
State of Delaware
Child Protection Accountability Commission (CPAC)



Children's Justice Act
Annual Progress Report and Grant Application
And
2012-2014 Three-Year Assessment Report

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16 Del. C. §912(a)(1)

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Director of the Division of Family Services

16 Del. C. §912(a)(2)

Dr. Victoria Kelly, Director

Two Representatives from the Attorney General's Office

16 Del. C. §912(a)(3)

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Patricia Dailey Lewis, Esquire, Deputy Attorney General, Director, Family Division
Mariann Kenville-Moore - Designee, Director, Victim Services

Two Members of the Family Court

16 Del. C. §912(a)(4)

The Honorable Chandlee Johnson Kuhn, Chief Judge
The Honorable Joelle Hitch, Judge

One Member of the House of Representatives

16 Del. C. §912(a)(5)

The Honorable Melanie George Smith, State Representative

One Member of the Senate

16 Del. C. §912(a)(6)

The Honorable Harris B. McDowell, III, State Senator

Chair of the Child Placement Review Board

16 Del. C. §912(a)(7)

William Murray, Chair
Julia Pearce - Designee, Executive Director

Secretary of the Department of Education

16 Del. C. §912(a)(8)

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16 Del. C. §912(a)(9)

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Chair of the Domestic Violence Coordinating Council

16 Del. C. §912(a)(10)

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16 Del. C. §912(a)(11)

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At-large Member - Interagency Committee on Adoption

16 Del. C. §912(a)(11)

Mary Lou Edgar, Member of the Interagency Committee on Adoption

At-large members - Law Enforcement

16 Del. C. §912(a)(11)

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At-large Members - Child Protection Community

16 Del. C. §912(a)(11)

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Mission Statement

CPAC'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. § 912(b)).

Purpose and Background

Delaware's Child Protection Accountability Commission ("CPAC" or "the Commission") was statutorily created in 1997 as part of a comprehensive strategy, entitled the Child Abuse Prevention Act of 1997, to improve Delaware's child protection system following the tragic death of a four year old boy named Bryan Martin. This act made significant changes regarding how Delaware investigates child abuse and neglect and how it fosters a child protection community of cooperation, accountability and multi-disciplinary collaboration. As a result, CPAC became the Children's Justice Act (CJA) State Task Force in FFY08. 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. § 912(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 staff of 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; and
- (5) Review and make recommendations concerning the well-being of Delaware's abused, neglected and dependent children including, but not limited to, issues relating to foster care, adoption, mental health services, victim services, education, rehabilitation, substance abuse and independent living.

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I. Introduction

In compliance with section 107(d) of the Child Abuse Prevention and Treatment Act (CAPTA), CPAC, as Delaware's State Task Force, is required to complete a comprehensive review and evaluation of the investigative, administrative and judicial handling of cases of child abuse and neglect in the State of Delaware and to make training and policy recommendations in each of the three categories outlined in Section 107(e)(1) of CAPTA. The three categories are as follows:

- (A) Investigative, administrative, and judicial handling of cases of child abuse and neglect, particularly child sexual abuse and exploitation, as well as cases involving suspected child maltreatment related fatalities and cases involving a potential combination of jurisdictions such as interstate, Federal-State, and State-Tribal, in a manner which reduces the additional trauma to the child victim and the victim's family and which also ensures procedural fairness to the accused;

- (B) Experimental, model, and demonstration programs for testing innovative approaches and techniques which may improve the prompt and successful resolution of civil and criminal court proceedings or enhance the effectiveness of judicial and administrative action in child abuse and neglect cases, particularly child sexual abuse and exploitation cases, including the enhancement of performance of court-appointed attorneys and guardians ad litem for children, and which also ensure procedural fairness to the accused; and

- (C) Reform of State laws, ordinances, regulations, protocols and procedures to provide comprehensive protection for children from abuse, particularly, sexual abuse and exploitation, while ensuring fairness to all affected persons.

To remain eligible for CJA grant funds, CPAC is required to submit an annual progress report and to conduct an assessment at three year intervals to establish the state's priorities for the next three year period. In 2009, CPAC submitted its last three-year assessment, and four recommendations were proposed by the Task Force. In addition to the Annual Progress Report and Grant Application, this report will discuss the review, evaluation, and findings from the 2012 Three-Year Assessment.

As part of this report, it is noteworthy that the Abuse Intervention Subcommittee ("the Committee") has been designated by CPAC to provide oversight for the CJA grant activities.

Since the Committee has provided measurable oversight of the CJA grant for years, its members are responsible for identifying system priorities, developing recommendations, and implementing activities related to the CJA grant with the approval of CPAC. The Committee meets on a quarterly basis to receive progress updates on the recommendations identified in the three-year assessment. In the same way, this Committee has been responsible for planning and administering the three-year assessments. Further, the membership includes representatives from many of the agencies identified on the State Task Force, as well as a representative from the Developmental Disabilities Council. Additionally, the adult former victim of child abuse and/or neglect and the individual experienced in working with homeless children and youths are represented on the CJA State Task Force's Subcommittees (See Appendix A for CPAC Subcommittee Membership).

II. Annual Progress Report (May 1, 2011-April 30, 2012)

In the last report, *Child First* Forensic Interviewing Training was identified as a proposed funding activity for the upcoming year, and \$36,000 was allocated to facilitate the training. However, in the last year, the *Child First* trainings were primarily funded by the Federal Court Improvement Program under the Family Court of the State of Delaware. As a result, the CPAC Abuse Intervention Subcommittee proposed and supported the reallocation of these funds. On January 11, 2012, CPAC, as the CJA State Task Force, reviewed and approved the proposal from the CPAC Abuse Intervention Subcommittee to reallocate \$40,000 to support the implementation of the Children's Research Center Structured Decision Making® Model and to publicize the Child Abuse Report Line number and the need to intervene on behalf of abused and neglected children.

A. Funding Activity #1: CJA Training Coordinator

Description: The CJA grant will provide for the services of one full time CJA Training Coordinator that will be located and supervised by the Office of the Child Advocate (OCA) Program Administrator. This position will be contracted by OCA and no benefits will be provided. The CJA Training Coordinator will be responsible for providing administrative support to the State Task Force known as the Child Protection Accountability Commission (CPAC) primarily for all child abuse intervention training activities related to the CJA grant.

Status/Update: As the CJA Training Coordinator, Jessica Begley has primarily been responsible for coordinating and facilitating the statewide Mandatory Reporting Training for educators, medical professionals, and general community and professional audiences. In the last year, Ms. Begley also provided administrative support for two sessions of *Child First* and assisted in planning and administering the 2011 Protecting Delaware's Children Conference. In addition, Ms. Begley is staff to CPAC and participates regularly on several CPAC subcommittees. Since December 2010, the Training Coordinator has been facilitating these unique trainings through OCA, which has not only furthered the goals of the Children's Justice Act but also CPAC. Although the Training Coordinator position has been in place for only 15 months, Delaware has been able to create a more uniform child abuse intervention curriculum. More specifically, consolidating the trainings under one entity, CPAC, ensures that professionals receive and have access to the same education on trending topics in child welfare.

B. Funding Activity #2: Multidisciplinary Training

Description: *Child First* Forensic Interviewing Training

Grant funds will be used by the CJA Training Coordinator to facilitate *Child First* forensic interviewing training for child abuse and neglect investigators, including the Division of Family Services (DFS) and statewide law enforcement agencies, criminal/civil Deputy Attorneys General from the Department of Justice (DOJ), Children's Advocacy Center (CAC) forensic interviewers and clinicians, and related child welfare partners such as hospital-based Sexual Assault Nurse Examiners and the Office of the Child Advocate/Court-Appointed Special Advocate (CASA) Program.

Status/Update: Delaware hosted two *Child First* trainings this past funding year. Both of these trainings were primarily funded by the Federal Court Improvement Program under the Family Court of the State of Delaware. Few costs were covered by the CJA grant. The first training was held on October 3-7, 2011 at the University of Delaware Virden Center in Lewes, DE, and the second was held on April 23-27, 2012 at the Embassy Suites in Newark, DE. In total, 60 professionals were trained from the following disciplines:

| <i>Child First</i> 2011-2012 | DFS | DOJ | POLICE | CAC | CASA/CHILD ADVOCATE | OTHER | Total Course Attendance |
|--|-----|-----|--------|-----|------------------------|-------|-------------------------------|
| Total Agency Attendance Oct. 3-7, 2011 | 11 | 6 | 5 | 1 | 1 | 3 | 27 |
| Total Agency Attendance April 23-27, 2012 | 12 | 6 | 5 | 0 | 5 | 5 | 33 |

Following the October session, *Child First* administrators and faculty met to discuss the option of hosting the April session in New Castle County, as there were numerous requests for the training from first responders in that area. The group also discussed adjusting the *Child First* curriculum to make it more specific to first responders in Delaware and possibly reducing the training to three days instead of five. As a result, the

team agreed to hold the April session in New Castle County, and, in the future, to begin exploring a three-day training option for Delaware.

