Governors Steering Committee on Protecting Delaware's Children

Report to Governor Jack Markell on the Recommendations from the *Independent Review of the Earl Bradley Case* by Dean Ammons

January 2015

Submitted to Governor Jack Markell by the Governor's Steering Committee on Protecting Delaware's Children

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Governor's Steering Committee Members

The following members came together to support implementation of the recommendations set forth in Dean Ammons' Report.

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Chairperson
Child Protection Accountability Commission

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[1] Prior to Director Mangler, from 2009-2013, the Steering Committee was represented by the Honorable James Collins, then-Director of the Division of Professional Regulation.
[2] Prior to Secretary Ranji, from 2009-2012, the Steering Committee was chaired by the Honorable Judge Vivian Medinilla, then-Secretary of the Department of Services for Children, Youth and their Families.

Introduction:

In May 2010, then-Associate Provost and Dean Linda L. Ammons of the Widener University School of Law presented the *Final Report of the Independent Review of the Earl Brian Bradley Case* (hereinafter, the Dean Ammons Report) to Governor Jack Markell and members of the Senate Public Safety and House Public Safety and Homeland Security Committees. The Dean Ammons Report detailed some of the facts behind the horrific crimes committed by Dr. Earl Bradley and made numerous recommendations to improve the future handling of child abuse and sexual exploitation cases. Many agencies and entities have taken significant steps over the last few years to implement those recommendations and make other improvements to better protect children. Improvements have been made by the Delaware General Assembly, state agencies, non-profit organizations and others to help prevent future abuses and to better serve and support victims.

Several of the agencies closely involved with child abuse and sexual exploitation have met over the course of the last several years to examine the recommendations and track and support implementation. This group, known as the Governor's Steering Committee on Protecting Delaware's Children, is comprised of members from Family Court, the Department of Services for Children, Youth and their Families, the Office of the Child Advocate, the Child Protection Accountability Commission, the Children's Advocacy Center, the Department of Justice, the Delaware State Police and the New Castle County Police Department.

The Steering Committee presents this report to memorialize the system improvements that have been made in the four-plus years since Dean Ammons finalized her report. The report is organized according to six areas of focus that the Dean Ammons Report addressed. These are:

- Improve communication and coordination among system partners (law enforcement, Department of Justice (DOJ), Division of Professional Regulation (DPR), professional boards, Children's Advocacy Center (CAC), Department of Services for Children, Youth and their Families (DSCYF), the medical community and the public);
- Strengthen reporting requirements;
- Heighten awareness of child abuse and the responsibility to report through training and public awareness;
- Enhance current medical standards and protocols concerning proper pediatric care and the publication thereof to ensure that doctors, medical staff and parents have clear guidance;
- Review and strengthen civil and criminal laws regarding child protection; and
- Enhance resources and services available to protect and treat child victims of abuse.

This report groups the recommendations according to these areas of focus and discusses what has been accomplished in implementation of the recommendations. The report will reference a series of bills that were signed into law on June 30, 2010. These laws were a direct reflection of

the recommendations of the Dean Ammons Report and speak to the recommendations from several sections in this report.[1]

System response to child sexual abuse and sexual exploitation cases has been enhanced following the revelations of Dr. Bradley's horrific abuses. It is our hope that this report shows how far our State has come while re-emphasizing the need for constant vigilance in preventing and detecting child abuse.

Recommendations:

I. Improve communication and coordination among system partners (law enforcement, Department of Justice (DOJ), Division of Professional Regulation (DPR), professional boards, Children's Advocacy Center (CAC), Department of Services for Children, Youth and their Families (DSCYF), medical community and the public).

The Dean Ammons Report made recommendations to state agencies and other system partners for improving communication and coordination with one another. Following are those recommendations as well as the actions taken as a result:

- Enhance communication and coordination among system partners by requiring multidisciplinary training and cross-education of agencies, boards and commissions having child welfare responsibilities.
- Require multi-disciplinary case reviews to track prosecution outcomes and civil remedies.
- Help ensure continuity by assigning the same Deputy Attorney General ("DAG") to the Medical Board and other agencies charged with child protection. The same Deputy Attorney General should, to the extent practicable, also attend the victim interviews, case reviews and disposition reviews at the Children's Advocacy Center.
- DOJ should establish an internal protocol to help ensure that DAGs and persons working with them report to the requisite state agencies and regulators vital information about suspected abusers, especially if the criminal prosecution does not go forward. Amend 24 Del.C.§ 1731 to make clear whether and when law enforcement agencies are exempt from reporting to the Medical Board.
- The Board of Medical Practice should become part of the Memorandum of Understanding between various agencies. Clarity regarding responsibilities between law enforcement and the Division of Professional Regulation should be established. The Board should have access to criminal records that are relevant to their work.
- Establish one hotline for all child abuse calls, whether intra- or extra-familial, and maintain records of those calls in one centralized database to allow for historic tracking

