

State of Delaware Office of the Child Advocate



Training & Reference Manual 2012 Edition

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**OFFICE OF THE CHILD ADVOCATE
2012 TRAINING MANUAL
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CHAPTER ONE – OFFICE OF THE CHILD ADVOCATE

Overview and History

The Office of the Child Advocate (OCA or the Office) was statutorily created on June 30, 1999. The Office has many statutory duties. Those include:

1. Staffing the Child Protection Accountability Commission (CPAC);
2. Serving on various committees, commissions, task forces and workgroups representing the rights of children;
3. Advocating for changes in policies, procedures and statutes;
4. Organizing and participating in multi-disciplinary trainings; and
5. Designing and implementing a legal representation program for abused, neglected and dependent children.

OCA Attorneys and Volunteers

OCA has five full-time attorneys, including the Child Advocate, as well as a part-time Pro Bono Coordinator. In addition, OCA has a full-time Office Manager and Program Administrator, and three part-time Family Crisis Therapists (social workers).

OCA also has a volunteer attorney pool of approximately 370 lawyers. Please review the OCA Annual Report and the Pro Bono Honor Roll to see the diverse pool of attorney volunteers. Out of the volunteer pool, approximately 50 are family law practitioners. The attorneys are partners and associates alike, and practice in all fields, including corporate litigation, patents, intellectual property, real estate, in-house corporate counsel, criminal, medical malpractice and personal injury. Several retired and inactive attorneys also volunteer, some of which are stay-at-home parents.

Procedures for Referrals and Appointments

How does OCA find out about children who need an advocate?

There are two avenues which lead to the appointment of an attorney guardian *ad litem* for a child. The primary avenue is a Court order. In compliance with 13 Del. C. § 2504(f), the Court is required to appoint a guardian *ad litem* (GAL) through OCA or the Court Appointed Special Advocate (CASA) program for each child who enters the custody of the Department of Services for Children, Youth & Their Families (DSCYF). Routinely, the Court faxes an order as soon as a child enters care, requiring OCA and/or CASA to appoint a GAL for the child. The Court uses the following phrases in its orders requiring appointment of an attorney GAL (AGAL) through OCA:

1. An attorney guardian *ad litem* shall be appointed to represent [the child].
2. An attorney guardian *ad litem* or a CASA shall be appointed to represent [the child].
3. The Court requests that an attorney guardian *ad litem* from OCA be appointed to represent [the child].
4. A CASA or attorney guardian *ad litem* shall be appointed to represent the best interests of [the child].

The second avenue is referrals. OCA regularly receives referrals from biological parents, foster parents, relatives, schools, counselors and psychologists, medical professionals, law enforcement, the Department of Justice, the Children's Department and the Court system. These referrals typically indicate that no one is looking out for an abused, neglected or dependent child's best interests, and that the child or children would benefit from their own independent legal representation of his or her best interests. If a person calls to report child abuse or

neglect, they are directed to the Child Abuse Hotline at 1-800-292-9582. **OCA does NOT investigate child abuse and neglect – the Division of Family Services does.**

How does OCA decide whether or not to represent a child? What records are considered and how long does it take?

When OCA is **Court ordered** to represent a child, OCA does not review the Delaware Children’s Department records prior to appointing an attorney. Instead, it requests that the records be immediately prepared by the different divisions for copying. OCA will then go to the physical Division location and retrieve the file. The copy of the file is then forwarded to the attorney for the child. If there are available attorneys through OCA, a Court-ordered appointment may only take a week or two. If there are no available attorneys, the child is placed on a waiting list until an attorney can be recruited.

When OCA receives a **referral** on a child (as opposed to a Court order requiring appointment), OCA will review records from the Delaware Children’s Department. If any history with the Department exists, when OCA asks to review record, the Children’s Department will respond within ten working days pending approval by their attorney. Upon notification from the Children’s Department, OCA schedules the review within ten working days. During this four to six week process, OCA may also review the Family Court record. After all compiled records are reviewed, the Program Administrator evaluates the risk factors in the case. These risk factors include but are not limited to the following: history of abuse/neglect/dependency, domestic violence in the home, drug/alcohol addictions, and mental health history. The Child Advocate then makes the final decision, based upon a recommendation, as to whether or not an attorney will be appointed for the child. The

Children’s Department worker(s) and the referent are alerted as to the outcome of the OCA review. **All referral sources and OCA records are confidential pursuant to 29 Del. C. § 9006A.**

How does an order of appointment occur?

For OCA cases in which the child is in DSCYF custody, OCA simply files a form of order with the Court indicating the attorney who will be representing the child’s best interests. Prior to this order being filed, the OCA Pro Bono Coordinator contacts available attorney volunteers listed in the OCA database. If the attorney is able to handle the case a conflicts check is done prior to preparation of the form of Order.

For OCA referrals where the child or children are not in DSCYF custody, OCA, as a courtesy to the parties, files a motion with the Court requesting appointment of the attorney GAL. OCA is not required to do so. 29 Del. C. § 9007A(a)(2) states that if OCA “determines that a child needs guardian ad litem representation, the Court shall sign an order appointing.” The Family Court has also interpreted this provision in the same light. *See Bennett vs. Bennett*, File No. CS91-4334, Henriksen, J. (Jan. 2, 2002).

What happens once the order of appointment is signed?

Once the Court signs the form of Order appointing the AGAL, OCA will provide the attorney with a copy of any DSCYF files and information on the location of the child or children. If the child is in DSCYF custody the DFS worker’s name and contact information are also provided to the attorney. OCA will then provide supportive services as necessary.

If you have been asked to take a case and there is a hearing scheduled, please attend the hearing

regardless of whether or not you have received a signed order of appointment. The Court will often sign the order of appointment at that hearing, and provide you a copy at that time.

If more than a week passes without receiving a signed order, please contact OCA so that OCA can follow up with the Court.

What if the child does not get an attorney?

For non-DFS cases, OCA often will close a case if risk factors are low, if there is no pending petition in Court, or if there is no apparent abuse or neglect. If there are child protection system concerns, OCA will track these issues in its policy database, and has often brought safety issues/concerns to DSCYF. For children in DSCYF custody, no file is ever closed while the child is in DSCYF custody. Instead, efforts are continually made by OCA to locate an attorney for the child. Every child in DSCYF custody will be assigned either an attorney GAL or a CASA.

Please see our website for more information:
<http://courts.delaware.gov/childadvocate>



CHAPTER TWO - THE COMPONENTS OF DELAWARE'S CHILD WELFARE SYSTEM

DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH, & THEIR FAMILIES

The Department of Services for Children, Youth and their Families, also known as the Children's Department, was created in 1980, and is enabled statutorily by 29 Del. C., Ch. 90. The Department is within the executive branch of government, and is comprised of four divisions: the Division of Family Services, the Division of Youth Rehabilitative Services, the Division of Prevention & Behavioral Health Services, and the Division of Management and Support Services. The duties of the first three divisions are outlined below. The duties and powers of DSCYF, when it holds custody of an abused, neglected, or dependent child, are set forth in 13 Del. C. Ch. 25.

Division of Family Services

The Division of Family Services (DFS) is the lead agency charged with caring for Delaware's abused, neglected and dependent children. Currently, approximately 450 persons are employed by DFS, and as of November 30, 2011, were responsible for about 5,480 children. Of those children, approximately 800 were in the legal custody of DFS. The remaining children were receiving services from DFS while still in their home (intact families). The legal process, including the legal representation of children, involves the 800 children in DFS custody.

The DFS head office is located at 1825 Faulkland Road in Wilmington. Branches are spread throughout the state. New Castle County has sites at the New Castle County Police Station on Route 13 (hotline), Beech Street in Wilmington, and at University Plaza in Newark. Kent County has its offices in the Silver Lake Professional Plaza in Dover. Sussex County has locations in Georgetown, Milford, Seaford, and Frankford.

Each county has several units that include investigation, treatment, permanency, long-term care, foster care, and adolescents.

Div. of Prevention & Behavioral Health Services

The Division of Prevention & Behavioral Health Services (PBH) provides voluntary mental health and substance abuse treatment services to children less than 18 years of age. These services are available to those without health insurance as well as to those children who have Medicaid but who need more than 30 units of outpatient counseling services per year. PBH manages these services through licensed mental health professionals who coordinate and contract with community providers. PBH also operates several residential treatment centers within the State. In addition, PBH is responsible for providing prevention and early intervention services.

Approximately 21% of the children in DFS custody receive services from PBH. On November 30, 2011, PBH was serving about 1,460 children.

Division of Youth Rehabilitative Services

The Division of Youth Rehabilitative Services (YRS) provides probation and rehabilitation services to youth who have been adjudicated delinquent by the Family Court and ordered by the court system to receive rehabilitative services. These services range from secure care to community services. YRS operates five secure care facilities in Delaware. On November 30, 2011, YRS was serving approximately 1,920 youth, about 13% of whom were also receiving services through DFS.

To learn more about the Children's Department, visit their website at <http://kids.delaware.gov>

THE FAMILY COURT

The Delaware Family Court is a constitutional court that has original exclusive jurisdiction over abused, neglected, and dependent children. 10 Del. C. § 921. The Court's criminal and civil jurisdiction is set forth in 10 Del. C. §§921 and 922. Definitions that govern Family Court proceedings can be found at 10 Del. C. §901 (and at Tab 5).

The Family Court assigns one judge to a case from the day a child enters DSCYF custody. That judge remains with the case until permanency is achieved, either by reunification with the family, termination of parental rights and adoption, or some other permanent plan. There are currently seven judges in New Castle County, three judges in Kent County, and three judges in Sussex County that handle these cases. In New Castle County, initial hearings (Preliminary Protective Hearings) are typically held every Wednesday. In Kent and Sussex Counties, each Judge typically reserves one day per week on his or her calendar to handle DFS matters.

To learn more about the Family Court and/or to access Court forms, please visit its website at <http://courts.delaware.gov>.

THE DEPARTMENT OF JUSTICE

The Delaware Department of Justice (DOJ) has both criminal and civil divisions. The Deputy Attorneys General (DAG) in the civil division provide legal representation to most state agencies. The Department of Justice has created a Family Services Division which houses both civil and criminal matters that affect families. This includes the Deputies who represent DSCYF. Currently, there are nine deputies statewide who represent the Division of Family Services (5-New Castle, 2-Kent, 2-Sussex). In addition, there is one deputy assigned as General

Counsel to DSCYF. Patricia Dailey Lewis, Esquire, leads the Family Services Division. DFS is represented by a DAG in every court proceeding. Where PBH and/or YRS are also involved with a child in legal custody, the DAG is responsible for representing all three Divisions in Court. A current listing of DSCYF DAGs and their phone numbers is attached at Tab 4.

COURT APPOINTED SPECIAL ADVOCATE PROGRAM

The CASA program was created by statute in 1981. It is managed by the Family Court and is comprised of citizen volunteers who have agreed to represent the best interests of abused, neglected, and dependent children in child welfare proceedings. It is governed by 31 Del. C., Ch. 36. The CASA program has a statewide program director as well as ten CASA coordinators who provide oversight, guidance, and training to the citizen volunteers. In addition, for any court proceeding wherein the CASA must appear, the CASA is represented by a contracted attorney. Currently, there are four contracted attorneys statewide that represent the CASA program. Contact information for CASA is located at Tab 3.

Because CASA and OCA serve the same role in Family Court proceedings, it is rare that both will be in the same case. However, this circumstance most often exists when a teenager in foster care has a child for whom he or she is unable to care. If one agency is representing the teenage parent, the other agency will represent the child since sometimes what is best for the teenage parent is not what is best for the newborn.

OFFICE OF THE CHILD ADVOCATE

The Office of the Child Advocate was created in 1999. In the wake of the numerous child abuse deaths in Delaware, OCA was designed to

safeguard the welfare of Delaware's children. OCA's statutory mandates and duties are set forth in 29 Del. C. Ch. 90A. In addition to policy reform, legislative advocacy, and training, OCA was charged with securing legal representation for children's best interests in child welfare proceedings. In that regard, the attorney serving as an AGAL would have the same duties and responsibilities as the CASA program. However, the attorney would fill the role of CASA, CASA coordinator and CASA attorney. The program was designed to complement the CASA program since not enough citizen volunteers are available to represent the nearly 800 children in Delaware's foster care system. A phone directory of OCA is included at Tab 1. OCA's statute is located at Tab 6. OCA and CASA work together to ensure that all children in DSCYF custody receive representation as required by 13 Del. C. § 2504(f).

THE PARENT'S ATTORNEY

In Delaware, there is no absolute constitutional right for parents to have legal representation from the day their children are removed from their custody. The United States Supreme Court has held that there is no absolute constitutional right to representation in termination of parental rights proceedings. *Lassiter v. Dept. of Social*

Svcs., 452 U.S. 18 (1981). The Delaware Supreme Court has followed that holding in *Matter of Carolyn S.S.*, Del. Supr., 498 A.2d 1095 (1984) and extended that holding to all dependency/ neglect proceedings involving DFS in *Watson v. DFS*, No. 18, 2002 (Del. 2002). However, the Delaware Supreme Court has been clear that in applying *Lassiter*, most indigent parents whose children have been placed in DSCYF custody will be entitled to counsel. Furthermore, the new Family Court Rules require the appointment of counsel for indigent parents in matters where DFS is a party. See Family Court Civil Rules 206 and 207. As a practical matter, all indigent parents involved in proceedings where DFS is a party receive court-appointed counsel. Currently, 8 attorneys are contracted statewide – 4 in New Castle, 2 in Kent and 2 in Sussex.

In February of 2006, the Delaware Supreme Court decided *Walker v. Walker*, Del. Supr., 892 A.2d 1053 (2006). In *Walker*, the Court determined that the balancing test for legal representation of parents in termination of parental rights cases where the State was involved extended also to parents in private termination of parental rights proceedings. The case further inferred, through Footnote 5, that those rights by parents may further extend to private dependency/ neglect proceedings. *Id.*



CHAPTER THREE - HOW THE DIVISION OF FAMILY SERVICES PROCESSES A CASE

DFS utilizes a computerized case management system known as FACTS – the Family and Children Tracking System. All facts of the case are entered into this system. The cases are located by parents(s) name. In addition, some hardcopy data, such as that obtained from outside sources, is still maintained on most cases.

When a referral alleging abuse, neglect and/or dependency is received by DSCYF, it is received by the DFS hotline. The hotline phone number is 1-800-292-9582. If the referral is accepted, DFS generates a form in FACTS titled: “Hotline Family Abuse Report”. If the referral is made after-hours, a **hotline investigator** will do the initial contacts and transfer the case to an investigation worker once regular business hours resume. If emergency custody of a child is required after-hours, DFS will contact the on-call Family Court judge for *ex parte* custody.

A dependency/neglect petition for custody is required to be filed for after-hours cases by 12 noon the next business day in Family Court. See form at Tab 24. If emergency custody is required during regular business hours, DFS will file the emergency petition and wait for notice from the Family Court that the request has been approved or denied.

A DFS **investigation worker** is immediately assigned to determine whether or not the allegations in the referral can be substantiated. The investigation worker must complete his or her investigation within 45 days. Upon completion of the investigation, the worker generates a report titled “Risk Assessment” which outlines the risk factors and an analysis of the allegations. A second report titled “Assessment Supervisor Risk Disposition” is generated by the supervisor and acknowledges a review of the initial report and approval of its findings. If the allegations prove to be

unfounded, DFS may choose either to close the case or refer the family for services.

Once an investigation is completed, the case is usually transferred to a DFS **treatment worker**. A treatment worker is responsible for providing reunification services to the family as well as any special services for the child. The services for the family are outlined in a **case plan or family service plan**. See Tab 27 for an example. The services for the child are outlined in a **Plan for Child in Care (PCIC)**. See Tab 28 for examples. Usually, the child is placed in a DFS foster home or with suitable family members. However, sometimes, the child is placed in a foster home or group home/shelter contracted by DFS with a private agency. Depending on what services DFS purchases in each case, those agencies may prepare the PCICs and/or the family case plans. In short, a family may have a worker through the private agency and a DFS treatment worker at the same time. In addition, the foster home (if through DFS) will have a **foster home coordinator** who manages the needs of the foster families. Information on foster care resources may be found at Tab 13.

While the case is assigned to a treatment worker with a goal of reunification, the worker is obligated to coordinate services for the family and the child. These services may include substance abuse treatment, domestic violence counseling, mental health treatment, parenting classes, parent aides, anger management, individual therapy, family therapy, employment, housing, protective daycare and visitation with parents and siblings. Services for the child may include medical care, dental care, mental health treatment/counseling, educational services, recreational activities, etc. Information on educational services can be found at Tab 16. It is important that the AGAL has input into the service plans as well as **independently monitors**

the services for compliance, progress and behavioral changes. During the case, DSCYF has an obligation to inform the AGAL of changes in placement, medical circumstances, and educational setting *prior* to those changes occurring pursuant to 13 Del. C. § 2521.

If the plan for a child is changed from reunification to termination of parental rights or a similar permanent plan (including long term foster care), the case is transferred to a **permanency worker** or a **long-term care worker**. That worker is charged with providing the child with the services he/she needs, and for locating and recruiting adoptive homes. Once the Court approves that plan change, DFS is no longer obligated to provide reunification services to the family. *In the Matter of Derek W. Burns, a Minor Child, Del. Supr., 519 A.2d 639, 644 (1986)*. Once the child is placed in a permanent home, the worker must ensure the necessary adoptive home studies, subsidies and support services are in place for the pre-adoptive family.

The worker also monitors the status of any petitions filed with the Family Court.

Children who have a plan of another permanent planned living arrangement (APPLA), and who are at least age 16, should also receive provisions of independent living (IL) services which are designed to help them lead productive, successful lives as they age out of the foster care system. Together with the DFS long-term care worker, each child eligible for IL services should have an independent living worker assigned to provide those services through one of DFS' contracted agencies. The IL worker and agency is an important contact and resource to ensure that children are getting daily living skills, employment skills and opportunities, access to education and training, family planning and pregnancy prevention, etc. There are two contracted agencies in New Castle County and one in each of the lower two counties that provide IL services to children aged 16-21.

CHAPTER FOUR – HOW A CASE MOVES THROUGH THE JUDICIAL PROCESS

As stated above, if DSCYF obtains custody of a child at a time other than business hours, *ex parte* custody is granted by an on-call judicial officer. A petition reflecting the allegations must be filed with the Family Court by 12 noon the next business day. The contents of the petition are governed by 13 Del. C. Ch. 25. If custody is requested during regular business hours, the Court may enter an *ex parte* order if requested, or it may deny the *ex parte* and schedule the case for a Preliminary Protective Hearing (formerly known as a probable cause hearing). The applicable Family Court Rules are located at Tab 5. The DSCYF custody statute (13 Del. C. Ch. 25) is located at Tab 8.

Preliminary Protective Hearing

The first hearing on the petition before the Family Court is known as a Preliminary Protective Hearing. *See Family Court Civil Rule 212.* A Preliminary Protective Hearing (PPH) must be held within ten days of the dependency/neglect petition being filed. At that hearing, the petitioner (usually DFS) must establish that probable cause exists to believe that a child continues to be in actual physical, mental or emotional danger or there is a substantial imminent risk thereof OR that the child is abused, neglected or dependent. Hearsay evidence is admissible.

If the Court determines that custody of the child continues with DFS, the Court will provide the Preliminary Protective Hearing order to the parties with notice of the date and time for the Adjudicatory Hearing. The Court may also order that certain services be put in place for the family, order that the parents complete certain tasks before the next hearing, order paternity testing, require visitation with parents and/or siblings, and/or ask for a prompt exploration of

relatives. Where an alleged father has been identified, paternity testing should be routinely requested at this hearing. The AGAL should also ensure the children is enrolled in school and is attending.

Adjudicatory Hearing

An Adjudicatory Hearing should be scheduled within 30 days of the Preliminary Protective Hearing. Family Court Civil Rule 213 governs this procedure. DFS must show by a preponderance of the evidence that a child is dependent, neglected or abused as those terms are defined in 10 *Del. C.* § 901, and that it is in the child's best interests for custody to be with DFS. The definitions are included at Tab 5. Hearsay evidence is not admissible.

Again, the Court may order the parties to do a variety of tasks and/or engage in services. Visitation between the child and his or her family will also be addressed using a best interests of the child standard. *See 13 Del. C. 2512(c).*

Dispositional Hearing

The next Court review is a Dispositional Hearing. *See Rule 214.* At this hearing, the Court determines if the appropriate services for the family have been implemented and/or approves the case plan for the family and for the child. This hearing should take place within 30 days of the Adjudicatory Hearing; however, in some instances it may be combined with the Adjudicatory Hearing if all parties have developed and agreed on an appropriate case plan and goal. The minimal requirements for a case plan are found at *Family Court Civil Rule 220.* Should DFS not be agreeable to an attorney's involvement and/or assistance in

developing the case plan, issues of disagreement should be handled at the Dispositional Hearing.

Review Hearings

Review hearings usually take place every 3 months. At the review, the assigned Judge will inquire of all parties whether progress is being made on the case plan(s) and/or what is preventing progress on same. The Judge will also want to hear how the child is doing, and what services are being provided to meet the child's needs.

Internal DFS Permanency Committee

Once a child has been in care for nine months, DFS policy requires that the child's permanent plan be reviewed (if it has not been reviewed earlier). A committee comprised of DSCYF administrators and supervisors reviews each case. A DFS Deputy Attorney General should be present for all reviews. Input is received from CASAs or Attorney GALs regarding recommendations for the child; however, DFS does not permit anyone to attend the entire committee meeting. At the conclusion of the meeting, the committee decides what the permanent plan for the child should be. If the permanent plan is changed from reunification, DFS must then seek court approval. See "Permanency Hearing".

Permanency Hearing

Once a child has been in the custody of DFS for a period of 12 months, the Family Court must hold a permanency hearing to determine what the goal for the child should be. *See Rule 216*. Any party, or the Court *sua sponte*, can request a change of goal any time after a child enters care. Only DFS can file for an actual permanency hearing. This becomes most important with

cases where TPR grounds exist upon entry into care and/or where DFS does not have to provide reunification services to the family.

If termination of parental rights is determined to be the goal, a petition must be filed with the Family Court within 15 months of the day the child entered care.

Termination of Parental Rights

If termination of parental rights is the chosen goal for a child, DFS must prove by clear and convincing evidence one of the enumerated grounds set forth in 13 Del. C. § 1103. DFS must also prove by clear and convincing evidence that termination is in the child's best interests. A copy of the TPR statutory grounds is included at Tab 9. An example of an Answer to a TPR petition as well as a blank voluntary consent form are located at Tabs 31 and 32.

Adoption

Once a TPR has been granted, and all appeals have been exhausted without success, an adoption petition may be filed. Many times children are adopted by their foster parents(s). In such cases, an adoptive home study of the foster parent(s) is usually completed by an outside agency. This process can take up to six (6) months; **however, it can begin long before a TPR petition is even filed thereby shortening the timeframe for permanency.** Once the home study is completed, DFS presents home studies for the children to their Permanency Committee for approval. See Tab 22 for the OCA home study tool to help compare possible family resources for a child. After a family is approved for adoption, subsidy paperwork and the legal petition is prepared. The petition is filed with Family Court, and is usually assigned to the Judge who granted the TPR. If the adoptive parents so desire, an adoption hearing will be scheduled. An example of an Answer to an

Adoption Petition is located at Tab 33. Please contact OCA for guidance throughout the adoption process.

Other Court Proceedings

Visitation: At any time during a case, a petition for visitation may be filed by a parent or relative. 13 Del. C. Ch. 25 governs visitation.

Guardianship/Permanent Guardianship:

13 Del. C., Ch. 23 addresses guardianship and permanent guardianship. See Tab 10. Guardianship is a temporary arrangement for a child wherein the guardian is custodian of the child, but also may make decisions regarding medical needs, education, etc. However, a parent can always come back and petition for return of the child if the parent can demonstrate that the child will no longer be dependent, neglected, or abused in his or her care. Despite this, the Delaware Supreme Court has determined that

regular guardianship constitutes permanency for a child. *CASA v. DSCYF*, et al., No. 59, 2003 (Del. 2003).

Permanent guardianship allows a guardian to permanently raise a child without the ability of the parent to petition for return of the child. Permanent guardianship also provides for visitation and/or contact with the biological parent as long as that contact is in the child's best interests. Federal subsidies are no longer available in Delaware for guardianships or permanent guardianships, and therefore guardianships and permanent guardianships are rarely subsidized by DFS.

Motions to Rescind Custody: When DFS believes that one or both parents are now able to provide necessary care for their child or children, they typically file a motion to rescind custody. All parties, including the GAL, should be noticed on the motion and should answer it. See 13 Del. C. § 2513(c) for the legal standard.



