jurisdiction;

(7) The Division shall have authority to secure a medical examination of a child, without the consent of those responsible for the care, custody and control of the child, if the child has been reported to be a victim of abuse or neglect; provided, that such case is classified as an investigation pursuant to paragraph ~~(e)(3)~~ (f)(3)of this section and the Director or the Director's designee gives prior authorization for such examination upon finding that such examination is necessary to protect the health and safety of the child;

(10) Commence an immediate investigation if at any time during the family assessment and services approach the Division determines that an investigation as delineated in paragraph ~~(e)(3)~~ (f)(3) of this section is required or is otherwise

appropriate. The Division staff who have conducted the assessment may remain involved in the provision of services to the child and family;

(22) Develop a plan of safe care for cases involving a substance exposed infant that are accepted for investigation or family assessment.

Section 2. Amend Section 929, Title 16 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 929. Removal of name from the Child Protection Registry [Effective until Apr. 7, 2016]

(e) Removal from the Child Protection Registry means only that the person's name has been removed from the Registry and may no longer be reported to employers pursuant to Chapter 85 of Title 11. Notwithstanding removal from the Registry, the person's name and other case information remains in the Division's internal information system as substantiated for all other purposes, including, but not limited to, the Division's use of the information for historical, treatment and investigative purposes, child care licensing decisions, foster and adoptive parent decisions, reporting pursuant to § 309 of Title 31, reporting to law enforcement authorities, or any other purpose set forth in § ~~906(e)~~ 906(f) of this title.

§ 929 Removal of name from the Child Protection Registry [Effective Apr. 7, 2016]

(e) Removal from the Child Protection Registry means only that the person's name has been removed from the Registry and may no longer be reported to employers pursuant to Chapter 85 of Title 11 or Chapter 3 of Title 31. Notwithstanding removal from the Registry, the person's name and other case information remains in the Division's internal information system as substantiated for all other purposes, including, but not limited to, the Division's use of the information for historical, treatment and investigative purposes, child-care licensing decisions, foster and adoptive parent decisions, reporting to law-enforcement authorities, or any other purpose set forth in § ~~906(e)~~ 906(f) of this title.

Section 3. This act shall take effect 180 days after its enactment into law.

Section 4. This Act shall be known and may be cited as "Aiden's Law".

## SYNOPSIS

This non-punitive, public health-oriented bill seeks to codify certain sections of the federal law known as the Child Abuse Prevention and Treatment Act ("CAPTA") that requires States to have policies and procedures in place to address the needs of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a fetal alcohol spectrum disorder, including a requirement that healthcare providers involved in the delivery or care of such infants notify the child protective services system. Furthermore, CAPTA requires the development of a "plan of safe care" for these infants. This bill clarifies and formalizes a uniform, collaborative response protocol in accordance with CAPTA that will require Delaware's child protection system partners to work together to ensure the safety of substance exposed infants and to provide support and services to the mothers and families of substance exposed infants.

Section 2 of the bill makes a conforming change to Section 929 of Title 16 to reflect updated cross-references.

# Appendix I: Multidisciplinary Child Abuse Investigative Team Training

## Q1 The multidisciplinary team approach to the investigation, prosecution, and treatment of child abuse has many benefits, to include reducing trauma to children and their families.

Answered: 43 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **100.00%** 43 | **0.00%** 0 | **0.00%** 0 | 43 | 1.00 |

## Q2 All reports of suspected child abuse must be reported to the DFS Report Line.

Answered: 43 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **97.67%** 42 | **0.00%** 0 | **2.33%** 1 | 43 | 1.05 |

## Q3 Confidentiality is never a concern when videotaping interviews of child abuse victims.

Answered: 43 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **0.00%** 0 | **2.33%** 1 | **97.67%** 42 | 43 | 2.98 |

## Q4 Forensic interviews conducted at the Children's Advocacy Center are conducted using a nationally recognized protocol.

Answered: 43 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **81.40%** 35 | **18.60%** 8 | **0.00%** 0 | 43 | 1.19 |

## Q5 A First Responder Minimal Facts Interview is not necessary if preliminary investigative information can be obtained from other sources.

Answered: 43 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| (no label) | **23.26%** 10 | **34.88%** 15 | **41.86%** 18 | 43 | 2.19 |

## Q6 The purpose of the First Responder Minimal Facts Interview is to eliminate the need for an in-depth interview at the Children's Advocacy Center.

Answered: 43 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **9.30%** 4 | **9.30%** 4 | **81.40%** 35 | 43 | 2.72 |

## Q7 The dynamics of sexual abuse help you understand how the child viewed his/her abuse and the child's coping mechanisms.

Answered: 43 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **81.40%** 35 | **13.95%** 6 | **4.65%** 2 | 43 | 1.23 |

## Q8 The dynamics of Summit's Child Sexual Abuse Accommodation Syndrome are secrecy, helplessness, entrapment and accommodation, delayed/unconvincing disclosure and retraction/recantation.

Answered: 43 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **39.53%** 17 | **58.14%** 25 | **2.33%** 1 | 43 | 1.63 |

## Q9 The two types of memory are recognition and reconstruction.

Answered: 43 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **69.77%** 30 | **30.23%** 13 | **0.00%** 0 | 43 | 1.30 |

## Q10 Children never provide different details at different times when telling about life events.

Answered: 43 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | 2.33%<br>1 | 0.00%<br>0 | 97.67%<br>42 | 43 | 2.95 |

## Q11 The two types of disclosure are purposeful and accidental.

Answered: 43 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | 79.07%<br>34 | 16.28%<br>7 | 4.65%<br>2 | 43 | 1.26 |

## Q12 A disclosure is a one-time event, not a process.

Answered: 42 Skipped: 1

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | 2.38%<br>1 | 0.00%<br>0 | 97.62%<br>41 | 42 | 2.95 |

## Q13 Children are more likely to have purposeful disclosures than accidental disclosures of abuse.

Answered: 42 Skipped: 1

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | 21.43%<br>9 | 19.05%<br>8 | 59.52%<br>25 | 42 | 2.38 |

## Q14 Interviewers can be suggestive through both their language and behavior.

Answered: 42 Skipped: 1

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | 83.33%<br>35 | 2.38%<br>1 | 14.29%<br>6 | 42 | 1.31 |

## Q15 All research on children's memory and suggestibility is applicable in the real world of forensic interviewing.

Answered: 42 Skipped: 1

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | 52.38%<br>22 | 33.33%<br>14 | 14.29%<br>6 | 42 | 1.62 |

## Q16 Questions asked of children should be simple and concrete not complex and abstract.

Answered: 42 Skipped: 1

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | 100.00%<br>42 | 0.00%<br>0 | 0.00%<br>0 | 42 | 1.00 |

## Q17 Age/Ability and Trauma are Affecters when talking to children.

Answered: 42 Skipped: 1

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | 100.00%<br>42 | 0.00%<br>0 | 0.00%<br>0 | 42 | 1.00 |

## Q18 An Institutional Block is one category of problems that may cause barriers during the forensic interview process.

Answered: 42 Skipped: 1

| | (no label) | (no label) | (no label) | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | 73.81%<br>31 | 26.19%<br>11 | 0.00%<br>0 | 42 | 1.26 |

## Q19 Providing reassurance during the forensic interview process is an inappropriate block removal technique.

Answered: 42 Skipped: 1

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | 28.57%<br>12 | 35.71%<br>15 | 35.71%<br>15 | 42 | 2.07 |

## Q20 Child abuse injuries should be photographed on two different occasions and if possible, with some sort of scale.

Answered: 42 Skipped: 1

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | 80.95%<br>34 | 9.52%<br>4 | 9.52%<br>4 | 42 | 1.29 |

## Q21 If the initial LE and/or DFS response for an abuse case is to the hospital, the scene/residence does not need to be investigated.

Answered: 42 Skipped: 1

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **0.00%**<br>0 | **2.38%**<br>1 | **97.62%**<br>41 | 42 | 2.98 |

## Q22 The most common medical evidence in child sexual abuse cases is obtained through history/interview of child.

Answered: 42 Skipped: 1

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **40.48%**<br>17 | **21.43%**<br>9 | **38.10%**<br>16 | 42 | 1.98 |

## Q23 Further evaluation of an infant with a suspected abuse injury should include a skeletal survey, CT scan of the head, and screening for occult abdominal injury.

Answered: 42 Skipped: 1

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **90.48%**<br>38 | **7.14%**<br>3 | **2.38%**<br>1 | 42 | 1.12 |

## Q24 Requiring soft-spoken objections and questions is a pre-trial motion that can make the process of testifying less stressful for the child.

Answered: 42 Skipped: 1

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **61.90%**<br>26 | **33.33%**<br>14 | **4.76%**<br>2 | 42 | 1.43 |

## Q25 Excited utterances are not considered hearsay exceptions.

Answered: 42 Skipped: 1

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| (no label) | **21.43%** 9 | **33.33%** 14 | **45.24%** 19 | 42 | 2.24 |

## Q1 The multidisciplinary team approach to the investigation, prosecution, and treatment of child abuse has many benefits, to include reducing trauma to children and their families.

Answered: 41 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **100.00%** 41 | **0.00%** 0 | **0.00%** 0 | 41 | 1.00 |

## Q2 All reports of suspected child abuse must be reported to the DFS Report Line.

Answered: 41 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **100.00%** 41 | **0.00%** 0 | **0.00%** 0 | 41 | 1.00 |

## Q3 Confidentiality is never a concern when videotaping interviews of child abuse victims.

Answered: 41 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **2.44%** 1 | **0.00%** 0 | **97.56%** 40 | 41 | 2.95 |

## Q4 Forensic interviews conducted at the Children's Advocacy Center are conducted using a nationally recognized protocol.

Answered: 41 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **95.12%** 39 | **0.00%** 0 | **4.88%** 2 | 41 | 1.10 |

## Q5 A First Responder Minimal Facts Interview is not necessary if preliminary investigative information can be obtained from other sources.

Answered: 41 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|

| (no label) | 78.05%<br>32 | 0.00%<br>0 | 21.95%<br>9 | 41 | 1.44 |
|---|---|---|---|---|---|

## Q6 The purpose of the First Responder Minimal Facts Interview is to eliminate the need for an in-depth interview at the Children's Advocacy Center.

Answered: 41 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | 4.88%<br>2 | 0.00%<br>0 | 95.12%<br>39 | 41 | 2.90 |

## Q7 The dynamics of sexual abuse help you understand how the child viewed his/her abuse and the child's coping mechanisms.

Answered: 41 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | 97.56%<br>40 | 2.44%<br>1 | 0.00%<br>0 | 41 | 1.02 |

## Q8 The dynamics of Summit's Child Sexual Abuse Accommodation Syndrome are secrecy, helplessness, entrapment and accommodation, delayed/unconvincing disclosure and retraction/recantation.

Answered: 41 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | 97.56%<br>40 | 0.00%<br>0 | 2.44%<br>1 | 41 | 1.05 |

## Q9 The two types of memory are recognition and reconstruction.

Answered: 41 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | 87.80%<br>36 | 0.00%<br>0 | 12.20%<br>5 | 41 | 1.24 |

## Q10 Children never provide different details at different times when telling about life events.

Answered: 41 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **4.88%** 2 | **0.00%** 0 | **95.12%** 39 | 41 | 2.90 |

## Q11 The two types of disclosure are purposeful and accidental.

Answered: 41 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **100.00%** 41 | **0.00%** 0 | **0.00%** 0 | 41 | 1.00 |

## Q12 A disclosure is a one-time event, not a process.

Answered: 41 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **2.44%** 1 | **0.00%** 0 | **97.56%** 40 | 41 | 2.95 |

## Q13 Children are more likely to have purposeful disclosures than accidental disclosures of abuse.

Answered: 41 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **39.02%** 16 | **2.44%** 1 | **58.54%** 24 | 41 | 2.20 |

## Q14 Interviewers can be suggestive through both their language and behavior.

Answered: 41 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **90.24%** 37 | **0.00%** 0 | **9.76%** 4 | 41 | 1.20 |

## Q15 All research on children's memory and suggestibility is applicable in the real world of forensic interviewing.

Answered: 41 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **26.83%** 11 | **7.32%** 3 | **65.85%** 27 | 41 | 2.39 |

## Q16 Questions asked of children should be simple and concrete not complex and abstract.

Answered: 41 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **100.00%**<br>41 | **0.00%**<br>0 | **0.00%**<br>0 | 41 | 1.00 |

## Q17 Age/Ability and Trauma are Affecters when talking to children.

Answered: 41 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **100.00%**<br>41 | **0.00%**<br>0 | **0.00%**<br>0 | 41 | 1.00 |

## Q18 An Institutional Block is one category of problems that may cause barriers during the forensic interview process.

Answered: 41 Skipped: 0

| | (no label) | (no label) | (no label) | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **95.12%**<br>39 | **0.00%**<br>0 | **4.88%**<br>2 | 41 | 1.10 |

## Q19 Providing reassurance during the forensic interview process is an inappropriate block removal technique.

Answered: 41 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **29.27%**<br>12 | **0.00%**<br>0 | **70.73%**<br>29 | 41 | 2.41 |

## Q20 Child abuse injuries should be photographed on two different occasions and if possible, with some sort of scale.

Answered: 41 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **100.00%**<br>41 | **0.00%**<br>0 | **0.00%**<br>0 | 41 | 1.00 |

## Q21 If the initial LE and/or DFS response for an abuse case is to the hospital, the scene/residence does not need to be investigated.

Answered: 40 Skipped: 1

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **0.00%**<br>0 | **0.00%**<br>0 | **100.00%**<br>40 | 40 | 3.00 |

## Q22 The most common medical evidence in child sexual abuse cases is obtained through history/interview of child.

Answered: 41 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **78.05%**<br>32 | **0.00%**<br>0 | **21.95%**<br>9 | 41 | 1.44 |

## Q23 Further evaluation of an infant with a suspected abuse injury should include a skeletal survey, CT scan of the head, and screening for occult abdominal injury.

Answered: 41 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **100.00%**<br>41 | **0.00%**<br>0 | **0.00%**<br>0 | 41 | 1.00 |

## Q24 Requiring soft-spoken objections and questions is a pre-trial motion that can make the process of testifying less stressful for the child.

Answered: 41 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| (no label) | **100.00%**<br>41 | **0.00%**<br>0 | **0.00%**<br>0 | 41 | 1.00 |

## Q25 Excited utterances are not considered hearsay exceptions.

Answered: 41 Skipped: 0

| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| (no label) | **24.39%**<br>10 | **2.44%**<br>1 | **73.17%**<br>30 | 41 | 2.49 |

## Q1 Please indicate your level of agreement with the following statements:

Answered: 41 Skipped: 0

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Total Respondents |
|---|---|---|---|---|---|---|
| Was pertinent to my professional needs | **0.00%**<br>0 | **0.00%**<br>0 | **0.00%**<br>0 | **19.51%**<br>8 | **80.49%**<br>33 | 41 |
| Was presented in an appropriate sequence | **0.00%**<br>0 | **0.00%**<br>0 | **2.44%**<br>1 | **36.59%**<br>15 | **60.98%**<br>25 | 41 |
| Audiovisuals were effective | **0.00%**<br>0 | **0.00%**<br>0 | **9.76%**<br>4 | **41.46%**<br>17 | **48.78%**<br>20 | 41 |
| Location was accessible | **2.44%**<br>1 | **2.44%**<br>1 | **4.88%**<br>2 | **29.27%**<br>12 | **60.98%**<br>25 | 41 |
| Dates were appropriate | **0.00%**<br>0 | **2.44%**<br>1 | **4.88%**<br>2 | **29.27%**<br>12 | **63.41%**<br>26 | 41 |
| Meeting facilities were satisfactory | **7.32%**<br>3 | **4.88%**<br>2 | **7.32%**<br>3 | **36.59%**<br>15 | **43.90%**<br>18 | 41 |
| Hotel facility was satisfactory, if applicable | **2.70%**<br>1 | **0.00%**<br>0 | **8.11%**<br>3 | **16.22%**<br>6 | **72.97%**<br>27 | 37 |
| Cost were reasonable | **0.00%**<br>0 | **0.00%**<br>0 | **12.82%**<br>5 | **25.64%**<br>10 | **61.54%**<br>24 | 39 |
| There was enough break time | **4.88%**<br>2 | **0.00%**<br>0 | **9.76%**<br>4 | **31.71%**<br>13 | **56.10%**<br>23 | 41 |
| Was well organized | **0.00%**<br>0 | **0.00%**<br>0 | **2.44%**<br>1 | **17.07%**<br>7 | **80.49%**<br>33 | 41 |
| I would recommend this course to my colleagues | **0.00%**<br>0 | **0.00%**<br>0 | **2.44%**<br>1 | **19.51%**<br>8 | **78.05%**<br>32 | 41 |

# Appendix J: CPAC Dashboard



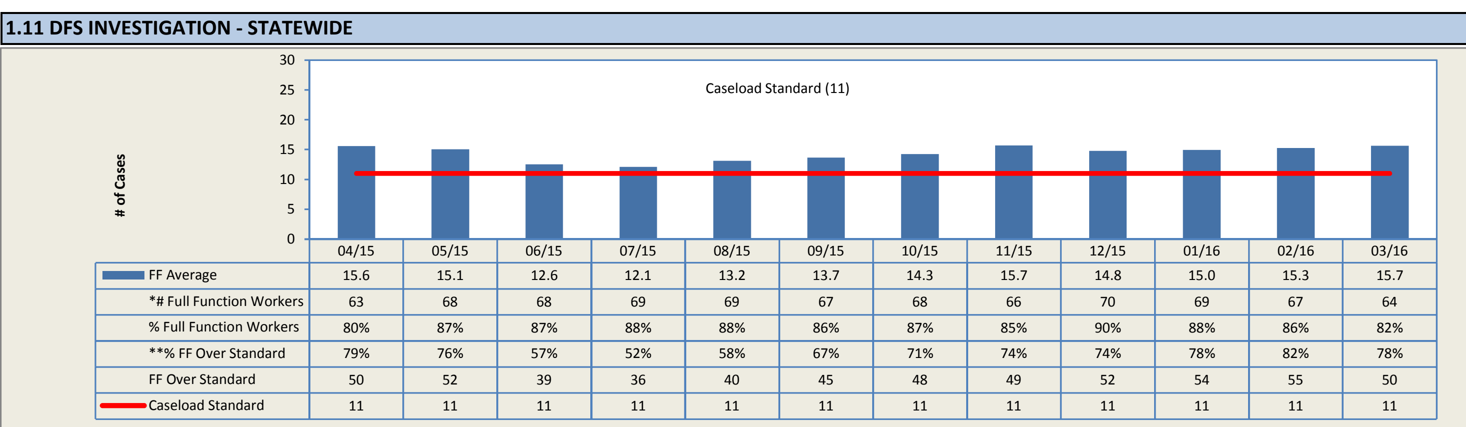
**DELAWARE CHILD WELFARE DASHBOARD - STATEWIDE**

**REPORT DATE: MAY 11, 2016**

## 1.0. CASELOAD

### 1.1 DFS INVESTIGATION CASELOADS BASED ON FULLY FUNCTIONAL WORKERS (SB 165 / SB 113)

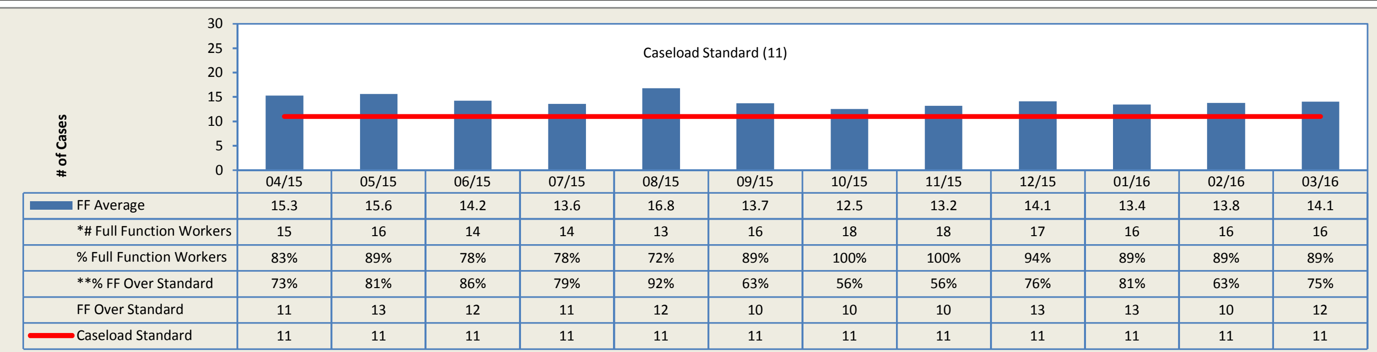
#### 1.11 DFS INVESTIGATION - STATEWIDE




| | 04/15 | 05/15 | 06/15 | 07/15 | 08/15 | 09/15 | 10/15 | 11/15 | 12/15 | 01/16 | 02/16 | 03/16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FF Average | 15.6 | 15.1 | 12.6 | 12.1 | 13.2 | 13.7 | 14.3 | 15.7 | 14.8 | 15.0 | 15.3 | 15.7 |
| *# Full Function Workers | 63 | 68 | 68 | 69 | 69 | 67 | 68 | 66 | 70 | 69 | 67 | 64 |
| % Full Function Workers | 80% | 87% | 87% | 88% | 88% | 86% | 87% | 85% | 90% | 88% | 86% | 82% |
| **% FF Over Standard | 79% | 76% | 57% | 52% | 58% | 67% | 71% | 74% | 74% | 78% | 82% | 78% |
| FF Over Standard | 50 | 52 | 39 | 36 | 40 | 45 | 48 | 49 | 52 | 54 | 55 | 50 |
| Caseload Standard | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |

*# Full Functioning Workers does not include workers on extended medical leave, new workers who have not yet received cases, workers with restricted caseloads because they have not completed mandatory training, or trainees who have not completed training
**% FF Over Standard = # of Workers Over Standard divided by # of Fully Functioning Workers