[1] The bills were passed by the 145th General Assembly and included SB 229, SB 296, SB 297, SB 298, HB 456, HB 457, HB 458, HB 459, and HB 485.

of alleged victim or perpetrator name. Make database accessible to all law enforcement, medical and child welfare agencies or organizations.

Gathering all system partners together for joint trainings helps to facilitate communication and coordination. The Child Protection Accountability Commission (CPAC) and the Child Death, Near Death, and Stillbirth Commission (CDNDSC) host the *Protecting Delaware's Children Conferences* for 500 professionals who work across the child welfare system – from front line child welfare workers to judges. Conferences were held in June 2010, October 2011 and May 2013. The next conference will be held in Spring 2015. Child sexual abuse cases are a regular topic within the plenary and workshop sessions. In addition, Delaware multidisciplinary teams of 10 persons each year attended the national *When Words Matter Conference* in October 2011 and 2012, which specifically focused on multidisciplinary team responses to child sexual abuse cases. A multidisciplinary team of 19 people attended the National Child Abuse Symposium in March 2014. Additionally, 334 multidisciplinary team members have been certified in ChildFirst forensic interview training. Finally, CPAC and its Training Committee continue to produce training packages and encourage individual agency trainings. The Training Committee, and specifically its Cross-Education Workgroup, continues to develop and produce these trainings.

In addition to attending joint trainings, regular sharing of case specific information is also critical. DSCYF, the Department of Justice, the Children's Advocacy Center, the Investigation Coordinator, and law enforcement representatives are all members of Delaware's Multi-Disciplinary Team ("MDT"). Members review cases on a regular basis and are able to exchange case information as memorialized in a Memorandum of Understanding among the members of the MDT. Although neither DPR nor the Medical Board are constituent members of the MOU, communication and cooperation among these system partners have improved as a result of the other practice and legislative changes which are highlighted in this report.

Senate Bill 297 helped improve communication by adding a provision whereby DSCYF reports to the Division of Professional Regulation whenever a report of child abuse or neglect is made against a regulated professional. Since SB 297 was made law, those that regulate professionals are now made aware when there is an allegation of abuse or neglect against a professional, so that they may take any necessary action against the licensee.

SB 297 also made a change to the law which clarified that all reports of child abuse or neglect – whether intra- or extra-familial – must be made to DSCYF. All reports of child abuse and neglect are housed at DSCYF, whether made by a member of the public, a professional who has contact with the child, or law enforcement. Although reports of child abuse or neglect made to DSCYF are confidential, information is shared with the Multi-Disciplinary Team as needed to address cases under investigation, just as other members share their information with DSCYF.

The Department of Justice also has an important role in collaborating and coordinating with system partners. In particular, the representation of the Medical Board is assigned to one unit in the Civil Division, while a separate unit in the Civil Division handles the board prosecutions. The board prosecutors work cooperatively with the Deputy Attorneys General in the Family, Fraud and Criminal Divisions to insure that all relevant evidence is available.

There is now one point of contact in the Department of Justice for all suspected failure to report child abuse cases. The lead Deputy Attorney General handling those cases has nearly 30 years of child protection experience and works closely with the Family and Criminal division prosecutors. Additionally, to assist with continuity and institutional memory, the Department of Justice, to the extent possible, employs a vertical prosecution model where the same Deputy or Deputies assigned to a CAC interview, continue on that case through the investigation and prosecution phases. The assigned Deputy is tasked with providing information for the CAC case review and disposition review process.

HB 459 made several changes to the laws regarding the Medical Board and the Division of Professional Regulation (DPR). Among other improvements, this law clarifies the responsibilities of law enforcement and the DPR when a complaint is made alleging criminal conduct by a physician. The Department of Justice is now able to obtain information that was once confidential regarding the Medical Board, Medical Society, and peer review organizations. DPR investigators were also given the ability to access criminal records of those reported. This improves the communication among system partners and allows for greater accountability in the investigatory process. DPR's policies now require that allegations of sexual abuse and exploitation be investigated immediately upon receipt and expedited to the Attorney General's Office. Additionally, DPR reports allegations to law enforcement for assessments of potential criminal conduct.