CHAPTER FIVE – DUTIES OF THE ATTORNEY GUARDIAN AD LITEM

As an Attorney GAL, you are charged with representing the best interests of the child. 29 Del. C., § 9007A(c) sets out the AGAL's statutory duties. In addition, 13 Del. C. § 722(a) sets forth the factors which the Court considers in making a best interests determination. A copy of the best interests statute is located at Tab 7. Any recommendations to the Court should specifically include factual evidence detailing:

1. The wishes of the parents;
2. The wishes of the child;
3. The interactions and relationships between the child and his parents, grandparents, siblings, significant others, foster parents;
4. The child's adjustment to his or her home, school and community;
5. The mental and physical health of all individuals involved;
6. Past and present compliance by both parents with their rights and responsibilities to their child under 13 Del. C. § 701. Parental responsibilities is also defined at 13 Del. C. § 1101(10);
7. Evidence of domestic violence as provided for in 13 Del. C., Ch. 7A; and
8. The criminal history of any party or any other resident of the household including whether the criminal history contains pleas of guilty or no contest or a conviction of a criminal offense.

Who do I interview? What records do I review?

In order to gather the necessary evidence to answer the above questions, an AGAL should begin by interviewing the child. Several publications on interviewing children are available. The *Handbook on Questioning Children* by Anne Graffam Walker is most helpful and is available at the OCA office. Some tips for talking with children are included at Tab

18. For ethical issues regarding an AGAL's relationship with the child, please see Chapter 6. Also, if criminal charges are pending where the child is the victim, the AGAL should refrain from interviewing the child regarding those circumstances and instead should request that a forensic interview be completed by the Children's Advocacy Center (CAC). See the CAC website at <http://www.cacofde.org> for more information.

The AGAL should also interview the biological parents, the foster parents, school teachers, daycare providers, relatives, counselors, and pediatricians. The AGAL should collaborate with the DFS social worker and other professionals involved with the child. Each one of these contacts may lead to further contacts such as friends, pastors, prior foster parents, an educational surrogate parent or distant relatives. In addition, the home where the child resides, the home where the child previously resided, the school and the daycare should be visited. Observations of visits between the child and his or her biological parents should be made.

The AGAL should review the DFS file and continue to do so on a regular basis. OCA will initially obtain the DSCYF file for you. **However, you should then obtain regular updates from DFS as well as any other service providers.** You also should obtain the child's pediatric records and birth records, if relevant. (One reason they may be relevant is to determine if the child was born cocaine or opiate positive). You should also obtain the child's school records and make regular contact with school personnel. All of these records may be obtained by simply sending a letter to the provider with a copy of the Court Order of Appointment. Sample letter requests are located at Tab 34. Drug, alcohol, and mental health providers will likely also require a consent signed by the parents or a

specific court order regarding those records which meet the requirements of 42 USC § 290DD-2 and 42 CFR §§2.61-2.64. A consent form for drug, alcohol and mental health providers is located at Tab 35. A sample motion for release of these records is located at Tab 36.

While you are not responsible for coordinating services for the parents, to the extent that the prompt involvement in services will benefit your child client, you should have input. For example, if there are allegations of domestic violence, it benefits your client for the parents to promptly engage in anger management and/or domestic violence counseling.

A relationship should be established with the child client. No matter how young a child is, if time is spent with the child, the child will likely be able to communicate his or her wishes to the AGAL. *The Child's Attorney* by Ann Haralambie is an excellent resource for determining what steps to take in making a best interests determination, although § 722 does set out a general framework of inquiry.

At Tab 17 is a checklist which sets out what possible inquiries, interviews, and records you should be obtaining during your representation. Sample letters for record requests can be found at Tab 34. It is your obligation, on behalf of the child, to take a proactive approach in these matters, and to ensure that the Court is getting the information it needs to make a decision which is truly in the best interest of the child.

Once the AGAL has gathered the necessary evidence, the AGAL is in a position to make recommendations to the Court, and should do so at every Court proceeding. How this is done given the inherent conflicts between attorney and AGAL roles, is discussed in the next chapter.

In addition, the AGAL should be advocating for

whatever his or her child client needs, whether it be counseling, visitation with siblings, after school activities, new shoes, etc. The AGAL must also be advised of any changes in placement, and must take an active role to ensure that changes in school, living arrangements, daycare or visitation is in the child's best interests. 13 Del. C. § 2521 requires DFS to provide reasonable notice to the AGAL prior to any changes in placement, educational settings, or medical circumstances. The AGAL should be included in decisions regarding same, and should take whatever action is necessary to protect the best interests of that child. Remember, you are this child's voice. Without you, unilateral decisions will be made about this child that may or may not be best for him or her.

What if the child's expressed wishes differ from what the AGAL believes is in the child's best interests?

Under the statute, 9007A(c)(14) requires the AGAL to not only make the child's wishes known to the Court, but also to alert the Court if the child's expressed wishes differ from the AGAL's position on best interests.

Depending on the age of the child, the Court may appoint an attorney to represent the child's expressed wishes. This decision is largely governed by the Supreme Court decision of *In re Samantha Frazer*, Del. Supr., 721 A.2d 920 (1998).

If your ultimate recommendations to the Court will be different than the expressed wishes of the child, you have an obligation to alert the Court of the conflict. The Court will then make a determination as to what your proper role will be, and whether additional representation is necessary. If this situation occurs, please contact OCA to discuss it prior to requesting the Court to appoint an additional attorney for the child.

CHAPTER SIX – ETHICAL DILEMMAS FACED BY AN ATTORNEY GUARDIAN AD LITEM

When representing a child through the Office of the Child Advocate, the statute clearly indicates that an attorney GAL's duty is to the child. In defining the representation of the child, the statute further indicates that the scope of representation is the child's best interests. Finally, the AGAL shall have confidentiality with the child client unless disclosure is necessary to protect his or her best interests. 29 Del. C. § 9007A(c).

What the first two sentences mean is that the child is the client, albeit perhaps one under a disability. Rule 1.14. The child should be treated as a client, utilizing the rules of professional responsibility. When defining the scope of representation of that child, the attorney should be guided by the child's best interests. **Rule 1.2** addresses scope of representation. When initially receiving an OCA case, the AGAL must make sure to review the scope of representation – best interests -- in terms the child can understand. The attorney should explain that while the scope includes the wishes of the child, there are also many other things that must be considered. See 13 Del.C. § 722 for

guidance and refer to notes from the Nuts and Bolts training as to how to meet and discuss this with a child client. And always remember, if the best interests recommendation made to the Court conflicts with the child client's expressed wishes, there is a potential conflict which may require two lawyers to represent the child. In these circumstances, please call OCA immediately to discuss how best to proceed to ensure the child's rights are protected.

The third sentence indicates that there is confidentiality between the attorney and child client. However, an escape clause is provided which states "unless disclosure is necessary to protect the child's best interests." **Rule 1.6** supports this by allowing disclosure "to comply with other law or court order." OCA is also mentioned in the comments following Rule 1.6. Confidentiality should be kept with the child client when at all possible or practical. Only rare circumstances require a disclosure -- primarily where there is no other way to protect your client's safety.

PLEASE REMEMBER TO KEEP TRACK OF THE TIME YOU SPEND ON EACH CASE AND REPORT IT TO OCA AT THE END OF YOUR CASE SO THAT WE CAN ACCURATELY DOCUMENT THE PRO BONO EFFORTS OF OUR ATTORNEYS.

ALSO, PLEASE REMEMBER TO NOTIFY US UPON CONCLUSION OF YOUR CASE SO THAT WE MAY KEEP ACCURATE RECORDS AND REPORT ACCURATE STATISTICS.

OFFICE OF THE CHILD ADVOCATE
2012 TRAINING & REFERENCE MANUAL

INDEX

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 - a. DFS Deputies Phone List & Organizational Chart

COURT RULES AND STATUTES

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 - b. ORGANIZATION, POWERS, JURISDICTION & OPERATION – 10 DEL. C., CH. 9
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8. DSCYF CUSTODY STATUTE – 13 DEL. C., CH. 25
9. GROUNDS FOR TERMINATION OF PARENTAL RIGHTS – 13 DEL. C. § 1103
10. GUARDIANSHIP/PERMANENT GUARDIANSHIP STATUTE – 13 DEL. C., CH. 23
11. THIRD PARTY VISITATION STATUTE – 13 DEL. C., CH. 24
12. INVOLVING CHILDREN IN COURT HEARINGS STATUTE – 13 DEL. C. § 724

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 - b. FOSTER CARE CONTRACTUAL SERVICE DESCRIPTION
14. DPBHS
 - a. MENTAL HEALTH SERVICES PROGRAM DESCRIPTIONS
 - b. MENTAL HEALTH CRITERIA: USING THE CRITERIA

- c. MENTAL HEALTH SERVICES PROVIDER NETWORK
- d. DELAWARE TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-CBT) INFO & THERAPISTS
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- b. EDUCATIONAL PROGRAMS FOR CHILDREN IN FOSTER CARE
- c. EDUCATIONAL RIGHTS OF STUDENTS IN FOSTER CARE (MCKINNEY-VENTO ACT)
- d. HOMELESS EDUCATION DIRECTORY & RESOURCE GUIDE – MCKINNEY-VENTO FAQs, RESOURCES, AND FORMS
- e. EDUCATIONAL SURROGATE PARENT PROGRAM INFORMATION

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20. DFS PERMANENCY COMMITTEE CHECKLIST

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22. ADOPTION HOME STUDY GUIDE

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- b. Blank Emergency affidavit

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28. CHILD IN CARE PLANS

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37. CPAC NEAR DEATH REPORT – JOHN DAVIS, JR.
38. APPLICATION FOR CLE CREDIT FOR PRO BONO SERVICES

Office of the Child Advocate

New Castle County
900 King Street, Suite 210
Wilmington, DE 19801
Main # 302-255-1730
Fax # 302-577-6831

| Name | Extension | Email |
|--|------------------|--|
| Tania Culley, Child Advocate | 1733 | tania.culley@state.de.us |
| Kelly Ensslin, Deputy Child Advocate | 1728 | kelly.ensslin@state.de.us |
| Eliza Hirst, Deputy Child Advocate | 1734 | eliza.hirst@state.de.us |
| MC Landis, Pro Bono Coordinator | 1737 | mc.landis@state.de.us |
| Rosie Morales, Program Administrator | 1735 | rosalie.morales@state.de.us |
| Sam Clancy, Family Crisis Therapist | 1738 | sam.clancy@state.de.us |
| Jen Falkowski, Family Crisis Therapist | 1736 | jennifer.falkowski@state.de.us |
| Molly Dunson, Office Manager | 1731 | molly.dunson@state.de.us |

Sussex County
6 West Market Street, Suite 1
Georgetown, DE 19947
Main # 302-856-5720
Fax # 302-856-5722

| Name | Extension | Email |
|--|------------------|--|
| Jen Donahue, Deputy Child Advocate | 11 | jen.donahue@state.de.us |
| Heather Williams, Deputy Child Advocate | 12 | heather.williams@state.de.us |
| Melissa Palokas, Family Crisis Therapist | 10 | melissa.palokas@state.de.us |

DFS CENTRAL OFFICE PHONE LIST

PREFIX "633" UNLESS NOTED

| | | |
|---------------------|---------|------|
| DFS FAX # | 633 | 2652 |
| REPORTLINE # | 800-292 | 9582 |
| REPORTLINE FAX # | 302-577 | 5515 |
| HELP LINE (211) | 800-464 | 4357 |
| CONFERENCE RM# 201 | | 2704 |
| CONFERENCE RM# 228 | | 2651 |
| BATES, John | | 2665 |
| BRAME, Shara | | 2538 |
| BRITTINGHAM, Rodney | | 2654 |
| BRUCH, JoAnn | | 2690 |
| CUNNINGHAM, Nicole | 892 | 6401 |
| GALLAGHER, Kate | | 2664 |
| JUMPS, Lisa | | 2658 |
| KEARNS, Cathy | | 2540 |
| KELLUM, Felicia | | 2638 |
| KELLY, Vicky | | 2657 |
| KONG Susan | | 2592 |
| LOWRY-SIMS, Kriston | | 2714 |
| PERFINSKI, Frank | | 2655 |
| PERREGRINO, Nicole | | 2568 |
| PEYSER, Mike | 892 | 6489 |
| PROSCENO, Ana | | 2661 |
| QUINN, Patti | 892 | 5803 |
| ROBERTS, Shirley | | 2601 |
| RUMLEY, Tylesha | | 2674 |
| SHANNON, Linda | | 2663 |
| SMACK, Joe | | 2605 |
| SULLIVAN, Michael | | 2659 |
| WELSH, Eileen | | 2657 |
| ZIRKLE, Keith | | 2709 |

| | | |
|-------------------------------|-----|------|
| OCM Central Office Phone List | | |
| BLACKSON, Kecia, OCM | 633 | 2675 |
| DAVIS, Christel, OCM | 633 | 2683 |
| HOLMQUIST, Rose, OCM | 633 | 2698 |
| PRATT, Rodney, OCM | 892 | 6407 |
| RILEY, Jack, OCM | 633 | 2685 |
| SEYMOUR, Damian, OCM | 633 | 2678 |
| STANCIL, Angela, OCM | 892 | 6405 |
| TRIOLO, Karen OCM | 633 | 2682 |

DFS K-5 Early Intervention Program

JOYCE HAWKINS **PROGRAM SUPPORT MANAGER** **OFFICE: 892-5817** **CELL PHONE: 893-3451**

Jackie Cousin **OFFICE: 892-4571** **CELL PHONE: 893-3467**

| FCT | DISTRICT | SCHOOL | PRINCIPAL | SCHOOL PHONE | SCHOOL FAX | OFFICE PHONE | CELL PHONE |
|-------------------------|------------|----------------|---------------------|----------------|-------------------------------------|-------------------|------------|
| Lovell Baker-Hudson | Laurel | P.L. Dunbar | Judy Noll | 1-302-875-6140 | 875-6143 | 302-875-7623 | 236-6103 |
| Hays Grapperhaus | Laurel | North Laurel | Christy Greaves | 1-302-875-6130 | 875-6133 | 302-875-7436 | 236-6100 |
| Melanie Harmon | Colonial | Southern | Debbie Sweeny | 832-6300 | 832-6305 | 832-6300 ext 6005 | 893-3452 |
| Kathy DeFlaviis | Colonial | Colwyck | Jennifer Alexandar | 429-4085 | 429-4097 | 429-4092 | 354-3490 |
| Jewel Hopkins | Colonial | Wrangle Hill | Beth Howell | 832-6330 | 832-6335 | 832-6344 | 354-2665 |
| Michelle M Johnston | Colonial | Pleasantville | Pete Leida | 323-2935 | 323-2943 | 323-5352 | 893-3450 |
| Vacant | Colonial | Carrie Downie | Angela Guy | 323-2926 | 323-2929 | 323-4584 | 893-3446 |
| Robert Beeman | Colonial | Castle Hills | Ed Stephan | 323-2915 | 323-2921 | 323-5322 | 354-2691 |
| Ivy Stephens | Colonial | Wilm. Manor | Steven Haber | 323-2901 | 323-2908 | 323-2909 ext 1010 | 354-2584 |
| Molly Perdue | Colonial | Eisenberg | Jacob J. Getty, Jr. | 429-4073 | 429-4081 | 429-4046 | 893-3448 |
| Devon Dyal | Charter | Edison Charter | Marquita Davis | 778-1101 | 778-2232 | 778-1101 | 354-2603 |
| Mary Dean | Brandywine | Maple Lane | Julianne Pecorella | 792-3906 | 792-3941 | 792-3912 | 354-2581 |
| Heather Pombo-Pietuszka | Brandywine | Darley Road | James Grant | 792-3916 | 792-3944 | 792-3954 | 893-3436 |
| Dawn Jackson | Brandywine | Brandywood | Veronica Wilkie | 475-3966 | 529-3090 | 475-8502 | 893-3437 |
| Ed Burks | Brandywine | Mt. Pleasant | Joyce Skrobot | 762-7120 | 762-7040 | 762-7175 | 893-1381 |
| Michael Vincent | Brandywine | Forwood | Holly VanSuch | 475-3956 | 529-3092 | 475-3956 ext 2041 | 354-2849 |
| Amber Johnson | Charter | Kuumba | Sandra Shippen | 472-6450 | 472-6452 | 472-6450 | 545-5357 |

Erik Hochrein **OFFICE: 739-4800X172** **CELL PHONE: 236-4250**

| FCT | DISTRICT | SCHOOL | PRINCIPAL | SCHOOL PHONE | SCHOOL FAX | OFFICE PHONE | CELL PHONE |
|-------------------|---------------|-------------------|------------------|----------------|-------------------------------------|-----------------------|------------|
| Lori Johnson | Indian River | Long Neck | Charlynn Hopkins | 1-302-945-6200 | 945-6203 | 302-945-6182 | 236-6104 |
| Andrea Woodard | Indian River | Georgetown | Lesia Jones | 1-302-856-1940 | 855-2479 | 302-855-1940 ext 2114 | 236-6105 |
| Lori Pritchett | Indian River | Frankford | Duncan Smith | 1-302-732-3808 | 732-3811 | 302-732-1348 | 236-6108 |
| Tony Williams | Indian River | East Millsboro | Mary Bixler | 1-302-934-3222 | 934-3227 | 302-934-3237 | 354-2676 |
| Kelly Bowen | Seaford | West Seaford | Patricia Harris | 1-302-629-9352 | 628-4487 | 302-628-4414 ext 219 | 236-6107 |
| Mary O'Neill | Seaford | Seaford Central | Robert Zachry | 1-302-629-9796 | 628-4380 | 302-629-4587 ext 310 | 236-6106 |
| Necola Duncan | Seaford | Blades | Susan Nancarrow | 1-302-628-4416 | 628-4480 | 302-628-4416 ext 309 | 236-4249 |
| Alexsandra Hume | Seaford | Fredr. Douglass | Kelley Carey | 1-302-628-4413 | 628-4486 | 302-628-4413 ext 214 | 547-3439 |
| Peggy Bastianelli | Charter | East Side Charter | David Distler | 762-5834 | 762-3896 | 762-5834 ext 30 | 668-3603 |
| Sarah Lancaster | Caesar Rodney | W.B. Simpson | Joseph Birch | 302-697-3207 | 697-4963 | 697-4049 | 545-3187 |

DFS K-5 Early Intervention Program

Linda Payne **OFFICE: 892-4563** **CELL PHONE: 893-3466**

| FCT | DISTRICT | SCHOOL | PRINCIPAL | SCHOOL PHONE | SCHOOL FAX | OFFICE PHONE | CELL PHONE |
|----------------------|----------|---------------------|--------------------------|----------------|------------|-----------------------|------------|
| Cindy Jones | Milford | Evelyn Morris Early | Susan Donohue | 1-302-422-1650 | 424-5447 | 302-424-5476 | 236-6101 |
| Maria Griffin | Milford | Benjamin Banneker | Jean Wylie | 1-302-422-1630 | 424-5487 | 302-424-5444 ext.1323 | 236-6111 |
| Rosalyn Allen Echols | Charter | Academy of Dover | Noel Rodriguez | 302-674-0684 | 674-3894 | 302-674-0684 ext. 118 | 893-3444 |
| Jennifer Lorenzana | Red Clay | Austin Baltz | Jennifer Shields-Russell | 992-5560 | 992-5518 | 892-3283 ext.128 | 985-1036 |
| Vacant | Red Clay | Wm. C. Lewis | Nancy Weaver | 651-2695 | 651-2759 | 651-2695 ext.112 | 893-3434 |
| Vacant | Red Clay | Warner Elementary | Barbara Allen | 651-2735 | 651-2661 | 651-2735 ext. 308 | 545-3249 |
| Art Pollard | Red Clay | Shortlidge | Linda Thomas | 651-2710 | 425-3385 | 651-2601 | 893-3464 |
| Jaclyn Watts | Red Clay | Richey | Dotty Johnson | 992-5535 | 892-3242 | 992-5535 ext 120 | 545-3118 |
| Anna Robinson | Red Clay | Richardson Park | Angela Frey | 992-5570 | 892-3255 | 636-5657 | 893-3435 |
| Nancy Rybinski | Red Clay | Highlands | Robert Farr | 651-2715 | 425-4599 | 651-2146 | 354-2842 |
| Darrell Jones | Capital | East Dover | Colleen Rinker | 1-302-672-1655 | 672-1663 | 302-672-1665 | 632-6572 |
| Rochelle Mason | Capital | South Dover | Marian Wolak | 1-302-672-1690 | 672-1697 | 302-672-1699 | 632-6556 |
| Mary Ann Edgison | Capital | Fairview | Marcia Harrison | 1-302-672-1645 | 672-1654 | 302-672-1651 | 354-2617 |
| Linda Schimp | Capital | North Dover | Suzette Marine | 1-302-672-1980 | 672-1985 | 302-672-1986 | 632-1039 |
| Ellery Bowser | Capital | Towne Point | Gene Capers | 1-302-672-1590 | 672-1595 | 302-672-2133 | 632-0892 |

Belvie Perry **OFFICE: 892-4531** **CELL PHONE: 354-3965**

| FCT | DISTRICT | SCHOOL | PRINCIPAL | SCHOOL PHONE | SCHOOL FAX | OFFICE PHONE | CELL PHONE |
|-----------------|---------------|-------------------|---------------------|----------------|------------|----------------------|------------|
| Erick Warren | Christina | Pulaski | Mary Ford | 429-4136 | 429-3955 | 429-4136 ext 12420 | 893-3440 |
| Nicole Rose | Christina | May B. Leasure | Linda J. Ochenrider | 454-2103 | 454-2109 | 454-2103 ext 502 | 893-3465 |
| Jacqui Saunders | Christina | Brookside | Marilyn Gwaltney | 454-5454 | 454-3480 | 454-5454 ext 31313 | 893-3468 |
| Dana Thompkins | Christina | Bancroft | Jacqueline Lee | 429-4102 | 429-3956 | 429-4102 ext 228 | 547-3414 |
| Vacant | Lake Forest | Lake Forest East | Martha Clark | 1-302-335-5261 | 335-5273 | 302-335-5261 ext 209 | 222-7907 |
| Nicole Mosely | Lake Forest | Lake Forest South | Judy Craig | 1-302-398-8011 | 398-8492 | 302-398-8478 | 236-6103 |
| Joy D'Souza | Lake Forest | Lake Forest North | Brenda Wynder | 1-302-284-9611 | 284-5820 | 302-284-3718 | 236-6109 |
| Deborah Ritter | Woodbridge | Woodbridge Elem. | Corey Miklus | 1-302-349-4539 | 349-1413 | 302-349-4846 | 893-3456 |
| Lenore Morgan | Cape Henlopen | H.O. Brittingham | Cathy Petitgout | 1-302-684-8522 | 684-2043 | 302-684-8522 | 943-3377 |

| | | | |
|-----------------|--------|----------|---------------|
| Tomeka N. Jones | ASI | 892-5823 | Fax: 892-5839 |
| Kim Scully | ASII | 892-4576 | Fax: 892-5839 |
| Michelle Thomas | ASIII | 892-5836 | Fax: 892-5839 |
| Renee Glenn | Fiscal | 892-4552 | Fax: 633-5113 |
| Tomeka L. Jones | MAI | 892-5837 | Fax: 892-5838 |