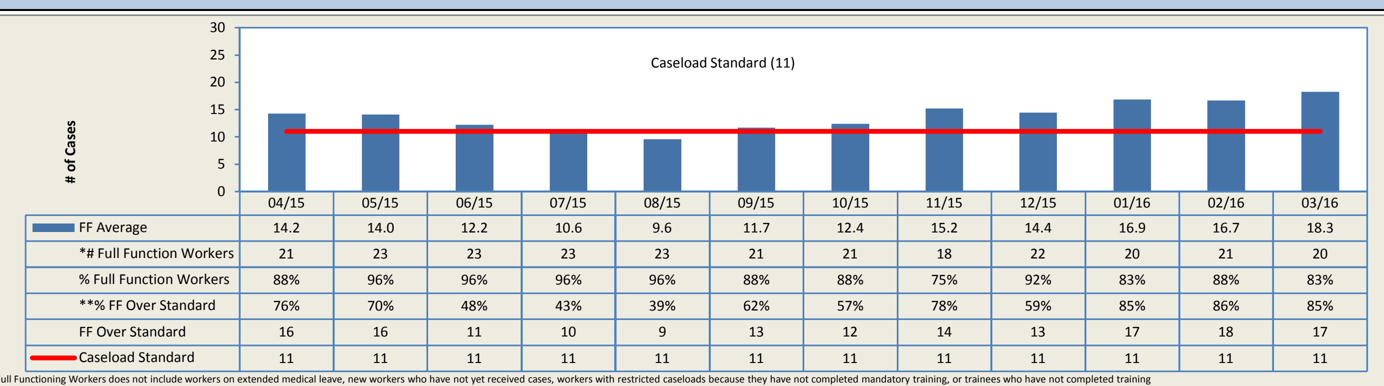
#### 1.12 DFS INVESTIGATION - BEECH




| | 04/15 | 05/15 | 06/15 | 07/15 | 08/15 | 09/15 | 10/15 | 11/15 | 12/15 | 01/16 | 02/16 | 03/16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FF Average | 15.3 | 15.6 | 14.2 | 13.6 | 16.8 | 13.7 | 12.5 | 13.2 | 14.1 | 13.4 | 13.8 | 14.1 |
| *# Full Function Workers | 15 | 16 | 14 | 14 | 13 | 16 | 18 | 18 | 17 | 16 | 16 | 16 |
| % Full Function Workers | 83% | 89% | 78% | 78% | 72% | 89% | 100% | 100% | 94% | 89% | 89% | 89% |
| **% FF Over Standard | 73% | 81% | 86% | 79% | 92% | 63% | 56% | 56% | 76% | 81% | 63% | 75% |
| FF Over Standard | 11 | 13 | 12 | 11 | 12 | 10 | 10 | 10 | 13 | 13 | 10 | 12 |
| Caseload Standard | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |

*# Full Functioning Workers does not include workers on extended medical leave, new workers who have not yet received cases, workers with restricted caseloads because they have not completed mandatory training, or trainees who have not completed training
**% FF Over Standard = # of Workers Over Standard divided by # of Fully Functioning Workers

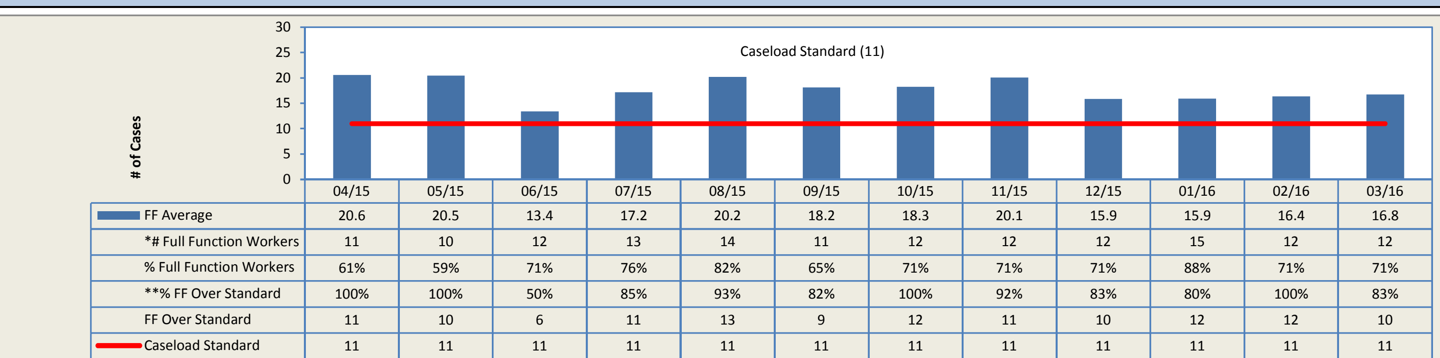
#### 1.13 DFS INVESTIGATION - UNIVERSITY PLAZA




| | 04/15 | 05/15 | 06/15 | 07/15 | 08/15 | 09/15 | 10/15 | 11/15 | 12/15 | 01/16 | 02/16 | 03/16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FF Average | 14.2 | 14.0 | 12.2 | 10.6 | 9.6 | 11.7 | 12.4 | 15.2 | 14.4 | 16.9 | 16.7 | 18.3 |
| *# Full Function Workers | 21 | 23 | 23 | 23 | 23 | 21 | 21 | 18 | 22 | 20 | 21 | 20 |
| % Full Function Workers | 88% | 96% | 96% | 96% | 96% | 88% | 88% | 75% | 92% | 83% | 88% | 83% |
| **% FF Over Standard | 76% | 70% | 48% | 43% | 39% | 62% | 57% | 78% | 59% | 85% | 86% | 85% |
| FF Over Standard | 16 | 16 | 11 | 10 | 9 | 13 | 12 | 14 | 13 | 17 | 18 | 17 |
| Caseload Standard | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |

*# Full Functioning Workers does not include workers on extended medical leave, new workers who have not yet received cases, workers with restricted caseloads because they have not completed mandatory training, or trainees who have not completed training
**% FF Over Standard = # of Workers Over Standard divided by # of Fully Functioning Workers

#### 1.14 DFS INVESTIGATION - KENT

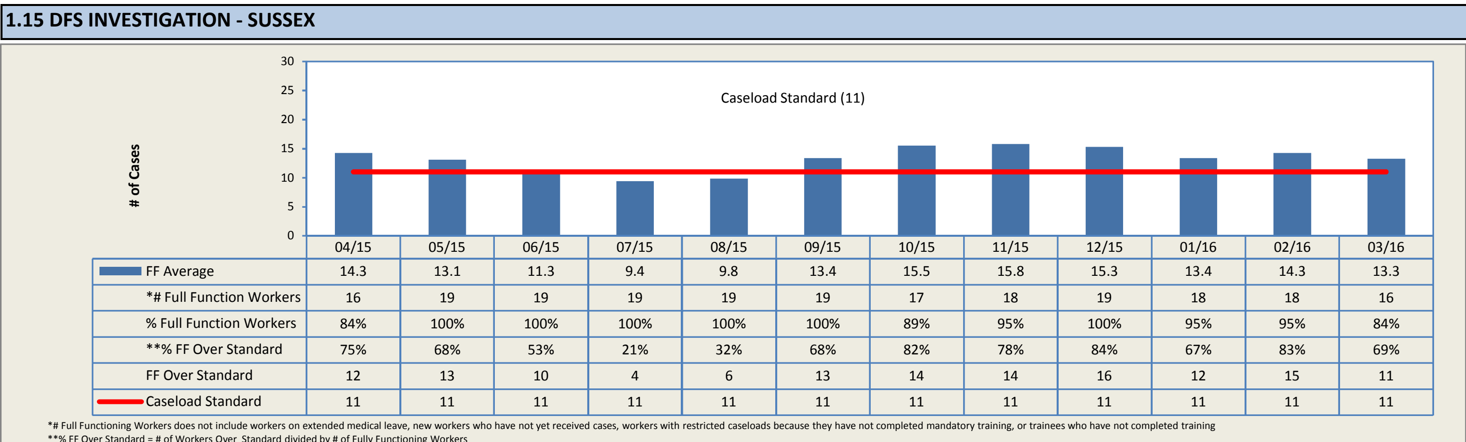



| | 04/15 | 05/15 | 06/15 | 07/15 | 08/15 | 09/15 | 10/15 | 11/15 | 12/15 | 01/16 | 02/16 | 03/16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FF Average | 20.6 | 20.5 | 13.4 | 17.2 | 20.2 | 18.2 | 18.3 | 20.1 | 15.9 | 15.9 | 16.4 | 16.8 |
| *# Full Function Workers | 11 | 10 | 12 | 13 | 14 | 11 | 12 | 12 | 12 | 15 | 12 | 12 |
| % Full Function Workers | 61% | 59% | 71% | 76% | 82% | 65% | 71% | 71% | 71% | 88% | 71% | 71% |
| **% FF Over Standard | 100% | 100% | 50% | 85% | 93% | 82% | 100% | 92% | 83% | 80% | 100% | 83% |
| FF Over Standard | 11 | 10 | 6 | 11 | 13 | 9 | 12 | 11 | 10 | 12 | 12 | 10 |
| Caseload Standard | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |

*# Full Functioning Workers does not include workers on extended medical leave, new workers who have not yet received cases, workers with restricted caseloads because they have not completed mandatory training, or trainees who have not completed training
**% FF Over Standard = # of Workers Over Standard divided by # of Fully Functioning Workers

# DELAWARE CHILD WELFARE DASHBOARD - STATEWIDE
## REPORT DATE: MAY 11, 2016

### 1.15 DFS INVESTIGATION - SUSSEX

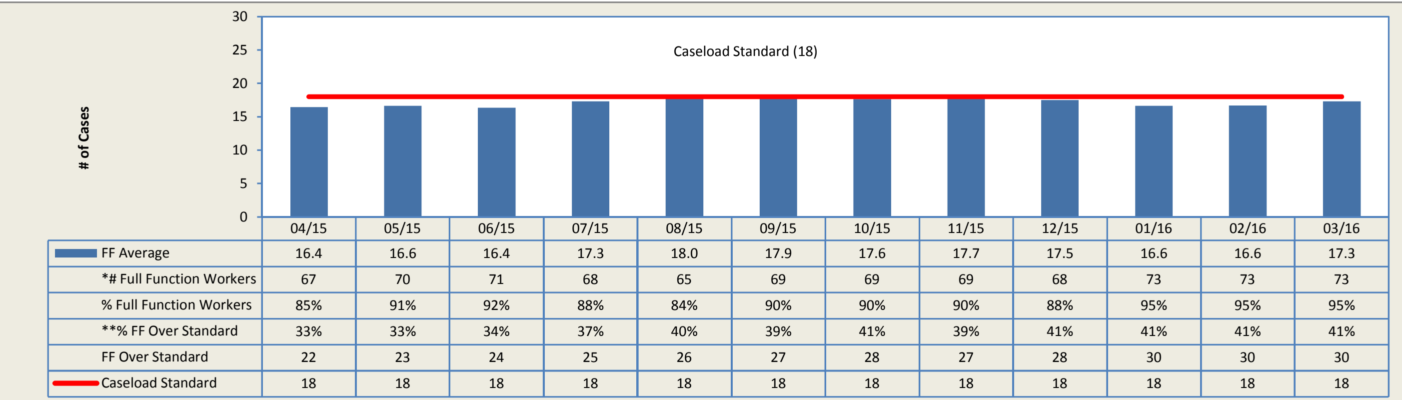



| | 04/15 | 05/15 | 06/15 | 07/15 | 08/15 | 09/15 | 10/15 | 11/15 | 12/15 | 01/16 | 02/16 | 03/16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FF Average | 14.3 | 13.1 | 11.3 | 9.4 | 9.8 | 13.4 | 15.5 | 15.8 | 15.3 | 13.4 | 14.3 | 13.3 |
| *# Full Function Workers | 16 | 19 | 19 | 19 | 19 | 19 | 17 | 18 | 19 | 18 | 18 | 16 |
| % Full Function Workers | 84% | 100% | 100% | 100% | 100% | 100% | 89% | 95% | 100% | 95% | 95% | 84% |
| **% FF Over Standard | 75% | 68% | 53% | 21% | 32% | 68% | 82% | 78% | 84% | 67% | 83% | 69% |
| FF Over Standard | 12 | 13 | 10 | 4 | 6 | 13 | 14 | 14 | 16 | 12 | 15 | 11 |
| Caseload Standard | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |

*# Full Functioning Workers does not include workers on extended medical leave, new workers who have not yet received cases, workers with restricted caseloads because they have not completed mandatory training, or trainees who have not completed training
**% FF Over Standard = # of Workers Over Standard divided by # of Fully Functioning Workers

## 1.2 - DFS TREATMENT CASELOADS BASED ON FULLY FUNCTIONAL WORKERS (SB 165 / SB 113)

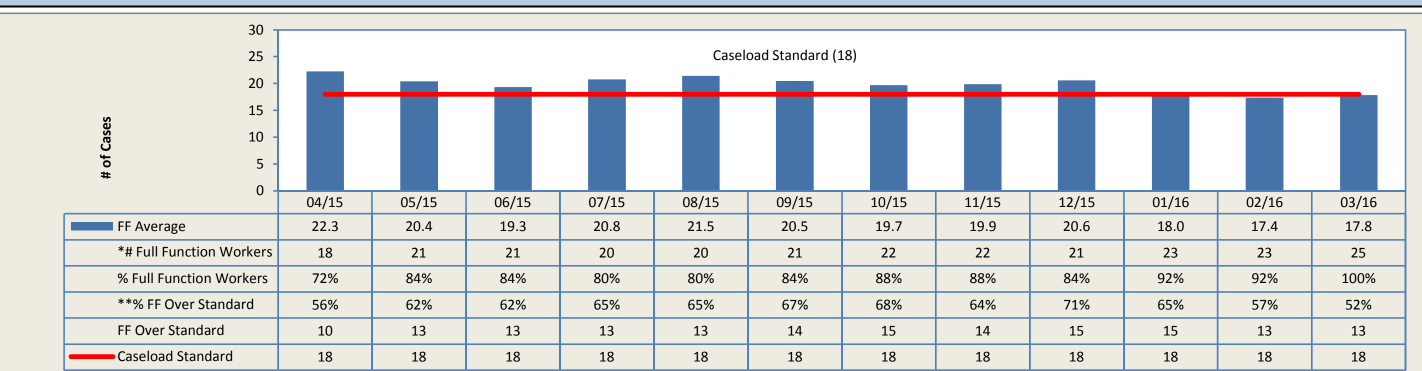
### 1.21 DFS TREATMENT - STATEWIDE




| | 04/15 | 05/15 | 06/15 | 07/15 | 08/15 | 09/15 | 10/15 | 11/15 | 12/15 | 01/16 | 02/16 | 03/16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FF Average | 16.4 | 16.6 | 16.4 | 17.3 | 18.0 | 17.9 | 17.6 | 17.7 | 17.5 | 16.6 | 16.6 | 17.3 |
| *# Full Function Workers | 67 | 70 | 71 | 68 | 65 | 69 | 69 | 69 | 68 | 73 | 73 | 73 |
| % Full Function Workers | 85% | 91% | 92% | 88% | 84% | 90% | 90% | 90% | 88% | 95% | 95% | 95% |
| **% FF Over Standard | 33% | 33% | 34% | 37% | 40% | 39% | 41% | 39% | 41% | 41% | 41% | 41% |
| FF Over Standard | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 27 | 28 | 30 | 30 | 30 |
| Caseload Standard | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 |

*# Full Functioning Workers does not include workers on extended medical leave, new workers who have not yet received cases, workers with restricted caseloads because they have not completed mandatory training, or trainees who have not completed training
**% FF Over Standard = # of Workers Over Standard divided by # of Fully Functioning Workers

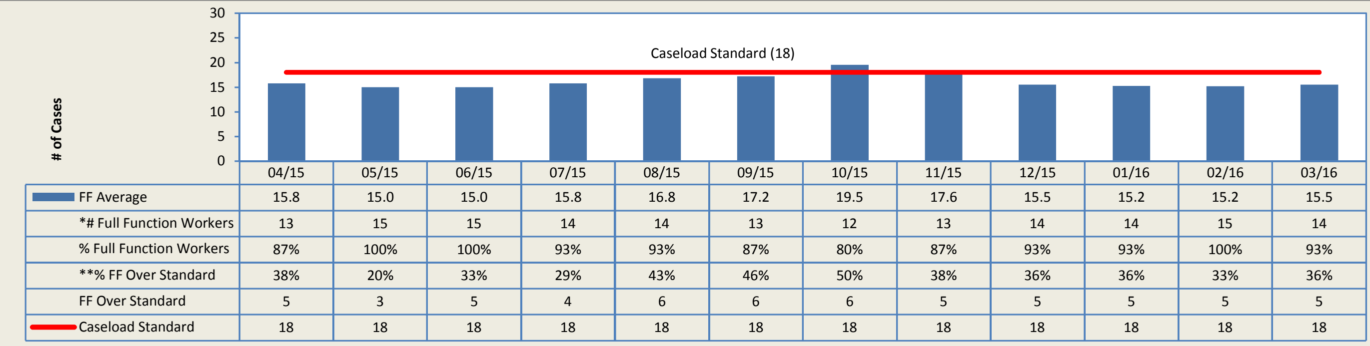
### 1.22 DFS TREATMENT - BEECH




| | 04/15 | 05/15 | 06/15 | 07/15 | 08/15 | 09/15 | 10/15 | 11/15 | 12/15 | 01/16 | 02/16 | 03/16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FF Average | 22.3 | 20.4 | 19.3 | 20.8 | 21.5 | 20.5 | 19.7 | 19.9 | 20.6 | 18.0 | 17.4 | 17.8 |
| *# Full Function Workers | 18 | 21 | 21 | 20 | 20 | 21 | 22 | 22 | 21 | 23 | 23 | 25 |
| % Full Function Workers | 72% | 84% | 84% | 80% | 80% | 84% | 88% | 88% | 84% | 92% | 92% | 100% |
| **% FF Over Standard | 56% | 62% | 62% | 65% | 65% | 67% | 68% | 64% | 71% | 65% | 57% | 52% |
| FF Over Standard | 10 | 13 | 13 | 13 | 13 | 14 | 15 | 14 | 15 | 15 | 13 | 13 |
| Caseload Standard | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 |

*# Full Functioning Workers does not include workers on extended medical leave, new workers who have not yet received cases, workers with restricted caseloads because they have not completed mandatory training, or trainees who have not completed training
**% FF Over Standard = # of Workers Over Standard divided by # of Fully Functioning Workers

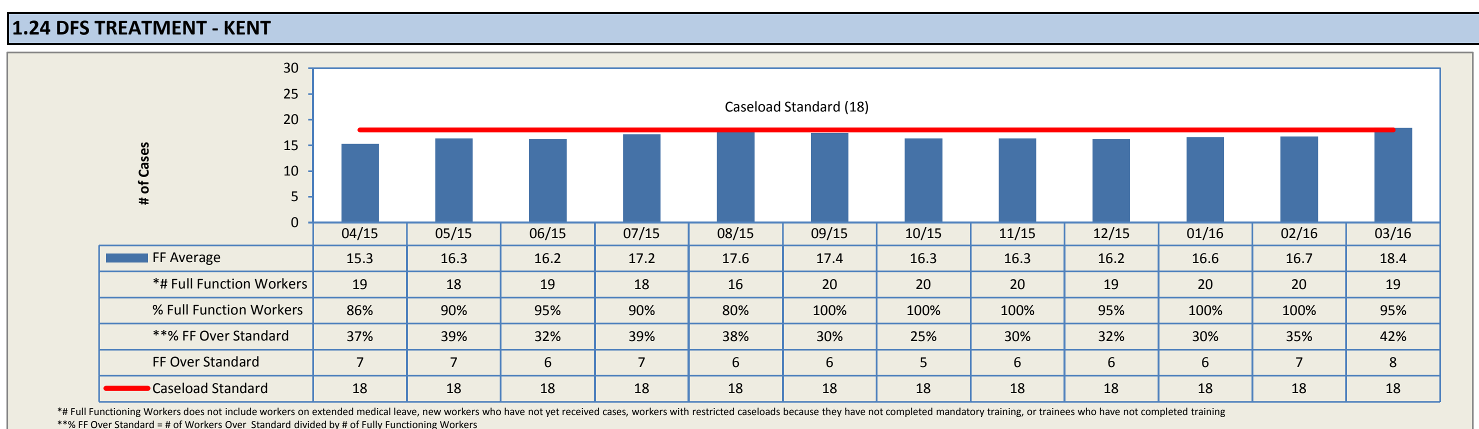
### 1.23 DFS TREATMENT - UNIVERSITY PLAZA




| | 04/15 | 05/15 | 06/15 | 07/15 | 08/15 | 09/15 | 10/15 | 11/15 | 12/15 | 01/16 | 02/16 | 03/16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FF Average | 15.8 | 15.0 | 15.0 | 15.8 | 16.8 | 17.2 | 19.5 | 17.6 | 15.5 | 15.2 | 15.2 | 15.5 |
| *# Full Function Workers | 13 | 15 | 15 | 14 | 14 | 13 | 12 | 13 | 14 | 14 | 15 | 14 |
| % Full Function Workers | 87% | 100% | 100% | 93% | 93% | 87% | 80% | 87% | 93% | 93% | 100% | 93% |
| **% FF Over Standard | 38% | 20% | 33% | 29% | 43% | 46% | 50% | 38% | 36% | 36% | 33% | 36% |
| FF Over Standard | 5 | 3 | 5 | 4 | 6 | 6 | 6 | 5 | 5 | 5 | 5 | 5 |
| Caseload Standard | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 |

*# Full Functioning Workers does not include workers on extended medical leave, new workers who have not yet received cases, workers with restricted caseloads because they have not completed mandatory training, or trainees who have not completed training
**% FF Over Standard = # of Workers Over Standard divided by # of Fully Functioning Workers