Further assisting with collaboration and coordination was the passage by the 146th General Assembly of HS1 for HB 371, signed into law on August 16, 2012, establishing the position of Investigation Coordinator within DSCYF. The Investigation Coordinator is charged with helping to ensure that the civil and criminal systems are communicating regarding the most serious cases and that all cases of sexual abuse, near death and death of children are tracked and monitored across all disciplines. The Investigation Coordinator works closely with all system partners from the beginning of a case investigation. At present, the Investigation Coordinator is tracking approximately 1000 cases of serious injury and child sex abuse at various stages in the criminal justice and civil systems.

II. Strengthen reporting requirements.

The Dean Ammons Report included recommendations aimed at strengthening the requirements for reporting child abuse and making it easier to report. Improvements were made, both legislatively and non-legislatively, to address this category of recommendations. The recommendations, based on Dean Ammons' findings, are as follows:

- Utilize administrative or regulatory sanctions for employees of agencies whose employment requires them to report or respond to reports of child abuse or neglect.
- Make it easier for complaints to be made to the Medical Board, with priority given to complaints alleging sexual abuse or exploitation. The Medical Board should accept anonymous complaints and should remove the requirement in its procedures that complaints be made "in writing."

- Increase the penalties in the Medical Practices Act for violating the mandatory reporting requirements.
- Consider amending the law to provide for suspension or revocation of licenses under the Board of Medical Practice for intentional withholding of information concerning child sexual assault.
- Review immunity sections regarding reporting of child abuse, as well as the laws protecting whistleblowers

Delaware law establishes that Delaware is a mandatory reporting state for all individuals. Regardless of the individual's profession or status, if he or she knows or in good faith suspects that child abuse or neglect has occurred, a report is required. Many agencies have clear disciplinary sanctions for employees who fail in their obligation to report abuse when they have become aware of the abuse in the scope of their employment. For example, DOJ implemented a policy on May 7, 2010 for reporting a medical licensee for unprofessional conduct. This internal policy was provided to all DOJ employees.

Senate Bill 297 makes it clear that all persons and entities (including hospitals and nursing facilities) are to report child abuse that is known or, in good faith, suspected. Good Faith is defined in this circumstance as being presumed absent any evidence of malice or willful misconduct. All professions are required to report any suspected child abuse pursuant to 16 Del.C. § 903 and are subject to the penalties in 16 Del.C. § 914 for failure to report. SB 297 further strengthened reporting requirements by authorizing the Department of Health and Social Services (DHSS) to discipline hospitals and nursing facilities licensed by the Department if they fail to make mandatory reports of child abuse under Title 16. This bill also authorized DHSS to discipline licensed hospitals or nursing facilities for failure to report unprofessional conduct by physicians. SB 297 also provided that physician-licensees can be disciplined under the Medical Practice Act for failure to make mandatory reports of child abuse.

Senate Bill 298 gave the Medical Board added flexibility to help increase compliance with the mandatory reporting requirement under the Medical Practice Act by increasing the maximum fine that the Board can impose. The Act further granted the Medical Board the authority to enforce fines against non-licensees who have a duty to report to the Board on the same terms as licensees.

DPR enhanced its website by providing specific information and forms for the mandatory reporting of healthcare providers and medical practitioners, as well as providing information to report child abuse and neglect to the DSCYF. Changes were made to policy so that individuals can speak directly with a DPR investigator prior to filing a complaint. House Bill 459 also removed the requirement that complaints to the Medical Board be made "in writing."

III. Heighten awareness of child abuse and the responsibility to report through training and public awareness.

Training the public and professionals who work with children about child abuse and their duty to report has been the focus of many groups and agencies since the Dean Ammons Report was

issued. It is imperative that those that work with children know their responsibility to report if they suspect abuse. The recommendations regarding duty to report are as follows:

- Require annual training for law enforcement on mandatory reporting requirements.
- The Medical Society should design a program and assist in the mandatory annual education of physicians on the duty to report child abuse.
- Judges that handle cases such as these should attend periodic training in areas of child sexual exploitation and technology-facilitated crimes.
- Require mandatory training regarding the statutory reporting obligations for all mandatory reporters, especially for licensees under the Medical Practices Act.
- Devise a comprehensive Public Awareness/ PSA Media Campaign alerting the general public of everyone's duty to report child abuse and neglect, as well as alerting parents and loved ones that a possible danger to their children are the adults their children are around every day.
- Strongly recommend that children are taught in school annually about personal safety.