Revised 7/24/2008

Division of Family Services
 Beech St./NCCRegion I
 Main Number 302-577-3824
 Hot Line 800-292-9582

| Extension | Room # | Extension | Room # | Room # |
|---|--------|---|--------|---|
| 3151 Susan Radecki, Regional Administrator | 3835 | 3145 Switchboard/Operator | 3212 | FAX 577-7793 - Beech St |
| 3161 Deborah Colligan, Asst. Regional. Adm | 3832 | 3138 Coates, Levine, SST | 3015B | FAX 577-7792 - Beech St |
| 3158 Linda Wilson, Office Manager | 3230 | 3171 Crews, Brenda, SST | 3015A | |
| 3119 Nancy Jackson, Office Manager | 3228 | 3170 Vacant | 3015D | NCCPD - HOTLINE FAX 577-5515 |
| 3160 Diane Henderson, Adm Spec II | 3834 | 3137 Robinson, Yolanda, SST | 3105D | |
| | | 3205 Azevedo, Sarah, FCT Supervisor | 3811 | 3189 Ryde, Kyla, FCT Coaching Sup |
| 3108 Pierce, Joyce, FCT Treatment Sup | 3833 | 3139 Bailey, Kimberly, FCT | 3809 | 3136 Clark, Hiliary, C/S FSS |
| 3187 Canfield, Meredith, FSS | 3118 | 3172 Clarke, Kia, FSA II | 3600 | 3169 Lee, Tarelle, FSS |
| 3140 Diffendall, Christy, FCT | 3825 | 3175 Cline, Lindsay, MFSS | 3609 | |
| 3201 Hawkins, Shanita, FCT | 3823 | 3230 Peters, Christine, SFSS | 3607 | |
| 3124 Malgieri, Elizabeth (Bett), FCT | 3312 | 3116 Schofield, Alexandra, FSS | 3810 | |
| 3135 Shorts, Shaylin, SFSS | 3818 | 3183 Zuka, Melissa, FCT | 3813 | |
| 3103 Taylor, Anjel, FSA II | 3820 | | | |
| | | 3207 Gilliam, Bahu FCT Investigation Sup | 3829 | 3164 Jaime Zebroski-FCT Supervisor |
| 3130 Lemanski, Christine, FCT Tx Sup | 3827 | 3165 Brooks, Chajuan, FSA II | 3600 | Sex Abuse & Serious Injury |
| 3156 Conkey, Fred, FCT | 3821 | 3101 Daniago, Dominique, FCT | 3815 | 3143 Ferguson, Ivarine, FSA |
| 3127 Judge, Melissa, FSS | 3610 | 3111 Hayman, Toshiba, MFSS | 3620 | 3162 Gilliam, Tammy, FCT |
| 3110 Lamming, Anne, D/A Counselor | 3213 | 3113 Maiorano, Jessica, FCT | 3613 | 3141 Lord, Kelly, FCT |
| 3167 Pegram, Shalynn, FSA II | 3820 | 3163 Marlowe, Sarah, SFSS | 3316 | 3203 Milo, Diana, FCT |
| 3117 Schulte, Michelle, SFSS | 3615 | 3184 Welding, Jason, FSS | 3611 | 3109 Murray, Candice, FCT |
| 3122 Wright, Berlinetta (Netta), MFSS | 3608 | 3115 Winston, Rushelle, FSS | 3814 | 3204 Robinson, Carol, FCT |
| 3196 Zupan, Elizabeth, FCT | 3819 | | | 3231 Sadler, Jennifer, FCT |
| | | 3121 Casey, Francis (Mike), FCT Perm Sup | 3216 | 3195 O'Hare, Shane, FCT Perm Supv |
| 3128 Poore, Robyn, FCT Permanency Sup | 3222 | 3132 Doughty, Delores, FCT | 3300 | 3197 Cooper, Jennifer, FCT |
| 3104 Bailey, Karen, FCT | 3221 | 3118 LeBron, Barbara, FSA II | 3225 | 3152 Grinage-Reid, Kia, SFSS |
| 3157 Dillon, Moira, FCT | 3221 | 3155 Lavjonne, Tricia, MFSS | 3213 | 3206 Hynson, Tasha, FSA |
| 3147 Montgomery, Christine, FSA II | 3225 | 3166 Richards, Teresa, FSS | 3213 | 3123 Lackey, Kelly, FCT |
| 3125 Uebelher, Jennifer, FCT | 3224 | 3114 Tyler, Glenda, SFSS | 3604 | 3105 N'Diaye, Renee, FCT |
| 3106 Wilson, Lauren, FCT | 3220 | 3168 Walker, Jessie, FCT | 3215 | 3120 Riffe, Sara, FCT |
| | | 3107 Wright, Kenyan, SFSS | 3214 | |
| | | | | 3159 Small Conference Room |
| | | | | 3144 Large Conference Room |

**SEPTEMBER
2011**




**DIVISION OF FAMILY SERVICES—UNIVERSITY PLAZA
263 CHAPMAN ROAD
NEWARK, DE. 19702**



**MAIN OFFICE NUMBER:
451-2800
HOT LINE: 1-800-292-9582**

| NAME | CLASS | PHONE EXT. | ROOM # |
|-----------------------------|---------------------------------------|-------------------|---------------|
| BENSON-GREEN, CARLA | REGIONAL ADMINISTRATOR | 3303 | 105 |
| MURRAY, SUSAN | ASSIST. REGIONAL ADMINISTRATOR | 3339 | 102 |
| ATKINSON, JUDY | ADMIN. SPECIALIST II | 3302 | 104 |
| FAX MACHINE ADMIN: | 451-2820 | | |
| FAX MACHINE GENERAL: | 451-2821 | | |
| LAWTON, MICHAEL | OFFICE MANAGER | 3308 | 107 |
| CARTER, RHONDA | SOCIAL SERVICES TECHNICIAN | 3343 | 302 |
| LANGSHAW, LINDA | SOCIAL SERVICES TECHNICIAN | 3365 | 203 |
| MEADE, ALEXANDER | SOCIAL SERVICES TECHNICIAN | 3344 | 219 |
| TURNER, KAREN | SOCIAL SERVICES TECHNICIAN | 3309 | 220 |
| VACANT | | | 215 |
| HUMPHREYS, TABITHA | SUPERVISOR-TREATMENT | 3552 | 202 |
| GRIMES, LETONIA | FSA II | 3317 | 211 |
| FISHER, BRUCE | FCT | 3388 | 214 |
| FOXWORTH, SHERICE | MFSS | 3360 | 223 |
| HARRIS, LEMONT | FSS | 3349 | 222 |
| MEADOWS, MARSHA | DRUG & ALCOHOL LIASON | 3380 | 221 |
| PARISE, KERRI | FCT | 3383 | 210 |
| JOHNSON, MELISSA | MFSS | 3550 | 212 |
| WEAVER, CHRISTINE | SUPERVISOR-COACHING | 3301 | 334 |
| SMITH, JEREMY | FSS | 3352 | 325 |
| RUCINSKI, KIMBERLY | FSS | 3362 | 323 |
| HENRY, RASHAN | SFSS | 3408 | 324 |
| SAUNDERS, JOSETTE | FSS | 3446 | 318 |
| VACANT | | | 317 |
| PITTMAN, YVETTE | FSS | 3357 | 322 |
| KEEN, SHARON | SUPERVISOR-FOSTER CARE | 3337 | 310 |
| COUNCIL, AMIRA | SFSS | 3310 | 333 |
| SAYE, NIKKI | MFSS | 3311 | 331 |
| JACOBS, SHAWNIQUE | MFSS | 3354 | 332 |
| ROARK, BRENDA | MFSS | 3384 | 326 |
| VACANT | | | 328 |
| SMITH, MARSHA | FSA II | 3381 | 329 |
| THOMPSON, VIVIAN | MFSS | 3376 | 330 |
| GREENPLATE, VERA | MFSS | 3341 | 327 |
| LACINSKI, MARGY | SUPERVISOR-INVESTIGATION | 3364 | 506 |
| BARILE, LAUREN | FCT | 3392 | 504 |
| JONES, LYDIA | FCT | 3328 | 503 |
| VANNORTWICK, JACLYN | SFSS | 3375 | 505 |
| SMITH, TRINA | FCT | 3334 | 507 |
| JOHNSON, KEITH | FCT | 3312 | 501 |
| BROZENA, JOSH | FSS | 3351 | 502 |
| VACANT | | | 419 |

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|------------------------------------|---|------------------------------------|------------|
| MOORE, DENNIS | SUPERVISOR-TREATMENT | 3320 | 308 |
| ABBOTT, LAUREN | FCT | 3391 | 313 |
| BEIDEMAN, ANDREA | FCT | 3327 | 305 |
| LARGE, TOBI | FCT | 3377 | 304 |
| MICHAEL, ANTHONY | FSA II | 3329 | 303 |
| RAHMAN, MIA | FSS | 3366 | 312 |
| WARREN, KIM | SUPERVISOR-ADOLESCENT | 3363 | 201 |
| BOYD, LANORA | FCT | 3548 | 224 |
| ARNOLD, LAUREN | MFSS | 3355 | 209 |
| PETEAH, JOYCE | FSA II | 3314 | 206 |
| SAMMONS, BILL | FCT | 3390 | 225 |
| VALLE, SUZANNE | FCT | 3379 | 207 |
| ROSLYN, BRENDA | SUPERVISOR-INVESTIGATION | 3370 | 402 |
| DICKERSON, BRANDIA | FCT | 3547 | 411 |
| HENRY, CHARMAINE | FSS | 3336 | 409 |
| MULLENS, RACHEL | FCT | 3316 | 412 |
| SHEETS, VALERIE | FSA II | 3322 | 410 |
| MOORE, DENVER | FSS | 3358 | 408 |
| GONZALEZ, ARMANDO | FSS | 3338 | 407 |
| FEDERER, APRIL | FSS | 3349 | 420 |
| DEVIVO, MICHAEL C/S | FSS | 3350 | 201 |
| WOODALL, COLLEEN | SUPERVISOR-ADOLESCENT INVESTIGATION | 3315 | 309 |
| DANIELS, FAYTHE | SFSS | 3305 | 320 |
| THOMAS, VALORIE | FSS | 3382 | 319 |
| MORRIS, JAIME C/S | FSS | 3347 | 315 |
| ORTIZ, PRISCILLA | FSA II | 3359 | 306 |
| CAPLE, ERIN | FSS | 3353 | 314 |
| PETRELLA, LAURIE | FCT | 3374 | 321 |
| SEEL, TERRI | FSS | 3345 | 316 |
| YINGLING, SHELLY | SUPERVISOR-INVESTIGATION | 3340 | 404 |
| WELDON, TERESA | FSA II | 3549 | 416 |
| VACANT | | | 406 |
| HANDLEY, SHAYLA | SFSS | 3313 | 405 |
| STEWART, JESSE | FSS | 3358 | 413 |
| BERGER, DAVID | FSS | 3387 | 414 |
| COPEP, CECILIA | SFSS | 3386 | 415 |
| MCKIE, TOSHONDA | FSS | 3321 | 418 |
| MACKNIGHT, HEATHER C/S | FSS | 3356 | 208 |
| RUTH, REBECCA | FACTS LIAISON | 3395 | 111 |
| MILLER, SUSANNE | DOMESTIC VIOLENCE LIASON | 3348 | 423 |
| MCDERMOTT, JIM | SFSS, SPECIAL INVESTIGATOR | 3378 | 103 |
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| FILE ROOM |  | 3306 | |
| KITCHEN | | 3361 | |
| INTERVIEW ROOM | | 3369 | |
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CONFERENCE ROOMS

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Conference Room C, 526-5708
Viewing Room/Conference Room E, 526-5709
Family Room, 526-5710
Training Room, 526-5711
Lunchroom, 526-5706

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Suzanne Schwarz, FSS- ext. 140

***Lisa Williamson, FCT Supr. 856-5455 ext. 157**

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Jennifer Gavin, FCT – ext. 129
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Carrie Steward, SFSS ext 108
Pamela Trammell, FCT, ext. 113
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Amy Hughes, MFS ext. 109

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Jacqueline Jeffries, MFSS (Kent 739-4800 ext. 125)
Robin Leimbach, MFSS (Pyle Center 732-9510)

Milford Office 2nd & 3rd Shift

*** Geoffrey Howard Supr. 422-1400 ext. 103**

Ed Cannon –ext. 122
Kim Daniels – ext. 120
Jane Powell – ext. 118
Tom Stanton - 3rd shift – ext. 121
Bob Savage – 2nd shift – ext. 121

Weekend/Holiday Shift

***Tom Schoenbeck Supr. - 422-1400**

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Linda Gunn, Social Service Technician
Jennifer Rogers, FCT
Tammy Hudson, FSA II
Kim Lewis, FCT
Virginia Tingle, SFSS
Dee Davis, SFSS

FAMILY COURT – NEW CASTLE
Information: 255-0300

FAMILY COURT – KENT
Information: 672-1000

FAMILY COURT – SUSSEX
Information: 855-7400

N – 255 unless otherwise noted
K – 672 unless otherwise noted
S – 855 unless otherwise noted

Adoption/TPR's:

N-0244; K-1001; S-7469

AG's:

N-0112; K-1083; S-5353

Attorney General's Office – NCC
Carvel State Bldg. 6th Floor

Civil: 577-8400

Criminal: 577-8500

Appeals:

N-0245; K-1054; S-7444

Applications/Intake:

N-0277; K-1064; S-7468

Arbitration:

N-0200; K-1042; S-7418

Bail Coordinator:

N-0285

Blood Test Coordinator:

N-0289; K-1064; S-7462

CASA Office:

N-0461; K-1067; S-7415

Cashier:

K-1005; S-7406

NCCCH Filing & Payment Center

255-0475

255-0470

255-0469

Child Support Enforcement:

N-395-6500, LL1 rm 707.1

255-0113;

K-1048

Civil Case Processing:

N-0218; K-1062; S-7422

Criminal Case Processing:

N-0258; K-1034; S-7447

Detention:

N-Juv 5042; N-Adult 0009;

K-1097/1098; S-7452

Domestic Violence:

N-0420; K-1075; S-856-5843

DOMESTIC VIOLENCE ADVOCACY
PROGRAM NCC (Child, Inc.) LL1, S.700

Advocates

255-0420

Domestic Violence

Coordinating Council NCC 9th Fl.

255-0405

Divorce:

N-0234; K-1009; S-7473

DSCYF Liaison Offices NCC

Family Court L1700

255-0482

255-0486

255-0484

Forms, Copies, Mail: K-1045; S-7406

Mail NCC (mail 0481)

Lock-Up:

K-1097, 1098

Mediation:

N-0200

Probation:

N-0833; K-739-5381; S-855-5663

Public Defenders:

N-0130; K-739-4476; S-856-5310

Records:

N-2633; K-1045; S-7463

Repairs – Equipment:

N-0265; K-1005; S-7406

Repairs – Telephone:

N-0359; K-1101; S-7478

Security:

N-0402/0311; K-1043; S-7423

Victim Advocacy:

N-0420; K-1075; S-856-5843

FERRIS SCHOOL:

995-8300

DELAWARE HELP LINE:

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HELP DESK 323-5369

WEATHER LINE-NEW CASTLE COUNTY

255-0555

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Admin.Office: NCC 255-2203

Human Resources: 255-2202

Court. Adm.: NCC 255-2542

NCC Dir. Ofc.: 255-2231

KC Dir. Ofc.: 739-6579

SC Dir. Ofc.: 856-5171

Civil Process,Criminal Process and

Records: NCC 255-2234

SC 856-5156

Dom. Viol. Council: 255-2236

Filing and Pmt Ctr.: NCC 255-2230

Intake: NCC 255-2233

Mediation: NCC 255-2238;

K-739-6530/6580; S-856-5090

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XIV. CHILD DEPENDENCY, NEGLECT AND ABUSE PROCEEDINGS [INTERIM ARTICLE].

Rule 200. Scope.

These rules govern the procedures of the Family Court regarding dependency, neglect and abuse petitions for custody, and petitions for guardianship.

Rule 201. Construction and enforcement of rules.

These rules shall be liberally construed to accomplish the purpose of achieving stable and secure homes for dependent, neglected or abused children.

Rule 202. Extension of time and continuances.

Extensions of time and continuances beyond the times specified in this section of rules shall be granted only for good cause shown.

Rule 203. Scheduling of subsequent proceedings.

At or before the conclusion of each hearing a subsequent hearing date shall be set. Mailed notice is not required when notice of the next hearing date is contained in a prior order of the Court or actual notice is given to the parties at the hearing.

Rule 204. Procedure for appointment of guardians ad litem.

A guardian ad litem may be appointed upon motion by any party to the action, the Office of the Child Advocate, Court Appointed Special Advocate, or upon the Court's own initiative.

A. RULES APPLICABLE TO ALL PROCEEDINGS INVOLVING DEPENDENT, NEGLECTED, OR ABUSED CHILDREN IN THE CUSTODY OF THE DEPARTMENT OF SERVICES FOR CHILDREN YOUTH AND THEIR FAMILIES (HEREINAFTER "THE DEPARTMENT").

Rule 205. Commencement of action.

(a) Child dependency, neglect and abuse proceedings shall be commenced by filing in this Court a written petition setting forth the facts verified by affidavit in accordance with 10 Del. C. { 1003.

(b) The petition may be filed by the Department of Services for Children Youth and their Families or any other agency or person.

(c) A copy of the petition shall be served upon the Respondent pursuant to Rule 4.

Rule 206. Notice to parents of right to counsel.

(a) The Court shall notify parents in writing that they may be represented by counsel. The Court shall also notify parents in writing of the appointment of counsel in cases of indigency.

(b) A parent seeking the appointment of counsel on the basis of indigency shall complete and submit a motion and affidavit.

Rule 207. Appointment of counsel.

A parent determined by the Court to be indigent may have counsel appointed by the Court during the parent's initial appearance on a petition, or such other time as deemed appropriate by the Court. In considering the appointment of counsel, the Court shall:

(a) Inquire whether the respondent parent is represented by counsel;

(b) Inquire whether an unrepresented respondent parent is unable to afford counsel;

(c) Arrange for appointment of counsel if the respondent parent is eligible for Court appointed services and wishes to be represented;

(d) Make findings regarding the knowledge and voluntariness of a waiver of representation of counsel or indicate that such findings were previously made.

Rule 208. Notice to foster caregivers.

Notice of all post-adjudicatory hearings, and notice of the right to be heard at such hearings, shall be provided to current foster parent(s), pre-adoptive parents and relative caregivers of the child(ren) by the Department of Services for Children, Youth and their Families.

Rule 209. Determination of reasonable efforts.

(a) The Court shall make a finding at the time of the first order, which removes a child from the home, whether 1- probable cause exists to believe that a child continues to be in actual physical, mental or emotional danger or there is a substantial imminent risk thereof and 2- continuation in the home is contrary to the welfare of the child considering on a case by case basis including but not limited to reference to the facts of a report to the Court, a sustained petition, or detailed facts.

(b) Within 40 days of the child's actual removal from the home, the Court shall make a determination as to whether the Department was required to exercise reasonable efforts prior to the removal of the child from the home and, if so, determine if the agency made reasonable efforts to prevent the child's removal from the home.

(c) The Court shall make a determination at each review hearing where the department was previously ordered to offer reunification services to the parent or parents whether the Department is required to make reasonable efforts and if so, if the department has made reasonable efforts since the last hearing to offer such services.

(d) The Court shall make a determination no later than 12 months from the time the child has "entered foster care" or within thirty (30) days of a judicial determination that reasonable efforts to offer reunification services to the parents are not required whether the Department has made reasonable efforts to finalize a permanency plan for a child. For the purposes of these rules, the date a child has "entered foster care" shall mean the earlier of: 1) a judicial finding at an adjudicatory hearing that the child has been subjected to abuse or neglect; or 2) sixty (60) days after the child is removed from the home).

Rule 210. Emergency removal of a child.

(a) When emergency removal of a child from the home or other emergency relief is sought by the Department during Court operating hours, a Judicial Officer of the Court shall promptly read the petition and grant custody of the child to the Department or relative of the child upon the establishment that probable cause exists to believe that a child continues to be in actual physical, mental or emotional danger or there is a substantial imminent risk thereof and continuation of the child in the home is contrary to the welfare of the child.

(b) When emergency removal of a child from the home or other emergency relief is sought by the Department during other than Court operating hours, the department shall contact a designated on-call judicial officer and orally establish for the court probable cause to believe that continuation of the child in the home is contrary to the welfare of the child. If probable cause is established, the Department shall file a petition and form of order with the Court no later than noon of the following business day.

Rule 211. Change of Goal or legal custody.

(a) Whenever a party seeks a change in legal custody or in the goal of the case plan, other than at the permanency hearing, said party shall file a motion so notifying the Court and all parties fifteen days prior to the next regularly scheduled dispositional or review hearing except where good cause is shown why such notice could not be made. The motion shall state the basis

for such change in goal or legal custody for said child. At each review hearing, the Department shall inform the Court of changes in the child's placement.

(b) The Court Appointed Special Advocate or guardian ad litem, whichever is applicable, shall receive reasonable notice from the Department of changes in placement or school.

Rule 212. Preliminary protective hearing. (10 day hearing*).

(a) If an ex parte order is granted, a preliminary protective hearing shall be scheduled before a judge within 10 days of the entry of the ex parte order; or if an ex parte order of custody is not entered but the Court finds that priority scheduling is warranted, a preliminary protective hearing shall be scheduled within 10 days of the filing of the petition. The Court shall determine whether the evidence demonstrates that probable cause exists to believe that a child continues to be in actual physical, mental or emotional danger or there is a substantial imminent risk thereof. The finding of probable cause may be based upon hearsay evidence in whole or in part.

(b) Upon a finding by the Court that probable cause exists to believe that a child continues to be in actual physical, mental or emotional danger or there is a substantial imminent risk thereof or that a child has been abused or neglected, or continues to be dependent, the Court shall continue the custody order in effect if an ex parte order has been entered granting custody to the Department, or if no ex parte order has been entered, enter a temporary order of custody to the Department pending an adjudicatory hearing in accordance with 10 Del. C. { 1009. If the Court does not find probable cause to believe that the child is in actual physical, mental or emotional danger or that there is a substantial imminent risk thereof or that a child has been abused or neglected, or continues to be dependent, then the petition shall be dismissed and the child returned to the custody or guardianship of the parents or other care giver who had the legal guardianship or custody.

(c) At or before the conclusion of the hearing a subsequent hearing date shall be set. Mailed notice is not required when notice of the next hearing date is contained in a prior order of the Court or actual notice is given to the parties at the hearing.

(d) The Court should make a determination pursuant to Rule 209b.

Rule 213. Adjudicatory hearing. (40 days*).

(a) Unless a respondent waives his or her right to an adjudicatory hearing and agrees to continued custody of the child with the Department of Services for Children youth and their Families, an adjudicatory hearing shall be scheduled within 30 days of the entry of the preliminary protective order.

(b) If the Court finds by a preponderance of the evidence that a child is dependent, neglected or abused and it is in the child's best interests, an order in accordance with 10 Del. C. { 1009(b) shall be entered together with such other terms and conditions that may be set forth by the Court.

(c) If the Court fails to find by a preponderance of the evidence that a child is dependent, neglected or abused the petition shall be dismissed without prejudice and the child returned to the care and control of the respondent(s) at such time as determined reasonable by the Court.

(d) At or before the conclusion of the hearing a subsequent hearing date shall be set.

Mailed notice is not required when notice of the next hearing date is contained in a prior order of the Court or actual notice is given to the parties at the hearing.

(e) If no determination has been entered pursuant to Rule 209(b), the Court shall enter such determination at the adjudicatory hearing.

Rule 214. Dispositional hearing. (70 days*).

(a) A dispositional hearing shall be scheduled within 30 days of the adjudicatory hearing unless the adjudicatory hearing has been waived by respondent. In that event, the dispositional hearing shall be held within 30 days of the entry of the preliminary protective order.

(b) A dispositional hearing may be conducted immediately following an adjudicatory hearing with the consent of all parties. If a dispositional hearing is conducted and a dispositional order is entered immediately following an adjudication of custody to the Department of Services for Children, Youth and Their Families, a separate dispositional hearing shall not be required.

(c) A case plan setting forth the services to be provided to the respondent(s) and the child by the Department of Services for Children, Youth and Their Families shall be presented at this hearing. The Court shall determine if the services provided in the case plan constitute reasonable efforts toward reunification of the child and respondent(s), if that is the Department's plan for permanency for the child. The Court may determine that the Department is not required to provide reasonable efforts for reunification if the facts of the case so warrant.

(d) At or before the conclusion of this hearing the Court shall establish a date for review of the case plan, if said review is warranted.

Rule 215. Review hearings. (150 days*).

(a) A hearing to review the case status shall be held no later than 90 days after the dispositional hearing.

(b) At this hearing the Court shall evaluate (i) the safety of the child; (ii) the need for and appropriateness of the child's placement; (iii) the extent of compliance with the case plan by the parent(s) and the Department; (iv) the extent of progress which has been made toward alleviating or mitigating the causes necessitating placement in foster care; (v) the projected date of safe return of the child to the parent(s), or placement for adoption or legal guardianship; and long-term case goals and change any goals that are no longer appropriate.

(c) At or before the conclusion of this hearing the Court shall establish a date for the next hearing.

(d) After the first review hearing and until a permanency hearing is held, subsequent review hearings shall be held within 90 days of the preceding review hearing.

Rule 216. Permanency hearing. (360-420 days*).

(a) A hearing, which may be held upon motion by the Department or be regularly scheduled by the Court, regarding the permanent placement of the child shall be held not later than 12 months from the time the child has "entered foster care" as defined by rule 209(d), or within thirty (30) days of a judicial determination that reasonable efforts are not required unless the permanency hearing requirements to finalize a permanency plan have been fulfilled at a prior hearing where the Court has determined reasonable efforts to offer reunification services to the parent or parents are not required. At such hearing, the Court shall conduct an age appropriate consultation with the child(ren).

(b) At this hearing the Court shall determine and an order shall be entered as to: 1-whether the Department has made reasonable efforts to finalize the permanency plan that is in effect; 2-whether, and if applicable when, that plan is to return the child to the home or to proceed to the filing of a petition for termination of parental rights and subsequent adoption or to refer the child for legal guardianship or to place the child permanently with a fit and willing relative, or, where the Department after considering the aforementioned permanency options, at its option, presents in its case plan a compelling reason(s), to place the child in another acceptable alternative permanent living arrangement on a case by case basis.

(c) For the purposes of this rule, such compelling reasons may include appropriate reasons documented by the Department in its case plan or the following other reasons which are provided for illustrative purposes: (A) the child has a significant bond to a parent who is unable to care for the child because of an emotional or physical disability and the child's foster parents have committed to raising him to the age of maturity and to facilitate visitation with the disabled parent, (B) an older teen requests emancipation or independent living as his/her permanency plan, (C) or any reason permitted under the federal Adoption and Safe Families Act and its accompanying regulations.

(d) If presentation by the Department in its case plan of compelling reasons to place a child in another acceptable alternative permanent living arrangement is made and ordered, no such compelling reason(s) presentation need be made or ordered at subsequent permanency hearings.