Outcome Measures

1. 95% of the *Child First* students will pass the final essay test and be awarded a course certificate of completion; and
2. 90% of the Overall Course Evaluations will be rated “Very Effective.”

A certificate of completion was awarded to eighty-nine percent of the attendees in October and ninety-four percent of the attendees in April. In total, for both sessions, forty-one attendees completed the overall course evaluation, and, of those, thirty-nine or 95% rated the course as “Very Effective” (See Appendix B for 2011-2012 Child First Overall Evaluations).

Description: Child Abuse Identification and Reporting Guidelines for Delaware Medical Providers

Reviews conducted by the Child Death, Near Death and Stillbirth Commission (CDNDSC) have determined that the entire medical community is not knowledgeable about when or how to report child abuse and neglect.

Status/Update: Two on-site training sessions occurred between May 1, 2011 and April 30, 2012. Specifically, the trainings were held on May 19, 2011 and June 16, 2011, and a total of 121 medical professionals received the on-site training. An additional 758 physicians, physician’s assistants, respiratory care practitioners, and paramedics participated in the online version of the training made available through the OCA website: <http://courts.delaware.gov/childadvocate/CPACtraining.stm> (See Appendix C for On-site Evaluation of Training for Medical Professionals). In the last report, it was estimated that over 5,000 medical professionals were trained online. Upon further review, it was found that the online registration contained several duplicates which created the disparity.

Outcome Measures

1. 95% of the training session attendees will indicate they have a better understanding of medically related indicators of child abuse and neglect; and
2. 100% of the training session attendees will know how and where to report child abuse and neglect.

After several requests to provide mandatory reporting training to audiences consisting primarily of nurses, the medical training was modified with the help of Pediatric Hospitalist, Dr. Amanda Kay. The newly approved CPAC training, *Child Abuse Identification and Reporting Information for Delaware Nurses*, was utilized throughout the summer of 2011 with the Delaware Nurses Association, Nurse Family Partnership, and the Delaware Nurse Educator Conference. Since April 2011, there have been 6 trainings held and 339 nurses were trained (See Appendix D for On-site Evaluation of Training for Nurses).

Description: Other Training and Education

The CJA Training Coordinator has assisted in identifying and/or facilitating needed training that will further the goals of the Children's Justice Act. For example, it has been proposed that these funds be utilized to provide multidisciplinary team training in each county.

Status/Update

1. **When Words Matter: Emerging Issues in Forensic Interviewing** - On September 19-22, 2011, the Child First team elected to send the Kent County multi-disciplinary team, which is comprised of members from DFS, CAC, DOJ, and the Delaware State Police, to the national When Words Matter Conference. The conference gave the team members an opportunity to learn advanced forensic interviewing skills with the goal of enhancing the manner in which child abuse and neglect is investigated and prosecuted in Delaware. The CJA Training Coordinator and OCA Program Administrator were also present to explore opportunities to bring this advanced training to Delaware.
2. **Protecting Delaware's Children Conference** - The statewide conference was held on October 16-17, 2011. Over 500 child-welfare professionals convened in Dover, DE for the two-day event. The conference committee was interested in providing advanced workshops related to the investigation and prosecution of child abuse to provide the most current information to first-responders throughout the state. As a result, several key speakers from the National Child Protection Training Center (NCPTC) were invited to speak on topics such as Strengthening Our Multi-Disciplinary Teams, Non-Verbal Children and Evidence Based Prosecution, and Uses and Misuses of Expert Testimony. Several of the experts were also presenters at the When Words Matter Conference.

Funds from the Federal Court Improvement Program under the Family Court of the State of Delaware were used to fund the conference; however, in the future, it is anticipated that a portion of the CJA grant will be used to supplement the cost for this training.

3. **How to Identify and Report Child Abuse and Neglect in Delaware**– A comprehensive, statewide Power Point training was developed and finalized by the CPAC Abuse Intervention Subcommittee to ensure that the content of all child abuse training in Delaware will be consistent regardless of the person conducting the training. It has been offered to and is available upon request to child welfare professionals, partners, and the general public throughout the State of Delaware. Uniform speaking points that are specific to Delaware’s statutes and existing child welfare policies accompany the Power Point and a voiceover was done by the Office of the Child Advocate for an online version of the training.

The attendance increased dramatically after DFS identified this training as the approved program for schools per the requirement in 14 DE Code § 4123 for full-time teachers to receive one hour of training every year in the detection and reporting of child abuse. Although all teachers are required to receive this education, only teachers who have attended on-site trainings were included in the following attendance counts for the year. Teachers who did not receive on-site training had the option of reviewing the Power Point, which was available on the DFS website with other resources. For this reason, the Department of Education maintains a separate list of teachers who have satisfied their annual training obligation.

Since May 2011, 32 on-site training sessions have been held and 1458 professionals were trained. The professionals have been comprised of teachers, schools nurses, guidance counselors, K-5 Early Intervention Family Crisis Therapists, and contract providers for the Division of Prevention and Behavioral Health Services. At the end of December 2011, the training became available online with a voice over at:

<http://courts.delaware.gov/childadvocate/CPACtraining.stm>.

Subsequently, only 18 professionals have been trained online. However, an increase in online training is anticipated due to the efforts of a statewide Mandatory Reporting Outreach Campaign and prior to the start of the 2012-2013 school year. In fact, for the upcoming school year, teachers will only be given the option to either participate in the online training with voice or an on-site training

(See Appendix E for On-Site Evaluation of General Mandatory Reporting Training).

4. **SDM® Implementation and Training** - On January 11, 2012, CPAC approved the use of \$25,000 in CJA funds for the development, training, and implementation of the Structured Decision Making® Model by the Division of Family Services. As a result, DFS recently contracted with the Children's Research Center to develop and implement Structured Decision Making® tools for its investigation staff.

5. **Child Abuse Report Line Publicity** - Similarly, on January 11, 2012, CPAC approved the use of \$15,000 in CJA funds to purchase public service announcements for its one-month Mandatory Reporting Outreach Campaign in April. The campaign's message, "See the Signs, Make the Call," serves as a call to action and reminder that ensuring the safety of our children is everyone's responsibility. It is anticipated that child abuse reporting will increase, and, as a result, DFS and law enforcement will provide more immediate interventions for abused or neglected children, who previously may not have been identified. Additionally, the following outcomes are intended: to share consistent, clear messages to the community about the mandatory reporting of child abuse (every Delaware citizen is required to report any suspected abuse of a child); to publicize and provide greater exposure of the 1-800 report line number for abuse and neglect of children; and to educate the public on the signs of child abuse and neglect.

III. Grant Application: Proposed Funding Activities (May 1, 2012-April 30, 2013)

Previously, in April 2011, CPAC authorized a change in grant management from the Division of Family Services to the Office of the Child Advocate on behalf of CPAC. The grant was not able to be transferred to the Office of the Child Advocate since its fiscal department, the Administrative Office of the Courts, lacked experience in managing federal grants. Since then, the Criminal Justice Council has agreed to fiscally manage the grant on behalf of the Child Protection Accountability Commission via the Office of the Child Advocate effective October 1, 2012. Because the OCA provides staffing support to CPAC, it has been determined that this realignment will provide a more practical approach to administering the funds.

A. Funding Activity #1: CJA Training Coordinator

Budget: \$36,000

Description: The CJA grant will continue to provide for the services of one full time CJA Training Coordinator that will be located and supervised by the OCA Program Administrator. This position will be contracted by OCA and no benefits will be provided. The CJA Training Coordinator will be responsible for providing administrative support to CPAC primarily for all child abuse intervention training activities related to the CJA grant. Funds to support the CJA training activities will continue to be contracted by the Division of Family Services with OCA until October 1, 2012. The CJA Training Coordinator, in collaboration with the CJA Contract/Grant Manager, will ensure that grant related training activities are not duplicative of other efforts within the State and that the activities are sensitive to multiple cultures and other special populations (e.g. disabilities). The CJA Training Coordinator will also be responsible for promoting enhanced communication and collaboration from the public and private child welfare community of providers and also the community at large.

To accomplish this, the CJA Training Coordinator will attend taskforces and committees with multiple agencies to identify opportunities for improvement and develop coordinated multidisciplinary approaches to child abuse and neglect interventions that promote physical and emotional safety. A portion of the CJA grant funds will be used to develop, implement, and coordinate trainings to promote competency in child abuse and neglect service delivery. The CJA Training Coordinator will collaborate with the Division of Family Services CJA Contract/Grant Manager on an on-going basis to ensure

that activities engaged in by the CJA Training Coordinator comply with the CJA grant protocols.