Much has been accomplished in the area of increased public outreach regarding child abuse awareness following the issuance of the Dean Ammons Report. The CPAC/CDNDSC Mandatory Reporting Outreach Committee designed a comprehensive awareness campaign that is funding dependent and thus far has run each April, with its website and promotional material available year round at *iseethesigns.org.* CPAC also provides online and in person trainings on the duty to report. Prevent Child Abuse Delaware (PCAD), DOJ and the YMCA Delaware are collaborating with numerous other agencies to provide the Stewards of Children Program. This program educates the public on prevention strategies to protect children from sexual abuse, provides for indicators of early signs and symptoms of abuse, and encourages adults to understand how children communicate. As of October 2014, over 14,000 Delawareans have been trained in this program. PCAD staff also provides personal safety programs to children and school personnel throughout the state. Within the PCAD Personal Safety Programs, training is provided about safe adults. Follow up materials are provided to teachers and parents. During school year 2013-2014, PCAD provided programs to 13,214 children and the adults that work with them in 445 programs statewide.

Training for professionals on mandatory reporting ensures that professionals have the appropriate tools to assist in situations of child abuse and neglect. Knowing when and how to report child abuse protects victims and ensures the system works properly. HB 457 required that law enforcement professionals receive training on the detection, prosecution and prevention of child abuse. In 2011, the Attorney General's office completed training for all law enforcement agencies statewide. DOJ works continuously with all of the police academies in the state to provide this training as well. The Delaware Council on Police Training (COPT) has incorporated this training as a requirement for all law enforcement personnel in the state. COPT also requires that every three years, an additional hour of updated training be completed for all certified officers. The Delaware State Police also offers a Child Abuse Investigation class at their police academy.

Other trainings aimed at strengthening reporting have been developed. In January 2013, CPAC partnered with the Professional Education Subcommittee at the Medical Society of Delaware and

the Delaware Division of Professional Regulation to revise the mandatory reporting training for medical professionals. Five-thousand twenty two medical professionals received the mandatory reporting training as of September 30, 2014. In the prior licensure period, which began in January 2011, over 6,600 medical professionals were trained. Mandatory reporting training is also offered to other professionals and members of the public by CPAC and its partners. As of September 30, 2014, 16,830 educators, 2,000 law enforcement and 4,882 members of the public have been trained since the mandatory reporting trainings were first implemented in 2010. In October 2013, 48 professionals participated in the two-day Child Abuse and Neglect 101 training, which discusses child maltreatment definitions, indicators and risk factors, statistics, impact of abuse on victims, and response to trauma. Trainings will continue to be offered on an ongoing basis, both in person and online.

Judicial training on child abuse and exploitation can be a valuable tool for judicial officers who hear these cases and make difficult decisions in civil and criminal cases involving children every day. The Dean Ammons Report recommends that judges who hear these types of cases be periodically trained in areas of child exploitation and technology facilitated crimes. The Family Court arranges judicial calendars during the Protecting Delaware's Children Conferences to enable its judges and commissioners to attend these trainings. The Family Court has also sent judicial officers to the national trainings including the National Child Abuse Symposium and the International Head Trauma Conference. The Governor's Steering Committee worked with the Administrative Office of the Courts to help identify appropriate presenters and topic areas to facilitate trainings with the judiciary as recommended by the Dean Ammons Report. These trainings can be geared toward topics of interest for each individual court on issues involving child abuse and child exploitation. Deputy Attorney General Abigail Layton addressed the judicial officers at the fall 2014 judicial retreat. This retreat provides training for all of Delaware's judiciary. Ms. Layton is the head of the Child Predator Unit at DOJ. This newly formed unit is tasked with investigating cyber-crimes against children as well as child pornography cases.

IV. Enhance current medical standards and protocols concerning proper pediatric care and the publication thereof to ensure that doctors, medical staff and parents have clear guidance.