(e) In the event that any party seeks to change the goal of the case plan then in effect, said party shall file a motion at least 30 days prior to the permanency hearing, unless otherwise for good cause shown. Said motion shall notify all parties and the Court of a proposed change of goal for the case plan. The motion shall set forth the grounds for the proposed modification and shall state the proposed goal for permanency for the child.

(f) At or before the conclusion of this hearing the Court shall establish a date for the next hearing, if necessary. If another hearing is necessary, it shall be held within 90 days unless continued for good cause shown. When reunification is the plan presented at the permanency hearing, a review hearing shall be set within 90 days.

Rule 217. Post-permanency hearing reviews.

(a) Within 12 months after the court enters its permanency order, the Court shall conduct a hearing and enter an order to determine if the agency has used reasonable efforts in the past 12 months to finalize a permanency plan for the child if that child is still in the custody of the Department. A subsequent annual review shall be held for the same purpose until the Department no longer has custody of said child.

(b) A report shall be filed by the Department with the Court and all parties 10 days prior to the hearing. The report shall set forth information on the health, education, placement and care the child is receiving in the custody of the Department.

Rule 218. Missing and out-of-state parents.

Personal service of process shall be done in accordance with Civil Rule 4(d)(1) through (5) and 4(e) of this Court. In the event that personal service cannot be accomplished on the respondent(s) or the Department of Services for Children Youth and their Families files an affidavit alleging that personal service cannot be accomplished on the respondent(s) in this state for the reasons set forth in the affidavit, the Department shall then cause to be published for one time notice of this action to the respondent(s) informing him/her that he/she shall have 20 days to file an answer, move or otherwise plead in the action. This notice shall be published in a newspaper in the locality in which the respondent is or was believed to last be located. Failure to obtain service of process over one party by the time any hearing occurs shall not prevent the Court from proceeding to a hearing as to any other party over whom home jurisdiction has been obtained. The Department shall make continuing, diligent efforts to locate and notify the parents who are not personally served.

Rule 219. Stipulated adjudications and uncontested petitions.

(a) The parties shall provide the Court with a statement of the dependency, abuse, or neglect to be addressed at disposition in connection with any stipulation or uncontested adjudication.

(b) The parties shall file with the Court a case plan setting forth the cause or causes which required the removal of the child from the home and which shall be addressed in the services to be provided by the Department to the respondent(s) and child as set forth in the case plan. The case plan shall be presented to the Court within 30 days of an uncontested preliminary protective hearing where the respondent or respondents agree to the child remaining in the custody of the Department and the respondent(s) who were present for the hearing, waive their right to an adjudicatory hearing. If a consent to continued custody of the child is agreed to by the respondent or respondents present at the adjudicatory hearing, the case plan, as described above, may be submitted, if completed at this time, but no later than 20 days from the date of that hearing.

(c) Before accepting a stipulation or uncontested adjudication the Court shall determine that the parties understand the content and consequences of the admission or stipulation and that they voluntarily consent. Written copies of the case plan shall be provided to the parties and their counsel.

Rule 220. Contents of case plans.

(a) The Department of Services for Children Youth and their Families shall prepare a written case plan developed jointly with the parent or guardian of the child when appropriate, and which shall include but need not be limited to the following:

(1) A statement of the basis for the dependency, abuse, or neglect and a description of the services to be provided by the Department of Services for Children youth and their Families that are intended to correct the conditions which necessitated state intervention, with timetables for providing these services; and

(2) A description of duties and responsibilities that shall be taken by the parent to correct the identified problems and to achieve desired outcomes when the case plan goal is reunification or when such duties or responsibilities are needed for the safety and welfare of the child.

(b) When the agency's recommendation includes placement of the child away from home, the case plan shall include:

(1) An explanation why the child cannot be protected from the identified problems in the home even with the provision of services;

(2) Identification of relatives who have been contacted about providing a safe and appropriate placement for the child;

(3) A description of how the recommended placement or type of placement is designed to achieve a safe and appropriate environment, including its distance from the child's home, whether or not it is the least restrictive (most family-like) one available, whether it requires a change of school or daycare, and how the placement is consistent with the best interests and special needs of the child;

(4) A visitation plan including an explanation of any conditions to be placed on the visits;

(5) A statement of the child's special needs, including educational, mental and physical health needs, and the ways they should be met while in placement;

(6) The location of any siblings and, if siblings are separated, a statement of the reasons for the separation and the steps required to unite them as quickly as possible if appropriate and to maintain regular contact during the separation if appropriate;

(7) The ability of the parents to contribute financially to the placement;

(8) The current addresses and telephone numbers of the parties or a statement why such information is not provided; and

(9) When the child has attained the age of 16, a description of programs and services which will prepare the child for independent living if appropriate.

Rule 221. Post termination placement orders.

(a) Within 60 days after the entry of the final termination order or decree for both parents, the Court may convene a hearing to review the proposed placement plan of the agency responsible for placement of the child. The placement plan, and any amendment to it, shall be submitted to the Court and the parties 10 days prior to the hearing. The plan shall include the following:

(1) A description of the agency's progress toward arranging an adoptive placement for the child;

(2) Where adoptive parents have not already been selected, a schedule and description of steps to be taken to place the child for adoption;

(3) A description of any barriers preventing placement of the child for adoption and how they should be overcome; and

(b) The Court shall determine if the plan represents reasonable efforts by the department for permanency for the child.

(c) The Court may hold additional hearings thereafter to review the case plan and to determine if the agency is using reasonable efforts toward permanency for the child.

(d) When after a hearing on the Division's petition to terminate parental rights, the Court issues an order denying the Department's petition, the court shall include in such order the date for a permanency hearing in accordance with Rule 216.

B. RULES APPLICABLE TO ALL PROCEEDINGS IN WHICH THE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES IS NOT THE PETITIONER.

Rule 223. Scope.

These rules govern the procedures of the Family Court regarding dependency, neglect and abuse petitions for custody, and petitions for guardianship where the department of Services for Children Youth and their Families is not the petitioner.

Rule 224. Commencement of action.

(a) Child dependency, neglect and abuse custody or a guardianship proceeding shall be commenced by filing in this Court a written petition setting forth the facts verified by affidavit in accordance with 10 Del. C. { 1003 and 13 Del. C. { 2322.

(b) The petition may be filed by any person having knowledge of the circumstances of child dependency, neglect or abuse. The petition shall be accompanied by a Custody Separate Statement.

(c) A copy of the petition shall be served upon the Respondent pursuant to Rule 4.

Rule 225. Emergency removal of a child.

When emergency removal of a child from the home or other emergency relief is sought during normal Court operating hours, relief may be awarded subject to the requirements of Family Court Civil Rule 65.2. In all cases in which a party other than the Department of Services for Children Youth and their Families seeks ex parte removal of a child, the Court shall examine the Delaware criminal history of the proposed caretaker prior to granting custody or guardianship.

Rule 226. Preliminary protective hearing.

(a) If an ex parte order is granted, a preliminary protective hearing shall be scheduled before a judge within 10 days of the entry of the ex parte order; or if an ex parte order of custody or guardianship is not entered but the Court finds that priority scheduling is warranted, a preliminary protective hearing shall be scheduled within 10 days of the filing of the petition. The Court shall determine whether the evidence demonstrates that probable cause exists to believe that immediate and irreparable harm will result. The finding of probable cause may be based upon hearsay evidence in whole or in part.

(b) Upon a finding by the Court that probable cause exists to believe that immediate and irreparable harm will result, the Court shall continue the custody or guardianship order in effect if an ex parte order has been entered, or if no ex parte order has been entered, enter a temporary order of custody or guardianship to the petitioner pending an adjudicatory hearing in accordance with 10 Del. C. { 1009. If the Court does not find probable cause to believe continuation of the child in the home will result in immediate and irreparable harm, then the child shall be returned to the custody or guardianship of the parents or other caregiver who had the legal custody or guardianship authority by Court of competent jurisdiction and the matter shall be scheduled in the normal course of business.

Rule 227. Adjudicatory hearing.

(a) Unless a respondent(s) waives his or her right to an adjudicatory hearing and agrees to continued custody or guardianship of the child with the petitioner, an adjudicatory hearing shall be scheduled within 30 days of the entry of the preliminary protective order.

(b) If the Court finds by a preponderance of the evidence that a child is dependent, neglected or abused, an order in accordance with 10 Del. C. { 1009(b) shall be entered together with such other terms and conditions that may be set forth by the court.

(c) If the Court fails to find by a preponderance of the evidence that a child is dependent, neglected or abused, the petition shall be dismissed and the child returned to the care and control of the respondent at such time as determined reasonable by the court.



TITLE 10

Courts and Judicial Procedure

Organization, Powers, Jurisdiction and Operation of Courts

CHAPTER 9. THE FAMILY COURT OF THE STATE OF DELAWARE

Subchapter I. Organization, Administration and Operation

§ 901. Definitions.

For the purpose of this chapter, unless the context indicates differently:

(1) "Abuse" or "abused child" means that a person:

- a. Causes or inflicts sexual abuse on a child; or
- b. Has care, custody or control of a child, and causes or inflicts:
 1. Physical injury through unjustified force as defined in § 468 of Title 11;
 2. Emotional abuse;
 3. Torture;
 4. Exploitation; or
 5. Maltreatment or mistreatment.

(2) "Adult" means a person who has reached his or her 18th birthday.

(3) "Care, custody and control" or "those responsible for care custody and control" shall mean a person or persons in a position of trust, authority, supervision or control over a child. It may include:

- a. A parent, guardian, or custodian;
- b. Other members of the child's family or household, meaning persons living together permanently or temporarily without regard to whether they are related to each other and without regard to the length of time or continuity of such residence, and it may include persons who previously lived in the household such as paramours of a member of the child's household;
- c. Any person who, regardless of whether a member of the child's household, is defined as family or relatives in this section or as an adult individual defined in § 1009(b)(3)a. of this title;
- d. Persons temporarily responsible for the child's well-being or care such as a healthcare provider, aide, teacher, instructor, coach, sitter, day care or child care provider, or any other person having regular direct contact with children through affiliation with a school, church, or religious institution, health care facility, athletic or charitable organization or any other organization whether such a person is compensated or acting as a volunteer; or
- e. Any person who has assumed control of or responsibility for the child.

For the purpose of investigation of child abuse, dependency or neglect, the Department of Services for Children and Their Families (DSCYF) may investigate any allegation of child abuse, dependency or neglect committed by persons identified herein, but shall only be responsible for the investigation of intrafamilial and institutional child abuse, dependency or neglect. Where the DSCYF is not responsible for the investigation of such child abuse or neglect, it shall immediately refer such report to the appropriate police authorities or child protective services agencies within or without the State.

(4) "Child" means a person who has not reached his or her 18th birthday.

(5) "Court" means the Family Court of the State of Delaware, and "court" refers to other courts of the State.

(6) "Custodian" means any person who is charged by law with or who has assumed responsibility for a child's care.

(7) "Delinquent child" means a child who commits an act which if committed by an adult would constitute a crime.

(8) "Dependency" or "dependent child" means that a person:

a. Is responsible for the care, custody, and/or control of the child; and

b. Does not have the ability and/or financial means to provide for the care of the child; and

1. Fails to provide necessary care with regard to: food, clothing, shelter, education, health care, medical care or other care necessary for the child's emotional, physical or mental health, or safety and general well-being; or

2. The child is living in a nonrelated home on an extended basis without the consent and approval of the DSCYF or any agency or court licensed or authorized to place children in a nonrelated home; or

3. The child has been placed with a licensed agency which certifies it cannot complete a suitable adoption plan.

In making a finding of dependency under this section, consideration may be given to dependency, neglect, or abuse history of any party.

(9) "DSCYF" or "Department" means the Department of Services for Children, Youth and Their Families.

(10) "Emotional abuse" means threats to inflict undue physical or emotional harm, and/or chronic or recurring incidents of ridiculing, demeaning, making derogatory remarks or cursing.

(11) "Exploitation" means taking advantage of a child for unlawful or unjustifiable personal or sexual gain.

(12) "Family" means husband and wife; a man and woman cohabiting in a home in which there is a child of either or both; custodian and child; or any group of persons related by blood or marriage who are residing in 1 home under 1 head or where 1 is related to the other by any of the following degrees of relationship, both parties being residents of this State:

a. Mother;

b. Father;

c. Mother-in-law;

d. Father-in-law;

e. Brother;

f. Sister;

g. Brother-in-law;

h. Sister-in-law;

i. Son;

j. Daughter;

k. Son-in-law;

l. Daughter-in-law;

m. Grandfather;

n. Grandmother;

o. Grandson;
p. Granddaughter;
q. Stepfather;

r. Stepmother;
s. Stepson;
t. Stepdaughter.

The relationships referred to in this definition include blood relationships without regard to legitimacy and relationships by adoption.

(13) "Institutional child abuse or neglect" is child abuse or neglect which has occurred to a child in the DSCYF's custody and/or placed in a facility, center or home operated, contracted or licensed by the DSCYF.

(14) "Intrafamilial child abuse or neglect" is any child abuse or neglect committed by:

a. A parent, guardian, or custodian;

b. Other members of the child's family or household, meaning persons living together permanently or temporarily without regard to whether they are related to each other and without regard to the length of time or continuity of such residence, and it may include persons who previously lived in the household such as paramours of a member of the child's household;

c. Any person who, regardless of whether a member of the child's household, is defined as family or a relative in this section or as an adult individual as defined in § 1009(b)(3)a. of this title.

(15) "Law" means the common law and statutes of this State, the laws of any subdivision thereof, and regulations promulgated by a governmental agency having the force and effect of law.

(16) "Mistreatment" or "maltreatment" are behaviors that inflict unnecessary or unjustifiable pain or suffering on a child without causing physical injury. Behaviors included will consist of actions and omissions, ones that are intentional and ones that are unintentional.

(17) "Necessary care" means a type and degree of personalized attention that will tend to advance a child's physical, mental, emotional, moral and general well-being.

(18) "Neglect" or "neglected child" means that a person:

a. Is responsible for the care, custody, and/or control of the child; and

b. Has the ability and financial means to provide for the care of the child; and

1. Fails to provide necessary care with regard to: food, clothing, shelter, education, health, medical or other care necessary for the child's emotional, physical, or mental health, or safety and general well-being; or

2. Chronically and severely abuses alcohol or a controlled substance, is not active in treatment for such abuse, and the abuse threatens the child's ability to receive care necessary for that child's safety and general well-being, or

3. Fails to provide necessary supervision appropriate for a child when the child is unable to care for that child's own basic needs or safety, after considering such factors as the child's age, mental ability, physical condition, the length of the caretaker's absence, and the context of the child's environment.

In making a finding of neglect under this section, consideration may be given to dependency, neglect, or abuse history of any party.

(19) "Nonamenable child" means any child who is not amenable to the rehabilitative processes of the Family Court.

(20) "Relative" means any person within the immediate family, and any grandparent, uncle, aunt, first cousin, great-grandparent, grandaunt or granduncle, half brother or half sister.

(21) "Sexual abuse" means any act against a child that is described as a sex offense in § 761(g) of Title 11.

(22) "Truancy" or "truant" shall refer to a pupil enrolled in grades kindergarten through 12 inclusive who has been absent from school without valid excuse, as defined in rules and regulations of the district board of education of the school district in which the pupil is or should be enrolled pursuant to the provisions of Title 14, or in the case of a pupil enrolled in a charter school, by the board of directors of the charter school, with the approval of the State Board of Education, for more than 3 days or the equivalent thereof during a given school year.

§ 902. Purpose; construction.

(a) In the firm belief that compliance with the law by the individual and preservation of the family as a unit are fundamental to the maintenance of a stable, democratic society, the General Assembly intends by enactment of this chapter that 1 court shall have original statewide civil and criminal jurisdiction over family and child matters and offenses as set forth herein. The court shall endeavor to provide for each person coming under its jurisdiction such control, care, and treatment as will best serve the interests of the public, the family, and the offender, to the end that the home will, if possible, remain unbroken and the family members will recognize and discharge their legal and moral responsibilities to the public and to one another.

(b) This chapter shall be liberally construed that these purposes may be realized.

§ 914. Designation of Child Placement Review Board.

Pursuant to any requirement of federal law, the Court may designate the Child Placement Review Board to serve as the arm of the Court for the purpose of monitoring the progress of children in foster care.

Subchapter II. Jurisdiction and Powers

§ 921. Exclusive original civil jurisdiction.

The Court shall have exclusive original civil jurisdiction in all proceedings in this State concerning:

(1) Any child found in the State who is alleged to be dependent, neglected, abused or delinquent except as otherwise provided in this chapter;

(2)a. Any child charged in this State with delinquency by having committed any act or violation of any laws of this State or any subdivision thereof, except murder in the first or second degree, rape in the first degree, rape in the second degree, unlawful sexual intercourse in the first degree, assault in the first degree, robbery in the first degree, (where such offense involves the display of what appears to be a deadly weapon or involves the representation by word or conduct that the person was in possession or control of a deadly weapon or involves the infliction of serious physical injury upon any person who was not a participant in the crime, and where the child has previously been adjudicated delinquent of 1 or more offenses which would constitute a felony were the child charged under the laws of this State), kidnapping in the first degree, or any attempt to commit said crimes; any child 16 years of age or older charged with violation of Title 21, except as provided in paragraph (16) of this section or § 927 of this title; or any other crime over which the General Assembly has granted or may grant jurisdiction to another court.

b. Any child charged in this State with delinquency by having committed, after reaching his or her 16th birthday, murder in the second degree, manslaughter, robbery in the second degree, attempted murder (first or second degree), burglary in the first degree or arson in the first degree; provided, however, that such child shall, after his first appearance in the Court, be given a hearing as soon as practicable to determine his amenability to the processes of the Court. The Court shall give immediate notice of such hearing in writing to the Department of Justice and to the child's custodian, near relative, attorney or other interested person, if known, and then the Court

shall proceed in accordance with the provisions of § 1010 of this title. The Attorney General or one of his or her deputies shall be present at any such hearing.

Superior Court shall retain jurisdiction for purposes of sentencing and all other postconviction proceedings if any judge or jury shall find the child guilty of a lesser included crime following a trial or plea of guilty in any prosecution for 1 of the crimes specifically defined in this subsection or for any crime where the child has been transferred to the Superior Court by the Family Court pursuant to § 1010 of this title;

(3) Enforcement of any law of this State or any subdivision or any regulation promulgated by a governmental agency, or any petitions or actions, for the education, protection, control, visitation, possession, custody, care, or support of children; provided however, that the Justice of the Peace Court shall have original and exclusive jurisdiction over truancy matters as set forth in Chapter 27 of Title 14, and the Family Court shall assume exclusive jurisdiction over those matters transferred or appealed from the Justice of the Peace Court in accordance with §§ 2731 and 2732 of Title 14;

(4) Judicial consent to employment, medical care, or enlistment in the armed services of a child when such consent is required by law;

(5) Actions to terminate compulsory school attendance by a child who has not attained his or her 16th birthday;

(6) Actions and proceedings wherein:

a. A member of a family alleges that some other member of the family is by their conduct imperiling any family relationship and petitions the Court for appropriate relief.

b. The Division of Child Protective Services or a licensed youth service agency alleges that the conduct of a child, or of the parents or custodians, or members of a family, imperils any family relationship or imperils the morals, health, maintenance or care of a child and petitions the Court for appropriate relief; provided, however, that where a parent, to ensure the safety or welfare of the child, fails to cause the child to attend school, such parent has not imperiled the family relationship, nor has imperiled the morals, health, maintenance or care of the child.

c. In such actions and proceedings the Court may make such adjudications and dispositions as appear appropriate;

(7) Liability of relatives to support a poor person under 13 Del. C. § 501, and 31 Del. C. §§ 2830 and 2831;

(8) Execution of forms consenting to marriages under 13 Del. C. § 123;

(9) Reciprocal support proceedings by or against nonresidents under Chapter 6 of Title 13;

(10) Any child in the State under the age of 16 years charged with delinquency by having committed a violation of any provision of Title 21; and any child in the State 16 years of age or older charged with having violated any of the provisions specified in § 927 of this title;

a. The court having jurisdiction of violations of Title 21, not covered above, shall not proceed, except to continue the case, without the presence of a custodian, near relative, attorney or other interested person.

b. Any judge of a court of proper jurisdiction, if the judge determines the existence of circumstances beyond the violation of Title 21, which indicates that the child 16 or 17 years old may be dependent, neglected or delinquent, shall, in addition to hearing the violation of Title 21, cause a complaint to be filed charging dependency, neglect or delinquency.

c. Any sentence imposed against any child 16 or 17 years old by a court having jurisdiction of the offenses in Title 21, except those offenses within the jurisdiction of the Family Court, shall be limited to a fine and costs. No court shall detain a child 16 years of age or older in a jail or adult correctional institution or jail pending trial on any violation of Title 21. Any child pending trial shall, in the default of bail, be detained only in a juvenile correctional facility.

d. Any child 16 or 17 years old who fails or refuses to pay a fine imposed by a court having jurisdiction of the offenses in Title 21, except those offenses within the jurisdiction of the Family Court, and after exhaustion of all other legal remedies for collection provided by the State, shall be charged with delinquency and referred to the Family Court;

(11) All proceedings relative to divorce and annulment under Chapter 15 of Title 13;

(12) Actions concerning the education of the handicapped and the enforcement of rights guaranteed by Chapter 31 of Title 14;

(13) Actions concerning appeals from administrative decisions of the Division of Child Support Enforcement, in accordance with the Delaware Administrative Procedures Act, Chapter 101 of Title 29;

(14) Petitions by persons formerly married to each other seeking an interest in or disposition of jointly titled real property, acquired during their marriage where such property was not disposed of (i) by agreement of the parties, or (ii) by virtue of ancillary proceedings pursuant to § 1513 of Title 13. In dividing said property the Family Court shall apply equitable principles unless there is a written agreement signed by the parties regarding the disposition of said property. Unless there is a written agreement signed by the parties the Family Court shall not consider the factors enumerated in § 1513 of Title 13. This subdivision shall apply to all actions filed after July 11, 1989;

(15) Proceedings relative to parental notice of abortion under subchapter VIII, Chapter 17 of Title 24;

(16) Notwithstanding any provision of this title to the contrary, charges of delinquency based upon an alleged violation of any provision of Title 11, 16 or 21 of this Code which would otherwise be within the original civil jurisdiction of Family Court shall instead be within the original criminal jurisdiction of Superior Court if said charges may be joined properly with a felony pending against the same child in Superior Court, as determined pursuant to the relevant rules of the Superior Court;

(17) Actions concerning child support liens pursuant to § 519 of Title 13;

(18) Child Protection Registry proceedings pursuant to Chapter 9 of Title 16.

§ 922. Exclusive and concurrent original criminal jurisdiction.

(a) Except as provided in paragraphs (b), (c), (d) and (e) of this section, the Court shall have exclusive original criminal jurisdiction in all proceedings in this State concerning the following, the enumeration of which shall not be construed to exclude jurisdiction otherwise conferred upon the Court:

(1) Ill treatment, abuse, abandonment or contributing to the delinquency of a child, or any misdemeanor committed against a child;

(2) Offenses, except felonies, committed by one member of a family against another member of the family, and criminal cases, except felonies, in which one member of a family is complainant against another member of the family;

(3) Offenses, except felonies, in which the defendant is a member of a family and the complainant is a peace officer and the criminal act complained of was committed during a family altercation;

(4) Misdemeanor criminal non-support and misdemeanor aggravated criminal non-support under 11 Del. C. § 1113;

(5) Illegitimacy proceedings under 13 Del. C. §§ 1321-1335 [repealed];

(6) Children of immoral parents under 13 Del. C. § 706 [repealed];

(7) Aiding a child who escapes from the Department of Services for Children, Youth and Their Families under 31 Del. C. § 5311;

(8) Cruel treatment and wrongful disposition or employment of children under 11 Del. C. § 1102;

(9) Interference with custody of a child under 11 Del. C. § 785;

(10) Placing a resident or bringing a nonresident dependent child into Delaware without consent of the Department of Services for Children, Youth and Their Families under 31 Del. C. §§ 307, 351, except as provided in the Interstate Compact for Juveniles;

(11) Sale or delivery of an alcoholic beverage to a child under 4 Del. C. § 904;

(12) Permitting a child to remain where alcoholic beverages are sold under 11 Del. C. § 1106;

(13) Permitting a child to be present where gambling activity is maintained or conducted under 11 Del. C. § 1106;

(14) Sale of weapons to a child under 24 Del. C. § 903;

(15) Sexual assault on a child under 11 Del. C. § 761;

(16) Intra-family offenses against the person under 11 Del. C. §§ 601, 602, 611;

(17) Incest under 11 Del. C. § 766;

(18) Reciprocal support proceedings against or on behalf of nonresidents under 13 Del. C., c. 6, where appropriate;

(19) Unlawful sexual contact in the third degree against a child under 11 Del. C. § 767;

(20) Violation of a protective order under 11 Del. C. § 1271A;

(21) Offenses involving the reporting of new hires under § 1156A of Title 30.