Goal: Create a more uniform child abuse intervention curriculum, which ensures that professionals receive and have access to the same education on trending topics in child welfare.

Objective: The CJA Coordinator will 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.

Evaluation Plan: The training evaluation results will be used to determine if the programs are effective or ineffective. Also, the CJA Coordinator will be evaluated annually by the OCA Program Administrator.

B. Funding Activity #2: Multidisciplinary Training and Education

Budget: \$49,580

Description: Grant funds will continue to support training and education initiatives for professionals involved in the investigation and prosecution of child abuse and neglect cases. Over the next year, CPAC plans to review the *Child First* curriculum and to determine if a modified training is more appropriate for its child abuse investigators. Further, CPAC has acknowledged that Delaware's child abuse and neglect investigators require further training on working in multidisciplinary teams (MDT) to improve the handling of investigations and to support existing MDTs. Additionally, CPAC has identified two potential trainings, Minimal Facts and Discoverer's Training, which have been developed and adopted by other states. The former training is intended to support first responders in the handling of sexual abuse allegations, whereas the latter training will assist other professionals in making a report to the Child Abuse Report Line. To further the goals of the Children's Justice Act, the CJA Training Coordinator will assist CPAC in developing a comprehensive training program by implementing and/or facilitating one or more of the aforementioned trainings for first responders and other professionals involved with abused and neglected children. In addition, the CJA Training Coordinator will continue to facilitate the various mandatory reporting trainings, to plan and coordinate the Protecting Delaware's Children conference, and to develop the yearly Mandatory Reporting Outreach Campaign. Grant funds will also be used to support these

initiatives (See Appendix F for the Proposed Budget and Budget Summary). The following goal and objectives have been identified:

Goal: Continue to support training and education initiatives related to the investigation and prosecution of child abuse and neglect cases using a Multidisciplinary Team (MDT) approach.

Objective 1: Review the Child First Curriculum and make a comparison with three-day trainings offered by other states.

Evaluation Plan: If the training is modified and offered, participants will be asked to complete an evaluation. The evaluation results will be compared with results from the 5-day training.

Objective 2: Sponsor a national expert on multidisciplinary teams to come to Delaware to provide a one day or two day training to professionals involved in the investigation and prosecution of child abuse cases.

Evaluation Plan: Participants will be asked to complete an evaluation. The evaluations will ask training participants to rate whether they had an increase in knowledge based on the material presented.

Objective 3: Evaluate the Minimal Facts and Discoverer's Training developed by Connecticut and, if appropriate, develop and implement the training for professionals in Delaware.

Evaluation Plan: If the training is developed and offered, participants will be asked to complete an evaluation. The evaluations will ask training participants to rate whether they had an increase in knowledge based on the material presented.

Objective 4: Train 1000 professionals on the recognition and reporting of child abuse and neglect; assist the Division of Family Services with developing and providing the required yearly training for educators; and ensure that all trainings are web-based.

Evaluation Plan: There will be an ongoing need for education and an increase in reporting enforcement for key professionals who have failed to report child abuse and neglect, such as doctors, law enforcement, and educators. Participants will be asked to complete an evaluation. Online participants will use survey monkey. The evaluations will ask training participants to rate whether they had an increase in knowledge based on the material presented.

Objective 5: Provide partial funding for the Protecting Delaware's Children Conference, which has a focus on the investigation and prosecution of child abuse cases.

Evaluation Plan: Conference participants will be asked to complete an evaluation. The evaluations will ask training participants to rate whether they had an increase in knowledge based on the material presented.

Objective 6: Plan and coordinate the yearly Mandatory Reporting Outreach Campaign to educate the community on the signs of child abuse and neglect and the obligation to report.

Evaluation Plan: The Campaign will be evaluated based on an increase in the amount of calls to the Child Abuse Report Line and an increase in requests for onsite training.

IV. 2012-2014 Three-Year Assessment

A. Review and Evaluation

Previously, the Committee has utilized electronic surveys to conduct its three-year assessments. However, the last survey yielded a response rate of only 11.17%, prompting the Committee to consider a more effective way to gather feedback for the next three-year assessment. During the August 8, 2011 meeting, the Committee members suggested that, in lieu of distributing a survey, the Task Force should convene for a Strategic Planning Session. Moreover, the three-year assessment was accomplished in two parts.

Part I: Data Analysis

First, a workgroup was created to review the available data and to plan the Strategic Planning Session. The workgroup consisted of the Division of Family Services CJA Grant Manager, the Co-Chair of the CPAC Abuse Intervention Subcommittee, the OCA Program Administrator, and the CJA Training Coordinator. Following the August meeting, the workgroup met on several occasions to gather information and develop an agenda for the strategic planning session.

More specifically, the workgroup began by reviewing the recommendations from the 2009 Three-Year Assessment and evaluating the system improvements related to those recommendations. In 2009, the Committee utilized both a needs assessment and a review of the recommendations from the state's fatality and near fatality reviews performed by the Child Death, Near Death, and Stillbirth Commission ("CDNDSC" or "the Child Death Commission"). The following recommendations were developed and implemented as a result:

1. Fund training for the child welfare multi-disciplinary team that is most responsible for investigating and prosecuting child abuse and neglect.
2. Provide and expand mandatory reporting training to the broader medical community, educators, and law enforcement.
3. Evaluate the access and use of history in decision making by child welfare system partners.
4. The multi-disciplinary team would welcome the input of the Office of the Chief Medical Examiner in raising public awareness, as well as their participation with the team of child welfare professionals.

During the review, the workgroup concluded that CPAC successfully implemented the first two recommendations. In fact, since the last assessment, multi-disciplinary team training has been an ongoing activity funded by the grant. In particular, the Child First Forensic Interviewing Training was conducted in April 2009, October 2010, April 2011,

and October 2011, and over one hundred child welfare professionals have been trained. Despite these accomplishments, the workgroup identified that additional training was necessary and this will be discussed in more detail later in this report.

Additionally, the workgroup determined that CPAC accomplished its recommendation to expand the mandatory reporting training to target groups. On June 30, 2010, state legislation was also enacted to mandate this training for professionals covered under the Medical Practice Act, police officers, and Deputy Attorneys General within the Criminal and Family Division at the Department of Justice.¹ Clearly then, the training has been a statewide initiative since 2010, and over 10,000 professionals have been trained in person or online through four separate mandatory reporting training programs developed for physicians, nurses, law enforcement and the Department of Justice, as well as for general community and professional audiences.

In contrast, the workgroup acknowledged that the latter two recommendations were not prioritized by the Task Force during this three-year period. Although the use of history in child welfare decision making will continue to be endorsed as a best practice, CPAC has instead prioritized the assessment of data collected by Delaware's child protection community to develop dashboards which measure the child protection system and inform system improvement and CPAC initiatives. Further, with regards to the Chief Medical Examiner's Office, a representative has been participating in meetings at either the Commission or Panel level with the Child Death, Near Death, and Stillbirth Commission for the past year. Consequently, as a result of the CPAC and CDNDSC collaborative affiliation, which includes semiannual commission meetings and joint subcommittees, CPAC has the ability to engage in discussions with the Chief Medical Examiner's Office. In final consideration, these latter recommendations will not be prioritized for the upcoming assessment.

After a review of the prior assessment, the workgroup determined that it was necessary to gather and evaluate reports disseminated by the state's fatality review board to identify potential system issues. As a result, the group reviewed the 39 recommendations made by the Child Death, Near Death, and Stillbirth Commission's Child Abuse and Neglect Panel between February 2009 and December 2011 (See Appendix G for the Recommendations). The five key areas identified in the recommendations were as follows: Multi-disciplinary Reporting and Investigation, Medical Community, Multi-disciplinary Training, Multi-disciplinary Coordination and Collaboration, and Multi-disciplinary Use of Child Welfare History in Decision-Making. Although the majority of the recommendations were in fact case specific quality assurance issues that were noted during the review, the workgroup identified the few recommendations which either made suggestions for system improvements or demonstrated ongoing support for current initiatives.

¹ Del. HB 457, 145th General Assembly.