Recommendations in this section have been addressed mainly through legislation that incorporates best practices to better serve children in an office or hospital setting. The recommendations in the Dean Ammons Report are as follows:

- Hospitals must take greater responsibility to ensure that their employees are educated on the importance of reporting suspicious incidents.
- Hospitals that are designated as sexual assault centers should ensure that medical personnel who will be involved in these cases are trained and certified.
- Hospitals must take pro-active efforts to screen employees for possible pedophiles.
- Parents need a resource on the web, or someone to talk with when they have questions about what should be expected in routine exams for their children.

- Hospitals should have consistent protocol guidelines as to how they will investigate and keep records concerning all medical personnel when allegations of potential sexual exploitation are raised.
- Hospitals and other care facilities should adopt policies that would help prevent employees from having unsupervised access to children.
- The Medical Society should work with the Medical Society's membership to design guidelines and best practices for the presence of chaperones during the medical examination of a child.

According to the Delaware Division of Public Health, hospitals have a duty to investigate and keep appropriate records when there is an allegation of sexual exploitation. Federal regulations require hospitals to maintain a client complaint process that enables patients to file specific complaints against hospital facilities or personnel. In response to complaints, facilities must investigate, maintain records and provide the patient/patient representative with written notice of its decision that contains the steps taken on behalf of the patient to investigate the grievance and the results of the grievance process. Regulators routinely review compliance based on complaints received from members of the public. Currently, state statute requires the state run psychiatric hospital, nursing homes and home care agencies to conduct background checks on employees. Facilities designated as sexual assault centers employ Sexual Assault Nurse Examiners who are specifically trained in forensic techniques. They generally serve under protocols established by the hospital director and International Association of Forensic Nurses Standards of Practice.

An important enhancement to pediatric care occurred through the passage of HB 456, which was made law on June 30, 2010. This act requires that another adult be in the room when a physician is treating a person 15 years of age or younger and the child is disrobed or otherwise undergoing certain physical examinations. The act also requires that physicians give notice to parents that they have a right to have a chaperone present when their child is being examined.

As mentioned earlier, SB 297 increased the authority of the Department of Health and Social Services to discipline hospitals and nursing facilities licensed by the department if they fail to make mandatory reports of child abuse. Additionally, HB 457 requires that professionals receive additional training in recognizing and reporting child abuse. This act created new training requirements for physicians and other professionals.

A recent improvement to ensure that parents have clear guidance regarding proper pediatric care is the development of an online resource for parents when they have questions about what should be expected in routine exams for their children. Prevent Child Abuse Delaware partnered with Nemours and the Delaware Academy of Pediatrics to develop a resource for parents when they have questions about what should be expected in routine exams for their children.

V. Review and strengthen civil and criminal laws regarding child protection.

The Dean Ammons Report revealed many areas in which civil and criminal laws could be improved to better protect children. Many of these legislative recommendations relate to the

operation and authority of the Board of Medical Practice. These recommendations are as follows:

- The Child Protection Registry should be expanded to include the names of persons who are not family members who offend against children.
- All extra-familial persons who have responsibilities regarding children, for example, caregivers, school personnel, volunteers in child-related programs, should be checked against the Child Protection Registry, the Adult Abuse Registry, and the Sex Offender Registry. Under most circumstances, a criminal background check ought to be done as well.
- Consider whether a sexually violent and/or dangerous predatory statute, which requires the civil commitment of those who are a threat to the public but cannot be successfully prosecuted, should be adopted. Twenty states have such a provision.
- Consider amending the statutes of limitations and adopting legislation that will provide for a "meaningful" look-back time period for victims who either may not be able to make decisions about litigation because of their age, or because the current statute of limitations would preclude them from redress because of already expired time frames
- The legislature should review the penalties in the various code sections including Title 16, Chapter 11, Title 29, chapter 79, sections 7970 and 7971, Title 11, Chapter 94 and Title 11 to determine whether they are sufficient to deter illegal activity.
- Require criminal background checks each time a Medical Board licensee is subject to renewal.
- Amend 11 Del. C.§ 761(e)(2) to include physicians as persons of trust.
- The Medical Board should provide for emergency license suspension powers, which do not require a regular quorum of the Board when there is a threat of imminent danger to the public.
- Revoked licenses should be immediately suspended by the Medical Board at the conclusion of a hearing.
- Require that the Division of Professional Regulation make the final determination of whether to close a case or forward a complaint to the Department of Justice. Currently, this decision is left to the Medical Board. No other licensed board under the control of the Division of Professional Regulation makes its own referral.
- Any laws which protect whistleblowers should be reviewed to ensure that civil penalties for retaliation are sufficient to discourage retaliatory acts.
- Review the gross negligence standard of the peer review statute to determine whether it raises the bar too high in reviewing the conduct of physicians.
- More information regarding hearings should be available on the website and the Board's processes should be more accessible and user friendly.
- The composition of the Medical Board should be changed. While it is important to have experts on the Board, there is not enough representation from either the public and/or from other professionals to ensure objectivity. At the very least, the Secretary of the Department of Health and Social Services or her designee should be a member of the Medical Board. Other states have either not permitted licensees to serve on the Board or have limited their participation.
- There should be a regular rotation of Medical Board members, but not to the extent that continuity of policies or expertise is sacrificed or lost.