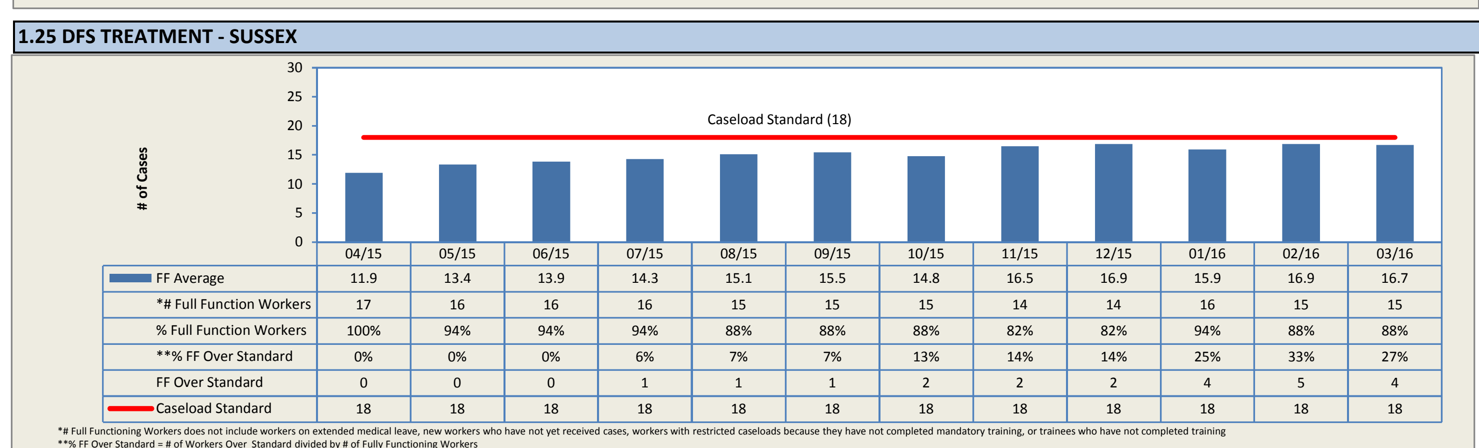
## 1.24 DFS TREATMENT - KENT




| | 04/15 | 05/15 | 06/15 | 07/15 | 08/15 | 09/15 | 10/15 | 11/15 | 12/15 | 01/16 | 02/16 | 03/16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FF Average | 15.3 | 16.3 | 16.2 | 17.2 | 17.6 | 17.4 | 16.3 | 16.3 | 16.2 | 16.6 | 16.7 | 18.4 |
| *# Full Function Workers | 19 | 18 | 19 | 18 | 16 | 20 | 20 | 20 | 19 | 20 | 20 | 19 |
| % Full Function Workers | 86% | 90% | 95% | 90% | 80% | 100% | 100% | 100% | 95% | 100% | 100% | 95% |
| **% FF Over Standard | 37% | 39% | 32% | 39% | 38% | 30% | 25% | 30% | 32% | 30% | 35% | 42% |
| FF Over Standard | 7 | 7 | 6 | 7 | 6 | 6 | 5 | 6 | 6 | 6 | 7 | 8 |
| Caseload Standard | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 |

*# Full Functioning Workers does not include workers on extended medical leave, new workers who have not yet received cases, workers with restricted caseloads because they have not completed mandatory training, or trainees who have not completed training
**% FF Over Standard = # of Workers Over Standard divided by # of Fully Functioning Workers

## 1.25 DFS TREATMENT - SUSSEX




| | 04/15 | 05/15 | 06/15 | 07/15 | 08/15 | 09/15 | 10/15 | 11/15 | 12/15 | 01/16 | 02/16 | 03/16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FF Average | 11.9 | 13.4 | 13.9 | 14.3 | 15.1 | 15.5 | 14.8 | 16.5 | 16.9 | 15.9 | 16.9 | 16.7 |
| *# Full Function Workers | 17 | 16 | 16 | 16 | 15 | 15 | 15 | 14 | 14 | 16 | 15 | 15 |
| % Full Function Workers | 100% | 94% | 94% | 94% | 88% | 88% | 88% | 82% | 82% | 94% | 88% | 88% |
| **% FF Over Standard | 0% | 0% | 0% | 6% | 7% | 7% | 13% | 14% | 14% | 25% | 33% | 27% |
| FF Over Standard | 0 | 0 | 0 | 1 | 1 | 1 | 2 | 2 | 2 | 4 | 5 | 4 |
| Caseload Standard | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 |

*# Full Functioning Workers does not include workers on extended medical leave, new workers who have not yet received cases, workers with restricted caseloads because they have not completed mandatory training, or trainees who have not completed training
**% FF Over Standard = # of Workers Over Standard divided by # of Fully Functioning Workers

# 2.0 PROCESSING OF CHILD ABUSE CASES

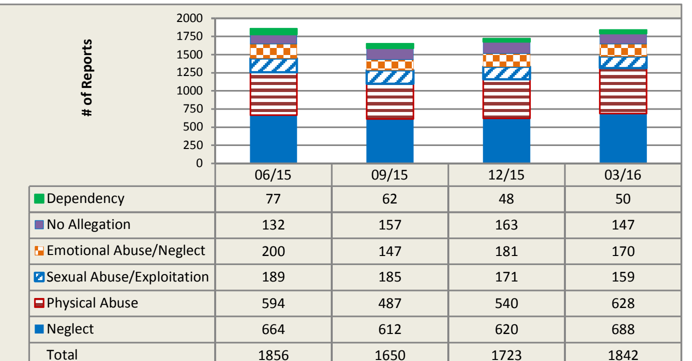
## 2.1 DIVISION OF FAMILY SERVICES

### 2.11 DFS HOTLINE REPORTS RECEIVED DURING QUARTER

# of Reports

| | 06/15 | 09/15 | 12/15 | 03/16 |
|---|---|---|---|---|
| Linked to Active Inv. | 246 | 241 | 292 | 335 |
| Screened In (FAIR) | 218 | 161 | 181 | 194 |
| Screened In (Inv.) | 1856 | 1650 | 1723 | 1842 |
| Screened Out - Law Enforcement | 1055 | 911 | 761 | 798 |
| Screened Out - General | 1675 | 1841 | 2177 | 2211 |
| Total | 5050 | 4804 | 5134 | 5380 |

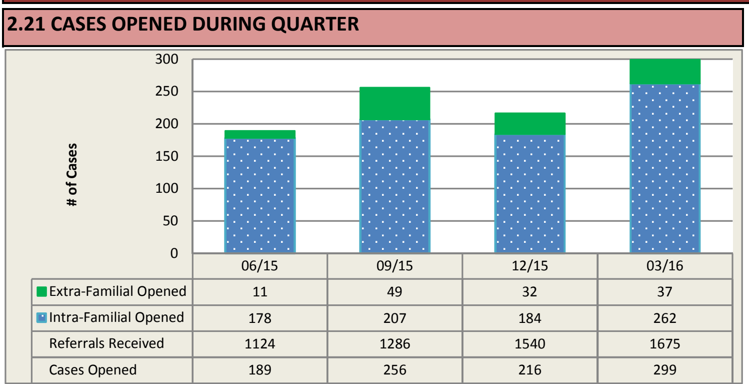
### 2.12 DFS HOTLINE REPORTS SCREENED IN (INVESTIGATION) DURING QUARTER SORTED BY PRIMARY MALTREATMENT TYPE




| | 06/15 | 09/15 | 12/15 | 03/16 |
|---|---|---|---|---|
| Dependency | 77 | 62 | 48 | 50 |
| No Allegation | 132 | 157 | 163 | 147 |
| Emotional Abuse/Neglect | 200 | 147 | 181 | 170 |
| Sexual Abuse/Exploitation | 189 | 185 | 171 | 159 |
| Physical Abuse | 594 | 487 | 540 | 628 |
| Neglect | 664 | 612 | 620 | 688 |
| Total | 1856 | 1650 | 1723 | 1842 |

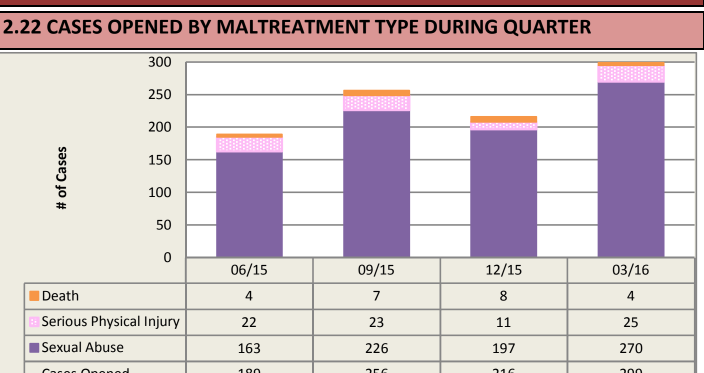
## 2.2 INVESTIGATION COORDINATOR

### 2.21 CASES OPENED DURING QUARTER



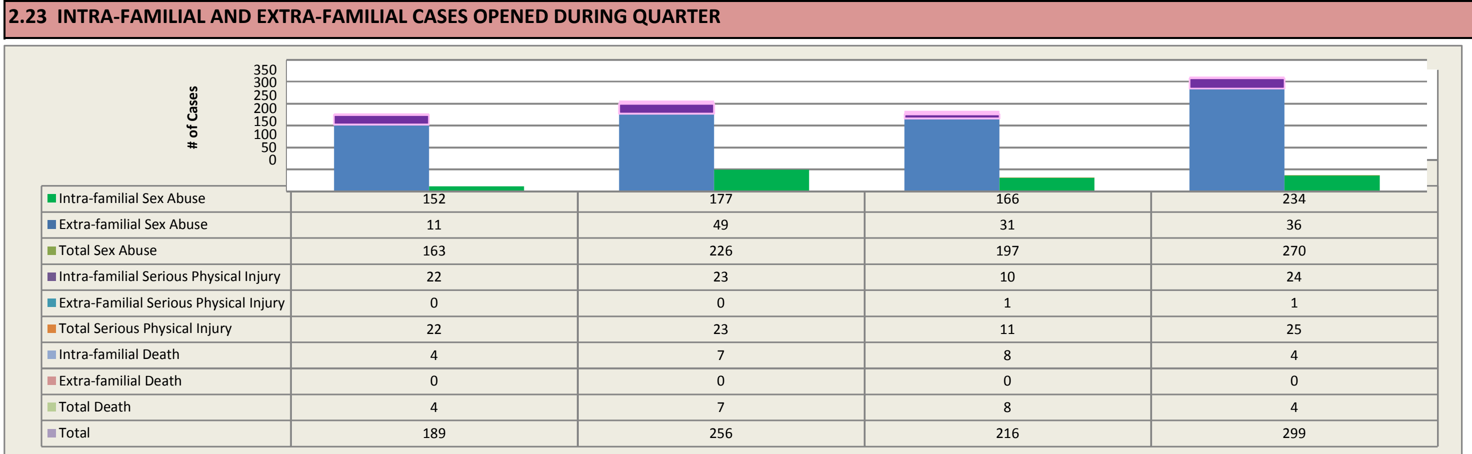

| | 06/15 | 09/15 | 12/15 | 03/16 |
|---|---|---|---|---|
| Extra-Familial Opened | 11 | 49 | 32 | 37 |
| Intra-Familial Opened | 178 | 207 | 184 | 262 |
| Referrals Received | 1124 | 1286 | 1540 | 1675 |
| Cases Opened | 189 | 256 | 216 | 299 |

### 2.22 CASES OPENED BY MALTREATMENT TYPE DURING QUARTER




| | 06/15 | 09/15 | 12/15 | 03/16 |
|---|---|---|---|---|
| Death | 4 | 7 | 8 | 4 |
| Serious Physical Injury | 22 | 23 | 11 | 25 |
| Sexual Abuse | 163 | 226 | 197 | 270 |
| Cases Opened | 189 | 256 | 216 | 299 |

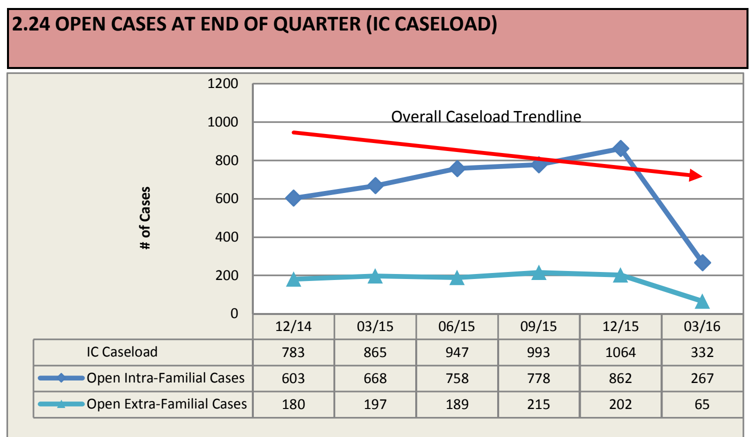
### 2.23 INTRA-FAMILIAL AND EXTRA-FAMILIAL CASES OPENED DURING QUARTER




| | | | | |
|---|---|---|---|---|
| Intra-familial Sex Abuse | 152 | 177 | 166 | 234 |
| Extra-familial Sex Abuse | 11 | 49 | 31 | 36 |
| Total Sex Abuse | 163 | 226 | 197 | 270 |
| Intra-familial Serious Physical Injury | 22 | 23 | 10 | 24 |
| Extra-Familial Serious Physical Injury | 0 | 0 | 1 | 1 |
| Total Serious Physical Injury | 22 | 23 | 11 | 25 |
| Intra-familial Death | 4 | 7 | 8 | 4 |
| Extra-familial Death | 0 | 0 | 0 | 0 |
| Total Death | 4 | 7 | 8 | 4 |
| Total | 189 | 256 | 216 | 299 |

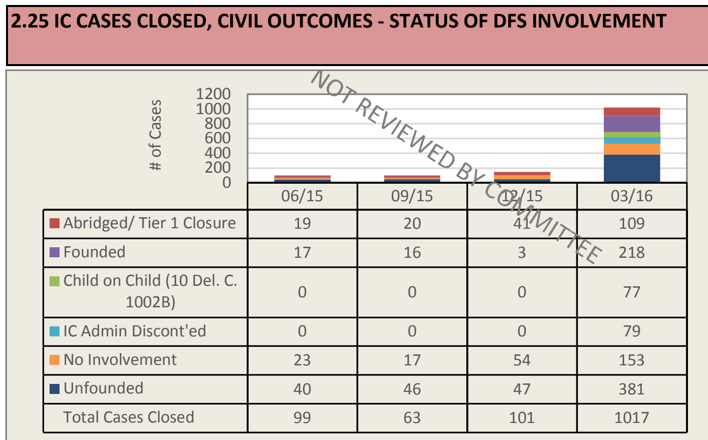
# DELAWARE CHILD WELFARE DASHBOARD - STATEWIDE
## REPORT DATE: MAY 11, 2016

### 2.24 OPEN CASES AT END OF QUARTER (IC CASELOAD)




| | 12/14 | 03/15 | 06/15 | 09/15 | 12/15 | 03/16 |
|---|---|---|---|---|---|---|
| IC Caseload | 783 | 865 | 947 | 993 | 1064 | 332 |
| Open Intra-Familial Cases | 603 | 668 | 758 | 778 | 862 | 267 |
| Open Extra-Familial Cases | 180 | 197 | 189 | 215 | 202 | 65 |

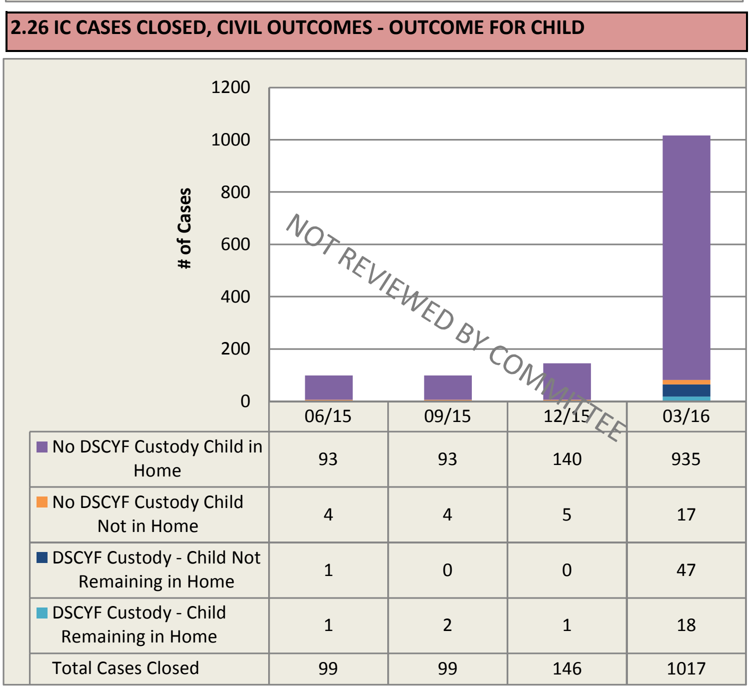
### 2.25 IC CASES CLOSED, CIVIL OUTCOMES - STATUS OF DFS INVOLVEMENT




NOT REVIEWED BY COMMITTEE

| | 06/15 | 09/15 | 12/15 | 03/16 |
|---|---|---|---|---|
| Abridged/ Tier 1 Closure | 19 | 20 | 41 | 109 |
| Founded | 17 | 16 | 3 | 218 |
| Child on Child (10 Del. C. 1002B) | 0 | 0 | 0 | 77 |
| IC Admin Discont'ed | 0 | 0 | 0 | 79 |
| No Involvement | 23 | 17 | 54 | 153 |
| Unfounded | 40 | 46 | 47 | 381 |
| Total Cases Closed | 99 | 63 | 101 | 1017 |

### 2.26 IC CASES CLOSED, CIVIL OUTCOMES - OUTCOME FOR CHILD




NOT REVIEWED BY COMMITTEE

| | 06/15 | 09/15 | 12/15 | 03/16 |
|---|---|---|---|---|
| No DSCYF Custody Child in Home | 93 | 93 | 140 | 935 |
| No DSCYF Custody Child Not in Home | 4 | 4 | 5 | 17 |
| DSCYF Custody - Child Not Remaining in Home | 1 | 0 | 0 | 47 |
| DSCYF Custody - Child Remaining in Home | 1 | 2 | 1 | 18 |
| Total Cases Closed | 99 | 99 | 146 | 1017 |

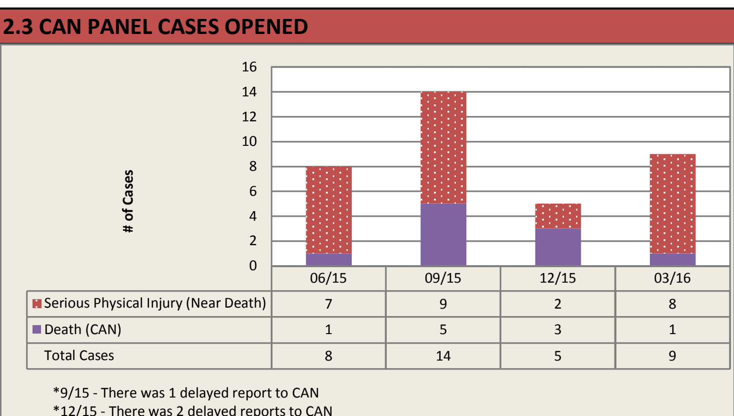
### 2.27 IC CASES CLOSED, CRIMINAL CASE OUTCOMES



NOT REVIEWED BY COMMITTEE

| | 06/15 | 09/15 | 12/15 | 03/16 |
|---|---|---|---|---|
| AG Pending > 2 Years | 0 | 0 | 0 | 4 |
| Child on child (10 Del. C. 1002B) | 0 | 0 | 0 | 79 |
| Criminal Inv Pending >1 Year | 0 | 0 | 0 | 17 |
| Criminal Inv Pending >2 Years | 0 | 0 | 0 | 35 |
| Dismissed | 0 | 0 | 0 | 4 |
| IC Admin Discontinued | 1 | 0 | 18 | 71 |
| LE Inactive | 0 | 0 | 0 | 23 |
| LE Unfounded | 22 | 26 | 21 | 120 |
| No LE Involvement | 13 | 12 | 14 | 97 |
| Nolle Pros'd | 2 | 1 | 0 | 15 |
| Prosecution Declined | 47 | 47 | 79 | 400 |
| Plea | 14 | 13 | 13 | 131 |
| Trial | 0 | 0 | 1 | 18 |
| Trial - Not Guilty | 0 | 0 | 0 | 3 |
| Total Cases Closed | 61 | 60 | 93 | 1017 |

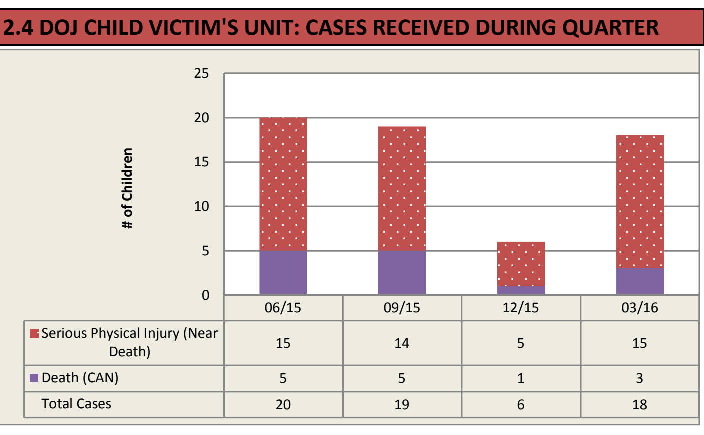
### 2.3 CAN PANEL CASES OPENED




| | 06/15 | 09/15 | 12/15 | 03/16 |
|---|---|---|---|---|
| Serious Physical Injury (Near Death) | 7 | 9 | 2 | 8 |
| Death (CAN) | 1 | 5 | 3 | 1 |
| Total Cases | 8 | 14 | 5 | 9 |

*9/15 - There was 1 delayed report to CAN
*12/15 - There was 2 delayed reports to CAN