First, as a recommendation for system improvement, it was suggested that the Division of Family Services implement training on Delaware's criminal justice processes, including but not limited to, charges, pleas, prosecution, dismissals, and the impact of the criminal disposition on the Division's assessment of risk and decision making. Next, it was apparent in the recommendations that there was an ongoing need to support current priorities, such as specialized training on the identification of child abuse and neglect and mandatory reporting obligations. For instance, six recommendations supported the statewide training initiatives, but more specifically, training on the recognition and reporting of child abuse and neglect and Shaken Baby Syndrome. Three recommendations also identified a failure to report child abuse and neglect by professionals, and as such, CDNDSC and CPAC supported legislation to amend Title 16 of the Delaware Code relating to the penalties for failing to report suspected child abuse and/or neglect.² The workgroup also explored whether additional legislative reforms were necessary; however, the group noted that a few representatives of CPAC and the Governor's Office, who created the Governor's Steering Committee to implement the Dean Linda Ammons' Recommendations,³ are considering a revision to the Child Abuse Prevention Act of 1997.

Lastly, two recommendations from the Child Abuse and Neglect Panel supported the implementation of model programs or policies to evaluate risk of maltreatment more effectively. During this three-year period, CPAC and CDNDSC convened a Risk Assessment Subcommittee, and the Division of Family Services embraced the Subcommittee's ultimate recommendation to adopt the Structured Decision Making Model in its entirety. As a result, CJA funds were recently allocated to support the implementation of the Safety and Risk Assessment Components for Structured Decision Making. CPAC anticipates that implementation of the Structured Decision Making Model, concurrently with Differential Response, will improve the investigative handling of cases of child abuse and neglect in Delaware.

Two other areas of significance have been identified at Joint Commission meetings between CPAC and CDNDSC, although these are not specifically mentioned in the state's child death and near death recommendations. First, the infant unsafe sleeping deaths has caused concern amongst Task Force members since there were eleven deaths reviewed by CDNDSC in FY11, and in seven of the cases, the infant was bed-sharing with another individual.⁴ Next, there has also been frequent discussion about improving the investigation and prosecution of child abuse and neglect cases as well as offender accountability within the criminal justice system, particularly for infants who sustain serious unexplained injuries in a two parent household. Therefore, the workgroup

² Del. SB 110, 145th General Assembly.

³ See Independent Review of the Earl Brian Bradley Case, available at <http://law.widener.edu/NewsandEvents/Articles/2010/de051110bradleyreport.aspx>.

⁴ See CDNDSC Fiscal Year 2011 Annual Report, available at <http://courts.delaware.gov/childdeath/reports.htm>.

determined that it was necessary to highlight these issues for the Task Force as potential system priorities for the next three years.

As a final part of its review, the workgroup concluded that Delaware should explore how other states have improved the assessment and investigation of child abuse or neglect involving children with disabilities or serious health-related problems. In doing so, the workgroup researched Georgia, Virginia, Oregon, California, New York and South Carolina. The majority of states developed specialized curricula for professionals. In the past, Delaware created a manual to address the specific needs of this population during a child abuse investigation; however, the manual has not been utilized. The workgroup concluded that additional feedback was needed from the Task Force members.

In summary, the workgroup's evaluation of Delaware's Child Welfare System was as follows:

Areas of Strength:

- Improved focus on a multidisciplinary team approach to the investigation and prosecution of child abuse and neglect cases.
- Use of in-kind resources to facilitate multiple training initiatives.
- Development of Memoranda of Understanding between the Children's Department, law enforcement, and public education institutions, which have helped further child abuse investigations.
- Expanded the multidisciplinary team for the Mandatory Reporting Trainings by contracting with medical professionals who have expertise in handling child abuse cases.
- Funded Child First training to enhance the multidisciplinary team approach for first responders from law enforcement, Division of Family Services, Department of Justice, and the Children's Advocacy Center.
- Implemented statewide mandatory reporting training for educators, law enforcement, and medical professionals, providing a consistent message about the reporting process. Online versions of the trainings have also been developed.
- Contracted a CJA Training Coordinator to assist implementation of CPAC training initiatives.

Potential Areas of Improvement:

- Turnover amongst the multidisciplinary team leads to an ongoing need for training and education for front-line workers and cross-education and advanced trainings for the seasoned multi-disciplinary professionals.
- Investigative handling by first responders of infant unsafe sleeping fatalities, where abuse or neglect is suspected.
- Offender accountability in the criminal justice system and improved multi-disciplinary response to the investigation and prosecution of child abuse and neglect cases.
- Identify gaps related to the investigation of child abuse and neglect allegations for children with physical or cognitive disabilities.

Part II: Strategic Planning Meeting

The strategic planning meeting was held on February 24, 2012. Approximately 25 members of CPAC and the Abuse Intervention Subcommittee participated in the meeting, which was co-facilitated by the CJA Grant Manager and the Committee Co-Chair. During the meeting, a brief PowerPoint was presented to provide an overview of the CJA grant, noting the types of permissible activities, current activities funded, areas previously funded, and accomplishments since the last assessment. Additionally, five questions were disseminated to the group in advance of the meeting to stimulate thoughts and to ultimately structure the discussion during the meeting. The following questions were used:

- In your practice, how effective are Delaware's laws impacting child welfare? Do gaps exist that you are aware of that may place children at risk/ hamper the ability of responders to intervene effectively?
- How effective are Delaware's regulations impacting child welfare? Do gaps exist that you are aware of that may place children at risk/ hamper the ability of responders to intervene effectively?
- How effective are your agency's policies, procedures, and interagency agreements in protecting Delaware's children? Do gaps exist that you are aware of that may place children at risk/ hamper the ability of responders to intervene effectively?
- How effectively do the various disciplines below handle the investigation of cases? What are their areas of strength and where do their challenges lie? How well do they do in reducing additional trauma to the child victim and the victim's family? Are they able to ensure fairness to the accused?

-
- Division of Family Services
 - Law Enforcement
 - Department of Justice
 - Children’s Advocacy Centers
 - Medical Providers
 - Medical Examiner’s Office
 - Education
 - Guardians ad litem/CASA
 - Appointed Attorneys/Advocates
-
- How effectively is the judicial handling, both criminal and civil, of such cases? What are their areas of strength and where do their challenges lie? How well do they do in reducing additional trauma to the child victim and the victim’s family? Are they able to ensure fairness to the accused?

After consideration, CPAC concluded that it was necessary to support the current funding obligations, which include training and education initiatives as well as the CJA Training Coordinator position. The Task Force also agreed on two additional system priorities, which will be explained in more detail below.

V. Recommendations

CPAC set forth the following recommendations for areas of improvement during the 2012-2014 grant periods:

Goal One: Continue to support training and education initiatives related to the investigation and prosecution of child abuse and neglect cases using a Multidisciplinary Team (MDT) approach.

Strategies:

1. Continue to fund the CJA Training Coordinator position.
2. Continue to provide the Child First Delaware training or a modified three day version on a yearly basis as needed.
3. Continue to offer the annual Protecting Delaware’s Children Conference which has a focus on the investigation and prosecution of child abuse cases.
4. Continue to offer Mandatory Reporting Training onsite and online for various audiences.

-
5. Design two day MDT training to improve the handling of investigations and offer it by county to support existing MDTs.
 6. Explore a Minimal Facts Training for First Responders of sexual abuse allegations and a Discoverer's Training to assist professionals in making a report to the Child Abuse Report Line.
 7. Increase public awareness through a mandatory reporting outreach campaign.
 8. Explore the assessment and investigation of child abuse or neglect involving children with disabilities or serious health-related problems.

Goal Two: Improve the investigation and prosecution of child abuse and neglect cases as well as offender accountability within the criminal justice system through the Joint Investigation and Prosecution Subcommittee.

Strategy:

Research and develop statutes, policies, procedures and/or trainings that reflect best practices for better protecting children from abuse by optimizing the opportunities to appropriately punish perpetrators of abuse crimes against children.

Goal Three: Implementation of a plan to eliminate infant unsafe sleeping fatalities due to abuse or neglect in the state.

Strategies:

1. Continue to partner with the Child Death Commission in support of public awareness through the Infant Safe Sleeping Practice Community Action Team.
2. Explore best practices for investigation and prosecution of such cases in other states.
3. Support training and education for professionals involved in the investigation of such cases.