- The Medical Board's hearing process should be professionalized by hiring legally trained Administrative Law Judges or Hearing Officers to conduct the hearings and provide findings of fact to the Board.
- The Medical Board should employ investigators who also have medical backgrounds.
- Regular audits by an outside vendor or body should be conducted to determine how well the Medical Board is performing its duties.
- Draw a clearer distinction between the role of the Medical Society and the Medical Board. Changing the Board's name to include language that expressly indicates discipline may be a remedy. The Medical Board's structure should be similar to the Office of Disciplinary Council, which is the body that handles complaints and problems regarding lawyers.

Many improvements have been made in civil and criminal laws since the release of the Dean Ammons Report. As mentioned above, the Investigation Coordinator position was created to help ensure that the civil and criminal efforts are coordinated and that all cases of sexual abuse, near death and death of children are monitored. Another significant improvement is the Department of Justice's creation of a Child Victim Unit in summer 2013. This Unit handles all serious injury and child death cases, and is working toward implementing a state-wide protocol on how to investigate these cases, including a state-wide protocol on scene processing.

DFS does not currently investigate cases of an extra-familial nature, but extra-familial reports of abuse are received at the DFS hotline and entered into the DSCYF database, providing one place in which information regarding all allegations of abuse against a child is held. Additionally, the Investigation Coordinator is charged with tracking and monitoring all cases of sexual abuse and near death and death of children to ensure that the civil and criminal systems are communicating about these serious cases. In addition, a CPAC Committee will be reviewing whether there should be substantiation processes and placement on the registry for extra-familial cases.

In January 2014, Governor Markell issued Executive Order 42 which established the Delaware Background Check Task Force to undergo a thorough review of the background check laws in the state for those whose work or volunteer activities give them direct access to children. This task force will have recommendations to the Governor by the end of the year.

The Dean Ammons Report recommended that there be an exploration of whether it would be feasible to create a sexual predator law that allows for the civil commitment of those who are a threat to the public but cannot be successfully prosecuted. This approach was addressed at the House Joint Resolution (HJR) 17 Work Group at their meeting on July 16, 2013. The HJR 17 Work Group was established to undergo a comprehensive examination of the civil mental health laws in Delaware and to recommend improvements to the system to the General Assembly. The group expressed overwhelmingly that civil commitment should not be pursued. The group noted that sexual predators do not necessarily have a mental illness and it is inappropriate to address criminal behavior through the civil mental health system.

Included in the strengthening of civil laws regarding child protection, are improvements to the professional licensing of those who have direct contact with children, specifically, the licensing of physicians. HB 458 improved the licensure and renewal requirements of Delaware physicians

by requiring the State Bureau of Information to release any subsequent criminal history to the Medical Board. The Board is to review that information at least once every six months. DPR instituted an automated process with DELJIS to periodically conduct criminal background checks on an ongoing basis and established a process to receive proactive reports of criminal information. In the latest legislative session (The 147th General Assembly), the legislature enacted SB 98 which the Governor signed into law. SB 98 requires that all individuals licensed under the Medical Practices Act have a fingerprinted background check performed through the State Bureau of Identification (SBI). It further enables DPR to receive reports of criminal activity from the SBI. SB 98 also prohibits individuals with a conviction for a felony sexual offense to be licensed as podiatrists, chiropractors, physicians, occupational therapists, optometrists, physical therapists, athletic trainers, speech pathologists, audiologists and hearing aid dispensers.