(b) The Court shall have concurrent criminal jurisdiction with the Justice of the Peace Court in all proceedings concerning alleged curfew violations under §§ 39-14 through 39-16 of the Wilmington Code.

(c) The Court shall have concurrent criminal jurisdiction with the Justice of the Peace Courts in all proceedings concerning alleged curfew violations pursuant to any municipal ordinance.

(d) Notwithstanding the provisions of paragraphs (a)(1)-(a)(3), (a)(17) and (a)(20) of this section, if offenses or criminal cases within the exclusive original jurisdiction of Family Court otherwise may be joined properly with a felony within the jurisdiction of Superior Court, such offenses or criminal cases shall be within the jurisdiction of Superior Court.

(e) Notwithstanding the provisions of paragraphs (a)(1)-(a)(3), (a)(17) and (a)(20) of this section, if offenses or criminal cases within the exclusive jurisdiction of the Family Court and in which the defendant is an adult otherwise may be joined properly with a criminal case or other offense that is within the jurisdiction of the Court of Common Pleas, such offenses or criminal cases shall be within the jurisdiction of the Court of Common Pleas, except that this subsection shall not apply to offenses or criminal cases involving felonies.

§ 923. Jurisdiction over matters begun prior to this chapter.

The Court shall have jurisdiction to hear and decide all matters before the Family Court of the State in and for New Castle County and the Family Court for Kent and Sussex Counties which had not been disposed of prior to the effective date of this chapter.

§ 924. Concurrent original civil jurisdiction.

The Court shall have concurrent jurisdiction to hear writs of habeas corpus or other proceedings brought for the purpose of gaining or retaining the custody of a child or for the purpose of determining whether a child is being unlawfully detained by any person, agency, or institution.

§ 925. General jurisdiction.

The Court and each Judge shall have authority to:

- (1) Conserve the peace;
- (2) Commit or bind, with or without surety, as a committing magistrate, for appearance at the proper court, persons charged with having violated the law together with material witnesses and impose conditions as set forth in § 1021 of this title;
- (3) Determine and punish civil and criminal contempt;
- (4) Issue process for the exercise of its jurisdiction and require service thereof under pain of contempt;
- (5) Receive, hear, and make recommendations concerning matters assigned to it by any state or municipal court. Such recommendations shall be certified to the assigning court;
- (6) Transfer for good cause any proceeding from the Court in one county to the Court in any other county;
- (7) Enter, proceed on, and satisfy in the name of the State any forfeited bond, provided however, that the proceeds of any bond forfeited for a party's failure to appear in any civil or criminal child support proceeding shall be paid over to the payee of the child support order and applied to the child support account;
- (8) Sit separately or jointly with any or all other Judges;
- (9) Hear, determine, render, and enforce judgment in any proceeding before the Court;
- (10) Assess fees, costs, and fines; or remit them in proper cases;
- (11) After due notice to interested parties, review, revise, or revoke any prior order of the Court with reference to the custody, control, care, support or visitation of any person, or in any proceeding where failure to do so would result in manifest injustice;
- (12) Punish for contempt any person who, in order to evade the Court's jurisdiction, removed from the State any child concerning whose possession, custody, or alleged unlawful detention, a writ of habeas corpus or other proceeding has been filed;

(13) Administer oaths and take acknowledgments;

(14) Appoint guardians ad litem;

(15) In any civil action where jurisdiction is otherwise conferred upon the Family Court, it may enter such orders against any party to the action as the principles of equity appear to require.

(16) To appoint guardians of the person over minors under 18 years of age;

(17) Appoint attorneys and/or Court-Appointed Special Advocates to serve as guardians ad litem to represent the best interests of a child in any child welfare proceeding;

(18) Determine and enter disposition for alleged violations of probation by juveniles in accordance with the procedures established at § 4334 of Title 11. The term Commissioner or any probation counselor as used in § 4334 of Title 11 shall include the appropriate member of the Department of Services for Children, Youth and Their Families;

(19) Decide appeals from administrative hearings of substantiated cases of abuse or neglect made pursuant to 16 Del. C. § 902A(d), and to decide appeals made pursuant to 16 Del. C. § 902A(g) for orders of administrative expungement of substantiation for the purpose of no longer reporting an individual's name pursuant to 11 Del. C. § 8563(b);

(20) In a civil proceeding involving the welfare of a minor child or the safety of a party, require any party or any other resident of the party's household or other person with regular direct access to the child, to submit to a state and federal background check.

a. The background check shall consist of:

1. A report of the individual's entire criminal history record from the Delaware State Police or a statement from the Delaware State Police that the State Police Central Repository contains no such information relating to that person.

2. A report of the individual's entire federal criminal history record pursuant to the Federal Bureau of Investigation appropriation of Title II of Public Law 92-544. The Division of State Police shall be the intermediary for the purposes of this paragraph.

3. A certification from the Department of Services for Children, Youth and Their Families as to whether the individual is named in the Central Register as the perpetrator of a report of child abuse.

b. Costs associated with obtaining said criminal history information and child abuse registry information shall be borne by the State.

c. The court at any stage in the proceeding may take judicial notice of any report, record or certification described in this paragraph (20).

Subchapter III. Procedure

§ 1001. Records; expunging evidence of adjudication; destroying indicia of arrest.

(a) In any case wherein an adjudication has been entered upon the status of a child under 18 years of age and 3 years have elapsed since the date thereof and no subsequent adjudication has been entered against such child, the child or the parent or guardian may present a duly verified petition to the Court setting forth all the facts in the matter and praying for the relief provided for in this section; provided, however, that in any case wherein an adjudication has been entered upon the status of a child under 18 years of age and such child intends to enlist in any branch of the armed forces of the United States, the child may at any time after the date of such adjudication

present a duly verified petition to the Court setting forth all the facts in the matter including an intention to enlist documented in writing by the applicable military authority in said armed forces and praying for the relief provided in this section, and provided further that pursuant to the provisions and subject to the limitations hereinafter provided for in this section, an order directing an expunging from the records of all evidence of such adjudication upon the status of any such child and the destruction of all indicia of arrest including fingerprints and photographs may be granted.

(b) Where a child under 18 years of age has been charged with an act of delinquency, and;

(1) The charges have been nolle prosequed, dismissed or dropped, or

(2) The charges have been disposed of through arbitration or otherwise without an adjudication of delinquency,

the person so charged or a representative of such person on the person's behalf may file a petition with the Court setting forth all the relevant facts in the matter and requesting expungement of all indicia of arrest and all applicable police and court records relating to the charge. The Court, in the best interest of both the child and the State, may grant or refuse to grant the relief requested in the petition. However, the court shall grant petitions filed by the Attorney General or his or her designee pursuant to the last paragraph of this subsection.

Notwithstanding any provision to the contrary, the Attorney General or designee responsible for prosecuting a delinquency action may petition the Court to expunge the instant arrest record of a juvenile if at the time of a state motion to dismiss or entry of nolle prosequi in the case, the prosecutor has determined that the continued existence and possible dissemination of information relating to the arrest of the juvenile for the matter dismissed or for which a nolle prosequi was entered may cause circumstances which constitute a manifest injustice to the juvenile.

(c) Upon reading and filing such petition the Court may by order fix a time not less than 10 nor more than 30 days thereafter for the hearing of the matter, a copy of which order shall be served in the usual manner upon the Attorney General within 5 days from the date of such order and at the time so appointed the Court shall hear the matter and if no material objection is made and no reason appears to the contrary, an order may be granted directing the Clerk of the Court to expunge from the records all evidence of such adjudication, excepting adjudications involving the following crimes: Second degree murder, first degree arson, and first degree burglary, and further directing that all indicia of arrest including fingerprints and photographs be destroyed. The Court may grant such relief without a hearing when it appears in writing that the petition is not opposed by the Attorney General.

§ 1002. Delinquent child not criminal; prosecution limited.

Except as provided in § 1010, no child shall be deemed a criminal by virtue of an allegation or adjudication of delinquency, nor shall a child be charged with or prosecuted for a crime in any other court. In this Court the nature of the hearing and all other proceedings shall be in the interest of rather than against the child. Except as otherwise provided, there shall be no proceedings other than appellate proceedings in any court other than this Court in the interest of a child alleged to be dependent, neglected, or delinquent. However, if a child reaches its 18th birthday prior to an adjudication on a charge of delinquency arising from acts which would constitute a felony were the child charged as an adult under the laws of this State, then the Family Court shall retain jurisdiction for the sole purpose of transferring the matter to the Superior Court for prosecution as an adult. Any such transfer under this section shall not be subject to § 1011 of this title.

§ 1003. Commencement; parties.

Any person having knowledge of a child within the State who appears to be neglected, dependent or delinquent may file with the Clerk of the Court a petition in writing setting forth the facts verified by affidavit. Neither the Attorney General nor any Deputy Attorneys are required to appear in any proceeding before a Master involving a petition alleging an act of delinquency, but, at the Attorney General's sole discretion, may appear in any such proceeding.

§ 1004. Duties of officer having child in custody.

A peace officer may take into custody a child the officer believes to be dependent, neglected or delinquent. Any peace officer having taken such a child into custody shall immediately notify the child's custodian citing the reasons therefor. If the custodian refuses to accept the child or cannot be located or cannot provide necessary care for the child, the peace officer shall:

(1) When the child is not charged with a delinquent act, immediately contact the Division of Child Protective Services of the Department of Services for Children, Youth and Their Families, who shall be responsible for further pursuing the whereabouts of the custodian or providing shelter and care for the child in a shelter home, foster home, group home, private agency home or other appropriate facility for children. The child shall be placed in a manner consistent with § 1009(e) of this title. After making every reasonable effort to locate the custodian, the Division of Child Protective Services of the Department of Services for Children, Youth and Their Families may release the child to the child's custodian or forthwith file with the Court a petition for custody alleging dependency or neglect.

(2) When the child has been charged with a delinquent act, take the child directly before the Court if the Court is in session or take the child before a court or commissioner for disposition in accordance with § 1005 of this title. After taking the child into custody, the peace officer shall forthwith file with the Court a sworn complaint alleging delinquency with a report for the reason of the child's apprehension.

§ 1009. Adjudication; disposition following adjudication; commitment to custody of Department of Services for Children, Youth and Their Families; effect.

(a) Where the evidence supports such holding, the Court may declare a child to be dependent, neglected, abused, as those terms are defined by § 902(1) of Title 16, or delinquent. In declaring a child to be dependent, neglected or abused pursuant to this section, the Court shall give priority to ensuring the well-being and safety of the child.

(b) Following an adjudication by the Court in which it declares a child to be dependent or neglected, the Court may:

(1) Defer proceedings pending further investigation, medical or other examinations, or where the interests of the child will thereby be served;

(2) Allow a child to remain in his or her own home with or without Court supervision;

(3) Grant custody of a child to any person or agency where satisfactory arrangements can be made but, in the event the child is placed in a home other than the home of a relative, the Court shall require an evaluation and report from the Department of Services for Children, Youth and Their Families. However, if and only if the following conditions are met, the Court shall not order the Department of Services for Children Youth and Their Families ("DSCYF") to perform an evaluation and report on investigation of the child's placement:

a. When the child is placed in a home of an "adult individual" who fails to meet the definition of relative in § 901(20) of this title but the "adult individual" is by marriage, blood or adoption the child's great-grandparent, stepgrandparent, great-uncle or aunt, half brother or sister, stepbrother or sister, stepparent, stepuncle or aunt to the extent not already included in the definition of relative, or first cousin once removed;

b. When DSCYF has not currently filed for custody of the child on the basis of dependency or neglect and DSCYF does not plan to;

c. When there have been no allegations of abuse or neglect with respect to the child regarding the "adult individual" with whom the child is placed;

d. When DSCYF is not currently a party to a custody or visitation dispute regarding the child;

e. When DSCYF does not hold or seek custody of the child; and

f. When the child meets the definition of dependent child solely because the child has been placed on a permanent basis in the home of an "adult individual" as described in paragraph (b)(3)(i) of this section and has been placed with such individual without the consent and approval of DSCYF;

(4) Refer the child to the Department of Services for Children, Youth and Their Families for protective supervision;

(5) Grant custody of a child to the Department of Services for Children, Youth and Their Families for foster home placement;

(6) Grant the care or custody of a child to any licensed child-placing agency in this State that will accept the child, provided satisfactory arrangements can be made;

(7) Grant the care or custody of a child to any division of the Department of Services for Children, Youth and Their Families provided by the State for the care of children;

(8) Grant the care or custody of a child to any private institution within or without the State that cares for children, provided satisfactory arrangements can be made;

(9) Grant the care or custody of a child to any religious child-caring agency or institution, preferably of the child's religious faith or that of the parents, or either of them, within or without the State provided satisfactory arrangements can be made;

(10) Commit a mentally ill, retarded or disturbed child for observation or treatment to any appropriate institution within the State, or to any institution without the State provided satisfactory arrangements can be made;

(11) Order such other treatment, rehabilitation or care as in the opinion of the Department of Services for Children, Youth and Their Families would best serve the needs of the child and society.

(c) Following an adjudication in which the Court declares that a child is delinquent, it may:

(1) Defer proceedings pending further investigation, medical or other examinations, or where the interests of the child will thereby be served, and release the child upon the child's own recognizance or upon the recognizance of a custodian or near relative, or upon bond with surety, to appear whenever and wherever notified to do so, or where the required bond is not provided, detain the child in a facility of the Department of Services for Children, Youth and Their Families;

(2) Allow a child to remain in the child's own home with or without Court supervision;

(3) Place a child on probation;

(4) Fine a child;

(5) Order a child to make monetary restitution in whole or in part as the Court determines for out-of-pocket costs, losses or damages caused by the delinquent act of the child where the amount thereof can be ascertained;

(6) Award a judgment in favor of any municipal corporation, county, town, school district or agency of the State, or any person, partnership, corporation or association, or any religious organization whether incorporated or not, and against the parents or guardians of the delinquent child for the same or greater amount ordered against the delinquent child but not to exceed \$5,000, provided that the Court finds by a preponderance of the evidence presented that:

a. The parents or guardians knew of the child's delinquent nature; and

b. The parents or guardians failed to take reasonable measures to control the child;

(7) Require that any restitution ordered against the delinquent child precede the liability of the parents or guardians for the monetary damages caused by the child's delinquent act;

(8) Require, in the absence of objections by the victim of the delinquent act of the child, that any restitution ordered against the delinquent child may be discharged in an appropriate community service arrangement with the understanding that failure to complete the community service work in good faith shall result in the reversion of this obligation to the monetary basis originally ordered by the Court;

(9) Award custody of a child to the Department of Services for Children, Youth and Their Families;

(10) Commit a mentally ill, retarded or disturbed child for observation or treatment to any appropriate institution within the State, or to any institution without the State provided satisfactory arrangements can be made;

(11) Grant the care or custody of a child to any private institution within or without the State that cares for children, provided satisfactory arrangements can be made;

(12) Order the Motor Vehicle Division of the Department of Transportation to:

a. Revoke or suspend the driving privileges or operator's license possessed by the child;

b. Postpone the child's eligibility to obtain driving privileges or an operator's license if the child does not possess such privilege or license; or

c. Enter immediately all traffic, alcohol and/or drug adjudications of any minor on a driving record created by the Division of Motor Vehicles notwithstanding the minor's drivers license status, age and/or eligibility for a driver's license

in any case for a period not less than 3 months nor more than 4 years;

(13) Grant custody of a person who is charged with an act of delinquency prior to reaching the age of 18 years but becomes 18 years of age prior to disposition of the charge, to the Department of Services for Children, Youth and Their Families;

(14) Order the child to be placed under house arrest under the same requirements set forth in § 4332 and Subchapter IX of Chapter 43 of Title 11 of the Delaware Code;

(15) Order such other treatment, rehabilitation or care as in the opinion of the Department of Services for Children, Youth and Their Families would best serve the needs of the child and society.

(16) Following an adjudication in which the Court declares that a child is delinquent and sentences the child to participate in the Family Court Adjudicated Drug Court Program, the Court may impose such conditions upon the parent, guardian or custodian of the person adjudicated as the Court deems necessary to assist the person adjudicated in receiving all the treatment, rehabilitation or care ordered by the Court as best serving the needs of the child and society under this section or, in the opinion of the Court, as will enhance the ability of such parent, guardian or custodian in providing the child with adequate support, guidance and supervision necessary to meet the child's physical, mental or emotional health and well-being, provided that such parent, guardian or custodian has been previously served by summons in accordance with § 1006 of Title 10;

(17) When the Court sentences a child to participate in counseling, mental health treatment or to a Division of Child Mental Health Services consultation or assessment as required, the Court shall be authorized, in addition to any other disposition authorized by this section, to order such child's parents, guardian or custodian to participate in counseling as determined by the Court or as recommended by the Division of Child Mental Health Services. Such counseling shall be designed to assist in deterring future delinquent or unruly actions or other conduct or conditions which would be harmful to the child or society. If the child is Court-ordered into a detention facility or residential treatment facility, the Court may order the parents, guardian or custodian to participate in any treatment or counseling program recommended by the facility.

The authority given the Court by paragraphs (5), (6), (7) and (8) of this subsection shall be in addition to any other existing statutory or common law remedy.

(d) For the purposes of this section, the phrase "provided satisfactory arrangements can be made" shall mean that the Department of Services for Children, Youth and Their Families has approved payment for the placement of a child based upon a contract between an agency or institution and the Department or that such a placement can provide a child with the necessary and/or appropriate treatment and/or rehabilitation in the judgment of the Department of Services for Children, Youth and Their Families.

(e) Subject to the provisions governing amenability pursuant to § 1010 of this title, the Court shall commit a delinquent child to the custody of the Department of Services for Children, Youth and Their Families under such circumstances and for such periods of time as hereinafter provided:

(1) Any child who has been adjudicated delinquent by this Court of 1 or more offenses which would constitute a felony were the child charged as an adult under the laws of this State, and who shall thereafter within 12 months commit 1 or more offenses occurring subsequent to the said adjudication which offense or offenses would constitute a felony were the child charged as an adult under the laws of this State, and thereafter be adjudged delinquent of said offense or offenses, is declared a child in need of mandated institutional treatment, and this Court shall commit the child so designated to the Department of Services for Children, Youth and Their Families for at least a 6-month period of institutional confinement;

(2) A child committed to the custody of the Department of Services for Children, Youth and Their Families pursuant to this subsection shall not be released from institutional confinement on pass, on extended leave or to aftercare during the first 6 months of said commitment unless the Director of Youth Rehabilitation Services, in the Director's discretion, determines that it is in the best interest of the child's treatment to participate in programs which may require the child to leave the institution; thereafter, a child committed to the Department of Services for Children, Youth and Their Families pursuant to this subsection shall not be released from institutional confinement on pass, on extended leave or to aftercare, unless the Judge of the Family Court who originally executed the commitment order or a Judge of the Family Court designated by the Chief Judge shall, upon a petition filed by the Department of Services for Children, Youth and Their Families (or its duly authorized representative), the child, the parent(s) or guardian of said child, or by the Court's own initiative, with notice to the Attorney General, determine by a preponderance of the evidence presented at a hearing that the child has so progressed in a course of mandated institutional treatment that release would best serve both the welfare of the public and the interest of the child or unless the Director of Youth Rehabilitation Services, in the Director's discretion, determines that it is in the best interest of the child's treatment to participate in programs which may require the child to leave the institution;

(3) Where a child has been declared in need of mandated institutional treatment in accordance with paragraphs (1) and (2) of this subsection, and the child is subsequently charged with having committed 1 or more offenses which offense or offenses occurred subsequent to the child having been declared a child in need of mandated institutional treatment, the Court shall conduct a hearing to determine whether the child is amenable to the rehabilitative processes of the Court pursuant to § 1010(c) of this title. "Offense" in this paragraph shall mean all offenses which would constitute a felony were the child charged as an adult under the laws of this State, with the exception of a charge of escape pursuant to subpart E of subchapter VI of Chapter 5 of Title 11;

(4) Whenever a child appears before the Court on charges which would constitute a felony were the child charged as an adult under the laws of this State, said child and any parent, guardian or custodian of said child who is present shall be specifically advised of the operation of this subsection;

(5) Nothing hereinbefore provided shall be construed as prohibiting the Court, upon petition and recommendation of the Department of Services for Children, Youth and Their Families, from securing for any child otherwise subject to the mandatory commitment provisions of this subsection such care and treatment as it deems necessary for diagnosed conditions of mental illness or retardation, provided that the provisions for such treatment shall not deter the Court from imposing such mandatory term of commitment as is applicable under this subsection unless the same shall be sooner suspended in accordance with paragraph (6) of this subsection;

(6) As used in this subsection, "child" shall mean any juvenile who is charged with an act or course of conduct occurring on or after the child's 14th birthday which causes this subsection to be applicable;

(7) A copy of each and every order or disposition of the Court respecting a child committed pursuant to this subsection shall be made available to the victim or victims of the delinquent acts giving rise to the commitment upon written request to the Court therefor.

(f) Following adjudication or election by the juvenile in lieu of trial pursuant to § 4177B of Title 21, the Court must order the Motor Vehicle Division of the Department of Transportation after an adjudication of delinquency in violation of § 4177 of Title 21, or election by the juvenile in lieu of trial pursuant to § 4177B of Title 21 to:

(1) Revoke or suspend the driving privileges or operator's license possessed by such child until that child reaches the age when legally allowed to consume intoxicating liquor. This revocation or suspension shall not be subject to waiver except after a minimum period of 6 months from the date of the license is received by the Motor Vehicle Division, and then only if the child successfully completes a course of instruction similar to that required by § 4177B of Title 21 and has demonstrated a critical need for the return of restricted driving privileges.

(2) A critical need shall include loss of a meaningful employment opportunity, or loss of a school opportunity, or any other urgent need of the child or the child's immediate family the continuation of which is critical to the best interests of the child but only if and for so long as no other member of the immediate family is realistically capable of satisfying such urgent need.

(3) The Division of Motor Vehicles shall promulgate such rules and regulations as are necessary to verify the existence of a critical need, to permit the return of only so much of the privileges as are necessary to reasonably satisfy such critical need.

(4) Any person whose driver's license has been revoked and to whom a conditional/restricted license has been issued, under this chapter, and who drives any motor vehicle upon the highways of this State contrary to the conditions placed upon such conditional/restricted license during the period of such conditional/restricted license, upon conviction thereof, shall be fined not less than \$25 or more than \$200.

(5) The Department, upon receiving a record of conviction of any person upon the charge of operating a motor vehicle in violation of the conditions imposed upon said conditional/restricted license during the period of such conditional/restricted license, shall forthwith direct such person to surrender said conditional/restricted license to the Department until the age when legally allowed to consume intoxicating liquor.

(g) A child who is adjudicated delinquent on charges which would constitute a violation of § 2701 of Title 21 if the child were charged as an adult shall be prohibited from receiving a temporary instruction permit or an operator's license until the later of the child's 17th birthday or 1 year from the date of adjudication.

(h) No adjudication upon the status of a child shall be deemed a conviction nor shall it be deemed to imply that a child is a criminal except as provided in § 1010 of this title, any other provision of this Code, any court rule or rule of procedure or otherwise as determined by any court to be warranted in the interest of justice.

(i) Neither the adjudication nor any evidence given in any case shall be admissible against such child in any future civil or criminal proceeding in any court except for the purpose of a presentence investigation ordered by this or any other court, or as provided for by any other provision of this Code, any court rule or rule of procedure or otherwise as determined by any court to be warranted in the interest of justice.

(j)(1) For the purpose of this subsection, the following definitions shall apply:

a. "Adjudication" or "adjudicated" -- for the purposes of this subsection (j), "adjudication" or "adjudicated" shall mean any type of adjudication of delinquency contained within the definition of "conviction" or "convicted" pursuant to Chapter 9 of Title 16, and shall include a probation before adjudication plea or admission, and a mental health or drug court deferred plea regardless of whether the plea or charge was subsequently discharged or dismissed under such programs.

b. "Facility" means any residential shelter, group home, foster home, treatment center, individualized residential treatment home ("IRT"), institution or any other place designated as a temporary or permanent residential placement for children located in the State, excluding accredited or licensed hospitals.

c. "Felony level offense" means any delinquent act constituting a felony under the laws of this State, any other state or the United States.

d. "Mixing" means placement by the Department of Services for Children, Youth and Their Families of any child charged with or adjudicated of a felony level juvenile offense, or adjudicated of any serious misdemeanor level juvenile offense, in the same facility with dependent or neglected children who have not committed or been charged with any delinquent act.

e. "Repeat offender" means any child adjudicated delinquent of 3 or more serious misdemeanor level juvenile offenses occurring within 24 months of the request for mixing.

f. "Serious misdemeanor level juvenile offense" means any delinquent act constituting the following misdemeanors or any court adjudicated violation of probation or juvenile aftercare or parole in which the underlying adjudication is any of the following misdemeanors, whether under the laws of this State, any similar laws in other states, or the United States:

Section 501 of Title 11 (Criminal Solicitation in the Third Degree)
Section 601 of Title 11 (Offensive Touching)
Section 602 of Title 11 (Menacing)
Section 611 of Title 11 (Assault in the Third Degree)
Section 621 of Title 11 (Terroristic Threatening)
Section 625 of Title 11 (Unlawfully Administering Drugs)
Section 628 of Title 11 (Vehicular Assault in the Second Degree)
Section 763 of Title 11 (Sexual Harassment)
Sections 764-765 of Title 11 (Indecent Exposure in the First or Second Degree)
Section 766 of Title 11 (Incest)

Section 767 of Title 11 (Unlawful Sexual Contact in the Third Degree)
Section 781 of Title 11 (Unlawful Imprisonment in the Second Degree)
Section 804 of Title 11 (Reckless Burning or Exploding)
Section 1102 of Title 11 (Endangering the Welfare of a Child)
Section 1251 of Title 11 (Escape in the Third Degree)
Section 1257 of Title 11 (Resisting Arrest With Force or Violence)
Section 1311 of Title 11 (Harassment)
Section 1341 of Title 11 (Lewdness)
Section 1443 of Title 11 (Carrying a Concealed Dangerous Instrument).