VI. Appendices

Appendix A: CPAC Subcommittees

Abuse Intervention Committee

| Members | Title/Organization |
|--------------------------------|--|
| Jessica Begley | CJA Training Coordinator Office of the Child Advocate |
| Nicole Byers | Former Foster Youth |
| Tania Culley, Esquire | Child Advocate, Office of the Child Advocate |
| Patricia Dailey Lewis, Esquire | Director of the Family Division, Department of Justice |
| Dr. Allan DeJong | Medical Director, AI Dupont Hospital for Children |
| Karen DeRasmo | Executive Director, Prevent Child Abuse Delaware |
| Kerry Ferriter | Psycho Forensic Evaluator, Office of the Public Defender |
| Stephanie Hamilton | Victim Services Coordinator, Wilmington Police Department |
| Melissa Kearney | Probation, Department of Corrections |
| Mariann Kenville-Moore | Director of Victim Services, Department of Justice |
| Pat Maichle | Disabilities Advocate, Developmental Disabilities Council |
| Valerie Merck | Survivors of Abuse in Recovery, Inc. |
| Sara Mersch | Policy Coordinator, Delaware Coalition Against Domestic Violence |
| Rosie Morales | Program Administrator, Office of the Child Advocate |
| Adrienne Owen | Corporal, Delaware State Police |
| Anne Pedrick | Executive Director, Child Death, Near Death, & Stillbirth Commission |
| Carol Post | Executive Director, Delaware Coalition Against Domestic Violence |
| Bridget Poulle | Executive Director, Domestic Violence Coordinating Council |
| Kellie Turner | Program Director, Prevent Child Abuse Delaware |
| Linda Shannon | Program Manager – Intake & Investigation, Division of Family Services |
| Ashlee Starratt | Child Death Specialist, Child Death, Near Death, & Stillbirth Commission |
| Kathy Vavala, Esquire | Deputy Attorney General, Department of Justice |
| Janice Tigani, Esquire | Deputy Attorney General, Department of Justice |
| Randall Williams | Executive Director, Children's Advocacy Center |

Education Committee

| Members | Title/Organization |
|-------------------------------|---|
| John Bates | Program Manager – Foster Care, Division of Family Services |
| Jo Ann Bruch | Program Manager – Treatment, Division of Family Services |
| Lisa Cookson | Review Coordinator, Child Placement Review Board |
| The Honorable Barbara Crowell | Judge, Family Court |
| Tania Culley, Esquire | Child Advocate, Office of the Child Advocate |
| P.J. Facciolo | School Homeless Education Liaison, Brandywine School District |
| Vincent Giampeitro | Program Director, Children and Families First |
| Sharon (Greenly) Collins | Positive Behavior Support Project-Milford School District |
| Joyce Hawkins | Family Service Program Support Manager, DPBHS |
| Kathryn Herel | Coordinator, Parent Information Center of Delaware |
| Mary Ann Mieczkowski | Exceptional Children Director, Department of Education |
| Leslie Newman | Executive Director, Children and Families First |

| | |
|---------------------------|--|
| Julia Pearce | Executive Director, Child Placement Review Board |
| Dr. David Ring | School Superintendent, Delmar School District, Department of Education |
| Dennis Rozumalski | Education Associate, Student Services & Special Populations, DOE |
| Linda Shannon | Program Manager – Intake & Investigation, Division of Family Services |
| Wendy Strauss | Executive Director, Governor's Advisory Council for Exceptional Citizens |
| Eliza Hirst, Esquire | Attorney Guardian Ad Litem, Office of the Child Advocate |
| Heather Williams, Esquire | Attorney Guardian Ad Litem, Office of the Child Advocate |
| Linda Wolfe | Director of School Support Services, Department of Education |

Mandatory Reporting Outreach Committee

| Members | Title/Organization |
|--------------------------------|--|
| Tania Culley, Esquire | Child Advocate, Office of the Child Advocate |
| Karen DeRasmo | Executive Director, Prevent Child Abuse Delaware |
| Jennifer Ford | Development Specialist, Children & Families First |
| Mariann Kenville-Moore | Director of Victim Services, Department of Justice |
| Patricia Dailey Lewis, Esquire | Director of the Family Division, Department of Justice |
| Rosie Morales | Program Administrator, Office of the Child Advocate |
| Anne Pedrick | Executive Director, Child Death, Near Death, & Stillbirth Commission |
| Joe Smack | Executive Assistant, Division of Family Services |
| Ashlee Starratt | Child Death Specialist, Child Death, Near Death, & Stillbirth Commission |
| Randall Williams | Executive Director, Children’s Advocacy Center |

Training Subcommittee

| Members | Titles/Organization |
|------------------------|--|
| Bob Challenger | Education/Training Administrator, Div. of Management Support Services |
| Jessica Begley | CJA Training Coordinator, Office of the Child Advocate |
| Karen DeRasmo | Executive Director, Prevent Child Abuse Delaware |
| Patricia Hearn | Court Improvement Program Coordinator, Family Court |
| Mariann Kenville-Moore | Director of Victim Services, Department of Justice |
| Diane Klecan | Forensic Interviewer, Children's Advocacy Center |
| Bonnie MacLeod | Public Health Nurse Consultant, Division of Public Health |
| Rosie Morales | Program Administrator, Office of the Child Advocate |
| Adrienne Owen | Corporal, Delaware State Police |
| Anne Pedrick | Executive Director, Child Death, Near Death, & Stillbirth Commission |
| Dana Sawyer | Chief of Operations, Div. of Prevention and Behavioral Health Services |
| Ashlee Starratt | Child Death Specialist, Child Death, Near Death, & Stillbirth Commission |
| Randall Williams | Executive Director, Children’s Advocacy Center |

Appendix B: October 2011 & April 2012 Child First Overall Evaluation

| Rate the effectiveness of the instructor on the following: | | | | | |
|--|----------------|----------------------|----------------------|----------------|-------|
| | Very Effective | Moderately Effective | Not At All Effective | Not Applicable | Total |
| 1. Binder materials were helpful. | 40 | 1 | | | 41 |
| 2. Binder was easy to use. | 40 | | 1 | | 41 |
| 3. Actor exercise was useful. | 39 | 2 | | | 41 |
| 4. Child interview exercise was useful. | | | | 41 | 41 |
| 5. Sessions started and ended on time. | 41 | | | | 41 |
| 6. Appropriate time allowed for questions. | 41 | | | | 41 |
| 7. Audio visuals used were helpful. | 41 | | | | 41 |
| 8. Overall impression of the course. | 39 | 2 | | | 41 |

What changes or additions would you suggest to make this lecture more useful to you?

- No test or if test is given it should be by our assigned groups; the test should be given as a group effort.
- College credit towards a specialized degree.
- Larger tables would have been nice. The staff did an excellent job.
- More interactive activities, i.e. group activities, etc.
- Speak more about collaborations of the team.
- Training was very informative, educational.
- More interviews with actors.
- My only minor suggestion would be to have more recent studies used as examples. I don't know if there are any, but many studies were from the 1990's.
- This training should be mandatory for all DFS workers during new worker training. Also, more activities should be added for trainees to get up, discuss information and demonstrate throughout the week. There is a lot of lecture and a lot of sit down. Demonstrations throughout the week would balance the time.

-
- The faculty overall was great.
 - Extra time with actors, more videos, less lecture time and more movement and interaction.
 - I enjoyed this course far more than I expected and have a greater respect for CAC interviewers-they make it look easy. Thank you for point out test questions along the way. It would've been impossible to study all of the material provided.
 - It was hard to take notes in that bulky binder. More information on preparing a child for court.
 - A lot of the training focuses on little kids and elementary school age. More info on older kids/teens would be good in terms of applying RATA stages & skipping stages. The "flow" seems so difficult with teens.
 - Loved it! Handing out candy to people who spoke in class was a little weird and distracting.

Please list any additional comments:

- A great and very well organized conference. Trainers are great and very knowledgeable about forensic interviewing.
- I liked that you stayed on schedule. I learned so much and will recommend to all of my coworkers.
- Very intense but extremely helpful.
- Great use of video, great use and timing of breaks. Additional hands-on activities would be nice but overall very well organized, great trainers, great material, great test reviews and very professionally run.
- This training was excellent.
- This was the best training I have ever been to. I had a great week and really enjoyed everyone.
- Overall, this was an amazing training course. I haven't been to many so you all have set the bar very high. All staff members were incredibly knowledgeable and dedicated to their topics. I really enjoyed the video clips as well as the actor interviews. This whole week as incredibly put together and you all deserve a huge pat on the back!
- Really enjoyed the training. Information is useful. The faculty was warm, understanding and easy to talk to. Great job! I would take the training again and again.
- I've heard that the training may be changed to three days. I think all five days were helpful and effective. I loved this training!
- This was a wonderful, amazing experience. I learned so much. Thank you.
- I don't think that we needed to spend as much time on the topics that were not on the exam (i.e. the court stuff). I understand that it's important for the interviewer to know what is needed for court, but a lot of time was spent on this.
- I feel like I learned a lot and can apply it to my job.