Senate Bill 296 gave the Medical Board the ability to expedite suspensions of medical licenses where there is a threat to the public, and SB 232 ensures that when a professional licensing board revokes or suspends a license at a hearing, the revocation or suspension is effective immediately. SB 296 also clarifies that the protections for persons reporting unprofessional conduct to the Board extend to all reports of violations of the Medical Practice Act. House Bill 459 strengthened the Medical Board's authority to police unprofessional conduct and clarified and simplified the Board's administrative procedures to improve the efficiency of the Medical Board and its ability to work with law enforcement. It is now required that all complaints of unprofessional conduct, unauthorized practice of medicine, or medical malpractice shall be referred from the Medical Board to the Division of Professional Regulation to be investigated. HB 459 also allows for a pattern of negligence, not just gross negligence to prove misconduct under the Medical Practices Act.

Criminal laws have also been improved and strengthened. SB 229 created the crime of "sexual abuse of a child by a person in a position of trust, authority or supervision." Physicians are now included among those who are in a position of trust. New child abuse legislation was introduced in 2012 which increased the penalties for many child abuse crimes. Cases are just now being prosecuted under the new statutes and thus it is too soon to determine their deterrent effect. CPAC and CDNDSC continue to encourage the SENTAC committee to review and increase the presumptive sentences for certain child abuse crimes.
Regarding creating an appropriate look back period for sexual abuse victims, HB 326, signed into law on July 13, 2010, creates a two-year look back period for civil litigation in cases of sexual abuse of a minor patient.

Other legislative changes were made to the Medical Board as a result of the recommendations made in the Dean Ammons Report. SB 296 reorganized the Board to increase the number of public members. It also changed the name from the "Board of Medical Practice" to the "Board of Medical Practice and Discipline." The Board received expanded authority to discipline physician-licensees. Additionally, the Medical Board is periodically reviewed by the Joint Sunset Committee. In accordance with SB 296, the Joint Sunset Committee shall review the Medical Board after January 1, 2013 to determine if the changes made by this Act are having an effect on the operations of the Board. HB 459 professionalized the Medical Board's hearing process. As a result, DPR created an Administrative Hearing Unit and hired a Chief Hearing Officer, Hearing Officer and a Paralegal. The Unit was operational in April 2011. Other, non-legislative changes

were made as a result of these recommendations. There is now a regular rotation of members in accordance with the Medical Practice Act and DPR has hired investigators with medical backgrounds and sent investigators to acquire specialized medical investigative certification. DPR also improved its responsiveness to licensees by taking over the responsibilities previously held by the Physician's Health Committee of the Medical Society of Delaware in monitoring impaired physicians.

The law also permits the Medical Board to appoint a hearing officer to conduct hearings for the Medical Board and opens to the public those sessions that were previously closed, as well as further increasing public transparency for the Board. HB 485 gave responsibility for investigating cases alleging conduct subject to discipline to DPR, rather than the Medical Board.

Refining and strengthening civil laws to better protect children is an ongoing process that will never be complete, and new information and best practices should continue to update our laws and policies. The legislative changes made in Delaware as a result of the Dean Ammons Report, however, have served to improve our laws and provide more protections for children.

VI. Enhance resources and services available to protect and treat child victims of abuse.

Since the issuance of the Dean Ammons Report, systemic changes have taken place to better serve victims of child abuse. These improvements cover a number of areas, and some are still in process. Below are the recommendations that Dean Ammons made in this area:

- The Department of Justice should articulate and implement written "best practices" policies for investigating, charging, and handling child abuse cases.
- The Department of Justice should evaluate whether Deputy Attorneys General are too risk-averse in taking hard cases, and provide meaningful support from superiors in order to make charging decisions.
- The Department of Justice should invest in a comprehensive case management system, accessible to all Deputy Attorneys General to track every civil and criminal case.
- The General Assembly should study and consider whether a victim compensation fund in lieu of lawsuits would be appropriate.
- Every child sexual abuse victim in Delaware should be routed through the CAC for evaluation, which may require the dedication of additional resources.
- Ongoing counseling (as appropriate) should be made available, not only for the child victims but also for their parents or guardians.
- DSCYF should increase unannounced visits at all licensed facilities and foster homes to communicate with children in residence and review client records.

The Joint CPAC/CDNDSC Investigation and Prosecution of Child Abuse Committee (Joint Committee) has examined whether the Department of Justice can develop a “best practices” protocol for investigating, charging, and handling child abuse cases. The Joint Committee released its report regarding this and other topics related to criminal child abuse cases in Delaware on May 17, 2013. The report contained recommendations for the multidisciplinary team regarding the development of best practices and policies. As a result of this report, the Department of Justice has promulgated policies and procedures, to its attorneys and staff,

regarding the investigation, charging and handling of all criminal cases, including child physical and sexual abuse cases. These policies and procedures have been and will continue to be reviewed, refined and updated, to ensure best practices are utilized in the prosecution of these cases.