(2) No dependent or neglected child shall be placed in a secure or nonsecure detention or correctional facility unless charged with or found to have committed a delinquent act. Except for youth placed, detained, or sentenced pursuant to § 2103A or § 4204A of Title 11 and except for youth otherwise properly proceeded against as adults in Superior Court, no child shall be placed in an adult detention or adult correctional facility.

(3) There shall be no mixing unless the following requirements are met:

a. When a child is charged with or found to have committed a felony level juvenile offense or is a repeat offender, the Department of Services for Children, Youth and Their Families must obtain a court order authorizing such placement, after the Secretary or a Division Director of the Department of Services for Children, Youth and Their Families or their designee shall recommend such placement in writing. Before authorizing mixing, the Family Court must specifically find that the proposed placement of the child offender is not expected to present an unreasonable and unmanageable physical risk to other children in the facility and that the placement is not contrary to the best interests of the other children in the facility.

b. When a child who is not a repeat offender is found to have committed a serious misdemeanor level juvenile offense, no mixing shall occur unless the Secretary or a Division Director of the Department of Services for Children, Youth and Their Families, or their designee, after review of the case, certifies in writing that the proposed placement of the child offender is not expected to present an unreasonable and unmanageable physical risk to other children in the facility and that the placement is not contrary to the best interests of the other children in the facility.

(4)a. A court order approving mixing may be requested via a motion in a dependency/neglect proceeding or in the delinquency proceeding concerning the child who needs to be mixed. The court may decide such motion without a hearing, and such motions may be requested, heard and decided via oral motion to the court during any hearing or trial concerning the child.

b. Where the date of placement could not have been reasonably determined in advance of placement, facilities and agencies which are subject to this subsection (j) may provisionally place a child in such facility, pending a later determination by the Family Court or the Secretary or Division Director of the Department of Services for Children Youth and Their Families or their designee, whichever may be applicable. Where such provisional placement has been made, a request for mixing approval that requires a Family Court order under paragraph (j)(3)a. of this section shall be filed with the Family Court no later than the second business day after such placement is made. In all other provisional placements, the Secretary or Division Director or their designee shall make the written certifications required by this subsection (j) no later than the second business day after such placement is made.

(5) All placements which result in mixing shall be reviewed within 5 working days by the Department of Services for Children, Youth and Their Families. Subsequently, such placement shall be reviewed after 2 months, and regularly thereafter. The 2-month review shall be made by the Child Placement Review Board. The purpose of the review shall be to determine whether, under the placement, the child offender continues to not present an unreasonable and unmanageable physical risk to other children in the facility, and that such placement is not contrary to the best interests of the other children in the facility.

(k) Subject to the provisions governing amenability pursuant to § 1010 of this title, the Court shall commit a delinquent child to the custody of the Department of Services for Children, Youth and Their Families if the child who has been adjudicated delinquent by this Court of 1 or more offenses which would constitute either possession of a firearm during the commission of a felony or robbery first degree (where such offense involves the display of what appears to be a deadly weapon or involves the representation by word or conduct that the person was in possession or control of a deadly weapon or involves the infliction of serious physical injury upon any person who was not a participant in the crime) were the child charged as an adult under the laws of this State. Such child is declared a child in need of mandated institutional treatment, and this Court shall commit the child so designated to the Department of Services for Children, Youth and Their Families for at least a 12-month period of institutional confinement.



TITLE 29

State Government

PART VIII

Departments of Government

CHAPTER 90A. OFFICE OF THE CHILD ADVOCATE

§ 9001A. Intent and purpose.

The General Assembly hereby declares that the welfare of the children of this State shall be safeguarded by the establishment of an Office of Child Advocate, with a Child Advocate who shall serve as Executive Director of the Child Protection Accountability Commission. The Child Advocate shall be responsible for effectuating the purposes of the Commission. The Advocate shall also coordinate efforts on behalf of the children; work with advocacy groups; promote system reform; recommend changes in law, procedure and policy necessary to enhance the protection of Delaware's children; and to implement and coordinate a program providing legal representation on behalf of a child. In order to effectuate these goals, the Child Advocate shall be an attorney duly licensed to practice law in Delaware. (72 Del. Laws, c. 167, § 2; 72 Del. Laws, c. 451, § 5.)

§ 9002A. Definitions.

For the purposes of this chapter, unless the context indicates differently:

(1) "Abused child" means a child who has suffered any physical injury inflicted by a person responsible for the care, custody and control of the child through unjustified force pursuant to § 468(1) of Title 11, emotional abuse, torture, criminally negligent treatment, sexual abuse, exploitation, maltreatment or mistreatment;

(2) "Adequate care" means a type and degree of personalized attention that will tend to advance a child's physical, mental, emotional and general well-being;

(3) "Adult" means a person who has reached his or her 18th birthday;

(4) "Best interests" as defined in § 722 of Title 13;

(5) "Child" or "children" means persons who have not reached their 18th birthday;

(6) "Child welfare proceeding" means any Family Court proceeding and subsequent appeal therefrom involving custody, visitation, guardianship, termination of parental rights, adoption and other related petitions that involve a dependent, neglected or abused child or a child at risk of same as determined by a Family Court judge;

(7) "Commission" means the Child Protection Accountability Commission;

(8) "Court" means the Family Court;

(9) "Department" means the Department of Services for Children, Youth and Their Families of the State;

(10) "Dependent child" means a child whose physical, mental or emotional health and well-being is threatened or impaired because of inadequate care and protection by the child's custodian, who is unable to provide adequate care for the child, whether or not caused by the child's behavior; provided, however, that for the purposes of this chapter, "dependent child" may include a child who has been placed in a non-related home on a permanent basis without the consent and approval of the Division of Family Services or any agency licensed thereby to place a child in a non-related home, or a child who has been placed with a licensed agency which certifies it cannot complete a suitable adoption plan; and

(11) "Division" means the Division of Family Services of the Department of Services for Children, Youth and Their Families;

(12) "Guardian ad litem" means an individual appointed by the Court to represent the best interests of a child whether or not that reflects the wishes of the child, who by his or her appointment shall be a party to the child welfare proceeding. The guardian ad litem is charged with obtaining a clear understanding of the situation and needs of the child, and making recommendations to the Court as to what is in the best interests of the child.

(13) "Neglected child" means a child whose physical, mental or emotional health and well-being is threatened or impaired because of inadequate care and protection by the child's custodian who has the ability and financial means to provide for the child but does not or will not provide adequate care, or a child who has been abused or neglected as defined by § 902 of Title 16. For purposes of this chapter, no child whose parent, guardian or other person legally charged with care or custody of the child, provides the child treatment in accordance with a religious method of healing, in lieu of medical treatment, shall for that reason alone, be considered a neglected child.

(14) "Office" means the Office of the Child Advocate.

(15) "Permanency" means the safe, stable, custodial environment in which a child is raised and the life-long relationship that child establishes with a nurturing caregiver. (72 Del. Laws, c. 167, § 2; 70 Del. Laws, c. 186, § 1; 72 Del. Laws, c. 451, § 6.)

§ 9003A. Appointment and dismissal.

The Child Advocate shall be appointed by the Executive Committee of the Child Protection Accountability Commission and shall serve at its pleasure. (72 Del. Laws, c. 167, § 2.)

§ 9004A. Appropriation for expenses.

The General Assembly may annually appropriate such sums as it may deem necessary for the payment of the salary of the Child Advocate, the assistants, and the staff, and for the payment of actual expenses incurred by the Office of Child Advocate. (72 Del. Laws, c. 167, § 2.)

§ 9005A. Duties of the Child Advocate.

The Child Advocate shall perform the following duties:

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

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

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

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

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

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

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

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

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

(10) Submit an annual report analyzing the work of the office that shall be included in the Child Protection Accountability Commission's annual report; and

(11) Take whatever other actions are necessary to help the Commission accomplish its goals. (72 Del. Laws, c. 167, § 2.)

§ 9006A. Confidentiality.

(1) All records of the Office of Child Advocate pertaining to the care and treatment of a child are confidential, including the identity of any person seeking assistance from the Office on behalf of a child. Information contained in those records may not be disclosed in such a manner as to identify individuals, except for good cause shown on order of a court, or if, in the judgment of the Commission, disclosure of identifying information to an appropriate governmental agency is in the best interests of the child.

(2) Anyone participating in good faith in seeking assistance from the Office on behalf of a child pursuant to this chapter shall have immunity from liability, civil or criminal, that might otherwise exist, and such immunity shall extend to participation in any judicial proceeding resulting from such a referral. (72 Del. Laws, c. 167, § 2; 72 Del. Laws, c. 451, §§ 7, 8.)

§ 9007A. Legal representation of children.

(a) Purpose. --

(1) The General Assembly has recognized the need to safeguard the welfare of abused, neglected and dependent children in this State. As such, it has charged the Office of the Child Advocate and the Court-Appointed Special Advocate Program with ensuring representation of children's best interests in child welfare proceedings through appointment of guardians ad litem. To this end, the Office shall coordinate with the Family Court and the Court-Appointed Special Advocate program to implement and administer a program for guardian ad litem representation of children.

(2) In determining whether to represent an abused, neglected or dependent child, the Office may communicate with any child at issue and may have access to all information relating to that child held or maintained by the Department and/or the Family Court. If the Office

determines that a child needs guardian ad litem representation, the Court shall sign an order appointing the designated attorney as attorney guardian ad litem.

(3) This section shall be liberally construed so that these purposes may be realized.

(b) Appointment of attorney guardian ad litem --

(1) In the event that the Family Court Judge determines, pursuant to the conditions set forth in § 701(c) of Title 13 that an attorney guardian ad litem should be appointed, the Family Court Judge shall sign an order appointing the attorney guardian ad litem. That order shall impose on the attorney guardian ad litem all the duties, rights and responsibilities set forth in this section. Upon entry of the order, the attorney guardian ad litem shall have the authority to review all documents and interview all pertinent persons having significant information relating to the child and the child's life circumstances.

(2) The appointment shall last until the attorney guardian ad litem is released from responsibility by order of the Court, or until the attorney guardian ad litem's commitment to the Court ends.

(3) The attorney guardian ad litem shall be a party to any child welfare proceeding in which the child is the subject, and shall possess all the procedural and substantive rights of a party including those set forth in § 732 of Title 13.

(4) Upon presentation of the order of appointment by the attorney guardian ad litem, any agency, hospital, school, organization, division or department of the State, doctor, nurse or other health care provider, treatment facility, psychologist, psychiatrist, police department or mental health clinic shall permit the attorney guardian ad litem to inspect and copy any records relating to the child and parents involved in the case of appointment without consent of the child or parents.

(c) Duties and rights. -- The attorney guardian ad litem's duty is to the child. The scope of the representation of the child is the child's best interests. The attorney guardian ad litem shall have the duty of confidentiality to the child unless disclosure is necessary to protect the child's best interests. As such, the attorney guardian ad litem shall:

(1) Represent the best interests of the child in all child welfare proceedings, and explain to the child, taking into account the child's ability to understand the proceedings, the duties of the guardian ad litem litem;

(2) Be trained by the Office of the Child Advocate or a course approved by the Office prior to representing any child before the Court. The attorney guardian ad litem shall be required to participate in ongoing training regarding child welfare. The attorney shall be employed, contracted and/or appointed by the Office;

(3) Conduct an independent investigation of the circumstances of a case of appointment, which shall include but not be limited to interviews and/or observations of the child and relevant individuals, as well as a review of all relevant records and reports;

(4) Present evidence to the Court in support of his or her position;

(5) Be provided with notice of every Court proceeding and receive copies of every pleading;

(6) Participate in all depositions, negotiations, discovery, pretrial conferences, hearings and appeals;

(7) Have access to all records regarding the child and his or her family maintained by the Division;

(8) Monitor cases to which they are appointed to assure that the terms of the Court's orders are fulfilled and permanency for the child is achieved;

(9) Receive reasonable notice from the Division of changes in placement, school or any other change of circumstances affecting the child;

(10) Receive reasonable notice from the Division of any founded complaint involving: (1) the child, where the child is the alleged victim; (2) the residence in which the child lives; and/or (3) the home-based daycare which the child attends;

(11) Request a hearing before the Court when the plan on behalf of the child is not implemented, is not meeting the child's needs, or upon completion of a Division investigation;

(12) Request any appropriate relief from the Court on behalf of the child;

(13) Appear, when appropriate, on behalf of a child before the Violent Crimes Compensation Board, to pursue a claim on behalf of the child, as set forth in Chapter 90 of Title 11; and

(14) Ascertain the wishes of the child and make the child's wishes known to the Court. If the attorney guardian ad litem concludes that the child's wishes differ from the position of the attorney guardian ad litem, he or she will notify the Court of the conflict.

(d) Criminal investigations and/or prosecutions. -- Notwithstanding any provision of this chapter to the contrary, the Office of the Child Advocate shall in no way intervene in any pending criminal investigation or prosecution, and shall provide no legal representation or advice to any suspect, defendant or respondent in any open criminal investigation or prosecution. (72 Del. Laws, c. 167, § 2; 70 Del. Laws, c. 186, § 1; 72 Del. Laws, c. 451, § 9; 73 Del. Laws, c. 277, §§ 1-4, 6.)

§ 9008A. Indemnification from liability.

No attorney, director, investigator, social worker or other person employed or contracted by or volunteering for the Office of Child Advocate shall be subject to suit directly, derivatively or by way of contribution or indemnification for any civil damages under the laws of Delaware resulting from any act or omission performed during or in connection with the discharge of his or her duties with the Office within the scope of his or her employment or appointment, unless the act or omission was done with gross or wanton negligence, or maliciously, or in bad faith. (72 Del. Laws, c. 167, § 2; 70 Del. Laws, c. 186, § 1; 72 Del. Laws, c. 451, § 10; 73 Del. Laws, c. 277, § 5.)

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TITLE 13

Domestic Relations

CHAPTER 7. PARENTS AND CHILDREN

Subchapter II. Custody Proceedings

§ 722. Best interests of child.

(a) The Court shall determine the legal custody and residential arrangements for a child in accordance with the best interests of the child. In determining the best interests of the child, the Court shall consider all relevant factors including:

(1) The wishes of the child's parent or parents as to his or her custody and residential arrangements;

(2) The wishes of the child as to his or her custodian(s) and residential arrangements;

(3) The interaction and interrelationship of the child with his or her parents, grandparents, siblings, persons cohabiting in the relationship of husband and wife with a parent of the child, any other residents of the household or persons who may significantly affect the child's best interests;

(4) The child's adjustment to his or her home, school and community;

(5) The mental and physical health of all individuals involved;

(6) Past and present compliance by both parents with their rights and responsibilities to their child under § 701 of this title;

(7) Evidence of domestic violence as provided for in Chapter 7A of this title; and

(8) The criminal history of any party or any other resident of the household including whether the criminal history contains pleas of guilty or no contest or a conviction of a criminal offense.

(b) The Court shall not presume that a parent, because of his or her sex, is better qualified than the other parent to act as a joint or sole legal custodian for a child or as the child's primary residential parent, nor shall it consider conduct of a proposed sole or joint custodian or primary residential parent that does not affect his or her relationship with the child. (59 Del. Laws, c. 569, § 4; 67 Del. Laws, c. 236, §§ 2, 3; 69 Del. Laws, c. 309, § 3; 74 Del. Laws, c. 311, § 1.)



TITLE 13

Domestic Relations

CHAPTER 25. DSCYF CUSTODY

Subchapter I. General Provisions

§ 2501. Intent and purpose.

(a) The General Assembly hereby declares that there is a need for a clear statutory framework for the proper procedures and requirements for when the Department of Services for Children, Youth and Their Families [DSCYF] is granted custody of a dependent, neglected or abused child.

(b) This chapter shall be liberally construed so that these purposes may be realized.

(c) For the purposes of applicable state and federal law, any dependent, neglected or abused child in DSCYF custody shall be considered a ward of the State.

§ 2502. Definitions.

For the purposes of this chapter, unless the context indicates differently:

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

(2) "Adult" is as defined in § 901 of Title 10.

(3) "Best interests" is determined in accordance with § 722 of this title;

(4) "Child" is as defined in § 901 of Title 10.

(5) "Court" or "court" is as defined in § 901 of Title 10.

(6) "Department" or "DSCYF" is as defined in § of Title 10.

(7) "Dependency" or "dependent child" is as defined in § 901 of Title 10.

(8) "Division" or "DFS" means the Division of Family Services of the Department of Services for Children, Youth and Their Families.

(9) "Foster parent" is as defined in § 2302 of this title.

(10) "Guardian" is as defined in § 2302 of this title.

(11) "Guardian ad litem" is as defined in § 2302 of this title.

(12) "Licensed agency" is as defined in § 901 of this title.

(13) "Neglect" or "neglected child" is as defined in § 901 of Title 10.

(14) "Parent" is as defined in § 2302 of this title.

(15) "Parental responsibilities" is as defined in § 1101 of this title.

(16) "Permanency" is as defined in § 2302 of this title.

(17) "Relative" is as defined in § 901 of Title 10.

(18) "School of origin" is defined as the school the child attended at the time the child was placed in the custody of DSCYF.

§ 2503. Jurisdiction and venue.

(a) The Family Court shall have jurisdiction over proceedings under this chapter to grant, modify and/or terminate DSCYF custody orders.

(b) A petition for DSCYF custody under this chapter may be filed in the Family Court of any of the following counties:

(1) The county in which the organization or persons, having legal or physical care, custody, or control of the child is located; or

(2) The county in which the child resides.

(c) The provisions of §§ 722, 724, 728(d)-(f) of this title and Chapters 7A and 24 of this title shall be applicable to proceedings filed under this chapter.

§ 2504. Hearing procedure and notice requirements.

(a) When a petition is filed under this chapter, the Court shall set a date for a hearing on the petition, and shall cause notice of time, place, and purpose of the hearing to be served as required in this section.

(b) Notice of the time, place, and purpose of the hearing shall be served upon the parent or parents, guardian or guardians, person or persons, DSCYF, or licensed agency holding parental rights at the respondent's last known address or to the address received in the petition.

(c) If the Court shall find that personal service within the State cannot be accomplished upon a party, the petitioner shall cause notice to be published in a newspaper of general circulation in the county where the respondent is most likely to be residing.

(d) Personal service at any time prior to the hearing shall be sufficient to confer jurisdiction upon the Court.

(e) Notice provided pursuant to this section shall constitute conclusive evidence of service and a hearing will then proceed at the time and date set, with or without the appearance of the parent or

parents, guardian or guardians, person or persons, DSCYF, or licensed agency holding parental rights so notified.

(f) When a petition is filed under this chapter, the Court shall appoint an attorney authorized to practice law in this State or a Court-Appointed Special Advocate to represent the best interests of the child. The Court, in its discretion, may also appoint an attorney to represent the child's wishes. The rights, responsibilities and duties in representing the child's best interests are set forth in § 9007A of Title 29 and Chapter 36 of Title 31. When determining whether to appoint an attorney or Court-Appointed Special Advocate, the Court, in its discretion, should assign the most complex and serious cases to attorneys through the Office of the Child Advocate.

§ 2505. Sanctions.

The Court may impose such sanctions or remedies as the Court deems just and proper to ensure compliance with this chapter, including but not limited to:

(1) Extra visitation or contact with the child when it is in the child's best interest to do so;

(2) The payment of costs and reasonable counsel fees of the person or agency applying for relief under this section; or

(3) A fine in the discretion of the Court.

§ 2506. Confidentiality of proceedings.

All proceedings under this chapter and all records of such proceedings shall be held before the Court privately, except for reasons found sufficient to the Court, a hearing in any particular case may be made open to the public.

§ 2507. Appeals.

Appeal from any order or decree entered under this chapter shall lie to the state Supreme Court. No appeal shall lie from any order or decree under this chapter unless taken within 30 days from the date of such order or decree.

Subchapter II. Custody Proceedings

§ 2510. Applicability.

The provisions of this subchapter shall apply exclusively to the DSCYF when seeking and/or obtaining custody of a child on the basis of dependency, neglect or abuse. This subchapter shall not be construed as preventing DSCYF from obtaining or seeking guardianship, termination of parental rights and/or adoption regarding a child as provided for in Chapters 9, 11 and 23 of this title. This subchapter shall be liberally construed such that the child's health and safety is the highest priority and of paramount concern as required by the Adoption and Safe Families Act, 42 U.S.C. § 671 et seq. and state law.

§ 2511. Contents of DSCYF petition for custody.

(a) The petition for DSCYF custody shall state:

(1) Name and address of the petitioning agency;

(2) Name, sex, date of birth of the child and, if known, the child's school of origin;

(3) The name and address of the parents, alleged father or presumed father, and if applicable, the name and address of any custodian or guardian.

(4) If the name or address of any person or organization described in paragraph (a)(3) of this section is unavailable or unknown, DSCYF shall furnish detailed information concerning the efforts made to identify and locate such individual or organization;

(5) The DSCYF allegations of dependency, neglect, and/or abuse against each parent;

(6) Efforts, where practical, made by DSCYF to identify a fit and willing relative to care for the child;

(7) A statement regarding why continuing the placement of the child in the home of the parents, guardian, custodian or caretaker is contrary to the welfare of the child; and

(8) A statement why it is in the best interests of the child to be placed in DSCYF custody.

§ 2512. Grounds for DSCYF custody; preliminary injunction.

(a) When emergency custody or other emergency relief is sought by DSCYF, the Court may issue an ex parte order awarding emergency custody to DSCYF and order removal of a child from the home upon the establishment that:

(1) Continuation in the home is contrary to the welfare of the child; and

(2) Probable cause exists to believe that:

a. A child continues to be in actual physical, mental or emotional danger or there is a substantial imminent risk thereof or;

b. Immediate or irreparable harm may result to the child if such an order is not issued.

(b) Prior to granting an adjudicatory order for DSCYF custody, the Court shall find after a hearing on the merits, or accept the agreement of the parties, that:

(1) As to each parent, the child is dependent, neglected or abused;

(2) It is in the child's best interests to be in DSCYF custody.

(c) Should the elements of subsection (b) of this section be met, the Court shall also determine after a hearing on the merits or accept the agreement of the parties, the nature and extent, if any, of any contact, sharing of information and/or visitation between the parent and the child. In making such a determination, the Court shall apply the best interests of the child standard set forth in § 722 of this title, unless Chapter 7A or § 728(d)-(f) of this title apply.

§ 2513. Termination, modification or rescission of DSCYF custody order.

(a) Termination. -- Except as otherwise specified in this chapter, DSCYF custody of a child terminates:

(1) Upon the child's death;

- (2) Upon adoption of the child;
- (3) When the child reaches the age of majority;
- (4) Upon the granting of a guardianship petition pursuant to Chapter 23 of this title; or
- (5) As otherwise ordered by the Court.

(b) Modification. -- Except as otherwise specified in this chapter, a DSCYF custody order may be modified at any time. In making a determination to modify the order the Court shall apply the best interests of the child standard and Chapter 7A and § 728(d)-(f) of this title, if applicable.

(c) Rescission. -- Except as otherwise specified in this chapter, DSCYF custody may be rescinded upon a judicial determination that the child is no longer dependent, neglected or abused in the parent's care. The Court may rescind custody to the original custodial arrangement between the parents or an alternative custodial arrangement as determined by the Court to be in the child's best interests.

Subchapter III. Powers and Duties

§ 2520. Duties and rights of parents under a DSCYF custody order.

(a) Unless the parental rights have been terminated, a parent whose child is in DSCYF custody may petition for and seek enforcement of:

(1) An order for visitation, contact, and/or information regarding the child if not otherwise prohibited by law;

(2) Unless otherwise ordered by the Court or authorized by statute, an order that DSCYF is required to make reasonable efforts at reunifying the child with such parent;

(3) An order rescinding custody from DSCYF to the parent.

(b) Unless the parental rights have been terminated, a parent whose child is in DSCYF custody maintains the right, unless otherwise ordered by the Court, to:

(1) Consent to certain medical or mental health care for the child as set forth in § 2521(2) of this title.

(2) Consent to educational decisions for the child, subject to applicable state and federal law, as set forth in § 2521(4) of this title.

(3) Attend and participate in school related meetings and activities related to the child, attend extra curricular activities, attend medical/dental appointments, and access medical/dental records regarding the child.