Appendix C: Evaluation of Training for Medical Professionals

Organization:

Training Date:

Westside HealthCare
ACOG

05/19/2011
06/16/2011

Professionals Trained: 121

Total Evaluations: 112

| |
|--|
| Rating of Activity and Speakers |
|--|

4=excellent, 3 = good, 2 = fair, 1 = poor, 0 = n/a or no comment)

| Course Ratings | 5 | 4 | 3 | 2 | 1 |
|---|----|----|----|---|---|
| 1. The learning objectives were made clear. | 69 | 32 | 11 | | |
| 2. The content was comprehensive. | 64 | 35 | 13 | | |
| 3. The content followed a logical sequence. | 62 | 36 | 14 | | |
| 4. The PowerPoint was effective in conveying information. | 63 | 33 | 13 | 1 | 2 |
| 5. The trainer was knowledgeable and communicated effectively. | 79 | 22 | 11 | | |
| 6. As a result of this training I have an improved knowledge of child abuse and neglect indicators | 67 | 32 | 13 | | |
| 7. As a result of this training I have a better understanding of my duty to report child abuse and neglect. | 73 | 28 | 11 | | |
| 8. As a result of this training I have a better understanding of my reporting obligations under the Medical Practice Act. | 72 | 28 | 12 | | |

Comments:

- Should have a reference page to the most common numbers needed to help children and their families.
- Graphical content of type of lessons could help.
- Needs to be interactive and acts of acknowledgment.
- It was helpful to have examples of cases that were more confusing or questionable.
- The presentation should be broken into two parts. 1. PowerPoint 2. small group discussion

Appendix D: Evaluation of Training for Nurses

Organization:

Training Date:

| | |
|------------------------------|------------|
| Delaware Nurse’s Association | 04/7/2011 |
| Children & Families First | 04/27/2011 |
| Nurse Educator Conference | 06/09/2011 |
| DelTech Community College | 10/31/2011 |
| Beebe Medical Center | 01/24/2012 |
| Division of Public Health | 03/23/2012 |

Professionals Trained: 339

Total Evaluations: 250

| |
|--|
| Rating of Activity and Speakers |
|--|

4=excellent, 3 = good, 2 = fair, 1 = poor, 0 = n/a or no comment)

| Course Ratings | 5 | 4 | 3 | 2 | 1 |
|---|-----|----|----|---|---|
| 1. The learning objectives were made clear. | 150 | 73 | 20 | 4 | 3 |
| 2. The content was comprehensive. | 160 | 72 | 16 | 2 | 0 |
| 3. The content followed a logical sequence. | 154 | 73 | 18 | 4 | 0 |
| 4. The PowerPoint was effective in conveying information. | 157 | 70 | 21 | 9 | 0 |
| 5. The trainer was knowledgeable and communicated effectively. | 163 | 64 | 23 | 1 | 2 |
| 6. As a result of this training I have an improved knowledge of child abuse and neglect indicators | 173 | 47 | 22 | 5 | 0 |
| 7. As a result of this training I have a better understanding of my duty to report child abuse and neglect. | 170 | 25 | 20 | 3 | 8 |
| 8. As a result of this training I have a better understanding of my reporting obligations under the Medical Practice Act. | 160 | 70 | 9 | 1 | 0 |

Comments:

- Very explanatory about what is and what is not abuse. Just report and let them decide was good to know. Good to know there are people looking out for children.
- I did learn more about abuse and how to report abuse.
- Excellent presentation. I now have a much better understanding of what is child abuse and what my responsibilities are.
- Wonderful presentation on difficult topic.
- I think it would have been helpful to have an overview of the process once a case is reported. It might clean up some resistance to reporting.
- This was an excellent presentation for nurses. I don't feel it needs to be changed in any way.
- N.Y. State requires C.E. in child abuse before renewal of each RN license-good idea-good for DE!

Appendix E: Evaluation of General Mandatory Reporting Training

| Organization | Training Date |
|-------------------------------------|---------------|
| DSCYF Contract Providers | 05/26/2011 |
| Family Court | 06/08/2011 |
| DYRS Providers/Wraparound and PSI | 06/13/2011 |
| Delaware State University | 06/24/2011 |
| DPBHS | 07/06/2011 |
| Latin American Community Center | 07/18/2011 |
| Odyssey Charter School | 08/22/2011 |
| Pencader Charter School | 08/25/2011 |
| Longneck Elementary School | 08/31/2011 |
| Loving Care Nursery | 09/12/2011 |
| New Castle County Head Start | 09/15/2011 |
| Wilmington University | 09/17/2011 |
| DCPA | 09/21/2011 |
| Kuumba Academy Charter School | 10/07/2011 |
| Carrie Downie Elementary School | 10/10/2011 |
| Gauger Cobbs Middle School | 10/18/2011 |
| Dickinson High School | 10/20/2011 |
| McKean High School | 10/27/2011 |
| Warner Elementary School | 11/10/2011 |
| DNREC | 11/14/2011 |
| Scope | 11/14/2011 |
| Jones Elementary School | 11/15/2011 |
| Laurel High School | 12/07/2011 |
| DPH Dental Service | 12/08/2011 |
| Phyllis Wheatley Middle School | 12/12/2011 |
| Telamon Corporation | 01/22/2012 |
| AstraZeneca Childcare & Development | 01/24/2012 |
| Gateway Lab School | 02/15/2012 |
| DPBH Provider's Meeting | 02/17/2012 |
| Meadowood | 02/17/2012 |
| Red Clay School District Office | 03/01/2012 |
| Kirk Middle School | 03/13/2012 |

Professionals Trained: 1458

Total Evaluations: 1215

*The training evaluation was updated after the 5/26/11 session, and numbers 6-8 below were modified. A slight discrepancy in evaluation totals will be noted for numbers 6-8.

| |
|--|
| Rating of Activity and Speakers |
|--|

5=excellent, 4 = very good, 3 = good, 2 = fair, 1 = poor

| Course Ratings | 5 | 4 | 3 | 2 | 1 |
|---|----------|----------|----------|----------|----------|
| 1. The learning objectives were made clear. | 792 | 294 | 113 | 10 | 4 |
| 2. The content was comprehensive. | 778 | 315 | 99 | 18 | 1 |
| 3. The content followed a logical sequence. | 795 | 290 | 108 | 15 | 3 |
| 4. The PowerPoint was effective in conveying information. | 743 | 312 | 123 | 32 | 3 |
| 5. The trainer was knowledgeable and communicated effectively. | 847 | 239 | 102 | 24 | 3 |
| 6. As a result of this training, I have an improved understanding of the child abuse and neglect indicators. | 764 | 295 | 107 | 18 | 3 |
| 7. As a result of this training, I know how and where to report child abuse and neglect. | 862 | 231 | 82 | 10 | 2 |
| 8. As a result of this training, I have a better understanding of my duty to report child abuse and neglect. | 856 | 228 | 84 | 15 | 3 |

Summary of Comments:

- Very important information for state employees in the position of trust. Very beneficial and informative!
- Very good presenter and presentation. Thank you!
- Still an on-going issue of "control" within the school as to who makes the call. It needs to be an established protocol in the schools as to the procedure as to who makes the actual phone call related to abuse.
- Thank you! Didn't know about the new laws. Training was perfect timing, right before our children begin class.
- The presentation clarified some policies vs. laws. It was very informative.
- Opened my eyes to child abuse. Very Good Presentation
- Mixed message between presenter and principal. What to do when you follow school protocol, but you disagree with the decision not to report?
- Print was too small to read on slides.
- Great update and refresher to support the students.
- Please explain further on mental health neglect on PowerPoint.
- I believe every state agency or anyone who has any type of contact with children should receive this type of training.
- The three don'ts were very helpful.
- More hands on activities are needed.
- It would be nice to have magnets with contact number on it, examples of cases that have been reported and the statistics of our school.
- I think the presentation was good but too long.

-
- Thank you for giving us this updated information. We truly appreciate you taking the time to come and explain the changes and providing the necessary procedural actions we all need to take to make sure we do not fail to adhere to the policies.

Appendix F: FFY12 Budget and Budget Summary

CHILDREN'S JUSTICE ACT

FFY12 BUDGET

| | |
|--|----------|
| Salary and OECs | \$0 |
| Travel | \$3,000 |
| Contractual | \$85,580 |
| Audit Costs (.3% of total grant)..... | \$266 |
| State Personnel Charges | \$0 |
| SWICAP (.0056 of salary)..... | \$0 |
| TOTAL | \$88,846 |

CHILDREN'S JUSTICE ACT

FFY12 BUDGET SUMMARY

Salary and OECs\$0

Travel\$3,000

This will permit the CJA training coordinator and grant manager to attend the annual Children's Justice Act Grantee's Meeting.

Contractual.....\$85,580

The contractual funds will pay for the services of a CJA Training Coordinator and fund various training activities.

Audit Costs (.3% of the Grant).....\$266

Grants are assessed a certain percentage of the total grant for single point state audit per the directives of the Delaware Accounting Manual. The State Budget Office has modified the policy and each agency is directly charged for audit costs. This is estimated to be .3% of the total grant.