The Joint Committee also examined if Deputy Attorneys General are too risk-averse in taking difficult cases. While looking into this, the Joint Committee report identified various system challenges to the prosecution of child abuse. Not least among these challenges are significant resource constraints on the Department of Justice. As a result of the Dean Ammons Report and the Joint Committee report, the Department of Justice formed the aforementioned Child Victims Unit which is comprised of staff from both the Criminal and Family Divisions and is charged with prosecuting all child death cases and all life-threatening crimes of violence against children in the State. The unit will work with police to develop investigative protocols for serious child abuse and death cases, facilitate law enforcement trainings, and review current law and propose legislation to address gaps or discrepancies that may exist. The Best Practices Committee under CPAC will assist with these positive changes. Additionally, the DOJ will be implementing a comprehensive case management system to track all administrative, civil and criminal matters. This system will go live within the next year.

Regarding the recommendation that victims have some recourse for compensation both criminally and civilly, the victims of the Bradley case were able to receive monetary compensation through the Victims' Compensation Assistance Program (VCAP). In State Fiscal Year 2009, the Violent Crimes Compensation Board became VCAP, now housed within the Department of Justice. The mission of the Victims' Compensation Assistance Program is to provide innocent victims of crime with financial aid pursuant to the criteria of the Victims' Compensation Act, 11 Del.C. Chp. 90. Compensation is available for the payment of medical and dental expenses, psychiatric care, mental health counseling, prescription medication and eyeglasses, loss of earnings, funeral/burial costs, loss of support, temporary housing and moving and relocation costs. Secondary victims, including the parent(s), spouse, son(s), daughters(s), brother(s) or sisters(s) of the primary victim, may be eligible to receive mental health counseling for crime related issues. The Fund is sustained not by appropriations of tax dollars, but through a surcharge of criminal fines, restitution paid by those who are convicted of a crime, and a federal grant. Through VCAP, more than $215,000 was awarded to the victims of Dr. Bradley and their families. Other civil assistance for victims came through legislation.

The DOJ reports that they and the law enforcement agencies in Delaware agree that all victims under the age of 14 are best interviewed at the CAC, absent exigent circumstances (exigent circumstances would include cases in which the child is hospitalized, makes unprompted disclosures, requests to speak to a detective, etc.). When a child over the age of 14 is the victim of a crime, law enforcement professionals will determine whether or not the child will be interviewed at the CAC on a case by case basis.

The Dean Ammons Report recommended that there be increased unannounced visits at all licensed facilities and foster homes to communicate with children in residence and review client records. Having more frequent contact with children in care allows trained professionals to be able to observe signs of, and screen for, abuse. Federal regulations continue to increase the

contact schedule for children in foster care. The current expectation is monthly. These visits occur both in the foster home and in other places (like schools, doctor appointments, etc.), so there is expanded opportunity for foster children to be observed and interviewed. In addition, foster home coordinators are also making at least quarterly visits to the foster homes and at least one of those has to be unannounced. If there are concerns leading to a corrective action plan, then another unannounced visit occurs within 20 days and another unannounced visit occurs within 45 days after that. Additionally, Attorney Guardians Ad Litem and Court Appointed Special Advocates are also visiting foster children, often in the home. For each licensed child care facility, there is a minimum of one annual site/home visit each year. If there are any concerns indicated, then a series of unannounced visits follows until sufficient compliance is reached or other enforcement action taken.

Conclusion:

On May 10, 2010, pursuant to Executive Order Number 16, Dean Linda L. Ammons produced the Final Report to the Governor of the Independent Review of the Earl Brian Bradley Case. Dean Ammons reviewed the facts and circumstances that led to the revelations of Earl Bradley's atrocities. She also outlined a path forward, in the form of targeted recommendations, to help prevent a tragedy of this magnitude from occurring again, and to help those affected by it heal and move on with their lives.

These important recommendations were pursued earnestly, as evidenced by the many positive improvements that have taken place since the report was issued. Though there is much more work that needs to be done, much has been accomplished. Behind every one of the accomplishments outlined in this report, there are dedicated professionals who are committed to improving our responses to better protect children. Their hard work over the past three-plus years deserves commendation.