(c) Unless parental rights have been terminated, a parent whose child is in DSCYF custody shall have the following duties:

(1) To support the child financially as provided for in Chapter 5 of this title, unless just cause exists under § 506 of this title;

(2) To engage in offered services to alleviate or mitigate the causes necessitating placement in DSCYF custody, in cases where the DSCYF is providing reunification services to the parents.

§ 2521. Powers and duties of the DSCYF as custodian of the child.

Upon the Court granting custody to DSCYF, DSCYF shall be vested with the following powers and duties:

(1) To provide for appropriate placement of the child, within or outside of this State, unless otherwise ordered by Court or controlled by statute, with reasonable notice prior to any change in placement given to the guardian ad litem for the child;

(2) To consent to medical care for the child, including medical examination, medical treatment including surgical procedures and mental health treatment other than inpatient psychiatric hospitalization. DSCYF shall make reasonable efforts to obtain the consent of the parent, and to notify the guardian ad litem, prior to obtaining medical care.

(3) To continue the child in the child's school of origin, or when not feasible or not in the child's best interests, to immediately enroll the child in school pursuant to § 202 of Title 14. The Court shall determine if the school placement is in the child's best interest;

(4) To consent to educational decisions, subject to applicable state and federal law, including but not limited to, disciplinary proceedings and consequences, academic needs and extracurricular activities of the child, and to request the appointment of an educational surrogate parent when appropriate DSCYF shall make reasonable efforts to obtain the consent of the parent, and to notify the guardian ad litem, prior to making any educational decisions on behalf of the child; and

(5) To maintain any other powers and duties as conferred by statute in the Delaware Code.



TITLE 13

Domestic Relations

CHAPTER 11. TERMINATION AND TRANSFER OF PARENTAL RIGHTS IN ADOPTION PROCEEDINGS

§ 1103. Grounds for termination of parental rights.

(a) The procedure for termination of parental rights for the purpose of adoption or, if a suitable adoption plan cannot be effected, for the purpose of providing for the care of the child by some other plan which may or may not contemplate the continued possibility of eventual adoption, may be initiated whenever it appears to be in the child's best interest and that 1 or more of the following grounds exist:

(1) The parent or parents of a child, or the person or persons or organization holding parental rights over such child, desires to relinquish such parental rights for the purpose of adoption;

(2) The child has been abandoned.

a. The Court may order a termination of parental rights based upon abandonment if the Court finds that the following occurred and that the respondent intended to abandon the child:

1. In the case of a minor who has not attained 6 months of age at the time a petition for termination of parental rights has been filed, and for whom the respondent has failed to:

A. Pay reasonable prenatal, natal and postnatal expenses in accordance with the respondent's financial means;

B. Visit regularly with the minor; and

C. Manifest an ability and willingness to assume legal and physical custody of the minor, if, during this time, the minor was not in the physical custody of the other parent;

2. In the case of a minor who has attained 6 months of age at the time a petition for termination of parental rights is filed, the respondent, for a period of at least 6 consecutive months in the year preceding the filing of the petition, has failed to:

A. Communicate or visit regularly with the minor; and

B. Manifest an ability and willingness to assume legal and physical custody of the minor, if, during this time, the minor was not in the physical custody of the other parent; or

3. In the case of a minor who has not attained 6 years of age at the time a petition for termination of parental rights has been filed, and for whom the respondent has manifested the

unwillingness to exercise parental rights and responsibilities, as evidenced by the respondent's placing the minor in circumstances which leave the minor in substantial risk of injury or death.

b. In cases in which no finding of intent to abandon has been made, the Court may order a termination of parental rights based upon abandonment if the Court finds that the respondent, for a period of at least 12 consecutive months in the 18 months preceding the filing of the petition, has failed to:

1. Communicate or visit regularly with the minor;
2. File or pursue a pending petition to establish paternity or to establish a right to have contact or visitation with the minor; and
3. Manifest an ability and willingness to assume legal and physical custody of the minor, if during this time, the minor was not in the physical custody of the parent;

and if the Court finds that one of the following grounds exists:

1. If the minor is not in the legal and physical custody of the other parent, the respondent is not able or willing promptly to assume legal and physical custody of the minor, and to pay for the minor's support, in accordance with the respondent's financial means;
2. If the minor is in the legal and physical custody of the other parent and a stepparent, and the stepparent is the prospective adoptive parent, the respondent is not able or willing promptly to establish and maintain contact with the minor and to pay for the minor's support, in accordance with the respondent's financial means;
3. Placing the minor in the respondent's legal and physical custody would pose a risk of substantial harm to the physical or psychological well-being of the minor because the circumstances of the minor's conception, the respondent's behavior during the mother's pregnancy or since the minor's birth, or the respondent's behavior with respect to other minors, indicates that the respondent is unfit to maintain a relationship of parent and child with the minor; or
4. Failure to terminate would be detrimental to the minor. In determining whether a failure to terminate would be detrimental to the minor, the Court shall consider any relevant factor, including the respondent's efforts to obtain or maintain legal and physical custody of the minor, the role of other persons in thwarting the respondent's efforts to assert parental rights, the respondent's ability to care for the minor, the age of the minor, the quality of any previous relationship between the respondent and the minor and between the respondent and any other minor children, the duration and suitability of the minor's present custodial environment and the effect of a change of physical custody on the minor.

c. The respondent's act of abandonment cannot be cured by subsequent conduct.

d. Abandonment of a baby as provided in § 907A of Title 16 shall be final 30 days after such abandonment, and such abandonment shall be: (i) the surrendering person's irrevocable consent to the termination of all parental rights, if any, of such person on the ground of abandonment; and (ii) the surrendering person's irrevocable waiver of any right to notice of or opportunity to participate in any termination of parental rights proceeding involving such child, unless such surrendering person has manifested an intent to exercise parental rights and responsibilities within 30 days of such abandonment.

(3) The parent or parents of the child or any person or persons holding parental rights over such child are found by the Court to be mentally incompetent and, from evidence of 2 qualified psychiatrists selected by the Court, found to be unable to discharge parental responsibilities in the foreseeable future. The Court shall appoint a licensed attorney as guardian ad litem to represent the alleged incompetent in the proceeding; or

(4) The respondent has been found by a court of competent jurisdiction to have:

a. Committed a felony level offense against the person, as described within subchapter II of Chapter 5 of Title 11, in which the victim was a child; or

b. Aided or abetted, attempted, conspired or solicited to commit an offense set forth in paragraph (a)(4)a. of this section; or

c. Committed or attempted to commit the offense of Dealing in Children, as set forth in § 1100 of Title 11; or

d. Committed the felony level offense of endangering the welfare of a child as set forth in § 1102 of Title 11.

(5) The parent or parents of the child, or any person or persons holding parental rights over the child, are not able, or have failed, to plan adequately for the child's physical needs or mental and emotional health and development, and 1 or more of the following conditions are met:

a. In the case of a child in the care of the Department or a licensed agency:

1. The child has been in the care of the Department or licensed agency for a period of 1 year, or for a period of 6 months in the case of a child who comes into care as an infant, or there is a history of previous placement or placements of this child; or

2. There is a history of neglect, abuse or lack of care of the child or other children by the respondent; or

3. The respondent is incapable of discharging parental responsibilities due to extended or repeated incarceration, except that the Court may consider postconviction conduct of the respondent; or

4. The respondent is not able or willing to assume promptly legal and physical custody of the child, and to pay for the child's support, in accordance with the respondent's financial means; or

5. Failure to terminate the relationship of parent and child will result in continued emotional instability or physical risk to the child. In making a determination under this paragraph, the Court shall consider all relevant factors, including:

A. Whether the conditions that led to the child's placement, or similar conditions of a harmful nature, continue to exist and there appears to be little likelihood that these conditions will be remedied at an early date which would enable the respondent to discharge parental responsibilities so that the child can be returned to the respondent in the near future;

B. The respondent's efforts to assert parental rights of the child, and the role of other persons in thwarting the respondent's efforts to assert such rights;

C. The respondent's ability to care for the child, the age of the child, the quality of any previous relationship between the respondent and the child or any other children;

D. The effect of a change of physical custody on the child; and

E. The effect of a delay in termination on the chances for a child to be placed for adoption.

b. In the case of a child in the home of a stepparent, guardian, permanent guardian or blood relative:

1. The child has resided in the home of the stepparent, guardian, permanent guardian or blood relative for a period of at least 1 year, or for a period of 6 months in the case of an infant; and

2. The Court finds the respondent is incapable of discharging parental responsibilities, and there appears to be little likelihood that the respondent will be able to discharge such parental responsibilities in the near future.

(6) The respondent's parental rights over a sibling of the child who is the subject of the petition have been involuntarily terminated in a prior proceeding.

(7) The parent has subjected a child to torture, chronic abuse, sexual abuse, and/or life-threatening abuse.

(8) A child has suffered unexplained serious physical injury, near death or death under such circumstances as would indicate that such injuries, near death or death resulted from the intentional or reckless conduct or wilful neglect of the parent.

(b) Unless adoption is contemplated, the termination of 1 parent's rights shall not be granted if the effect will be to leave only 1 parent holding parental rights, unless the Court shall find the continuation of the rights to be terminated will be harmful to the child.

(c) Nothing in this chapter shall be construed to authorize any court to terminate the rights of a parent to a child, solely because the parent, in good faith, provides for his or her child, in lieu of medical treatment, treatment by spiritual means alone through prayer in accordance with the tenets and practice of a recognized church or religious denomination. However, nothing contained herein shall prevent a court from immediately assuming custody of a child and ordering whatever action may be necessary, including medical treatment, to protect his or her health and welfare.

(d) The Department is not required to perform, but is not prohibited from performing, reunification and related services as outlined in Chapter 90 of Title 29 when the grounds for termination of parental rights are those stated in paragraph (a)(2), (4), (6), (7) or (8) of this section.



TITLE 13

Domestic Relations

CHAPTER 23. GUARDIANSHIP OF A CHILD

Subchapter I. Definitions and Jurisdiction

§ 2301. Intent and purpose.

The General Assembly hereby declares that although the Family Court has jurisdiction to grant guardianship, there does not presently exist any statutory framework for our families, our children and our Family Court judiciary as to the proper procedures and requirements for guardianship in the Family Court.

§ 2302. Definitions.

For the purposes of this chapter, unless the context indicates differently:

- (1) "Abuse" or "abused child" is as defined in § 901 of Title 10.
- (2) "Adult" means a person who has reached his or her 18th birthday.
- (3) "Best interests" is as defined in § 722 of this title.
- (4) "Child" or "children" means persons who have not reached their 18th birthday.
- (5) "Court" means the Family Court.
- (6) "Department" means the Department of Services for Children, Youth and Their Families.
- (7) "Dependency" or "dependent child" is as defined in § 901 of Title 10.
- (8) "Division" means the Division of Family Services of the Department of Services for Children, Youth and Their Families.
- (9) "Foster parent" means an individual or couple who has been approved by the Department or a licensed agency to provide foster care in exchange for foster care payments provided by the Department or a licensed agency.
- (10) "Guardian ad litem" means an individual appointed by the Court to represent the best interests of a child, whether or not that reflects the wishes of the child, who by that individual's appointment shall be a party to the child welfare proceeding.
- (11) "Guardian" means a nonparent or an agency charged with caring for a child during the child's minority.
- (12) "Neglect" or "neglected child" is as defined in § 901 of Title 10.

(13) "Parent" is as defined by § 8-201 of this title.

(14) "Parental responsibilities" means the care, support and control of the child in a manner that provides for the child's necessary physical needs, including adequate food, clothing and shelter, and that also provides for the mental and emotional health and development of such child.

(15) "Permanency" means the safe, stable, custodial environment in which a child is raised and the life-long relationship that child establishes with a nurturing caregiver.

§ 2303. Jurisdiction and venue.

(a) The Family Court shall have jurisdiction of proceedings under this chapter to grant, modify and/or terminate guardianship.

(b) A petition for guardianship under this chapter may be filed in the Family Court of any of the following counties:

(1) The county in which at least 1 parent resides;

(2) The county in which the organization having legal or physical care, custody or control of the child is located; or

(3) The county in which the child is located.

Subchapter II. General Procedures for Appointment of Guardians

§ 2320. Persons eligible to petition for guardianship.

Unless otherwise specified in this chapter, any adult person or persons may petition the Family Court for a guardianship order regarding a child not his, hers or theirs. Unless otherwise specified in this chapter, the Department, the Division, a licensed agency, the guardian ad litem or a hospital that has an interest in the health, education or welfare of a child or children may petition the Family Court for a guardianship order so long as the proposed guardian or guardians consent to the appointment.

§ 2321. Consent by parent.

Unless otherwise provided by this chapter, the parent or parents may voluntarily consent to the guardianship.

§ 2322. Contents of petition.

Every petition for guardianship of a child filed under this chapter shall contain:

(1) Name and place of residence of the petitioner or petitioners;

(2) Name, sex, date of birth and place of birth of the child;

(3) Relationship of the petitioner or petitioners to the child or the fact that no such relationship exists;

(4) The name and address of the mother and the name and address of the father, alleged father or presumed father;

(5) In addition to other pertinent information, the petition, if either the name or address of the parent or parents is not included, shall furnish detailed information concerning the efforts made to locate the parent or parents;

(6) The name and last known address of the person or persons or organization holding parental rights and the name and address of the person or persons or organization having the care, control or custody of the child;

(7) The name or names and residence of the person or persons to whom guardianship shall vest, if different from the petitioner or petitioners;

(8) If the child is 14 years of age or older, an affidavit that the child consents to the guardianship or, if the child does not consent, just cause why the guardian should be appointed;

(9) A statement regarding each parent that:

a. The child is dependent and/or neglected, and the reasons therefore; or

b. The proposed guardian is a stepparent and meets the requirements of § 733 of this title;
or

c. The parent consents to the guardianship and an accompanying affidavit indicating same;

(10) Certified copies of the death certificate or such other proof as the Court may require, if 1 or more parents is deceased; and

(11) A statement setting forth the reasons why the petition is in the child's best interest.

§ 2323. Religious affiliation.

(a) Under this chapter, if either natural parent, in a notarized statement made prior to the child's placement with the proposed guardian, specifies the religion in which the parent desires the child to be raised, the Department or licensed agency shall make placement in accordance with such statement. Otherwise, the Department or licensed agency shall make placement without regard to religion.

(b) If the proposed guardian is a stepparent or blood relative, there shall be no restriction regarding the religious affiliation.

(c) Whenever the provisions as set forth in subsection (a) of this section appear to create a hardship for the child in obtaining a suitable and prompt placement, the Court, in its discretion, may waive these requirements in the best interests of the child.

§ 2324. Social study and report.

(a) The Court, in its discretion, may order a social study and report (hereinafter "social report") for any petition filed under this chapter. The social report, if ordered, shall be prepared by a licensed child-placing agency retained by petitioner.

(b) The social report shall include:

(1) Information regarding the child and that child's background;

(2) Information regarding the guardian or guardians and the proposed home;

- (3) Information regarding the physical and mental condition of the child;
- (4) Information regarding the suitability of the placement;
- (5) A statement as to whether all requirements of this chapter have been met; and
- (6) A recommendation.

(c) If a social report is ordered under this section, the person or persons or organization so ordered shall file the social report within 4 months, subject to such additional time as the Court shall determine is reasonably required.

§ 2325. Hearing procedure and notice requirements.

(a) When a guardianship petition is filed, the Court shall set a date for a proceeding on the petition, and shall cause notice of time, place and purpose of the proceeding to be served as required in this section.

(b) Notice of the time, place and purpose of the proceeding shall be served upon the parent or parents, person or persons or organization holding parental rights at the respondent's last known address or to the address received in the petition.

(c) If the Court shall find that personal service within the State cannot be accomplished upon the parent or parents, person or persons, or organization holding parental rights, the petitioner shall cause notice to be published in a newspaper of general circulation in the county where the respondent is most likely to be residing.

(d) Personal service at any time prior to the hearing shall be sufficient to give jurisdiction.

(e) Notice provided pursuant to this section shall constitute conclusive evidence of service and a hearing will then proceed at the time and date set, with or without the appearance of the parent or parents, person or persons, or organization so notified.

§ 2326. Decision within 30 days.

The Court shall issue a decision and order on a petition for guardianship under this chapter within 30 days following the conclusion of the proceedings, or if no hearing is necessary, within 30 days of the petition and social report, if applicable, being filed.

§ 2327. Confidentiality of proceedings.

All proceedings under this chapter shall be held before the Court privately, but for reasons appearing sufficient to the Court, the hearing in any particular case may be public.

§ 2328. Appeals.

The petitioner, if the petition is not granted, or any person or organization who does not prevail in a petition for guardianship under this chapter, may, at any time within 30 days after the entry of an order by the Court, take an appeal therefrom to the Supreme Court.

Subchapter III. Guardian of the Child

§ 2330. Grounds for guardianship of the child.

(a) Prior to granting an order for guardianship under this chapter, the Court shall find for each parent the following:

- (1) The parent voluntarily consents to the guardianship; or
- (2) After a hearing on the merits, by a preponderance of the evidence:
 - a. The child is dependent and/or neglected; and
 - b. It is in the best interests of the child for the guardianship to be granted.

(b) If the child is 14 years of age or older, the Court shall find that the child consents to the guardianship or, if the child does not consent, just cause why the guardian should be appointed.

(c) If the Court determines that the elements of subsection (a) of this section have been met, the Court shall also determine by a preponderance of evidence the nature and extent, if any, of any contact, sharing of information, and/or visitation between the parent and the child. In making such a determination, the Court shall apply the best interests of the child standard.

§ 2331. Duties and rights of parents.

(a) While a guardianship is in effect, the parent shall have the following rights:

(1) Visitation, contact and information, to the extent delineated in the guardianship order issued by the Court. A parent may petition the Court for specific enforcement of provisions of the order relating to contact, visitation or information; and

(2) Inheritance by and from the child.

(b) The parent shall have the primary responsibility to support the child financially.

(c) In the event the income and assets of the parent qualify the child for governmental benefits, the benefits may be conferred upon the child with payment to be made to the guardian. The provision of necessities by the guardian shall not disqualify the child for any benefit or entitlement.

(d) If the child has been in the custody of the Department immediately prior to the creation of a guardianship, the Department shall have no further duty of support or care for the child after establishment of the guardianship unless the Department agrees in writing to that support.

§ 2332. Termination or modification of guardianship order.

(a) Termination. -- Except as otherwise specified in this chapter, guardianship of a child terminates:

- (1) Upon the child's death;
- (2) Upon the guardian's death;
- (3) Upon adoption of the child;
- (4) When the child reaches the age of majority; or
- (5) As otherwise ordered by the Court.

(b) Modification. -- Except as otherwise specified in this chapter, modification of a guardianship may be made as follows:

(1) An order concerning contact, visitation or sharing of information may be modified at any time if it is in the best interests of the child; or

(2) An order of guardianship may be modified at any time if the child is no longer dependent or neglected, and it is in the best interests of the child to modify the order.

§ 2333. Subsidies.

(a) The Department, in its discretion, may award subsidy moneys to guardians of the person of a child where the Court finds:

(1) The grounds for guardianship have been met as set forth in this chapter; and

(2) The child was in the custody of the Department and/or the Division for a period of at least 1 year.

(b) The amount and duration of the subsidy shall be in the sole discretion of the Department.

Subchapter IV. Powers and Duties of a Guardian

§ 2340. Powers and duties of the guardian of the child.

(a) The Court shall grant to the guardian of the child such powers, rights and duties which are necessary to protect, manage and care for the child.

(b) The guardian of the child may exercise the same powers, rights and duties respecting the care, maintenance and treatment of the child as a parent would, except that the guardian of the child is not liable to third persons for acts of the child solely by reason of the guardianship relationship.

(c) Except as modified by the order of guardianship and without qualifying the foregoing, a guardian of the person has the following powers and duties:

(1) The guardian is entitled to custody of the child and may establish the child's place of abode within or without this State.

(2) The guardian shall provide the child with:

a. A physically and emotionally healthy and safe living environment and daily care;

b. Education; and

c. All necessary and appropriate medical treatment, including but not limited to medical, dental and psychiatric examinations, treatment and/or surgery.

(3) The guardian shall make decisions regarding:

a. Education;

b. Travel;

c. All necessary and appropriate medical treatment, including but not limited to medical, dental and psychiatric examinations, treatment and/or surgery;

- d. The child's right to marry or enlist in the armed forces;
- e. Representation of the child in legal actions; and
- f. Any other matter that involves the child's welfare and upbringing.

(4) The guardian shall:

- a. Be responsible for the health, education and welfare of the child;
- b. Comply will all terms of any Court order to provide the child's parents with visitation, contact or information.

(d) The Court, in its discretion, may expressly limit the duties and powers of the guardian as set forth in this chapter.

(e) No bond shall be required from any guardian appointed under this chapter.

Subchapter V. Permanent Guardianships for Children

§ 2350. Intent.

Permanent guardianship models the requirements of "legal guardianship" under the Adoption and Safe Families Act of 1997, Public Law 105-89, § 101(b), 42 U.S.C., § 675(7). Permanent guardianship is intended to create a relationship between a child and caretaker which is permanent and self-sustaining, and which creates a permanent family for the child without complete severance of the biological bond.

§ 2351. Eligibility to serve as permanent guardian; eligibility to petition for permanent guardianship.

A blood relative, foster parent or parents may serve as permanent guardian of a child. A blood relative, foster parent or parents may petition the Family Court for a permanent guardianship order regarding a child not his, hers or theirs. The Department, the Division, a licensed agency or guardian ad litem may petition the Family Court for a permanent guardianship order so long as the proposed permanent guardian or guardians consent to the appointment.

§ 2352. Contents of petition for permanent guardianship.

A petition for permanent guardianship shall contain all of the information required by § 2322 of this title, as well as the following information:

- (1) The grounds for the granting of an order of permanent guardianship; and
- (2) A statement outlining prior efforts to place the child for adoption, if applicable.

§ 2353. Standard for permanent guardianship.

(a) The Court shall grant a permanent guardianship if it finds by clear and convincing evidence that:

- (1) One of the statutory grounds for termination of parental rights as set forth in § 1103(a) of this title has been met;
- (2) Adoption of the child is not possible or appropriate;
- (3) Permanent guardianship is in the best interests of the child;

(4) The proposed permanent guardian:

a. Is emotionally, mentally, physically and financially suitable to become the permanent guardian;

b. Is a foster parent(s) who has been caring for the child for at least 6 months at the time of the filing of the petition or is a blood relative;

c. Has expressly committed to remain the permanent guardian and assume the rights and responsibilities for the child for the duration of the child's minority; and

d. Has demonstrated an understanding of the financial implications of becoming a permanent guardian;

(5) If the child is age 14 or over, the child consents to the guardianship or, if the child does not consent, just cause why the guardian should be appointed; and

(6) If the proposed permanent guardian is a foster parent or parents:

a. The child is at least 12 years of age; or

b. The proposed permanent guardian is the permanent guardian of 1 of the child's siblings; or

c. The child receives substantial governmental benefits for a serious physical and/or mental disability which would no longer be available to the child if parental rights were terminated and/or if the child was adopted.

(b) If the Court determines that the elements of subsection (a) of this section have been met, the Court shall then also determine by a preponderance of evidence, the nature and extent, if any, of any contact, sharing of information, and/or visitation between the parent and the child. In making such a determination, the Court shall apply the best interests of the child standard.

(c) The parent or parents may voluntarily consent to the permanent guardianship provided the elements of subsection (a) of this section are met.

§ 2354. Social report.

A social report covering the factors enumerated in § 2353 of this title shall be prepared by a licensed child-placing agency retained by the petitioner and provided to the Court no later than 1 week prior to trial.

§ 2355. Permanent guardianship hearing procedures and notice requirements.

The provisions of § 1107 of this title shall apply to hearings on permanent guardianship petitions, with references to termination of parental rights being replaced by reference to permanent guardianship where appropriate.

§ 2356. Order granting permanent guardianship.

(a) The Court shall issue an order regarding permanent guardianship within 30 days of:

(1) The final day of trial; or

(2) The filing of the petition and social report in cases based upon the consent of all parties.

(b) If the Court grants permanent guardianship, it shall include in that order provisions regarding visitation by the child with the child's parents, contact by the child with his or her parents, and the sharing of information to be provided to the parents about the child, all based upon the child's best interests.

(c) The order granting permanent guardianship may prohibit visitation, contact or information if such prohibition is in the child's best interests.

(d) The order granting permanent guardianship may incorporate an agreement reached by the parties.

§ 2357. Powers and duties of the permanent guardian.

A permanent guardian shall have the same powers and duties as set forth in § 2340 of this title.

§ 2358. Duties and rights of parents.

(a) While a permanent guardianship is in effect, the parent shall have the following rights:

(1) Visitation, contact and information, to the extent delineated in the permanent guardianship order issued by the Court. A parent may petition the Court for specific enforcement of provisions of the order granting permanent guardianship relating to contact, visitation or information;

(2) Inheritance by and from the child; and

(3) Right to consent to termination of parental rights and/or adoption of the child.