State Personnel Charges.....\$0

SWICAP (.0056 of salary).....\$0

TOTAL\$88,846

Appendix G: Child Welfare Recommendations

Child Welfare Recommendations
February 6, 2009- December 2, 2011

| Child Welfare Area | Issue | Recommendation | Agency Responsible | Date | Review Body | Source |
|---|--|--|--------------------|---------------|-------------|------------------------|
| Multidisciplinary Reporting and Investigation of Child Abuse and Neglect 16 Del.C. § 912 (b) (2) | Structured Decision-Making | DFS must ensure that employees are strictly following all policies and procedures during the hotline intake process, with particular attention to all risk factors, including the status of the reporter, with greater credibility assigned to professionals. CDNDSC notes that this recommendation has been made on five previous occasions by this Commission and other review bodies. | DSCYF | 2009 April 24 | CDNDSC | Final CAN Review |
| Medical Community 16 Del.C. § 912 (b) (1) | Child Abuse Identification & Reporting | CDNDSC shall send a letter to the Delaware Chapter of the American Academy of Pediatrics and the Delaware Academy of Family Practice Practitioners requesting that they include educational components in their newsletters to ensure that community physicians are aware that there are systems of care for educating and offering resources for parents on the risks of leaving your child with non-blood relative caretakers. | CDNDSC | 2009 Feb 6 | CDNDSC | Expedited Review T.W. |
| Multidisciplinary Coordination and Collaboration 16 Del.C. § 912 (b) (1) and (2) | Home Visiting Services | CDNDSC supports the Nurse Family partnership and will continue to partner with Children and Families First as the program is implemented. | CDNDSC | 2009 Feb 6 | CDNDSC | Expedited Review T.W. |
| Medical Community 16 Del.C. § 912 (b) (1) | Information Sharing | CDNDSC suggests use of the Delaware Health Information Network and further enhancement of such for every emergency room to help determine when a child has had several admissions. | Medical | 2009 Feb 6 | CDNDSC | Expedited Review S. H. |

Child Welfare Recommendations
February 6, 2009- December 2, 2011

| Child Welfare Area | Issue | Recommendation | Agency Responsible | Date | Review Body | Source |
|--|---------------------------------|--|--------------------|-------------|-------------|---|
| Multidisciplinary Coordination and Collaboration 16 Del.C. § 912 (b)(1) and (2) | Multidisciplinary Collaboration | CDNDSC recommends that there be coordination between the Children's Department and the Department of Corrections to explore the potential for coordination to ensure the safety of children when perpetrators of child abuse are released from prison. | DSCYF DOC | 2009 Feb 6 | CDNDSC | Expedited Review H.B. |
| Multidisciplinary Training 16 Del.C. § 912 (b) (4) | Shaken Baby Syndrome Education | CDNDSC supports the efforts of Bayhelath and Prevent Child Abuse Delaware as they improve the education of Shaken Baby Syndrome. | CDNDSC | 2009 Feb 6 | CDNDSC | Expedited Review T.W. |
| Multidisciplinary Training 16 Del.C. § 912 (b) (4) | Shaken Baby Syndrome Education | CDNDSC shall partner with DOE and other applicable state agencies to develop/expand a curriculum on caring for newborns regarding the dangers of shaken baby syndrome. | CDNDSC | 2009 Feb 6 | CDNDSC | Expedited Review T.W. |
| Medical Community 16 Del.C. § 912 (b) (1) | Medical Malpractice | CDNDSC shall refer the physician involved in the present case to the Board of Medical Practice to review the physician's treatment as it pertained to this case. | CDNDSC | 2009 Nov 20 | CDNDSC | Ishmael Morris-Grant CAPTA Report |
| Medical Community 16 Del.C. § 912 (b) (1) | Policies, Medical | CDNDSC shall send a letter to the Medical Society of Delaware recommending more educational opportunities to practitioners regarding the use of psychotropic medications during and after pregnancy. Information distribution of which psychotropic drugs are available at discounted prices at certain pharmacies or pharmaceutical company programs which provide medications to those in need may enable greater access to pregnant and post-partum mothers, in particular. | CDNDSC | 2009 Nov 20 | CDNDSC | Ishmael Morris-Grant CAPTA Report |

Child Welfare Recommendations
February 6, 2009- December 2, 2011

| Child Welfare Area | Issue | Recommendation | Agency Responsible | Date | Review Body | Source |
|---|------------------|--|--------------------|-------------|-------------|---|
| Medical Community 16 Del.C. § 912 (b) (1) | Policy, Medical | CDNDSC shall send a letter to the Medical Society of Delaware and the Delaware Chapter of the American Academy of Pediatrics recommending more educational opportunities to practitioners regarding the risks and benefits of the use of psychotropic medications during lactation. | CDNDSC | 2009 Nov 20 | CDNDSC | Ishmael Morris-Grant CAPTA Report |
| Well-Being - Child Care 16 Del.C. § 912 (b) (5) | Public Awareness | Based on community behaviors that could minimize and/or prevent another near death, the panel recommends a community outreach effort to educate parents on keeping their child safe while in the care of a babysitter. Specifically, parents should thoroughly investigate the homes in which they are leaving their children to ensure a safe environment that is free of hazards, where medications and toxins are out of reach and should always ensure that any caregiver can reach a parent easily by phone in case of emergency. | CDNDSC | 2009 Nov 20 | CDNDSC | Natalie Sampson CAPTA Report |
| Multidisciplinary Reporting and Investigation of Child Abuse and Neglect 16 Del.C. § 912 (b) (2) | Legislation | CDNDSC supports the vigorous enforcement of the Department of Justice's legislation (SB 110) to increase the penalty for those who fail to report child abuse and neglect and to change it from a criminal to civil penalty. | DOJ | 2010 Jan 22 | CDNDSC | Alexandra Borgotti CAPTA Report |

Child Welfare Recommendations
February 6, 2009- December 2, 2011

| Child Welfare Area | Issue | Recommendation | Agency Responsible | Date | Review Body | Source |
|---|-------------------|---|--|-------------|-------------|---|
| Multidisciplinary Reporting and Investigation of Child Abuse and Neglect 16 Del.C. § 912 (b) (2) | Legislation | CDNDSC supports the legislation to amend Title 16 of the Delaware Code relating to the penalties for failing to report suspected child abuse and/or neglect. This legislation converts the criminal action for failure to comply with the mandatory reporting of suspected child abuse into a civil action with financial penalties. Whomever violates §903 of this Title shall be liable for a civil penalty not to exceed \$5,000 for the first violation, and not to exceed \$50,000 for any subsequent. | CDNDSC and CPAC | 2010 Jan 22 | CDNDSC | Alexandra Borgotti CAPTA Report |
| Multidisciplinary Reporting and Investigation of Child Abuse and Neglect 16 Del.C. § 912 (b) (2) | Policies, DFS | The Division of Family Services must ensure that employees are strictly following all policies and procedures during the hotline intake process, with particular attention to all risk factors, including the status of the reporter, with greater credibility assigned to professionals. CDNDSC notes that this recommendation has been made on five previous occasions by this Commission and other review bodies. | DSCYF | 2010 Jan 22 | CDNDSC | Demetrius Labell CAPTA Report |
| Multidisciplinary Reporting and Investigation of Child Abuse and Neglect 16 Del.C. § 912 (b) (2) | Quality Assurance | The Division of Family Services should establish a quality assurance process for reviewing rejected hotline reports given the repeated failures to adhere to established policies in this and other cases and the volume of reports that are rejected. | CDNDSC/CPAC Risk Assessment Subcommittee | 2010 Jan 22 | CDNDSC | Demetrius Labell CAPTA Report |

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| Medical Community 16 Del.C. § 912 (b) (1) | Policies, Medical | All medical documentation, including patient phone calls for advice, should be immediately time and date stamped by every medical practice. This case will be referred to the Medical Review Board in order to assess whether or not the pediatrician's office was in compliance with the standard of care. | CDNDSC | 2010 Jan 22 | CDNDSC | Demetrius Labell CAPTA Report |
| Multidisciplinary Reporting and Investigation of Child Abuse and Neglect 16 Del.C. § 912 (b) (2) | Policies, DFS | The Division of Family Services shall provide clarification of the maltreatment "definition" per DFS policy for caseworkers who are responsible for hotline intakes. These frontline responders should also give higher deference to professional who are reporting. | DSCYF | 2010 Jan 22 | CDNDSC | Demetrius Labell CAPTA Report |