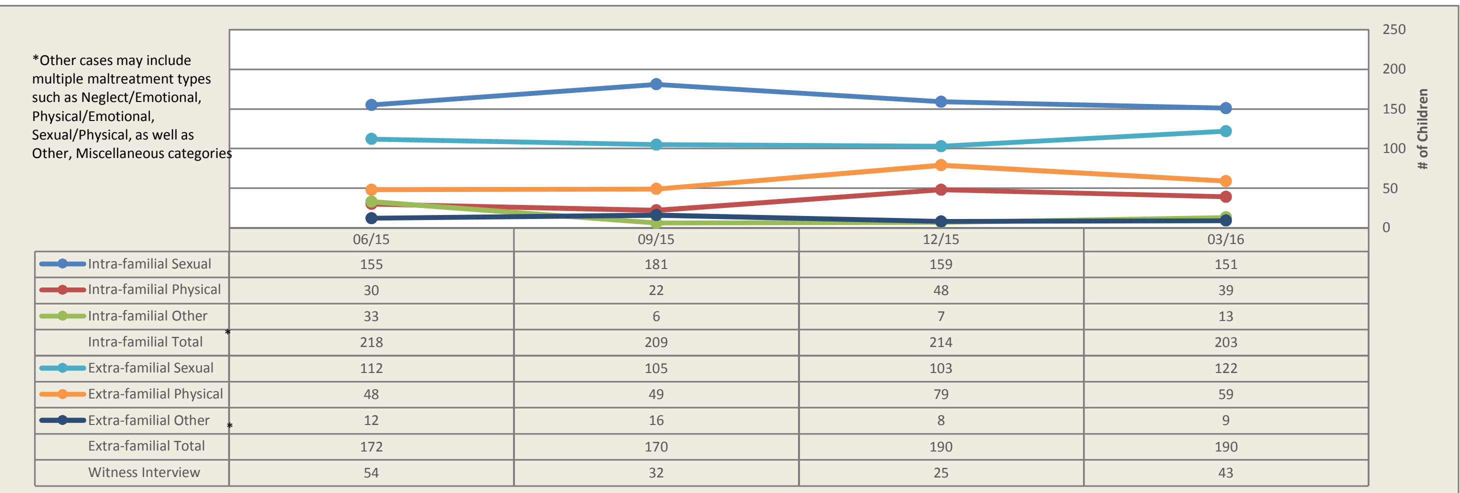
### 2.4 DOJ CHILD VICTIM'S UNIT: CASES RECEIVED DURING QUARTER




| | 06/15 | 09/15 | 12/15 | 03/16 |
|---|---|---|---|---|
| Serious Physical Injury (Near Death) | 15 | 14 | 5 | 15 |
| Death (CAN) | 5 | 5 | 1 | 3 |
| Total Cases | 20 | 19 | 6 | 18 |

## 2.5 CHILDREN'S ADVOCACY CENTER

### 2.51 CAC CASE TYPES



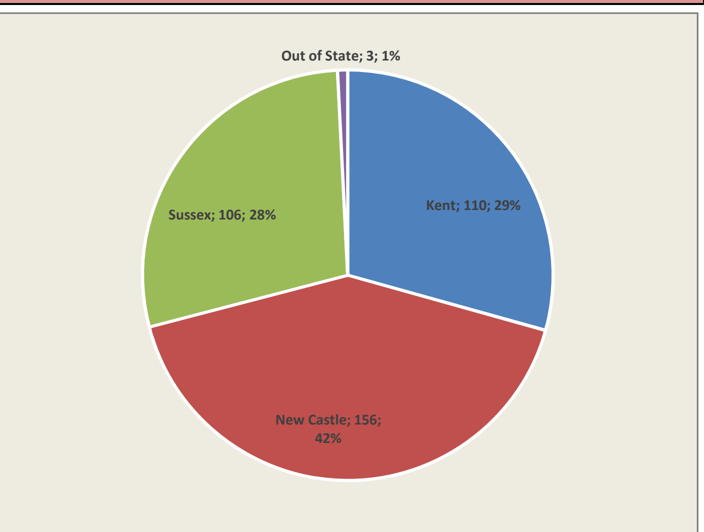

| | 06/15 | 09/15 | 12/15 | 03/16 |
|---|---|---|---|---|
| Intra-familial Sexual | 155 | 181 | 159 | 151 |
| Intra-familial Physical | 30 | 22 | 48 | 39 |
| Intra-familial Other | 33 | 6 | 7 | 13 |
| Intra-familial Total * | 218 | 209 | 214 | 203 |
| Extra-familial Sexual | 112 | 105 | 103 | 122 |
| Extra-familial Physical | 48 | 49 | 79 | 59 |
| Extra-familial Other * | 12 | 16 | 8 | 9 |
| Extra-familial Total | 172 | 170 | 190 | 190 |
| Witness Interview | 54 | 32 | 25 | 43 |

### 2.52 INCIDENTS RECEIVED BY REFERRAL AGENCY DURING QUARTER ENDING MARCH 31, 2016

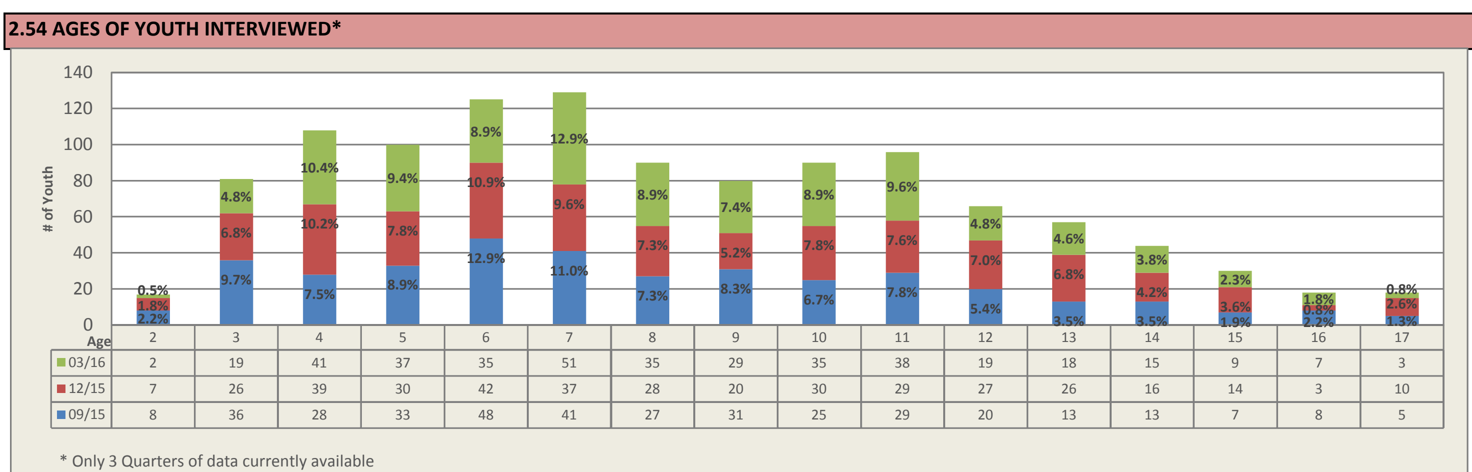
Count

| | Kent | New Castle | Sussex |
|---|---|---|---|
| Law Enforcement | 118 | 153 | 98 |
| DFS | 15 | 22 | 1 |
| DOJ | 0 | 1 | 0 |
| CAC | 0 | 0 | 0 |
| Total | 133 | 176 | 99 |

### 2.53 CAC COUNTY OF ALLEGED ABUSE OF INCIDENTS RECEIVED DURING QUARTER AS OF MARCH 31, 2016




### 2.54 AGES OF YOUTH INTERVIEWED*



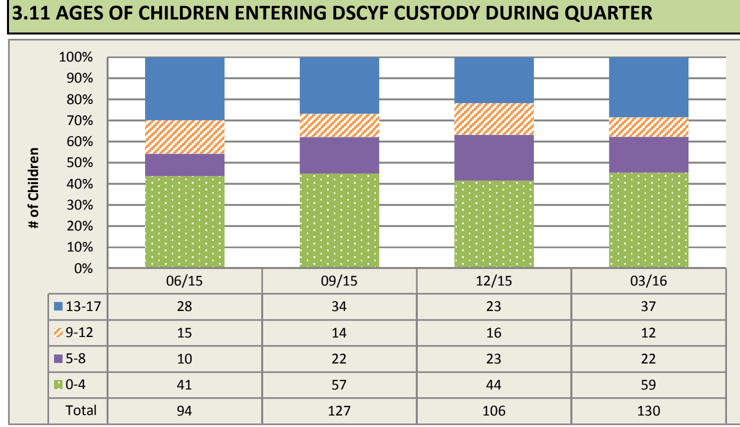

| Age | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 03/16 | 2 | 19 | 41 | 37 | 35 | 51 | 35 | 29 | 35 | 38 | 19 | 18 | 15 | 9 | 7 | 3 |
| 12/15 | 7 | 26 | 39 | 30 | 42 | 37 | 28 | 20 | 30 | 29 | 27 | 26 | 16 | 14 | 3 | 10 |
| 09/15 | 8 | 36 | 28 | 33 | 48 | 41 | 27 | 31 | 25 | 29 | 20 | 13 | 13 | 7 | 8 | 5 |

* Only 3 Quarters of data currently available

# 3.0 CHILDREN IN DSCYF CUSTODY

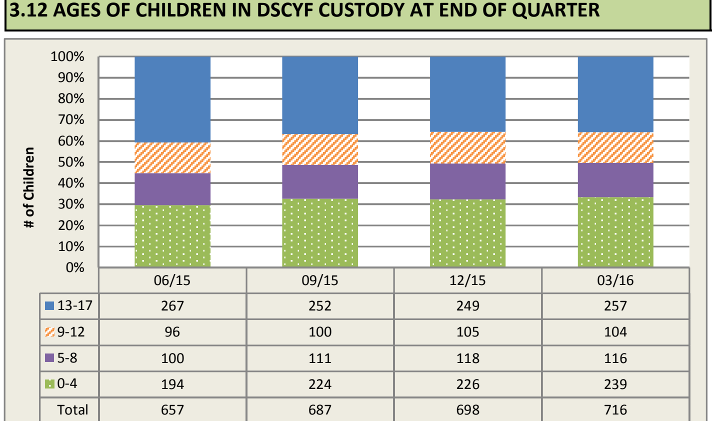
## 3.1 PROFILES OF DSCYF CHILDREN

### 3.11 AGES OF CHILDREN ENTERING DSCYF CUSTODY DURING QUARTER



| | 06/15 | 09/15 | 12/15 | 03/16 |
|---|---|---|---|---|
| 13-17 | 28 | 34 | 23 | 37 |
| 9-12 | 15 | 14 | 16 | 12 |
| 5-8 | 10 | 22 | 23 | 22 |
| 0-4 | 41 | 57 | 44 | 59 |
| Total | 94 | 127 | 106 | 130 |

### 3.12 AGES OF CHILDREN IN DSCYF CUSTODY AT END OF QUARTER



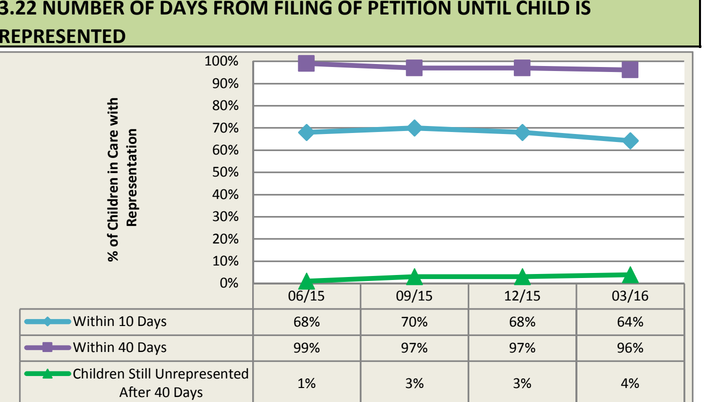
| | 06/15 | 09/15 | 12/15 | 03/16 |
|---|---|---|---|---|
| 13-17 | 267 | 252 | 249 | 257 |
| 9-12 | 96 | 100 | 105 | 104 |
| 5-8 | 100 | 111 | 118 | 116 |
| 0-4 | 194 | 224 | 226 | 239 |
| Total | 657 | 687 | 698 | 716 |

## 3.2 LEGAL REPRESENTATION

### 3.21 REPRESENTATION OF YOUTH IN DSCYF CUSTODY AT END OF QUARTER

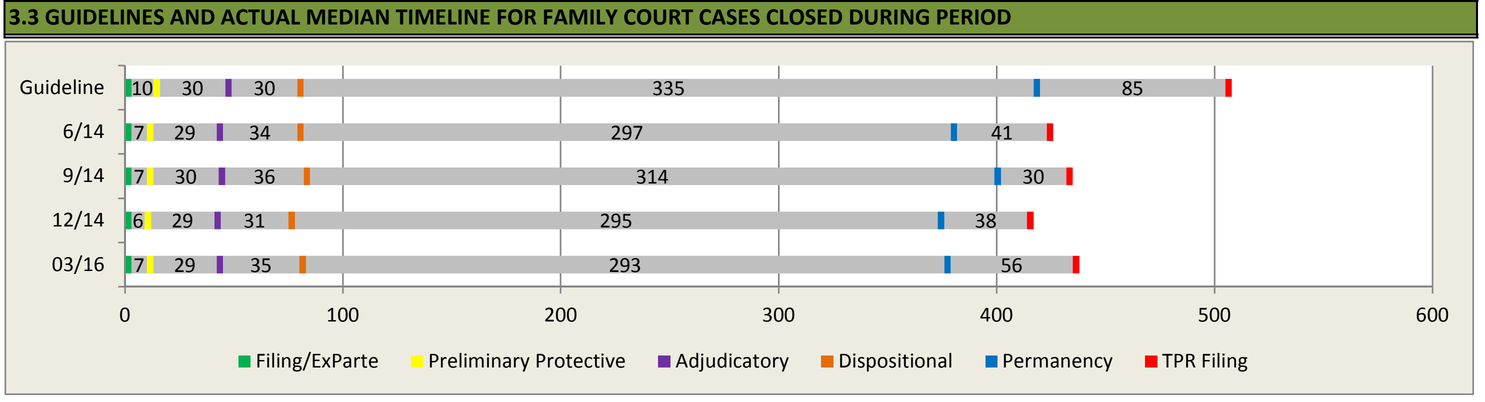
| | 06/15 | 09/15 | 12/15 | 03/16 |
|---|---|---|---|---|
| OCA | 321 | 322 | 326 | 361 |
| CASA | 328 | 355 | 366 | 345 |
| Unrepresented | 8 | 10 | 6 | 10 |
| Total Children in DSCYF Custody | 657 | 687 | 698 | 716 |

### 3.22 NUMBER OF DAYS FROM FILING OF PETITION UNTIL CHILD IS REPRESENTED



| | 06/15 | 09/15 | 12/15 | 03/16 |
|---|---|---|---|---|
| Within 10 Days | 68% | 70% | 68% | 64% |
| Within 40 Days | 99% | 97% | 97% | 96% |
| Children Still Unrepresented After 40 Days | 1% | 3% | 3% | 4% |

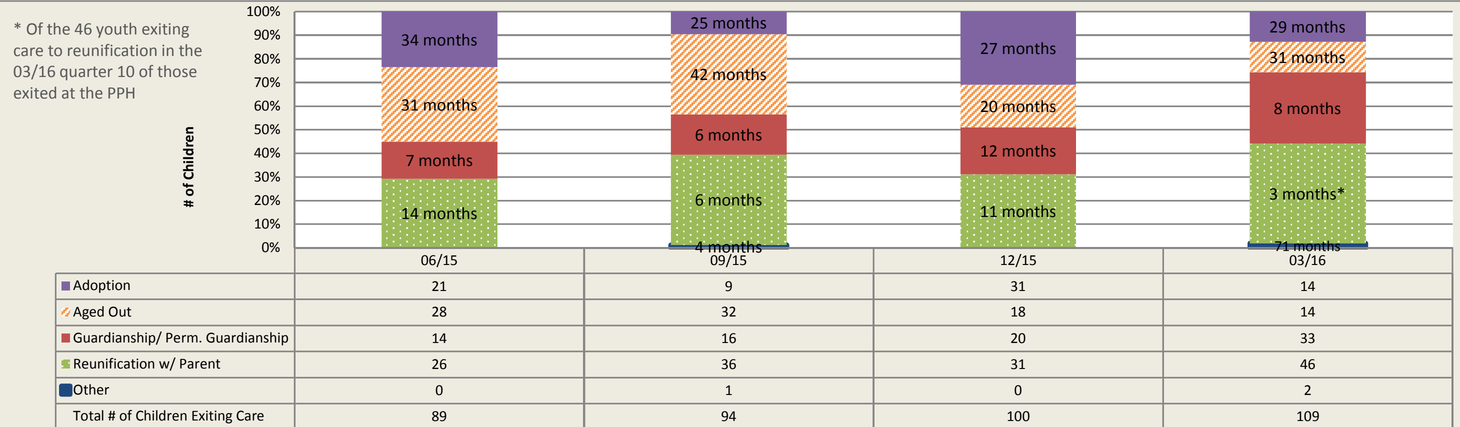
## 3.3 GUIDELINES AND ACTUAL MEDIAN TIMELINE FOR FAMILY COURT CASES CLOSED DURING PERIOD



# 4.0 PERMANENCY OUTCOMES

## 4.1 OUTCOMES FOR ALL CHILDREN

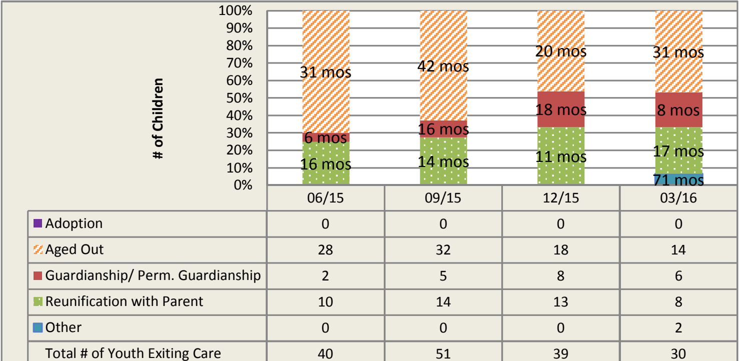
### 4.11 PERMANENCY OUTCOMES & MEDIAN LENGTH OF STAY OF CHILDREN EXITING DSCYF CUSTODY DURING QUARTER (DFS PLACEMENT ONLY)




| | 06/15 | 09/15 | 12/15 | 03/16 |
|---|---|---|---|---|
| Adoption | 21 | 9 | 31 | 14 |
| Aged Out | 28 | 32 | 18 | 14 |
| Guardianship/ Perm. Guardianship | 14 | 16 | 20 | 33 |
| Reunification w/ Parent | 26 | 36 | 31 | 46 |
| Other | 0 | 1 | 0 | 2 |
| Total # of Children Exiting Care | 89 | 94 | 100 | 109 |

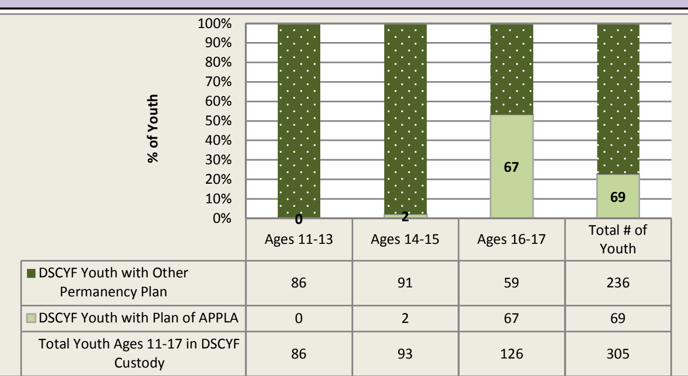
## 4.2 ADOLESCENT OUTCOMES

### 4.21 PERMANENCY OUTCOMES OF ADOLESCENTS (13 -17) EXITING DSCYF CUSTODY DURING QUARTER



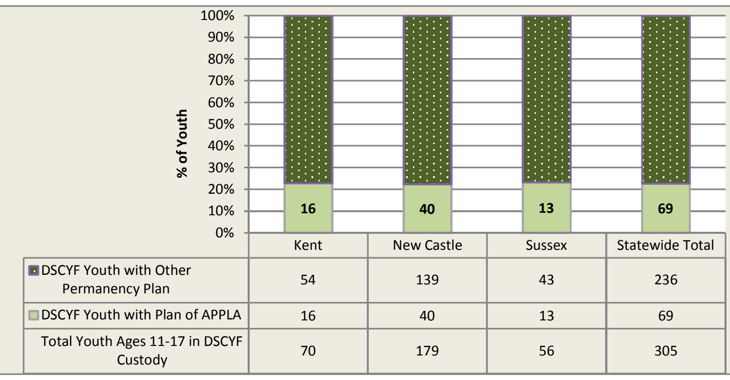

| | 06/15 | 09/15 | 12/15 | 03/16 |
|---|---|---|---|---|
| Adoption | 0 | 0 | 0 | 0 |
| Aged Out | 28 | 32 | 18 | 14 |
| Guardianship/ Perm. Guardianship | 2 | 5 | 8 | 6 |
| Reunification with Parent | 10 | 14 | 13 | 8 |
| Other | 0 | 0 | 0 | 2 |
| Total # of Youth Exiting Care | 40 | 51 | 39 | 30 |

### 4.31 AGE PROFILES OF YOUTH WITH APPLA VS. ANOTHER PERMANENCY PLAN AS OF MARCH 31, 2016



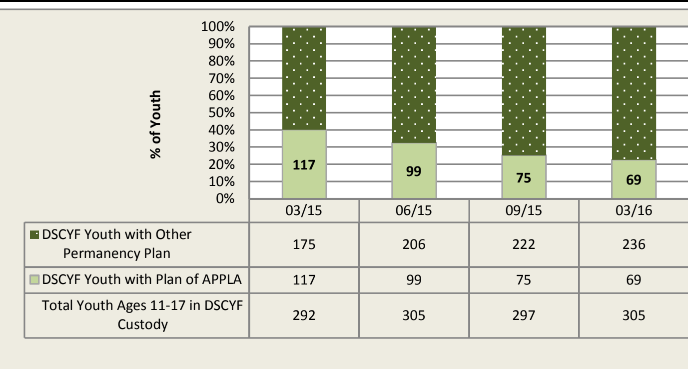

| | Ages 11-13 | Ages 14-15 | Ages 16-17 | Total # of Youth |
|---|---|---|---|---|
| DSCYF Youth with Other Permanency Plan | 86 | 91 | 59 | 236 |
| DSCYF Youth with Plan of APPLA | 0 | 2 | 67 | 69 |
| Total Youth Ages 11-17 in DSCYF Custody | 86 | 93 | 126 | 305 |

### 4.32 YOUTH WITH APPLA VS. ANOTHER PERMANENCY PLAN BY COUNTY AS OF MARCH 31, 2016




| | Kent | New Castle | Sussex | Statewide Total |
|---|---|---|---|---|
| DSCYF Youth with Other Permanency Plan | 54 | 139 | 43 | 236 |
| DSCYF Youth with Plan of APPLA | 16 | 40 | 13 | 69 |
| Total Youth Ages 11-17 in DSCYF Custody | 70 | 179 | 56 | 305 |

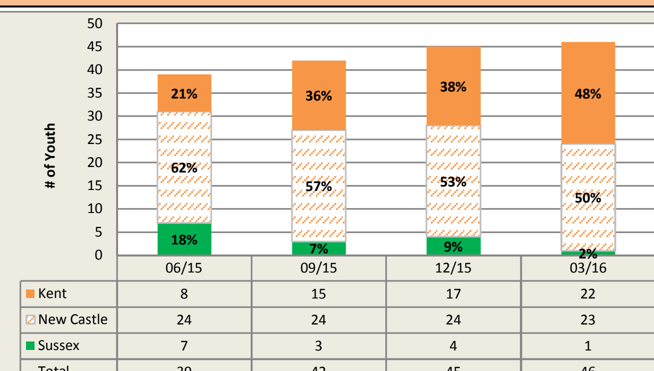
### 4.33 YOUTH WITH PERMANENCY PLAN OF APPLA VS. ANOTHER PERMANENCY PLAN AT END OF QUARTER




| | 03/15 | 06/15 | 09/15 | 03/16 |
|---|---|---|---|---|
| DSCYF Youth with Other Permanency Plan | 175 | 206 | 222 | 236 |
| DSCYF Youth with Plan of APPLA | 117 | 99 | 75 | 69 |
| Total Youth Ages 11-17 in DSCYF Custody | 292 | 305 | 297 | 305 |

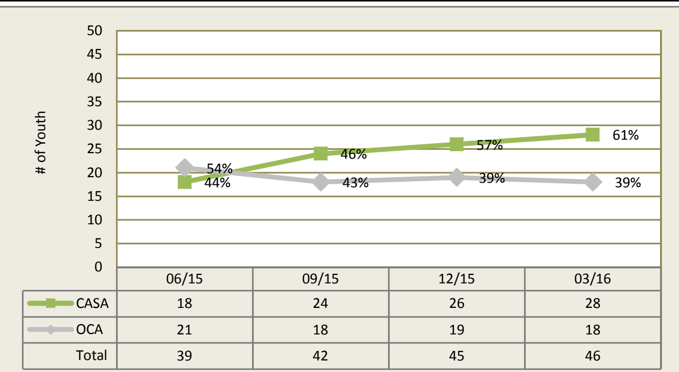
# 5.0 EXTENDED JURISDICTION

## 5.11 YOUTH ON EXTENDED JURISDICTION DURING QUARTER SORTED BY COUNTY



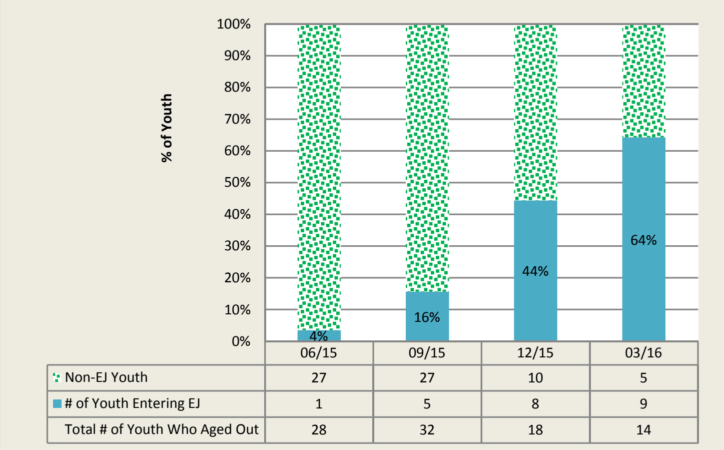

| | 06/15 | 09/15 | 12/15 | 03/16 |
|---|---|---|---|---|
| Kent | 8 | 15 | 17 | 22 |
| New Castle | 24 | 24 | 24 | 23 |
| Sussex | 7 | 3 | 4 | 1 |
| Total | 39 | 42 | 45 | 46 |

## 5.12 YOUTH ON EXTENDED JURISDICTION DURING QUARTER SORTED BY REPRESENTATION



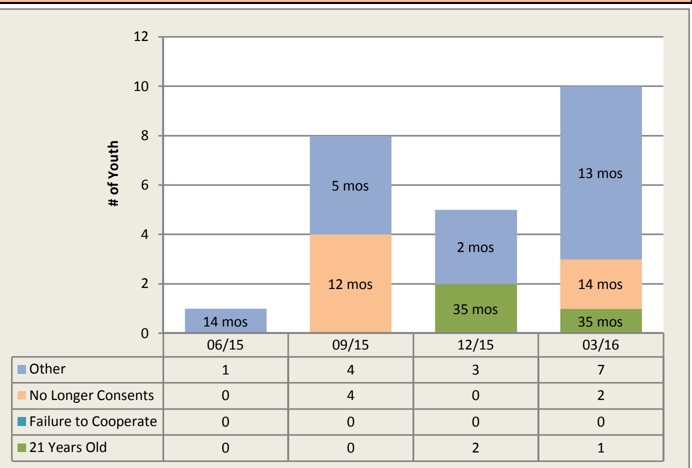

| | 06/15 | 09/15 | 12/15 | 03/16 |
|---|---|---|---|---|
| CASA | 18 | 24 | 26 | 28 |
| OCA | 21 | 18 | 19 | 18 |
| Total | 39 | 42 | 45 | 46 |

## 5.13 YOUTH ENTERING EXTENDED JURISDICTION DURING QUARTER




| | 06/15 | 09/15 | 12/15 | 03/16 |
|---|---|---|---|---|
| Non-EJ Youth | 27 | 27 | 10 | 5 |
| # of Youth Entering EJ | 1 | 5 | 8 | 9 |
| Total # of Youth Who Aged Out | 28 | 32 | 18 | 14 |

## 5.14 MEDIAN LENGTH OF STAY OF YOUTH EXITING EXTENDED JURISDICTION DURING QUARTER

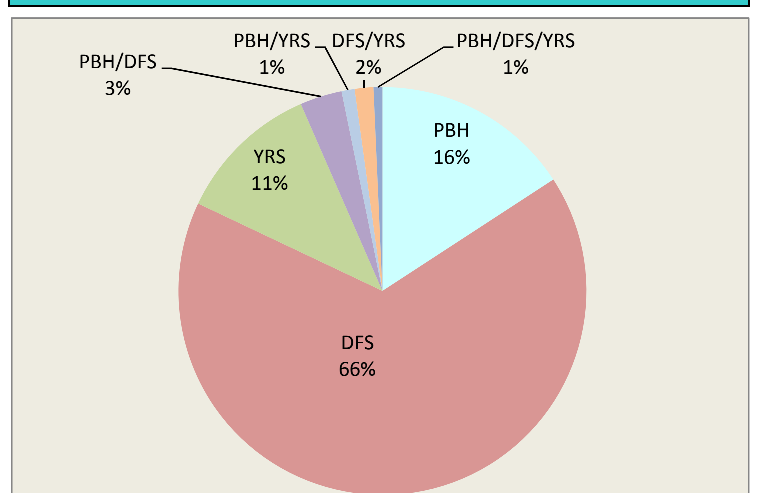



| | 06/15 | 09/15 | 12/15 | 03/16 |
|---|---|---|---|---|
| Other | 1 | 4 | 3 | 7 |
| No Longer Consents | 0 | 4 | 0 | 2 |
| Failure to Cooperate | 0 | 0 | 0 | 0 |
| 21 Years Old | 0 | 0 | 2 | 1 |

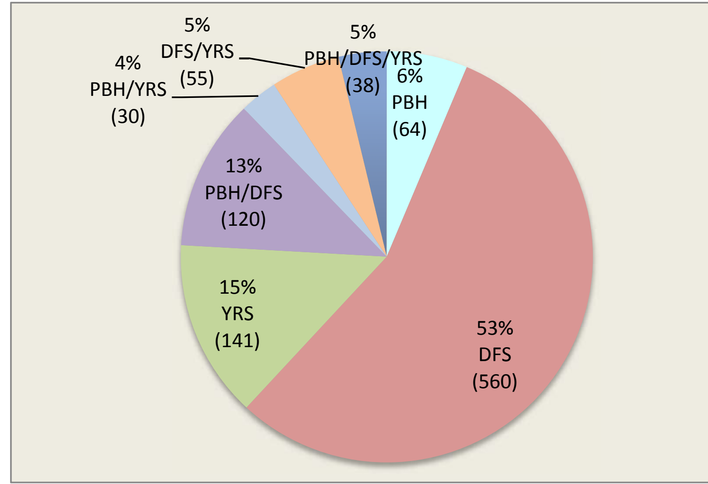
# 6.0 DUAL STATUS YOUTH

## 6.1 DUAL STATUS YOUTH

### 6.11 DSCYF INVOLVEMENT BY DIVISION FOR ALL CHILDREN AT END OF QUARTER

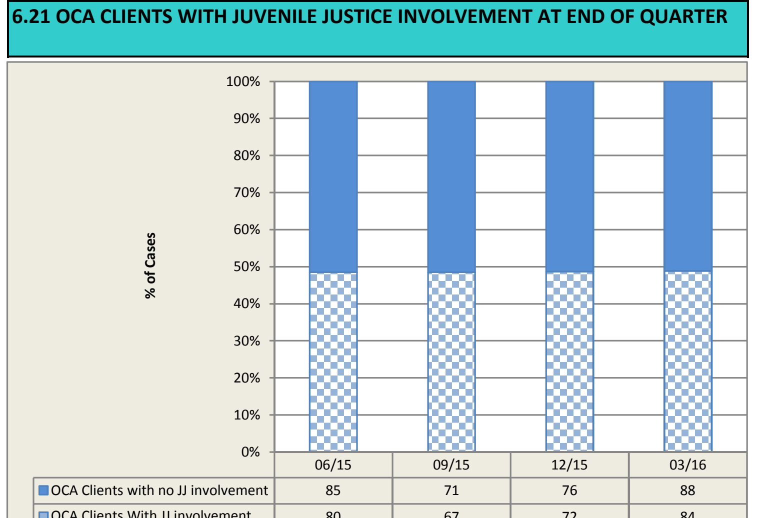



### 6.12 DSCYF INVOLVEMENT BY DIVISION FOR ALL CHILDREN IN OUT-OF-HOME PLACEMENT AT END OF QUARTER



## 6.2 OCA CLIENTS (AGES 11-17) IN DSCYF CUSTODY

### 6.21 OCA CLIENTS WITH JUVENILE JUSTICE INVOLVEMENT AT END OF QUARTER




| | 06/15 | 09/15 | 12/15 | 03/16 |
|---|---|---|---|---|
| OCA Clients with no JJ involvement | 85 | 71 | 76 | 88 |
| OCA Clients With JJ involvement | 80 | 67 | 72 | 84 |
| Total OCA Clients 11+ | 165 | 138 | 148 | 172 |

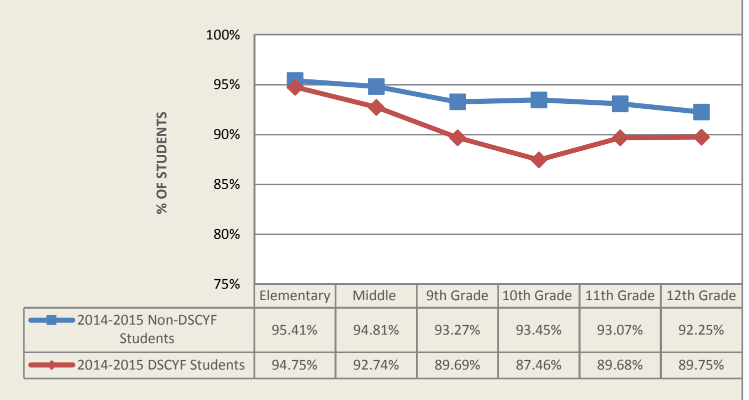
### 6.22 STATUS OF CRIMINAL CHARGES FOR OCA CLIENTS IN JUVENILE JUSTICE SYSTEM AT END OF QUARTER

| | 06/15 | 09/15 | 12/15 | 03/16 |
|---|---|---|---|---|
| Dropped Charges | 21 | 45 | 46 | 35 |
| Adjudications | 43 | 33 | 34 | 42 |
| Pending Charges | 30 | 31 | 23 | 26 |
| Expungement Elligible | 24 | 19 | 26 | 23 |

## 7.0 EDUCATION OUTCOMES FOR CHILDREN IN FOSTER CARE

### 7.1 COMPARISONS BETWEEN CHILDREN IN FOSTER CARE AND ALL STUDENTS

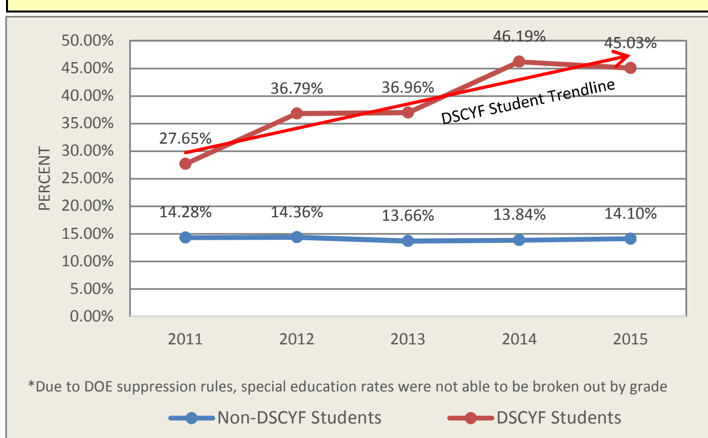
### 7.11 TWO YEAR COMPARISON OF ATTENDANCE RATES FOR CHILDREN IN DSCYF CUSTODY*




| | Elementary | Middle | 9th Grade | 10th Grade | 11th Grade | 12th Grade |
|---|---|---|---|---|---|---|
| 2014-2015 Non-DSCYF Students | 95.41% | 94.81% | 93.27% | 93.45% | 93.07% | 92.25% |
| 2014-2015 DSCYF Students | 94.75% | 92.74% | 89.69% | 87.46% | 89.68% | 89.75% |

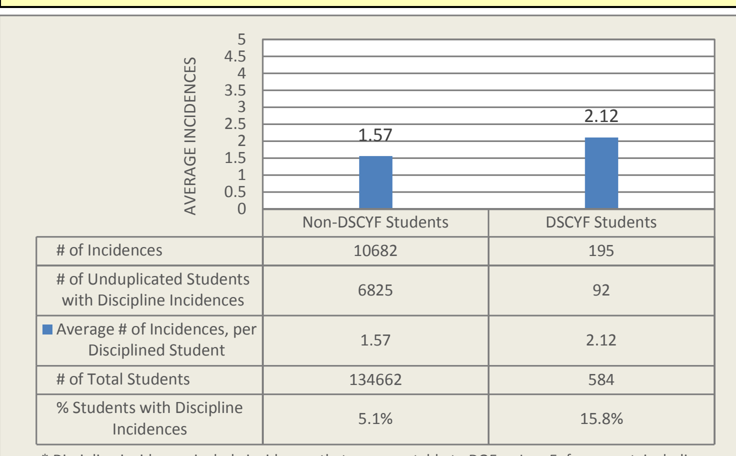
*Average Daily Attendance (Average % of Population in attendance each day)

### 7.12 FIVE YEAR COMPARISON OF SPECIAL EDUCATION RATES FOR CHILDREN IN DSCYF CUSTODY, FOR ALL GRADES*




*Due to DOE suppression rules, special education rates were not able to be broken out by grade

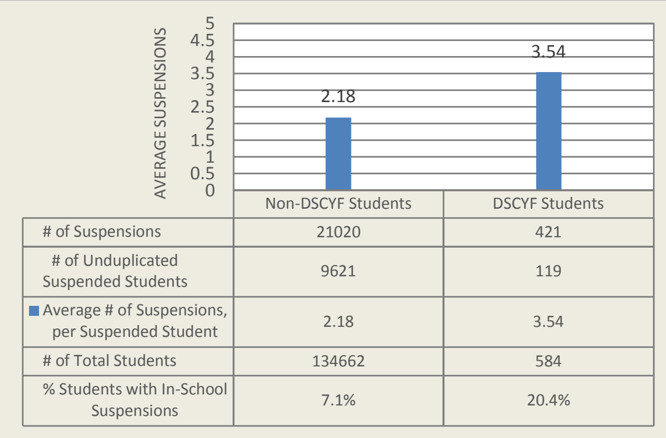
### 7.13 2015 AVERAGE DISCIPLINE* RATES PER DISCIPLINED CHILD, FOR ALL GRADES




| | Non-DSCYF Students | DSCYF Students |
|---|---|---|
| # of Incidences | 10682 | 195 |
| # of Unduplicated Students with Discipline Incidences | 6825 | 92 |
| Average # of Incidences, per Disciplined Student | 1.57 | 2.12 |
| # of Total Students | 134662 | 584 |
| % Students with Discipline Incidences | 5.1% | 15.8% |

* Discipline incidences include incidences that are reportable to DOE or Law Enforcement, including (but not limited to) violent felonies, drug offenses, sexual harassment, bullying, etc.

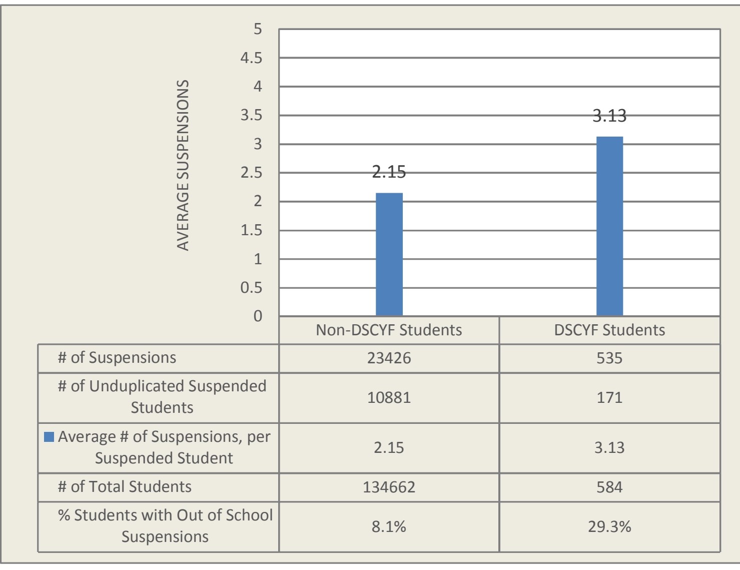
### 7.14 2015 AVERAGE IN-SCHOOL SUSPENSIONS* PER SUSPENDED CHILD, FOR ALL GRADES




| | Non-DSCYF Students | DSCYF Students |
|---|---|---|
| # of Suspensions | 21020 | 421 |
| # of Unduplicated Suspended Students | 9621 | 119 |
| Average # of Suspensions, per Suspended Student | 2.18 | 3.54 |
| # of Total Students | 134662 | 584 |
| % Students with In-School Suspensions | 7.1% | 20.4% |

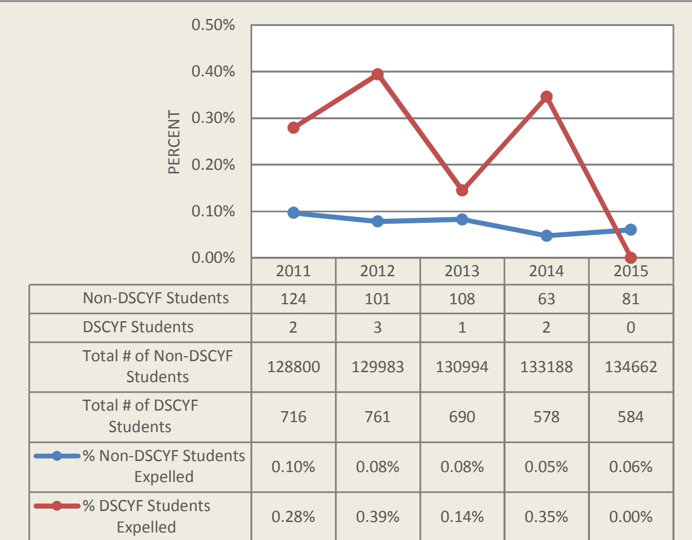
* Suspensions can occur due to a non-reportable (to DOE or Law Enforment) offense.