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| Medical Community 16 Del.C. § 912 (b) (1) | Training, Child Abuse & Neglect | Medical professionals should be educated regarding DSCYF policy and procedures regarding mandatory reporting and they should be trained to provide the most significant information, when making a hotline report. Intake Workers should be trained to ask appropriate questions to assure that an appropriate importance is assigned to a report. | CPAC's Abuse Intervention Subcommittee | 2010 Jan 22 | CDNDSC | Jeremiah Verbitsky CAPTA Report |
| Medical Community 16 Del.C. § 912 (b) (1) | Information Sharing | CDNDSC recommends that the use of Electronic Information Sharing and further enhancements of such systems be implemented and used by all medical professionals in order to help track hospital re-admission rates for premature babies who are discharged prior to weighing 5 pounds. | Medical | 2010 May 7 | CDNDSC | Steven Holmes CAPTA Report |
| Multidisciplinary Coordination and Collaboration 16 Del.C. § 912 (b) (1) and (2) | Public Awareness | CDNDSC will contact the Office of Highway Safety for further information and statistics regarding pedestrian jay walking. | CDNDSC | 2010 Nov 19 | CDNDSC | Lorie Lazzo-Napinski & Daria Lazzo-Napinski CAPTA Report |

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| Multidisciplinary Use of Child Welfare History in Decision-Making 16 Del.C. § 912 (b) (1) and (2) | Policies, DFS | DSCYF shall review and modify its policies and procedures to give greater weight to criminal history for any individuals responsible for the care of children, including biological parents, when making decisions regarding the risk to and safety of children receiving services from the Division of Family Services. | DSCYF | 2010 Sept 24 | CDNDSC | Edward Davis CAPTA Report |
| Multidisciplinary Training 16 Del.C. § 912 (b) (4) | Training, Specialized | DSCYF shall implement training for all supervisors and caseworkers on Delaware's criminal justice processes including, but not limited to, charges, pleas, prosecution, dismissals and definitions, and how understanding the criminal system can impact DSCYF risk assessment and decision making. | DSCYF | 2010 Sept 24 | CDNDSC | Edward Davis CAPTA Report |
| Multidisciplinary Use of Child Welfare History in Decision-Making 16 Del.C. § 912 (b) (1) and (2) | Policies, DFS | DSCYF shall review and modify its policies, procedures, and training to clarify how caseworkers and supervisors can appropriately incorporate an individual's and individual family's multigenerational and chronic DSCYF history into their decision making. | DSCYF | 2010 Sept 24 | CDNDSC | Edward Davis CAPTA Report |
| Multidisciplinary Use of Child Welfare History in Decision-Making 16 Del.C. § 912 (b) (1) and (2) | Supervisory Monitoring | CDNDSC recommends that cases involving multigenerational or chronic patterns of child abuse and/or neglect be given a higher level of supervisory oversight than cases without such history. | DSCYF | 2010 Sept 24 | CDNDSC | Edward Davis CAPTA Report |
| DFS Treatment 16 Del.C. § 912 (b) (1) | Client Contacts | DSCYF should apply its frequency of contact requirements to the population based upon a thorough safety assessment of each child known to DSCYF, even if the child is not within DSCYF custody. | DSCYF | 2010 Sept 24 | CDNDSC | Edward Davis CAPTA Report |
| DFS Casework 16 Del.C. § 912 (b) (1) | Policies, DFS | DSCYF shall review its policy of and further define "family" and "case." | DSCYF | 2010 Sept 24 | CDNDSC | Edward Davis CAPTA Report |

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| DFS Casework 16 Del.C. § 912 (b) (1) | Policies DFS | DSCYF shall update and/or develop policy delineating the steps and the difference between evaluating risk and safety when considering placement, via safety planning or DSCYF custody, with relative and non-custodial parents. | DSCYF | 2010 Sept 24 | CDNDSC | Edward Davis CAPTA Report |
| DFS Investigation 16 Del.C. § 912 (b) (1) | Risk Assessment | CDNDSC recommends that the Child Protection Accountability Commission (CPAC) Risk Assessment Subcommittee research more effective and efficient risk assessment tools that will objectively evaluate risk and history and appropriately incorporate and assess criminal, multigenerational and individual DSCYF history. | CDNDSC/CPAC Risk Assessment Subcommittee | 2010 Sept 24 | CDNDSC | Edward Davis CAPTA Report |
| Multidisciplinary Training 16 Del.C. § 912 (b) (4) | Training, Child Abuse & Neglect | CDNDSC supports the efforts of the Child Protection Accountability Commission's Abuse Intervention Subcommittee in developing and offering training on Mandatory Reporting of Child Abuse and Neglect for the general public. | CDNDSC/CPAC Risk Assessment Subcommittee | 2010 Sept 24 | CDNDSC | Edward Davis CAPTA Report |
| Multidisciplinary Reporting and Investigation of Child Abuse and Neglect 16 Del.C. § 912 (b) (2) | Information Sharing | CDNDSC recommends that DSCYF no longer accept any hand-delivered reports of child abuse and/or neglect from law enforcement. Instead all reports of child abuse and/or neglect shall be reported via the report line in accordance with the law (16 Del. C. § 903, 904, and 905), DSCYF policy, and the Memorandum of Understanding between the Department of Services for Children, Youth, and 9 of 11 Their Families, the Children's Advocacy Center, the Department of Justice, and Delaware Police Departments. | DSCYF | 2010 Sept 24 | CDNDSC | Edward Davis CAPTA Report |

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| Multidisciplinary Reporting and Investigation of Child Abuse and Neglect 16 Del.C. § 912 (b) (2) | MOU Compliance | Law enforcement shall adhere to 16 Del. C. § 903, 904, and 905, DSCYF policy, and the Memorandum of Understanding between the Department of Services for Children, Youth, and Their Families, the Children’s Advocacy Center, the Department of Justice, and Delaware Police Departments when reporting child abuse and neglect via the report line. | Law Enforcement | 2010 Sept 24 | CDNDSC | Edward Davis CAPTA Report |
| DFS Caseloads/ Workload 16 Del.C. § 912 (b) (1) | Caseload Standards | CDNDSC asks that the Department of Services for Children, Youth, and Their Families (“Department”) investigate the number of cases that are being assigned to investigative caseworkers to ensure that each caseworker is not exceeding the caseload set by the statutory standard as put forth in 29 Del.C. § 9012 (b) (1). In addition, CDNDSC asks that the Department report these numbers as a raw figure rather than an average. | DSCYF | 2010 Sept 24 | CDNDSC | Edward Davis CAPTA Report |
| Medical Community 16 Del.C. § 912 (b) (1) | Policies, Medical | CDNDSC shall send a letter to the child’s Primary Care Physician stating the panel’s concerns regarding the lack of attention to the child’s lack of growth, with particular attention to the lack of dietary, environmental, family, and social history, as is recommended by the American Academy of Pediatrics and is considered standard of care. | Medical | 2011 Dec 2 | CDNDSC | Danielle Williams CAPTA Report |

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| DFS Office of Child Care Licensing 16 Del.C. § 912 (b) (1) | Policies, OCCL | CDNDSC shall recommend that DSCYF monitor and comply with the standard temperature of water for foster homes, daycares and contracted foster homes per the Delacare rules. In addition to childcare centers, CDNDSC recommends that DSCYF require DFS foster homes and contracted foster homes to comply with the requirements similar to rule 270 of Delacare prohibiting water temperatures higher than 120 degrees Fahrenheit. | DSCYF | 2011 Dec 2 | CDNDSC | Danielle Williams CAPTA Report |
| Well-Being - Foster Care 16 Del.C. § 912 (b) (5) | Policies, Medical | CDNDSC recommends that in addition to the child's medical records, growth charts be included and made available for DSCYF and Family Court so that proper tracking of the child's growth can be reviewed by all agencies involved. | DSCYF Family Court | 2011 Dec 2 | CDNDSC | Danielle Williams CAPTA Report |
| Law Enforcement 16 Del.C. § 912 (b) (1) | Shaken Baby Syndrome Education | CDNDSC recommends that Law Enforcement Officers be educated on the effects of Shaken Baby Syndrome/Abusive Head Trauma. Law Enforcement Officers should know their role in identifying and reporting cases of suspected abuse due to Shaken Baby Syndrome/Abusive Head Trauma and that physical injury might not be noticeable but internal injury may be present. | CPAC's Abuse Intervention Subcommittee | 2011 Mar 11 | CDNDSC | Donovan Baker CAPTA Report |
| Law Enforcement 16 Del.C. § 912 (b) (1) | Training, Child Abuse & Neglect | CDNDSC continues to support the training of Law Enforcement Officers on the identification and recognition of child abuse and neglect. | CPAC's Abuse Intervention Subcommittee | 2011 Mar 11 | CDNDSC | Donovan Baker CAPTA Report |