## 7.15 2015 AVERAGE OUT-OF-SCHOOL SUSPENSION PER SUSPENDED CHILD, FOR ALL GRADES



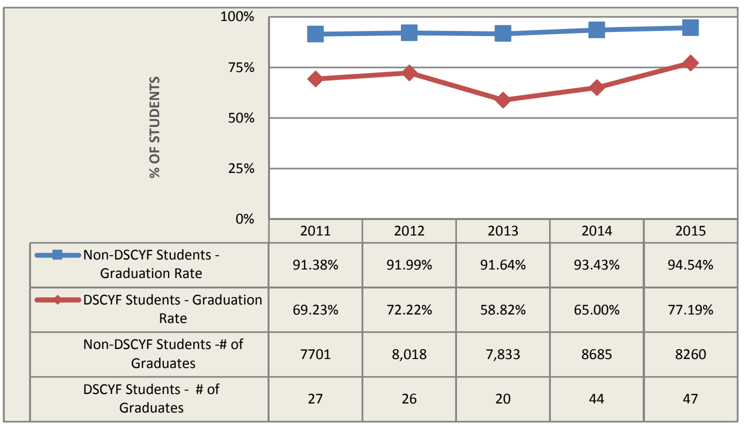

| | Non-DSCYF Students | DSCYF Students |
|---|---|---|
| # of Suspensions | 23426 | 535 |
| # of Unduplicated Suspended Students | 10881 | 171 |
| Average # of Suspensions, per Suspended Student | 2.15 | 3.13 |
| # of Total Students | 134662 | 584 |
| % Students with Out of School Suspensions | 8.1% | 29.3% |

## 7.16 TWO YEAR COMPARISON OF EXPULSION RATES FOR CHILDREN IN DSCYF CUSTODY



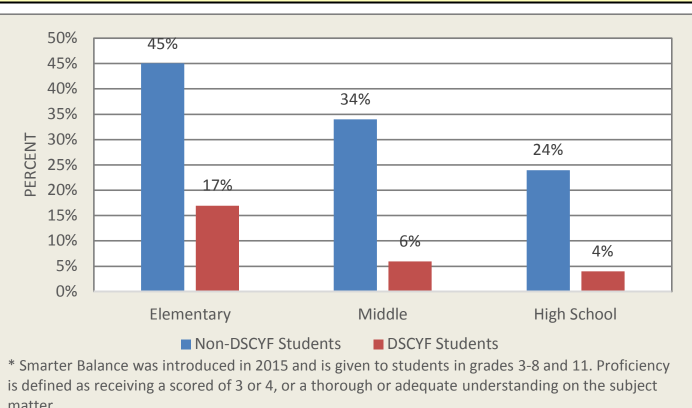

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|
| Non-DSCYF Students | 124 | 101 | 108 | 63 | 81 |
| DSCYF Students | 2 | 3 | 1 | 2 | 0 |
| Total # of Non-DSCYF Students | 128800 | 129983 | 130994 | 133188 | 134662 |
| Total # of DSCYF Students | 716 | 761 | 690 | 578 | 584 |
| % Non-DSCYF Students Expelled | 0.10% | 0.08% | 0.08% | 0.05% | 0.06% |
| % DSCYF Students Expelled | 0.28% | 0.39% | 0.14% | 0.35% | 0.00% |

## 7.17 FIVE YEAR COMPARISON OF GRADUATION RATES FOR CHILDREN IN DSCYF CUSTODY



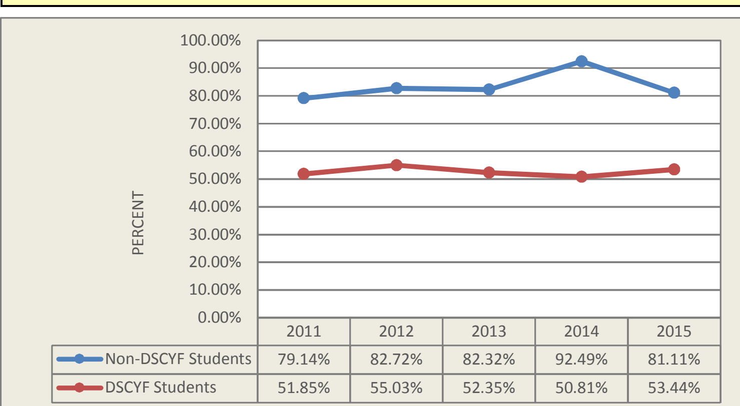

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|
| Non-DSCYF Students - Graduation Rate | 91.38% | 91.99% | 91.64% | 93.43% | 94.54% |
| DSCYF Students - Graduation Rate | 69.23% | 72.22% | 58.82% | 65.00% | 77.19% |
| Non-DSCYF Students -# of Graduates | 7701 | 8,018 | 7,833 | 8685 | 8260 |
| DSCYF Students - # of Graduates | 27 | 26 | 20 | 44 | 47 |

## 7.18 2015 SMARTER BALANCE* MATH PROFICIENCY




* Smarter Balance was introduced in 2015 and is given to students in grades 3-8 and 11. Proficiency is defined as receiving a scored of 3 or 4, or a thorough or adequate understanding on the subject matter.

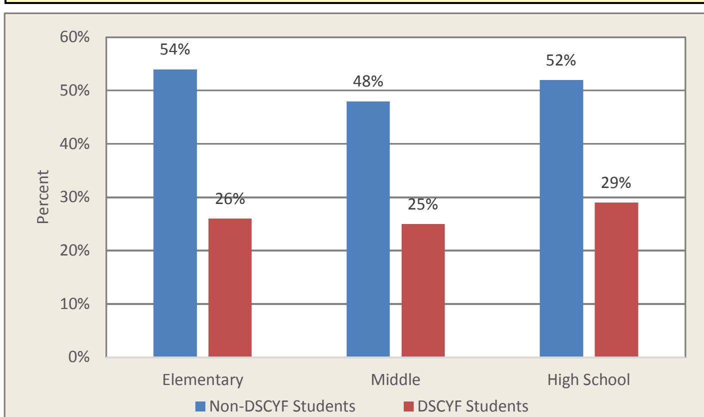
## 7.19 FIVE YEAR COMPARISON FOR % OF CHILDREN IN DSCYF CUSTODY PASSING ALEGEBRA I*




| | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|
| Non-DSCYF Students | 79.14% | 82.72% | 82.32% | 92.49% | 81.11% |
| DSCYF Students | 51.85% | 55.03% | 52.35% | 50.81% | 53.44% |

*For all students entering 10th grade, those who took and passed Algebra I or higher are considered passing. Those who either failed or did not take an Algebra I or higher class are not considered passing.

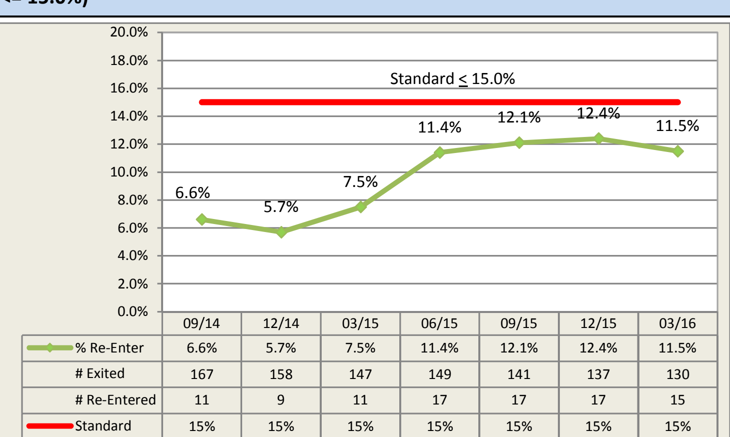
## 7.20 2015 SMARTER BALANCE* ENGLISH/LANGUAGE ARTS PROFICIENCY




* Smarter Balance was introduced in 2015 and is given to students in grades 3-8 and 11. Proficiency is defined as receiving a scored of 3 or 4, or a thorough or adequate understanding on the subject matter.

## 8.0 RE-ENTRY/RE-OCCURRENCE OF MALTREATMENT

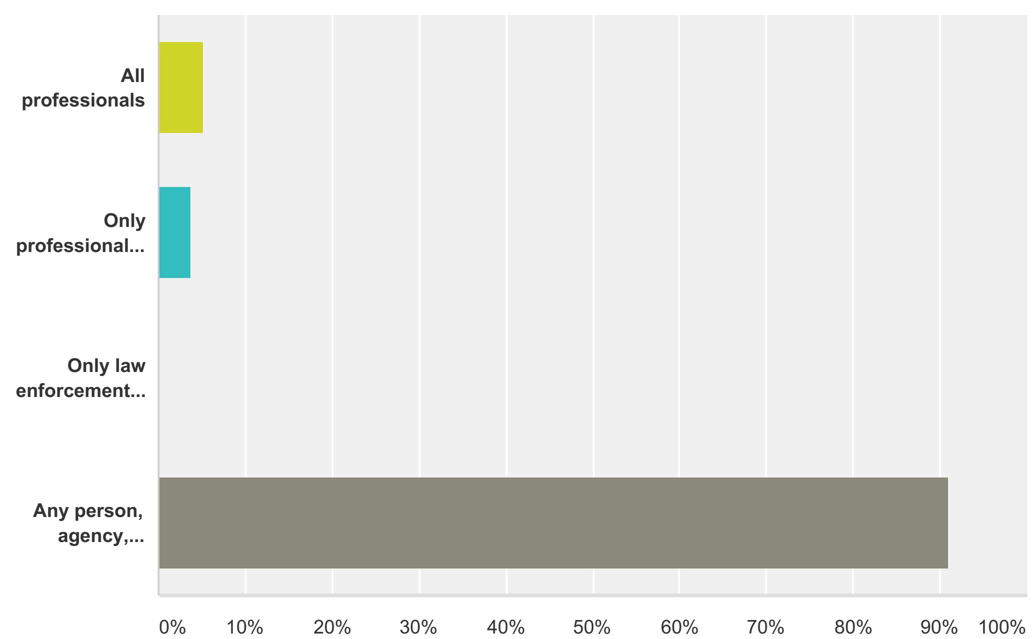
### 8.1 % OF CHILDREN WHO RE-ENTER CARE IN LESS THAN 12 MONTHS (STANDARD: <= 15.0%)




| | 09/14 | 12/14 | 03/15 | 06/15 | 09/15 | 12/15 | 03/16 |
|---|---|---|---|---|---|---|---|
| % Re-Enter | 6.6% | 5.7% | 7.5% | 11.4% | 12.1% | 12.4% | 11.5% |
| # Exited | 167 | 158 | 147 | 149 | 141 | 137 | 130 |
| # Re-Entered | 11 | 9 | 11 | 17 | 17 | 17 | 15 |
| Standard | 15% | 15% | 15% | 15% | 15% | 15% | 15% |

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

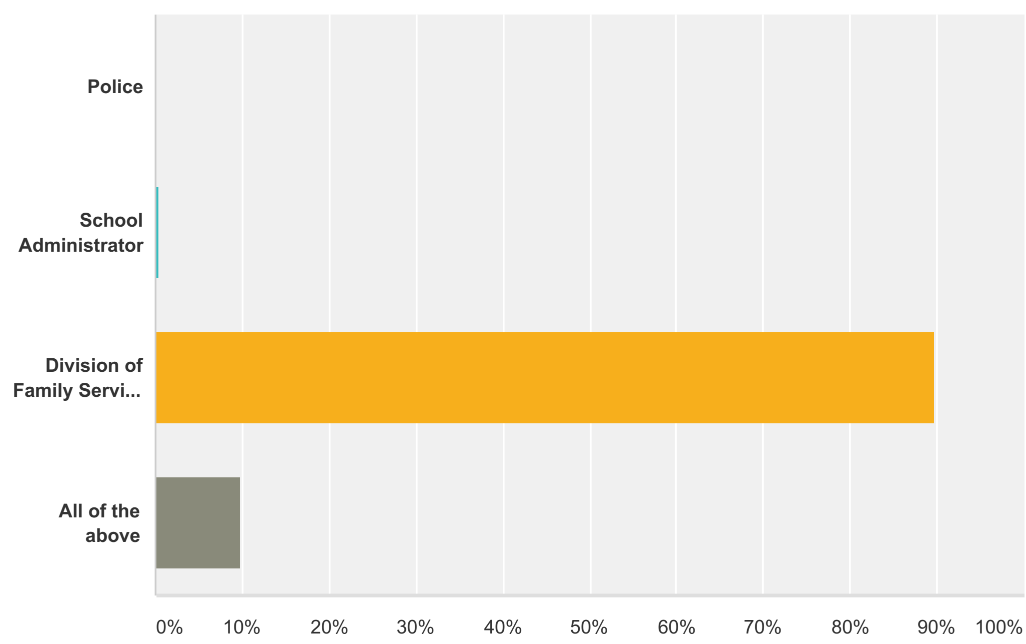
Answered: 213 Skipped: 0




| Answer Choices | Responses | |
|---|---|---|
| All professionals | **5.16%** | 11 |
| Only professionals that work directly with children (i.e. teachers, physicians) | **3.76%** | 8 |
| Only law enforcement officers | **0.00%** | 0 |
| Any person, agency, organization or entity | **91.08%** | 194 |
| **Total** | | **213** |

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

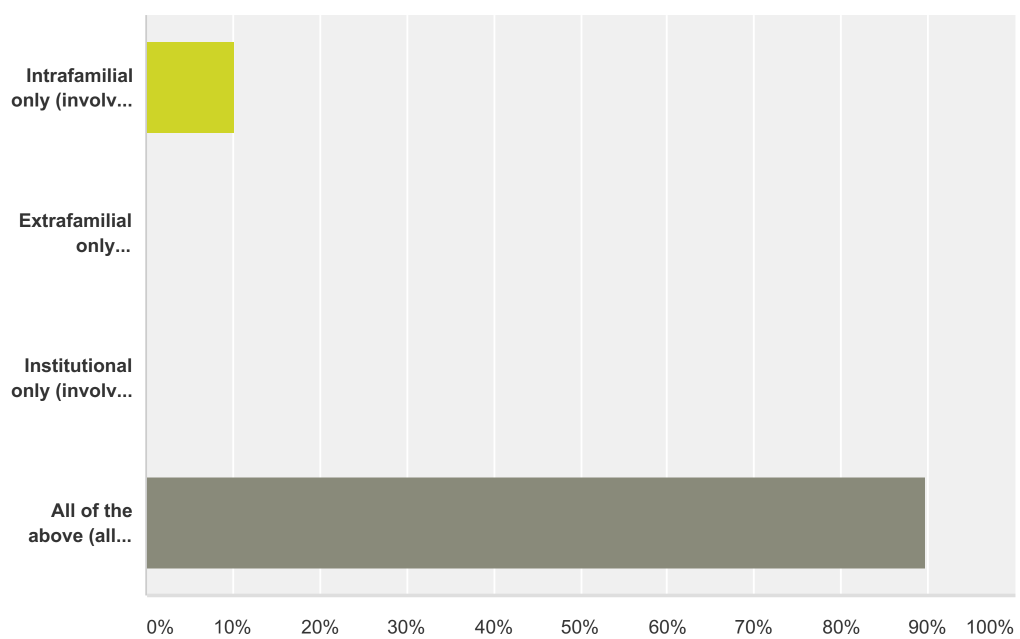
Answered: 213 Skipped: 0




| Answer Choices | Responses | |
|---|---|---|
| Police | **0.00%** | 0 |
| School Administrator | **0.47%** | 1 |
| Division of Family Services Child Abuse and Neglect Report Line | **89.67%** | 191 |
| All of the above | **9.86%** | 21 |
| **Total** | | **213** |

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

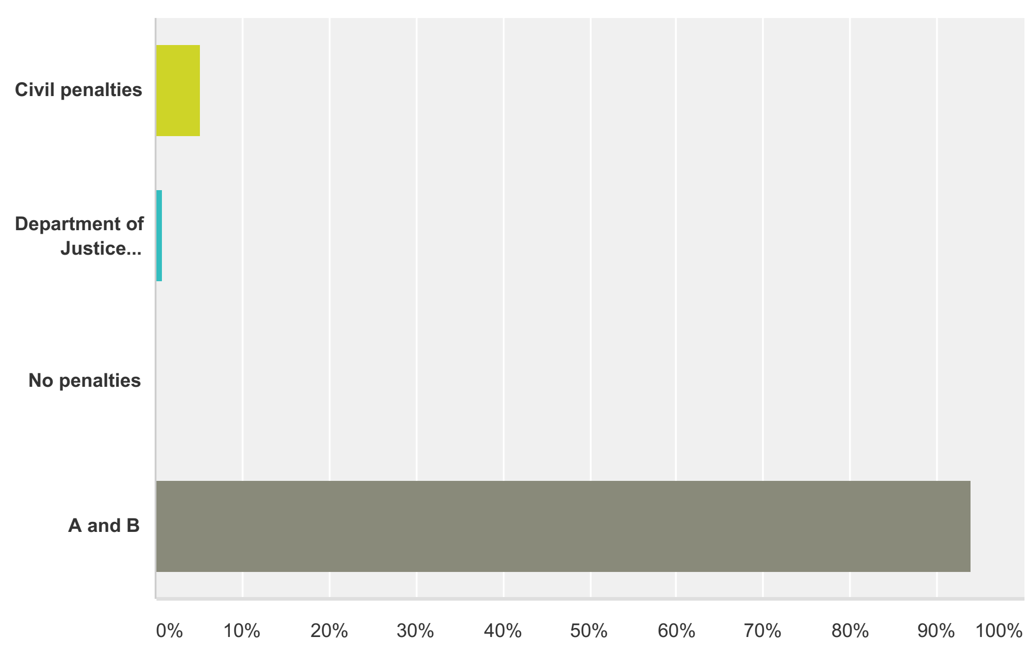
Answered: 213 Skipped: 0




| Answer Choices | Responses | |
|---|---|---|
| Intrafamilial only (involving parent, guardian, custodian, or member of the household) | **10.33%** | 22 |
| Extrafamilial only (perpetrator is not a member of the household or family) | **0.00%** | 0 |
| Institutional only (involving licensed child placement facilities) | **0.00%** | 0 |
| All of the above (all suspected abuse and neglect of any child, birth to age 18) | **89.67%** | 191 |
| **Total** | | **213** |

## 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:

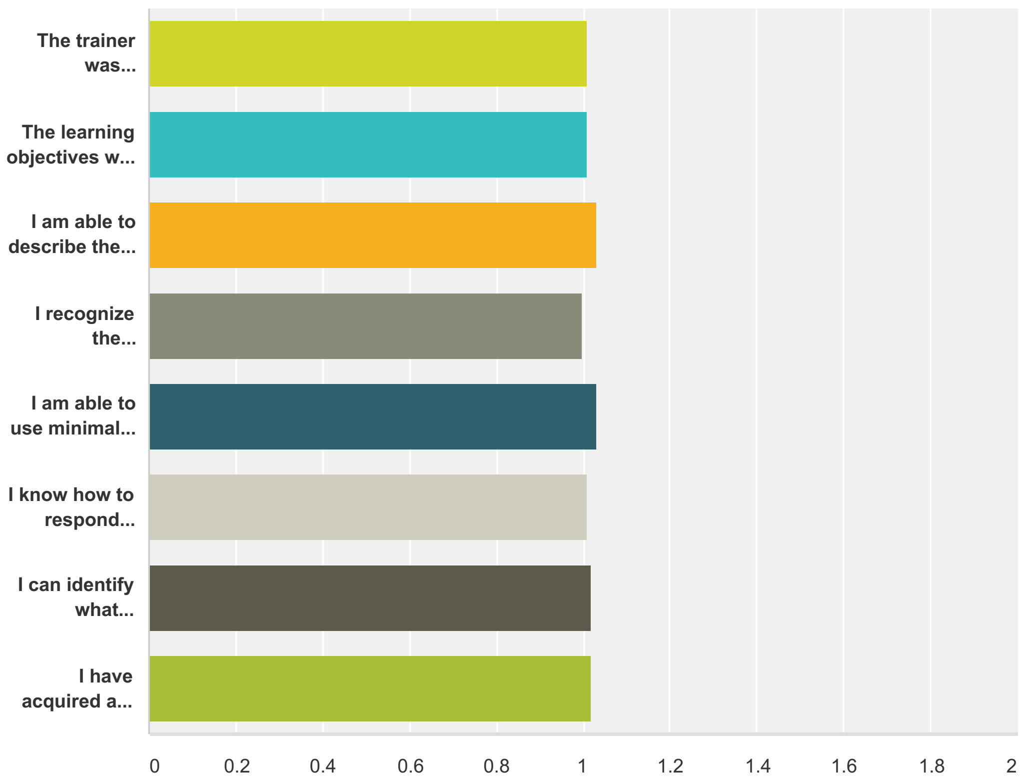
Answered: 213 Skipped: 0




| Answer Choices | Responses | |
|---|---|---|
| Civil penalties | **5.16%** | 11 |
| Department of Justice investigation | **0.94%** | 2 |
| No penalties | **0.00%** | 0 |
| A and B | **93.90%** | 200 |
| **Total** | | **213** |

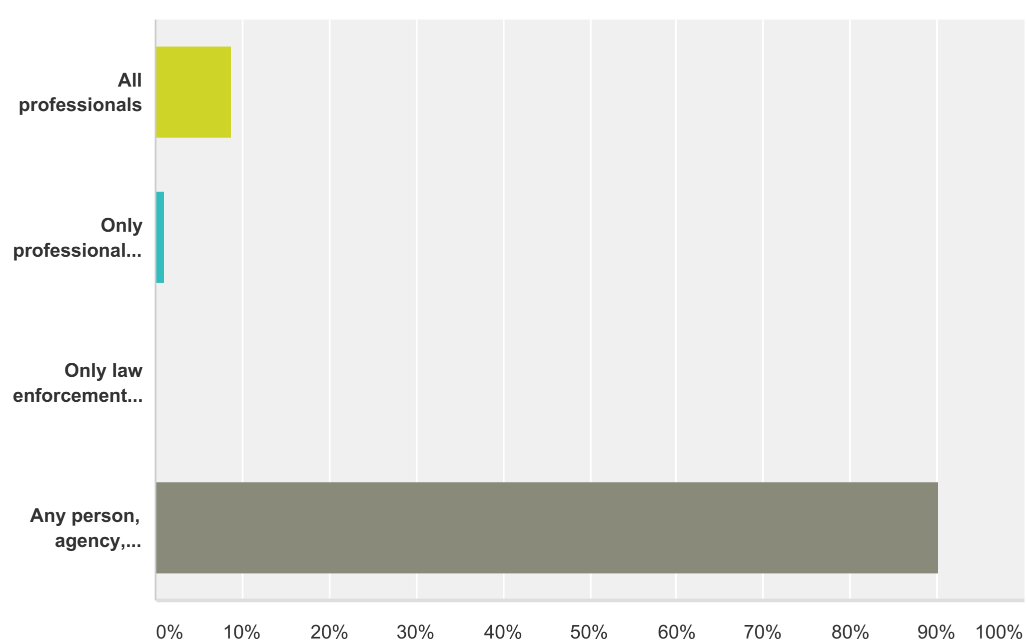
## Q8 Please rate each of the following statements.

Answered: 212 Skipped: 1




| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| The trainer was knowledgeable and communicated effectively. | **99.06%** 210 | **0.94%** 2 | **0.00%** 0 | 212 | 1.01 |
| The learning objectives were met. | **99.06%** 210 | **0.94%** 2 | **0.00%** 0 | 212 | 1.01 |
| I am able to describe the reporting law and reporting procedure for the State of Delaware. | **96.70%** 205 | **3.30%** 7 | **0.00%** 0 | 212 | 1.03 |
| I recognize the relationship between physical and behavioral indicators and suspicion of child abuse and neglect. | **100.00%** 212 | **0.00%** 0 | **0.00%** 0 | 212 | 1.00 |
| I am able to use minimal fact questions when indicators are observed and/or a disclosure is made. | **97.17%** 206 | **2.83%** 6 | **0.00%** 0 | 212 | 1.03 |
| I know how to respond appropriately when children disclose allegations of abuse or neglect. | **99.06%** 210 | **0.94%** 2 | **0.00%** 0 | 212 | 1.01 |
| I can identify what information to expect from DFS following a report of child abuse or neglect. | **98.11%** 208 | **1.89%** 4 | **0.00%** 0 | 212 | 1.02 |
| I have acquired a basic understanding of the civil and criminal definitions in statute for the various types of child maltreatment. | **98.11%** 208 | **1.89%** 4 | **0.00%** 0 | 212 | 1.02 |

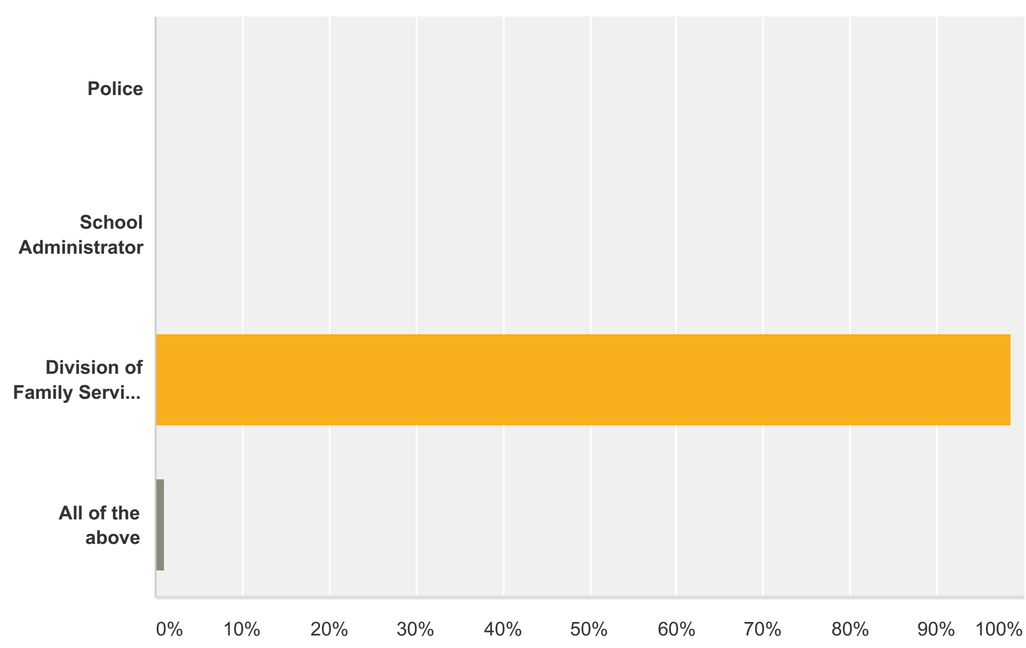
## Q1 In Delaware, who is mandated to report known or suspected cases of child abuse or neglect?




| Answer Choices | Responses | |
|---|---|---|
| All professionals | **8.85%** | 34 |
| Only professionals that work directly with children (i.e. teachers, physicians) | **1.04%** | 4 |
| Only law enforcement officers | **0.00%** | 0 |
| Any person, agency, organization or entity | **90.10%** | 346 |
| **Total** | | **384** |

## Q2 I am obligated by LAW to FIRST report my suspicions of abuse and neglect to:

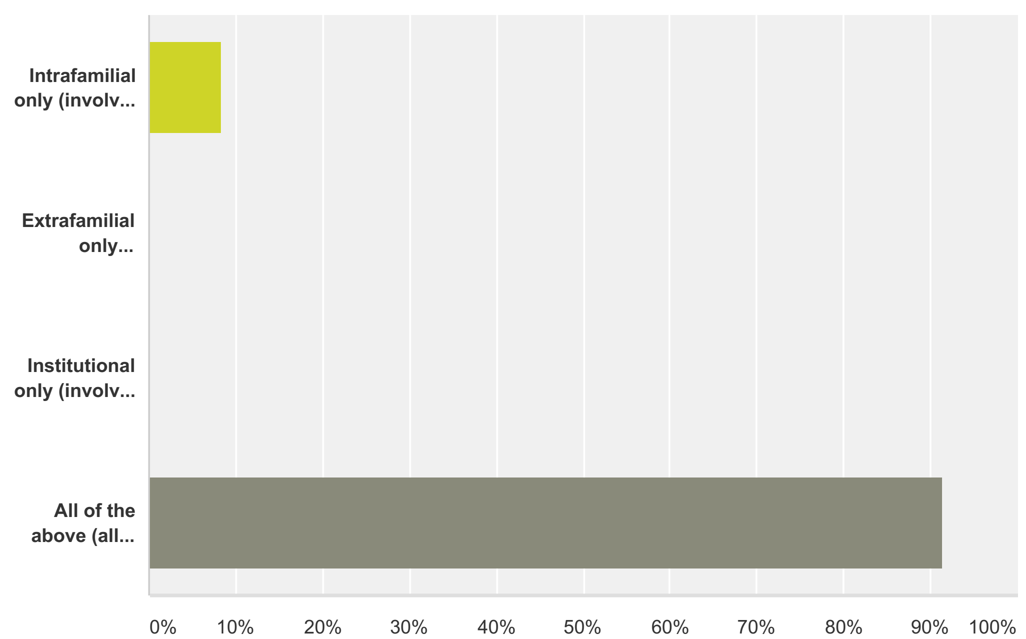
Answered: 384 Skipped: 0




| Answer Choices | Responses | |
|---|---|---|
| Police | **0.26%** | 1 |
| School Administrator | **0.26%** | 1 |
| Division of Family Services Child Abuse and Neglect Report Line | **98.44%** | 378 |
| All of the above | **1.04%** | 4 |
| **Total** | | **384** |

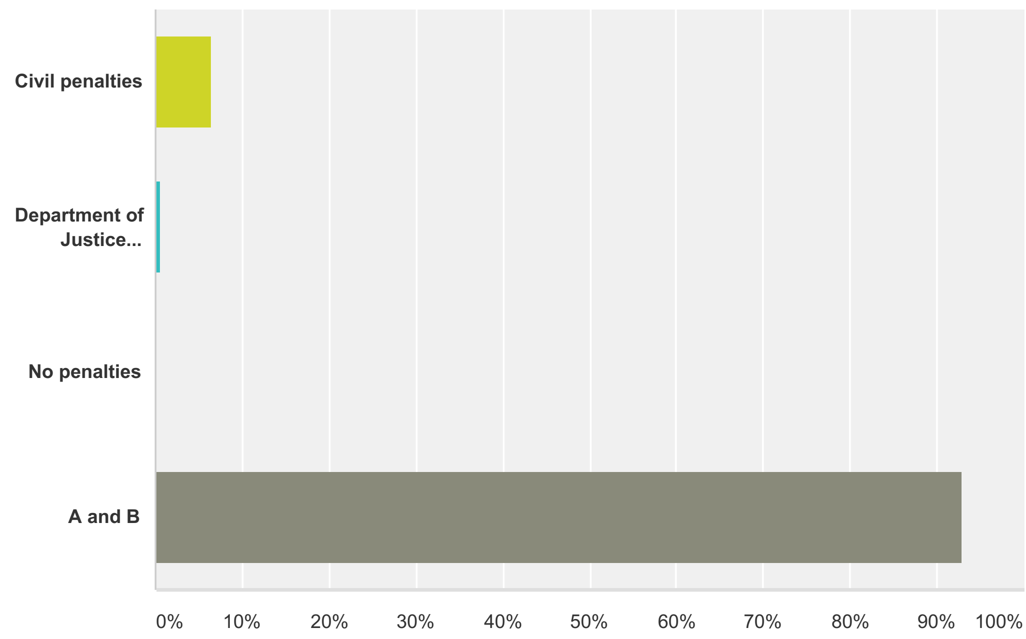
## Q3 What types of cases must be reported to the Division of Family Services Child Abuse and Neglect Report Line?

Answered: 383 Skipped: 1




| Answer Choices | Responses | |
|---|---|---|
| Intrafamilial only (involving parent, guardian, custodian, or member of the household) | **8.36%** | 32 |
| Extrafamilial only (perpetrator is not a member of the household or family) | **0.26%** | 1 |
| Institutional only (involving licensed child placement facilities) | **0.00%** | 0 |
| All of the above (all suspected abuse and neglect of any child, birth to age 18) | **91.38%** | 350 |
| **Total** | | **383** |

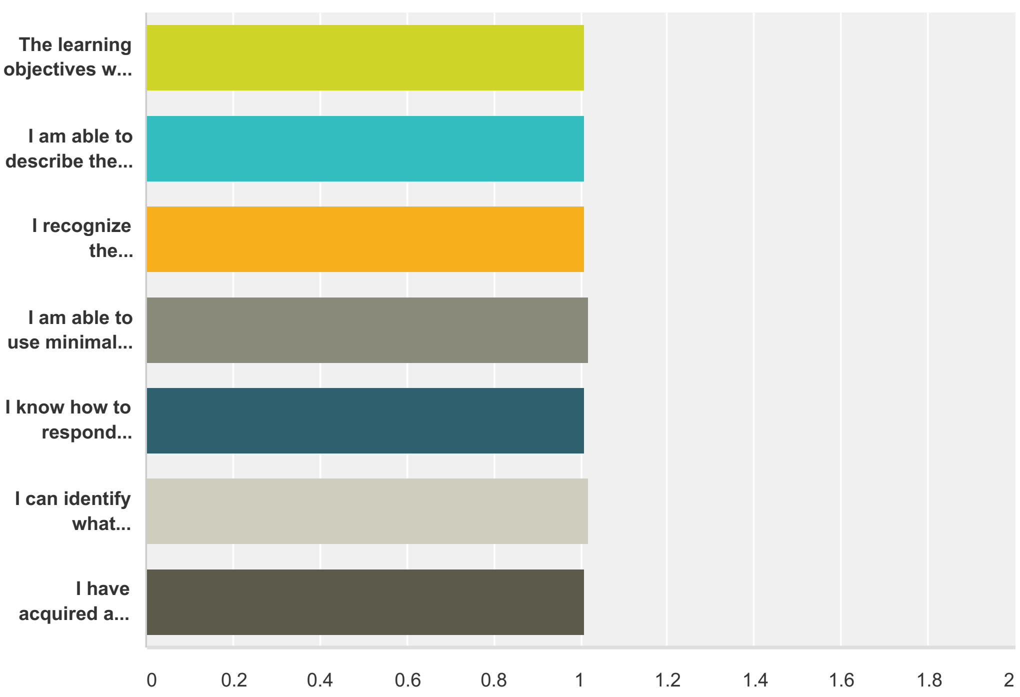
## Q4 Failing to report suspicions of abuse or neglect to the Division of Family Services can expose a school employee and school and/or district to:




| Answer Choices | Responses | |
|---|---|---|
| Civil penalties | **6.54%** | 25 |
| Department of Justice investigation | **0.52%** | 2 |
| No penalties | **0.00%** | 0 |
| A and B | **92.93%** | 355 |
| **Total** | | **382** |

## Q5 Please rate each of the following statements.

Answered: 382 Skipped: 2




| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| The learning objectives were met. | **99.21%** 379 | **0.52%** 2 | **0.26%** 1 | 382 | 1.01 |
| I am able to describe the reporting law and reporting procedure for the State of Delaware. | **99.21%** 379 | **0.79%** 3 | **0.00%** 0 | 382 | 1.01 |
| I recognize the relationship between physical and behavioral indicators and suspicion of child abuse and neglect. | **98.69%** 377 | **1.31%** 5 | **0.00%** 0 | 382 | 1.01 |
| I am able to use minimal fact questions when indicators are observed and/or a disclosure is made. | **98.17%** 375 | **1.57%** 6 | **0.26%** 1 | 382 | 1.02 |
| I know how to respond appropriately when children disclose allegations of abuse or neglect. | **98.95%** 378 | **1.05%** 4 | **0.00%** 0 | 382 | 1.01 |
| I can identify what information to expect from DFS following a report of child abuse or neglect. | **97.91%** 374 | **1.83%** 7 | **0.26%** 1 | 382 | 1.02 |
| I have acquired a basic understanding of the civil and criminal definitions in statute for the various types of child maltreatment. | **99.21%** 379 | **0.79%** 3 | **0.00%** 0 | 382 | 1.01 |

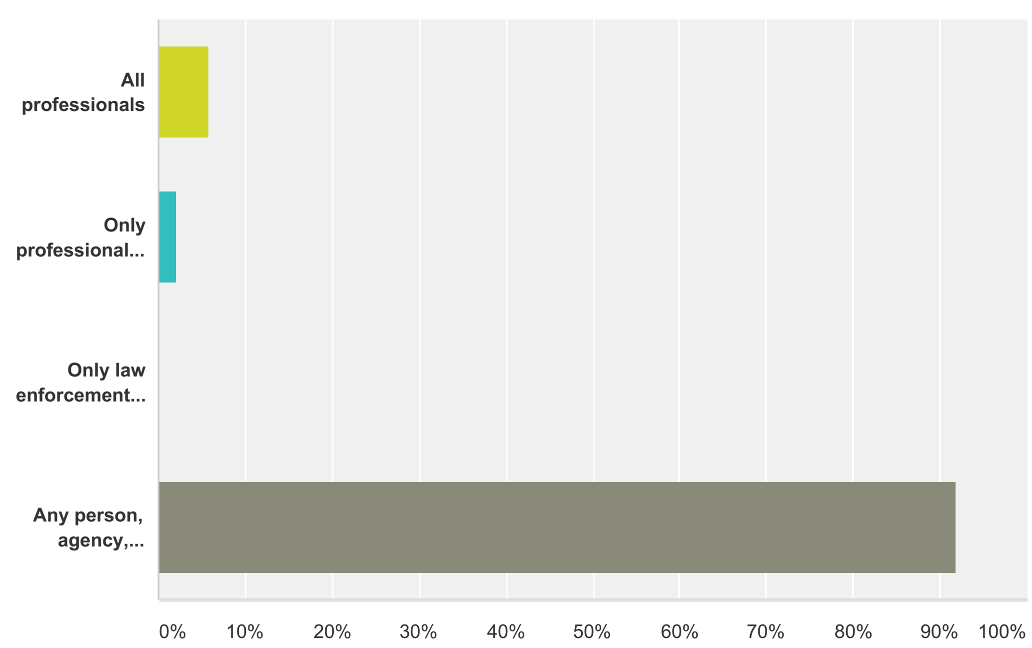
## Q6 Please list any recommendations or suggestions for future content (i.e. ways training can be improved)

Answered: 42 Skipped: 342

# Appendix M: Onsite Training Evaluation for Educators

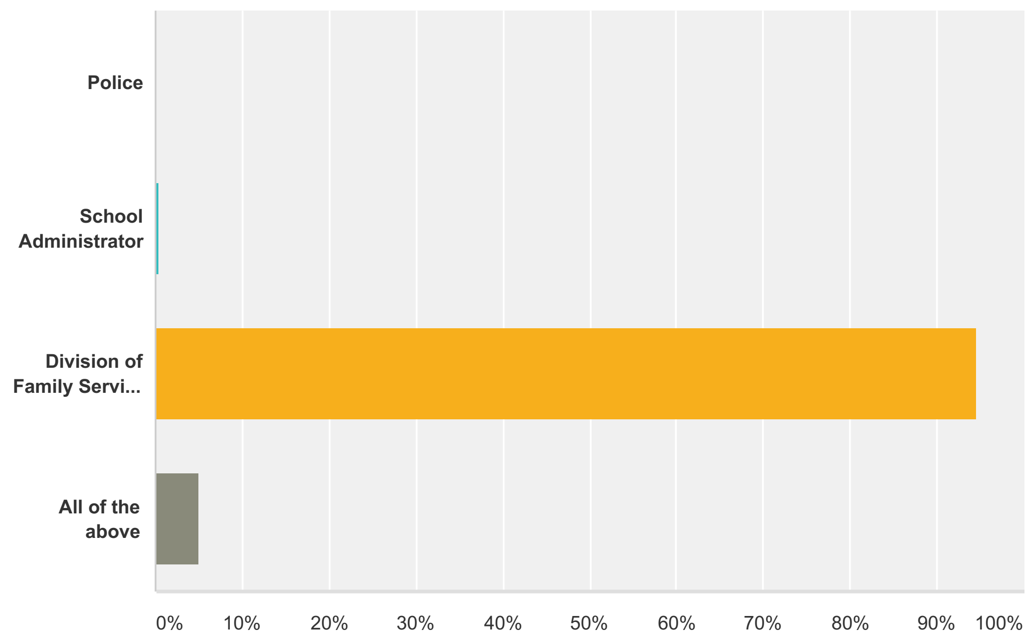


## Q4 In Delaware, who is mandated to report known or suspected cases of child abuse or neglect?




| Answer Choices | Responses | |
|---|---|---|
| All professionals | **5.87%** | 88 |
| Only professionals that work directly with children (i.e. teachers, physicians) | **2.13%** | 32 |
| Only law enforcement officers | **0.13%** | 2 |
| Any person, agency, organization or entity | **91.86%** | 1,377 |
| **Total** | | **1,499** |

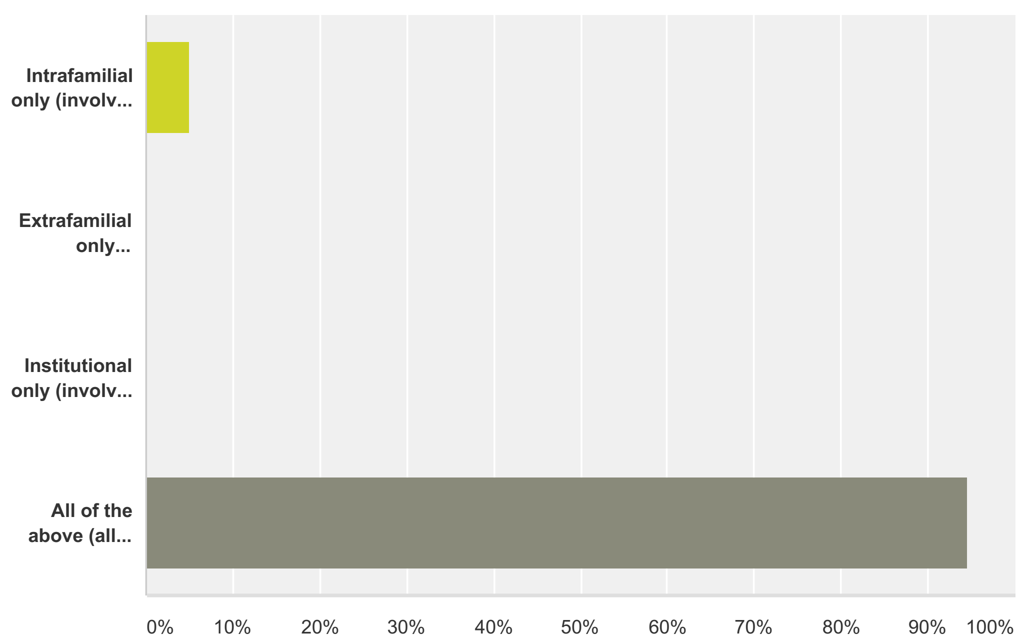
## Q5 I am obligated by LAW to FIRST report my suspicions of abuse and neglect to:




| Answer Choices | Responses | |
|---|---|---|
| Police | **0.00%** | 0 |
| School Administrator | **0.33%** | 5 |
| Division of Family Services Child Abuse and Neglect Report Line | **94.66%** | 1,419 |
| All of the above | **5.00%** | 75 |
| **Total** | | **1,499** |

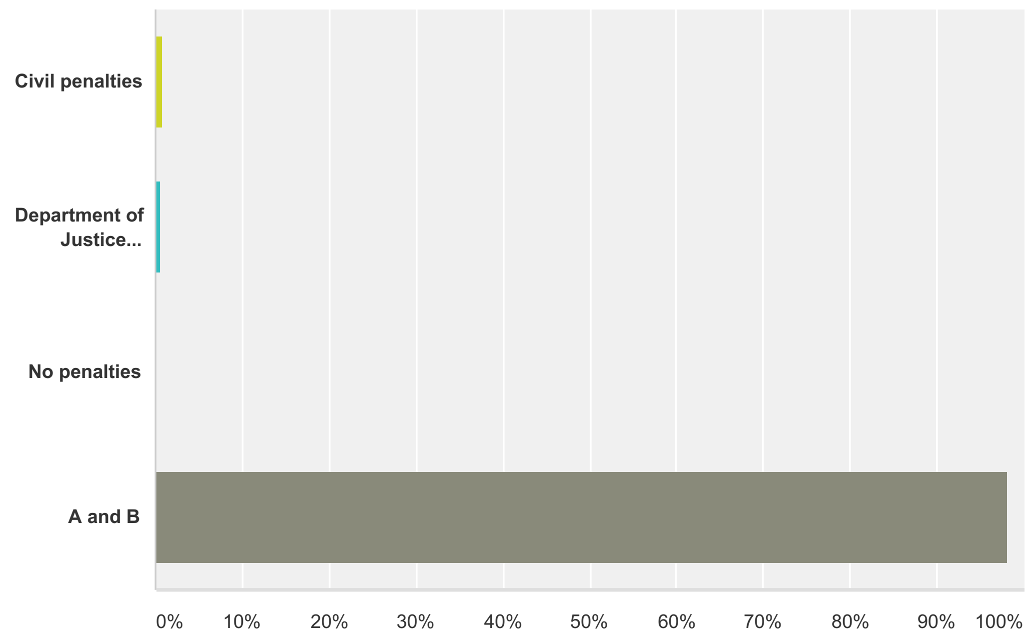
## Q6 What types of cases must be reported to the Division of Family Services Child Abuse and Neglect Report Line?

Answered: 1,499 Skipped: 0




| Answer Choices | Responses | |
|---|---|---|
| Intrafamilial only (involving parent, guardian, custodian, or member of the household) | **5.07%** | 76 |
| Extrafamilial only (perpetrator is not a member of the household or family) | **0.20%** | 3 |
| Institutional only (involving licensed child placement facilities) | **0.13%** | 2 |
| All of the above (all suspected abuse and neglect of any child, birth to age 18) | **94.60%** | 1,418 |
| **Total** | | **1,499** |

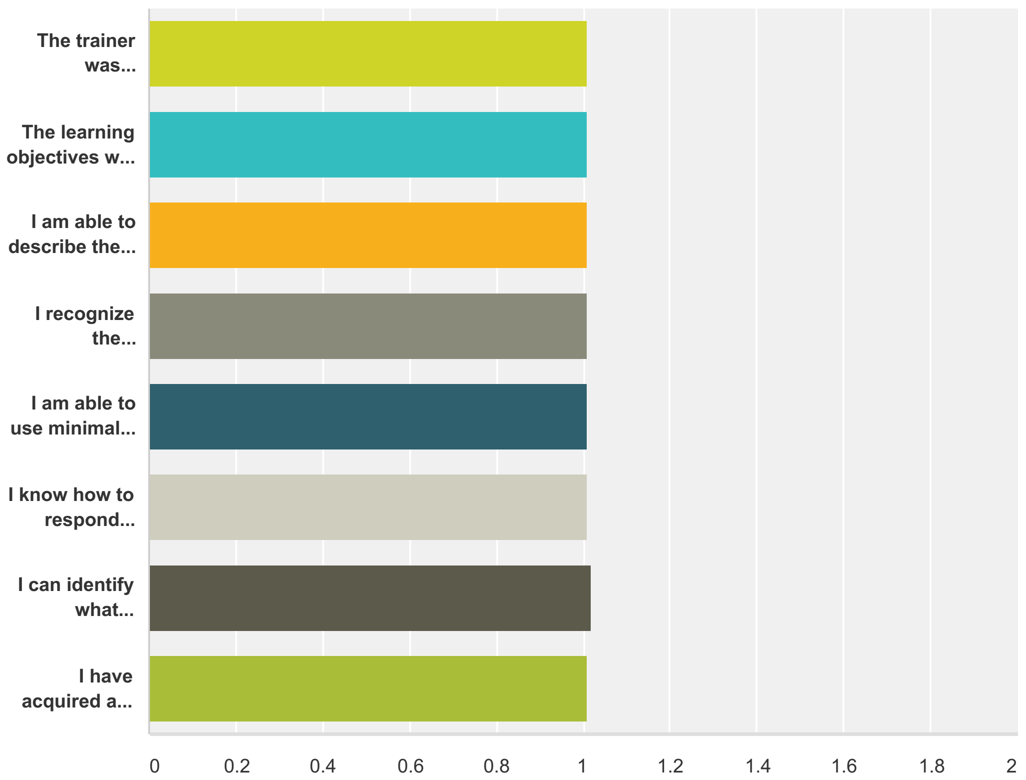
## Q7 Failing to report suspicions of abuse or neglect to the Division of Family Services can expose a school employee and school and/or district to:




| Answer Choices | Responses | |
|---|---|---|
| Civil penalties | **0.93%** | 14 |
| Department of Justice investigation | **0.67%** | 10 |
| No penalties | **0.20%** | 3 |
| A and B | **98.20%** | 1,472 |
| **Total** | | **1,499** |

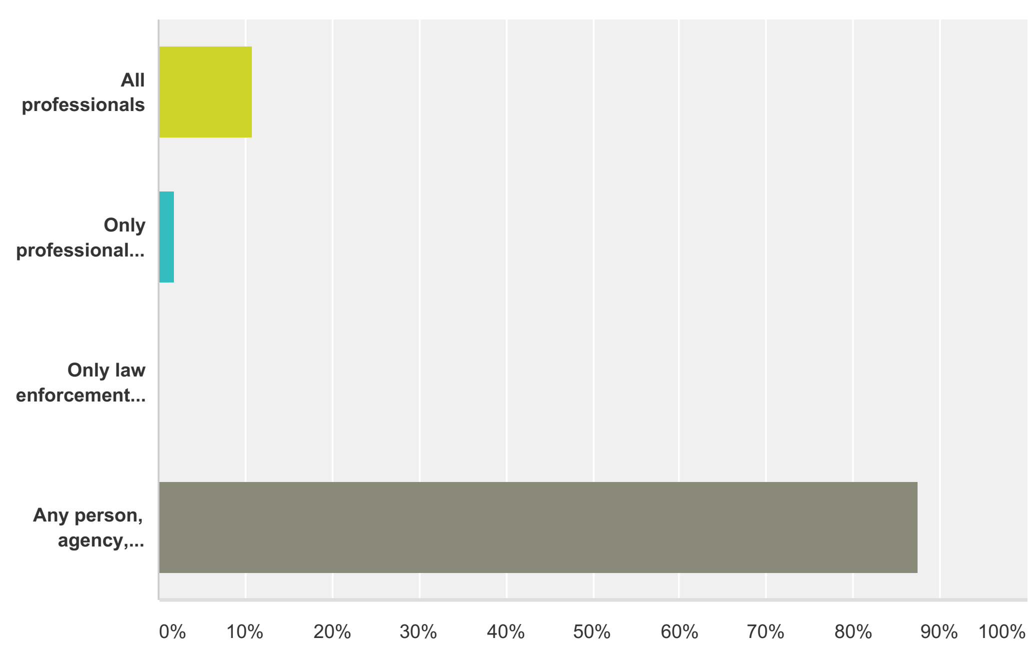
## Q8 Please rate each of the following statements.

Answered: 1,499 Skipped: 0




| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| The trainer was knowledgeable and communicated effectively. | **99.60%** 1,493 | **0.27%** 4 | **0.13%** 2 | 1,499 | 1.01 |
| The learning objectives were met. | **99.47%** 1,491 | **0.53%** 8 | **0.00%** 0 | 1,499 | 1.01 |
| I am able to describe the reporting law and reporting procedure for the State of Delaware. | **99.07%** 1,485 | **0.93%** 14 | **0.00%** 0 | 1,499 | 1.01 |
| I recognize the relationship between physical and behavioral indicators and suspicion of child abuse and neglect. | **99.20%** 1,487 | **0.80%** 12 | **0.00%** 0 | 1,499 | 1.01 |
| I am able to use minimal fact questions when indicators are observed and/or a disclosure is made. | **99.20%** 1,487 | **0.80%** 12 | **0.00%** 0 | 1,499 | 1.01 |
| I know how to respond appropriately when children disclose allegations of abuse or neglect. | **99.33%** 1,489 | **0.67%** 10 | **0.00%** 0 | 1,499 | 1.01 |
| I can identify what information to expect from DFS following a report of child abuse or neglect. | **97.80%** 1,466 | **2.07%** 31 | **0.13%** 2 | 1,499 | 1.02 |
| I have acquired a basic understanding of the civil and criminal definitions in statute for the various types of child maltreatment. | **99.40%** 1,490 | **0.60%** 9 | **0.00%** 0 | 1,499 | 1.01 |

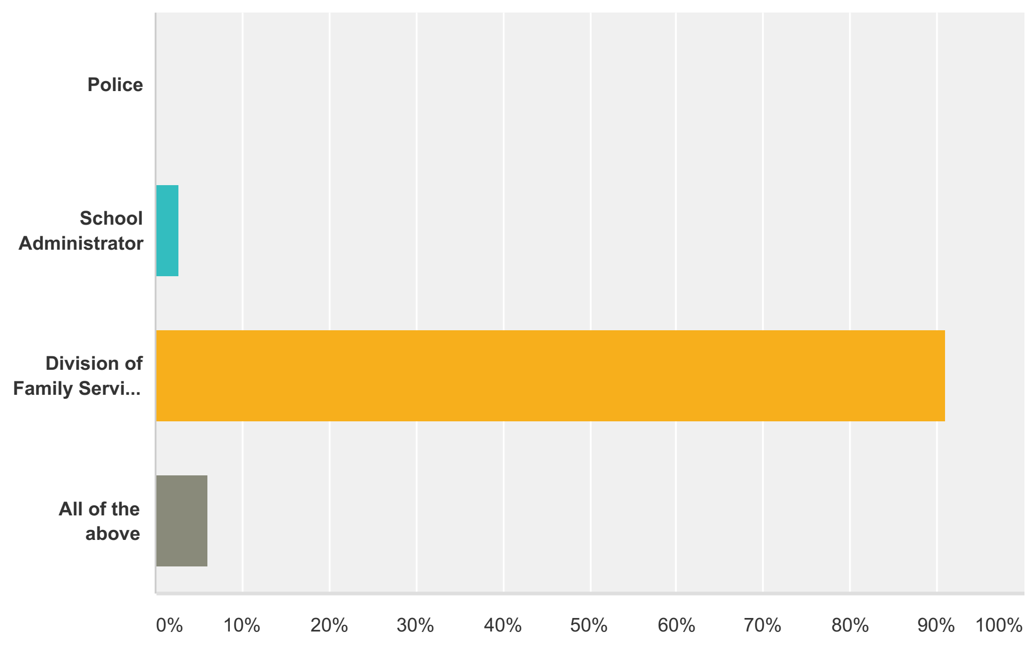
## Q1 In Delaware, who is mandated to report known or suspected cases of child abuse or neglect?




| Answer Choices | Responses | |
|---|---|---|
| All professionals | **10.76%** | 721 |
| Only professionals that work directly with children (i.e. teachers, physicians) | **1.78%** | 119 |
| Only law enforcement officers | **0.04%** | 3 |
| Any person, agency, organization or entity | **87.42%** | 5,857 |
| **Total** | | **6,700** |

## Q2 I am obligated by LAW to FIRST report my suspicions of abuse and neglect to:

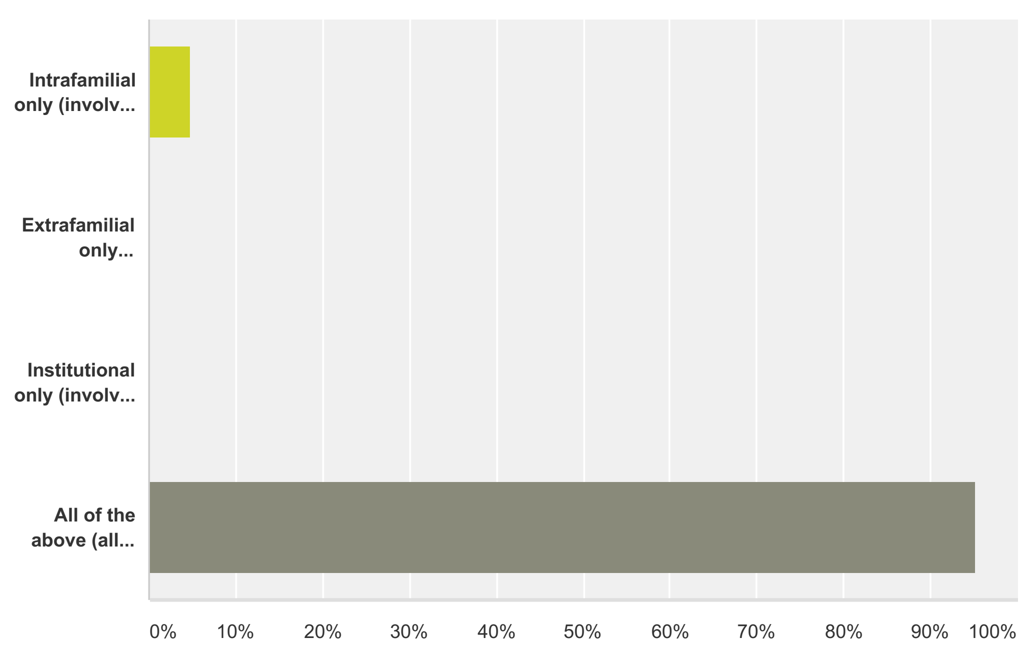
Answered: 6,576 Skipped: 124




| Answer Choices | Responses | |
|---|---|---|
| Police | **0.12%** | 8 |
| School Administrator | **2.81%** | 185 |
| Division of Family Services Child Abuse and Neglect Report Line | **90.95%** | 5,981 |
| All of the above | **6.11%** | 402 |
| **Total** | | **6,576** |

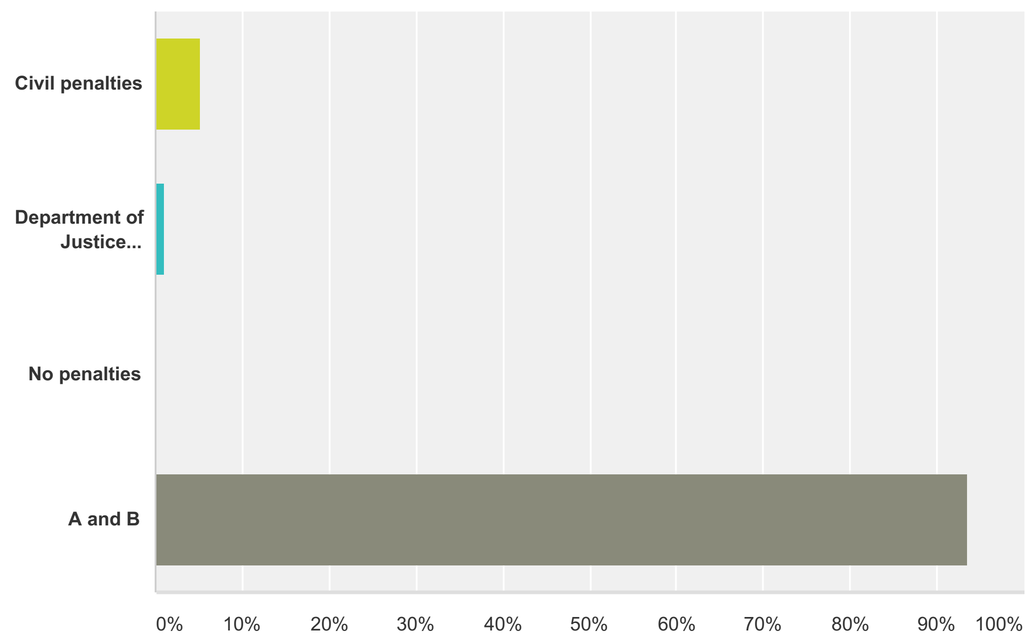
## Q3 What types of cases must be reported to the Division of Family Services Child Abuse and Neglect Report Line?

Answered: 6,531 Skipped: 169




| Answer Choices | Responses | |
|---|---|---|
| Intrafamilial only (involving parent, guardian, custodian, or member of the household) | **4.70%** | 307 |
| Extrafamilial only (perpetrator is not a member of the household or family) | **0.08%** | 5 |
| Institutional only (involving licensed child placement facilities) | **0.03%** | 2 |
| All of the above (all suspected abuse and neglect of any child, birth to age 18) | **95.19%** | 6,217 |
| **Total** | | **6,531** |

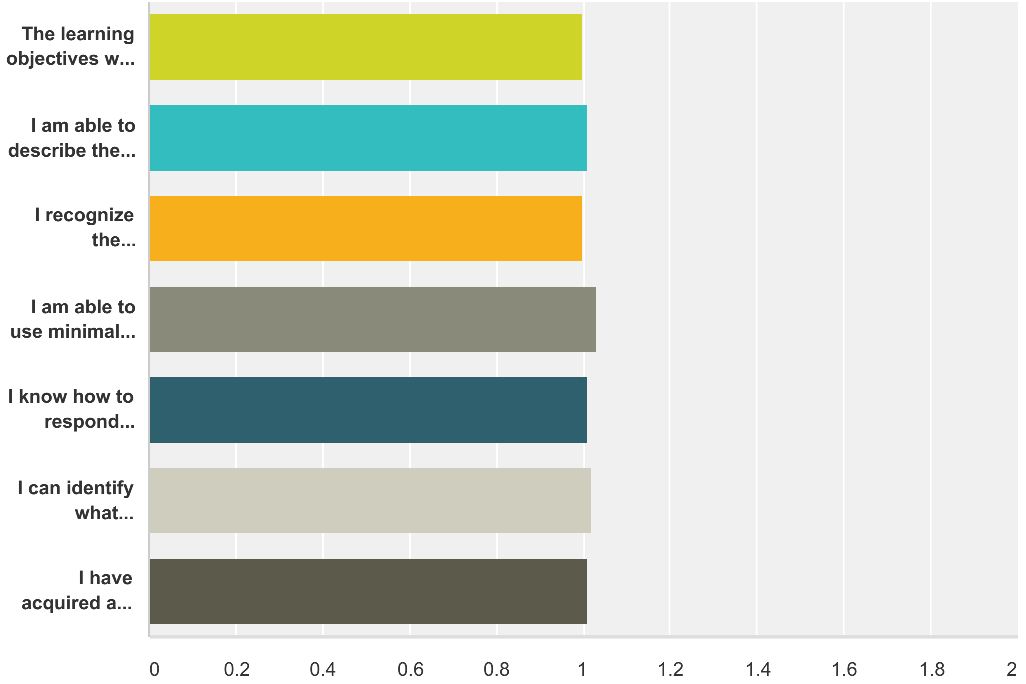
## Q4 Failing to report suspicions of abuse or neglect to the Division of Family Services can expose a school employee and school and/or district to:




| Answer Choices | Responses | |
|---|---|---|
| Civil penalties | **5.31%** | 346 |
| Department of Justice investigation | **1.09%** | 71 |
| No penalties | **0.12%** | 8 |
| A and B | **93.48%** | 6,089 |
| **Total** | | **6,514** |

## Q5 Please rate each of the following statements.

Answered: 6,477 Skipped: 223




| | Agree | Not Sure | Disagree | Total | Weighted Average |
|---|---|---|---|---|---|
| The learning objectives were met. | **99.58%** 6,450 | **0.40%** 26 | **0.02%** 1 | 6,477 | 1.00 |
| I am able to describe the reporting law and reporting procedure for the State of Delaware. | **98.78%** 6,398 | **1.19%** 77 | **0.03%** 2 | 6,477 | 1.01 |
| I recognize the relationship between physical and behavioral indicators and suspicion of child abuse and neglect. | **99.52%** 6,446 | **0.46%** 30 | **0.02%** 1 | 6,477 | 1.00 |
| I am able to use minimal fact questions when indicators are observed and/or a disclosure is made. | **97.10%** 6,289 | **2.70%** 175 | **0.20%** 13 | 6,477 | 1.03 |
| I know how to respond appropriately when children disclose allegations of abuse or neglect. | **99.23%** 6,427 | **0.76%** 49 | **0.02%** 1 | 6,477 | 1.01 |
| I can identify what information to expect from DFS following a report of child abuse or neglect. | **98.15%** 6,357 | **1.81%** 117 | **0.05%** 3 | 6,477 | 1.02 |
| I have acquired a basic understanding of the civil and criminal definitions in statute for the various types of child maltreatment. | **99.35%** 6,435 | **0.62%** 40 | **0.03%** 2 | 6,477 | 1.01 |

## Q6 Please list any recommendations or suggestions for future content (i.e. ways training can be improved)

Answered: 564 Skipped: 6,136

# Appendix O: Online Training Evaluation for Medical Professionals

## OCA DE: Online Test Summary - Training Evaluation for Desktop Computers

| # | Question Text | Attempts | % Correct | Correct Choice | Choice 1 | Choice 2 | Choice 3 | Choice 4 | Choice 5 | Choice 6 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | The learning objectives were made clear. (1 of 9) | 248 | 100% | 1,2,3 | 98% | 1% | 1% | | | |
| 2 | The content was comprehensive. (2 of 9) | 244 | 100% | 1,2,3 | 98% | 2% | 0% | | | |
| 3 | The content followed a logical sequence. (3 of 9) | 245 | 100% | 1,2,3 | 97% | 2% | 1% | | | |
| 4 | As a result of this training, I have an improved understanding of the child abuse and neglect indicators. (5 of 9) | 245 | 100% | 1,2,3 | 97% | 2% | 1% | | | |
| 5 | As a result of this training, I know how and where to report child abuse and neglect. (6 of 9) | 238 | 100% | 1,2,3 | 100% | 0% | 0% | | | |
| 6 | As a result of this training, I have a better understanding of my duty to report child abuse and neglect. (7 of 9) | 232 | 100% | 1,2,3 | 97% | 1% | 1% | | | |
| 7 | As a result of this training, I have a better understanding of my duty to report under the Medical Practice Act. (8 of 9) | 229 | 100% | 1,2,3 | 98% | 1% | 1% | | | |
| 8 | Please list your questions, comments or recommendations here. (9 of 9) | 0 | -- | text | | | | | | |
| 9 | Select your position: | 203 | 100% | 1,2,3,4,5,6 | 5% | 7% | 63% | 14% | 6% | 4% |

## OCA DE: Online Test Summary - Training Evaluation for Mobile Devices

| # | Question Text | Attempts | % Correct | Correct Choice | Choice 1 | Choice 2 | Choice 3 | Choice 4 | Choice 5 | Choice 6 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | The learning objectives were made clear. (1 of 9) | 15 | 100% | 1,2,3 | 93% | 7% | 0% | | | |
| 2 | The content was comprehensive. (2 of 9) | 15 | 100% | 1,2,3 | 87% | 7% | 7% | | | |
| 3 | The content followed a logical sequence. (3 of 9) | 14 | 100% | 1,2,3 | 86% | 7% | 7% | | | |
| 4 | As a result of this training, I have an improved understanding of the child abuse and neglect indicators. (5 of 9) | 15 | 100% | 1,2,3 | 93% | 7% | 0% | | | |
| 5 | As a result of this training, I know how and where to report child abuse and neglect. (6 of 9) | 14 | 100% | 1,2,3 | 100% | 0% | 0% | | | |
| 6 | As a result of this training, I have a better understanding of my duty to report child abuse and neglect. (7 of 9) | 13 | 100% | 1,2,3 | 100% | 0% | 0% | | | |
| 7 | As a result of this training, I have a better understanding of my duty to report under the Medical Practice Act. (8 of 9) | 14 | 100% | 1,2,3 | 93% | 7% | 0% | | | |
| 8 | Please list your questions, comments or recommendations here. (9 of 9) | 0 | -- | text | | | | | | |
| 9 | Select your position: | 12 | 100% | 1,2,3,4,5,6 | 0% | 8% | 17% | 58% | 17% | 0% |