(b) The parent shall have the primary responsibility to support the child financially.

(c) In the event the income and assets of the parent qualify the child for governmental benefits, the benefits may be conferred upon the child with payment to be made to the permanent guardian. The provision of necessities by the permanent guardian shall not disqualify the child for any benefit or entitlement.

(d) If the child has been in the custody of the Department immediately prior to the entry of an order for a permanent guardianship, the Department shall have no further duty of support or care for the child after establishment of the permanent guardianship unless the Department agrees in writing to that support. However, if the permanent guardianship is terminated, and the Department held custody immediately prior to the entry of the order, custody shall revert to the Department.

§ 2359. Termination or modification of permanent guardianship order.

(a) A parent may not petition the Court to modify or terminate a permanent guardianship once granted under this chapter.

(b) The Court shall modify or terminate a permanent guardianship only upon a finding:

(1) That there has been a substantial change in material circumstances; and

(2) That modification or termination is in the best interests of the child.

(c) Where the permanent guardianship is terminated by the Court, custody of the child shall not automatically revert to the parent. At any subsequent hearing, the parent shall be considered with no greater priority than any other person or agency, and the Court shall apply the best interests of the child factors in entering an order on behalf of the child.

(d) Upon a showing by affidavit of immediate harm to a child, the Court may temporarily:

(1) Stay a permanent guardianship order on an ex parte basis pending a hearing and grant temporary custody of the child to the Department or petitioner; and/or

(2) Stay the visitation, contact or information provisions of a permanent guardianship order on an ex parte basis pending a hearing.

Subchapter VI. Standby Guardianships

§ 2361. Legislative intent, findings and purpose.

The General Assembly hereby declares that there is a need to create an expeditious manner of establishing a guardianship known as standby guardianship, in order to enable a parent, custodian, or guardian suffering from a progressive chronic condition or a terminal illness to make plans for the permanent future care or the interim care of a child without terminating parental or legal rights.

§ 2362. Definitions.

In addition to the definitions provided for in this chapter, as used in this subchapter:

(1) "Appointed standby guardian" means a person appointed pursuant to this subchapter to assume the powers and duties of guardianship of a child upon the death or determination of incapacity or debilitation of the parent, custodian, or guardian.

(2) "Attending physician" means the physician who has primary responsibility for the treatment and care of the parent, custodian or guardian. Where more than 1 physician shares such responsibility, or where a physician is acting on the attending physician's behalf, any such physician may act as the attending physician. If no physician has responsibility for the care and treatment of the parent, custodian, or guardian, any physician who is familiar with the parent's, custodian's, or guardian's medical condition may act as the attending physician.

(3) "Custodian" means a nonparent who has been awarded custody of a child by order of the Family Court, but excludes the Department of Services for Children, Youth and Their Families when it or any of its divisions have been awarded custody by order of the Family Court.

(4) "Debilitation" means a person's chronic and substantial inability, as a result of a terminal illness, disease or injury, to care for a child. "Debilitated" means a person's state of chronic and substantial inability, as a result of a terminal illness, disease or injury to care for a child.

(5) "Designated standby guardian" means a person designated pursuant to this subchapter to assume temporarily the duties of guardianship of a child upon the death or a determination of incapacity or debilitation of the parent, custodian or guardian.

(6) "Designator" means a parent, custodian or guardian who makes a designation of a standby guardian.

(7) "Determination of debilitation" means a written determination made by the attending physician which contains the physician's opinion to a reasonable degree of medical certainty regarding the nature, cause, extent and probable duration of the parent's, custodian's or guardian's debilitation.

(8) "Determination of incapacity" means a written determination made by the attending physician which contains the physician's opinion to a reasonable degree of medical certainty regarding the nature, cause, extent and probable duration of the parent's, custodian's or guardian's incapacity.

(9) "Incapacity" means a person's chronic and substantial inability, as a result of mental impairment, to understand the nature and consequences of decisions concerning the care of the child, and a

consequent inability to care for the child. "Incapacitated" means a state of chronic and substantial inability, as a result of mental impairment, to understand the nature and consequences of decisions concerning the care of the child, and a consequent inability to care for the child.

(10) "Triggering event" means an event in the designation, petition or decree which empowers the standby guardian to assume the duties of the office, which event may be the death, incapacity, or debilitation of the parent, custodian, or guardian, whichever occurs first.

§ 2363. Jurisdiction and venue.

(a) The Family Court shall have jurisdiction over proceedings under this chapter to grant, modify and/or terminate standby guardianship.

(b) A petition for standby guardianship under this chapter may be filed in the Family Court of any of the following counties:

- (1) The county in which 1 natural parent resides;
- (2) The county in which a legal guardian of the child resides; or
- (3) The county in which 1 child resides.

§ 2364. Hearing procedure and notice requirements.

The procedure and notice requirements set forth in § 2325 of this title shall apply. However, upon motion and good cause shown, the parent, custodian or guardian who has become incapacitated or debilitated need not personally appear for such noticed hearings.

§ 2365. Persons eligible to petition for guardianship.

Any parent, custodian or guardian may petition the Family Court for a standby guardianship order regarding a child for whom they have been given legal responsibility.

§ 2366. Contents of standby guardianship petition.

A petition for standby guardianship shall contain all of the information required by § 2322 of this title, as well as the following information:

- (1) Name and address of the custodian or guardian of the child, if not otherwise provided for in the petition;
- (2) In addition to the name and address of the proposed standby guardian;
- (3) Which triggering event or events shall cause the authority of the appointed standby guardian to become effective;
- (4) That there is a significant risk that the parent, custodian or guardian will die, become incapacitated or become debilitated within 2 years of the filing of the petition, supported by documentation from the attending physician; and
- (5) If applicable, the name, address, of the proposed alternate standby guardian.

§ 2367. Grounds for standby guardianship.

(a) Where the parent is the person suffering from a progressive chronic condition or terminal illness, prior to granting an order for standby guardianship, the Court shall find that the standby guardianship is in the child's best interests; and:

- (1) The child would be dependent, neglected or abused in the care of the other parent; or
- (2) The other parent of the child is deceased; or
- (3) The other parent's parental rights have been terminated; or
- (4) The other parent consents to the appointment of a standby guardian.

(b) Where the legal custodian or guardian is the person suffering from a progressive chronic condition or terminal illness, prior to granting an order for standby guardianship, the Court shall find that the standby guardianship is in the child's best interests; and as to each parent:

- (1) That the child remains dependent, neglected or abused in the parent's care; or
- (2) The parent of the child is deceased; or
- (3) The parent's parental rights have been terminated; or
- (4) The parent consents to the appointment of a standby guardian.

(c) The Court must also find, prior to the granting of an order for standby guardianship that there is a significant risk that the parent, legal custodian, or guardian will die, become incapacitated, or become debilitated as a result of a chronic condition or terminal illness within 2 years of the filing of the petition as certified by an attending physician.

(d) If an order for standby guardianship is granted, the order shall determine the triggering event for the standby guardianship by specifying whether:

- (1) The authority of the standby guardian is effective on the receipt of a determination of the petitioner's incapacity or debilitation, or on the receipt of the certificate of the petitioner's death; or
- (2) That the authority of the standby guardian may become effective earlier on written consent of the petitioner.

If at any time before the beginning of the authority of the standby guardian the Court finds that the requirements of this subchapter are no longer satisfied, the Court may rescind the order.

§ 2368. Occurrence of event triggering appointment of standby guardian; confirmation petition.

(a) Upon the occurrence of a triggering event set forth in an order appointing a standby guardian, the appointed standby guardian shall be empowered to assume the standby guardian duties immediately.

(b) If the triggering event is the incapacity or debilitation of the parent, legal custodian or guardian, the attending physician shall provide a copy of that physician's determination to the appointed standby guardian if the guardian's identity is known to the attending physician.

(c) Within 30 days following the assumption of guardianship duties, the appointed standby guardian shall petition the Court for confirmation. The confirmation petition shall include a determination of incapacity or debilitation, or a death certificate, as appropriate. If the petition is by an alternate appointed standby guardian, the petition shall include a statement that the appointed standby guardian is unable or unwilling to

act, as the basis for the statement. Absent a judicial finding or determination of unfitness, the standby guardian's power and authority shall commence immediately upon the occurrence of the triggering event and shall continue unimpeded until such time as the Court may hear the standby guardian's petition for confirmation.

(d) The Court shall confirm an appointed standby guardian previously named and otherwise qualified to serve as guardian unless there is a judicial determination of unfitness with regard to the appointed standby guardian.

(e) A standby guardian may decline appointment at any time before the assumption of that standby guardian's duties by filing a written statement to that effect with the Court, with notice to be provided to the petitioner and to the minor child if the latter is 14 years of age or older.

(f) Commencement of the duties of the standby guardian shall confer upon the appointed standby guardian shared authority with the parent, legal custodian, or guardian of the minor child unless the petition states otherwise.

(g) A parent, legal custodian, or guardian may revoke a standby guardianship by executing a written revocation, filing it with the Court where the petition was filed, and promptly notifying the appointed standby guardian of the revocation.

(h) A person who is judicially appointed as a standby guardian under this subchapter may at any time renounce the appointment by:

- (1) Executing a written renunciation;
- (2) Filing the renunciation with the Court; and
- (3) Promptly notifying in writing the parent, legal custodian, or legal guardian of the renunciation.

§ 2369. Powers and duties of the standby guardian of the child.

Except as modified by order of the Court, the standby guardian shall have the same powers and duties as enumerated in § 2340 of this title.

§ 2370. Termination or modification.

Except as modified by order of the Court, standby guardianship shall be terminated or modified as enumerated under § 2332 of this title.

§ 2371. Appointment of standby guardian as permanent guardian.

Except as modified by order of the Court, should the standby guardian wish to be appointed as the permanent guardian of the child, permanent guardianship shall be determined under §§ 2350-2359 of this title.

§ 2372. Subsidies.

Except as modified by order of the Court, the Department shall have the power and authority to award subsidy money to the standby guardian as determined under § 2333 of this title.



TITLE 13

Domestic Relations

CHAPTER 24. THIRD-PARTY VISITATION

Subchapter I. General Provisions

§ 2401. Intent and purpose.

(a) The General Assembly hereby declares that there is a need for a clear statutory framework for the proper procedures and requirements for visitation between children and persons other than their parents. The General Assembly further declares that, with the exception of Department of Services for Children, Youth and their Families (DSCYF), guardianship as set forth in Chapter 23 of this title is the appropriate legal authority for persons who wish to pursue legal custodial and guardianship rights over a child for which they are not the parent.

(b) This chapter shall be liberally construed so that these purposes may be realized. To that extent, modification of any orders pertaining to visitation involving persons other than parents that were entered under previous versions of the Code shall now be considered under this chapter. Modification of any orders pertaining to custody involving persons other than parents that were entered under previous versions of the Code shall now be considered under Chapter 23 of this title.

§ 2402. Definitions.

For the purposes of this chapter, unless the context indicates differently:

- (1) "Abuse" or "abused child" is as defined in § 901 of Title 10.
- (2) "Adult" is as defined in § 901 of Title 10.
- (3) "Best interests" is determined in accordance with § 722 of this title.
- (4) "Child" is as defined in § 901 of Title 10.
- (5) "Court" or "court" is as defined in § 901 of Title 10.
- (6) "Department" or "DSCYF" is as defined in § 901 of Title 10.
- (7) "Dependency" or "dependent child" is as defined in § 901 of Title 10.
- (8) "Guardian" is as defined in § 2302 of this title.
- (9) "Guardian ad litem" is as defined in § 2302 of this title.
- (10) "Licensed agency" is as defined in § 901 of this title.

(11) "Neglect" or "neglected child" is as defined in § 901 of Title 10.

(12) "Parent" is as defined in § 2302 of this title.

(13) "Relative" is as defined in § 901 of Title 10.

§ 2403. Jurisdiction and venue.

(a) The Family Court shall have jurisdiction over proceedings under this chapter to grant, modify and/or terminate third-party visitation orders.

(b) A petition for third-party visitation under this chapter may be filed in the Family Court of any of the following counties:

(1) The county in which the organization or persons, having legal or physical care, custody, or control of the child is located; or

(2) The county in which the child resides.

(c) The provisions of §§ 722, 724, 728(d)-(f) of this title and Chapter 7A of this title shall be applicable to proceedings filed under this chapter.

§ 2404. Hearing procedure and notice requirements.

(a) When a petition is filed under this chapter, the Court shall set a date for a hearing on the petition, and shall cause notice of time, place and purpose of the hearing to be served as required in this section.

(b) Notice of the time, place and purpose of the hearing shall be served upon the parent or parents, guardian or guardians, person or persons, DSCYF, or licensed agency holding parental rights at the respondent's last known address or to the address received in the petition.

(c) If the Court shall find that personal service within the State cannot be accomplished upon a party, the petitioner shall cause notice to be published in a newspaper of general circulation in the county where the respondent is most likely to be residing.

(d) Personal service at any time prior to the hearing shall be sufficient to confer jurisdiction upon the Court.

(e) Notice provided pursuant to this section shall constitute conclusive evidence of service and a hearing will then proceed at the time and date set, with or without the appearance of the parent or parents, guardian or guardians, person or persons, Department, or licensed agency holding parental rights so notified.

§ 2405. Sanctions.

The Court may impose such sanctions or remedies as the Court deems just and proper to ensure compliance with this chapter, including but not limited to:

(1) Extra visitation or contact with the child when it is in the child's best interest to do so;

(2) The payment of costs and reasonable counsel fees of the person applying for relief under this section;

(3) A fine in the discretion of the Court; or

(4) A term of imprisonment if a person is found to be in contempt of prior orders of the Court.

§ 2406. Confidentiality of proceedings.

All proceedings under this chapter and all records of such proceedings shall be held before the Court privately, except for reasons found sufficient to the Court, a hearing in any particular case may be made open to the public.

§ 2407. Appeals.

Appeal from any order or decree entered under this chapter shall lie to the state Supreme Court. No appeal shall lie from any order or decree under this chapter unless taken within 30 days from the date of such order or decree.

Subchapter II. Third-Party Visitation Proceedings

§ 2410. Persons eligible to petition for third-party visitation.

(a) Unless otherwise specified in this chapter, any adult person or persons may file a petition for a third-party visitation order regarding a child not his, hers, or theirs against the child's guardians, parents, or DSCYF, provided that the adult person or persons can establish that the adult person or persons petitioning for visitation:

- (1) Has a substantial and positive prior relationship with the child; or
- (2) Is a relative of the child.

(b) Unless otherwise specified in this chapter, a guardian ad litem may petition for a third-party visitation order on behalf of the child against the child's guardian, parent, and/or DSCYF if:

- (1) The adult person with whom visitation is sought consents to visitation with the child and;
- (2) The adult person with whom visitation is sought:
 - a. Has a substantial and positive prior relationship with the child; or
 - b. Is a relative of the child.

(c) Any child, through a guardian ad litem, may file a petition seeking visitation with any other child with whom they have at least 1 parent in common.

(d) Notwithstanding subsections (a) through (c) of this section, if a parent's rights have been terminated in the child with whom a parent seeks third-party visitation, such person and their relatives are prohibited from filing for third-party visitation unless:

- (1) More than 3 years have passed since the termination of parental rights order was entered and the child has not been adopted; or
- (2) The adoptive parents are agreeable and their notarized consent is attached to the petition; or

(3) The adoptive parents have previously entered into a written notarized agreement or court-approved agreement for continued visitation and a copy of the agreement is attached to the petition.

§ 2411. Contents of third-party visitation petition.

Every petition for third-party visitation with a child filed under this chapter shall be verified and contain:

(1) Name and place of residence of the petitioner or petitioners;

(2) Name, sex, and date of birth of the child;

(3) A statement regarding the eligibility requirements set forth in § 2410 of this title;

(4) The name and address of the mother and the name and address of the father, alleged father, and/or presumed father. If either the name and/or address of any parent is not known, the petition shall include detailed information setting forth the efforts made to locate the parent;

(5) The name and last known address of the person or persons or organization holding parental rights, custody, and/or guardianship of the child; and

(6) A statement setting forth the grounds for visitation in § 2412 of this title.

§ 2412. Grounds for persons obtaining third-party visitation with a child.

(a) Prior to granting a third-party visitation order the Court shall, find after a hearing on the merits, or accept the agreement of the parties that:

(1) Third-party visitation is in the child's best interests; and,

(2) One of the following as to each parent:

a. The parent consents to the third-party visitation;

b. The child is dependent, neglected or abused in the parent's care;

c. The parent is deceased; or

d. The parent objects to the visitation, however the Court having given special weight to the parent's objection finds the visitation will not substantially interfere with the parent/child relationship.

Notwithstanding the above, if the child has 2 parents and the child is not dependent, neglected or abused in either parent's care, visitation may not be granted where both parents object.

(b) Prior to granting an order for third-party visitation between children, the Court shall find after a hearing on the merits, or accept the agreement of the parties, that the visitation is in the best interests of all children subject to the petition.

§ 2413. Modification of orders granting third-party visitation.

An order granting third-party visitation may be modified at any time if the best interests of any child subject to the order would be served by modification.



TITLE 13

Domestic Relations

CHAPTER 7. PARENTS AND CHILDREN

Subchapter II. Custody Proceedings

§ 724. Interviews.

(a) The Court may interview the child in chambers to ascertain the child's wishes as to his or her custodian and may permit counsel to be present at the interview. The Court shall, at the request of a party, cause a record of the interview to be made and it shall be made part of the record in the case.

(b) The Court may seek the advice of professional personnel whether or not they are employed on a regular basis by the Court. The advice given may be in writing and shall for good cause shown be made available by the Court to counsel of record, parties and other expert witnesses upon request, but shall otherwise be considered confidential and shall be sealed and shall not be open to inspection, except by order of the Court. Counsel may call for cross-examination any professional personnel consulted by the Court.

(c) The Court may, sua sponte or upon request of any party including the child, interview a child on the record regarding any factual statements pertaining to the matter before the Court. Any party may request to submit questions to the judicial officer to be asked of the child. Where all parties are represented, the Court may upon request permit counsel for the parties to observe the interview if, in the opinion of the Court, their presence will not adversely affect the welfare or well-being of the child. The Court may permit any person to be present during the interview whose presence, in the opinion of the Court, contributes to the welfare or well-being of the child. All parties to the matter shall be entitled to review the recorded interview in its entirety. Upon request, the Court may provide an oral or written summary of the interview to the parties.

(d) An out-of-court statement made by a child may be admitted into evidence by the Court if reasonable notice of the intention to offer the out-of-court statement is given to all parties and:

(1) The child is available to be interviewed pursuant to subsection (c) of this section, and the statement touches upon the matter before the Court; or

(2) The child's out-of-court statement is shown to possess particularized guarantees of trustworthiness, and the child is found by the Court to be unavailable to be interviewed on any of these grounds:

- a. The child's death;
- b. The child's absence from the jurisdiction;
- c. The child's total failure of memory;

d. The child's refusal to comply with subsection (c) of this section;

e. The child's physical or mental disability;

f. The existence of a privilege involving the child;

g. The child's incompetence, including the child's inability to communicate about the matter before the Court due to fear or a similar reason; or

h. Substantial likelihood that the child would suffer emotional trauma from being interviewed as set forth in subsection (c) of this section.

(e) The Court shall support with findings on the record any rulings pertaining to the child's unavailability and the trustworthiness of the out-of-court statement admitted pursuant to subsection (d) of this section. In determining whether a statement possesses particularized guarantees of trustworthiness under paragraph (d)(2) of this section, the Court may consider, but is not limited to considering, the following factors:

(1) The child's personal knowledge of the event;

(2) The age and maturity of the child;

(3) Certainty that the statement was made, including the credibility of the person testifying about the statement;

(4) Any apparent motive the child may have to falsify or distort the event, including bias, corruption or coercion;

(5) The timing of the child's statement;

(6) Whether more than 1 person heard the statement;

(7) Whether the child was suffering pain or distress when making the statement;

(8) Whether the child's young age makes it unlikely that the child fabricated a statement that represents a graphic, detailed account beyond the child's knowledge and experience;

(9) Whether the statement has a "ring of verity," has internal consistency or coherence and uses terminology appropriate to the child's age;

(10) Whether the statement is spontaneous or directly responsive to questions;

(11) Whether the statement is suggestive due to improperly leading questions.

(f) This section shall in no way limit the admissibility of any statement under other Court rules or statutes governing admissibility. This section shall apply to all proceedings governed by this title as well as to all proceedings set forth in subchapter II of Chapter 9 of Title 16.

DIVISION OF FAMILY SERVICES
FOSTER CARE MODEL – LEVELS OF CARE

BASIC LEVEL 1

| CHARACTERISTICS OF CHILDREN | ASSESSMENT | CHILD'S NEEDS | SERVICES REQUIRED of the FOSTER FAMILY | TRAINING | SUPPORTS | SYSTEMS NEEDS |
|--|--|---|--|--|---|--|
| <p>Children age 0-17</p> <ul style="list-style-type: none"> • Show minor or transient episodes of emotional, behavioral or physical problems • Fall within normal developmental levels | <p>Initial Assessment to include:</p> <ul style="list-style-type: none"> • Physical exam • Developmental screening • Educational screening • Emotional health screening • Foster parent observation and assessment tools administered by foster parents • Team meeting to provide assessment information to foster care staff responsible for matching | <p>Basic needs:</p> <ul style="list-style-type: none"> • Food • Clothing • Shelter • Supervision • Protection (safety) • Nurturing • Stability • Self esteem • Sense of hope • Connection to birth family and significant others • Permanency • Independent living skills • Education • Each child's plan to meet needs will be individualized & determined by the assessment | <p>Meet the child's basic needs (day to day)</p> <ul style="list-style-type: none"> • Food, clothing, shelter • Supervision • Protection • Nurturing • Stability <p>Meet developmental needs</p> <ul style="list-style-type: none"> • Physical • Emotional • Educational • Cultural • Social • Spiritual developmental • Address delays • Support connections with birth family & significant others • Facilitate visits • Support permanency plan • Participate in team-planning meetings • Attend school meetings • Arrange medical & dental appointments • Maintain life book • Provide recreational activities • Participate with child in mental health counseling as appropriate • Transportation • Teach independent living skills | <ul style="list-style-type: none"> • Foster PRIDE • First Aid & CPR • Module I - meeting the developmental needs of children at risk (12 hours) | <p>\$17/day</p> <ul style="list-style-type: none"> • Medicaid (medical & dental coverage) • Foster Home Coordinator support • Mentors • Mental health counseling • Day care (employment related) • Respite care (10 days) • Funding for child's recreational, developmental activities • Crisis support after hours • Support group for children • Support group for foster families • In-home behavioral consultation as needed | <ul style="list-style-type: none"> • ↑ Availability of mental health • Counseling therapists trained in foster care and abuse/ neglect issues • ↑ Capacity for in-home consultations • ↑ Respite homes • ↑ Respite funds community support for mentors • ↑ Foster home coordinators for 1:24 • ↑ Crisis support after hours |

DIVISION OF FAMILY SERVICES
FOSTER CARE MODEL

MODERATE LEVEL 2

| CHARACTERISTICS OF CHILDREN | ASSESSMENT | CHILD'S NEEDS | SERVICES REQUIRED of the FOSTER FAMILY | TRAINING | SUPPORTS | SYSTEMS NEEDS |
|---|--|--|---|---|---|---|
| <ul style="list-style-type: none"> • Children age 0-12 • Special education • Demands excessive attention • Mild to moderate developmental disabilities • Mild to moderate impulsive behavior and/or hyperactivity • Drug exposed babies • Emotionally disturbed, depressed, withdrawn • HIV (Symptomatic) | Same as for Level I <ul style="list-style-type: none"> • Ongoing assessment of child used in planning 2x year in team meeting • Physical exam (annual) • Dental exam (annual) | All of Level 1 plus <ul style="list-style-type: none"> • Additional supervision to keep child safe • Additional supports for education | All of Level I plus <ul style="list-style-type: none"> • Accompanies child to appointments • Increased school involvement • Assists in implementing treatment plan • Provides role model for child's family | All of Level 1 plus <ul style="list-style-type: none"> • IEP Process and how to access services needed • Surrogate parent training as needed • Medications • Special training as needed • 12 hours training per year | \$25 day All of Level 1 supports plus <ul style="list-style-type: none"> • Educational supports as needed • 15 days respite care • Access to doctors for medical review as needed • Training for staff re: IEP process and how to access treatment services • Additional caseworker support | Same as Level 1 <ul style="list-style-type: none"> • ↑ Educational supports (tutoring) |

Supports include those on previous page plus additional supports in the column.

DIVISION OF FAMILY SERVICES
FOSTER CARE MODEL

INTENSIVE LEVEL 3

| CHARACTERISTICS OF CHILDREN | ASSESSMENT | CHILD'S NEEDS | SERVICES REQUIRED of the FOSTER FAMILY | TRAINING | SUPPORTS | SYSTEMS NEEDS |
|---|--|--|--|--|---|---|
| <p>Children age 0-17 Must exhibit at least 2 of the following:</p> <ul style="list-style-type: none"> • Moderate to severe developmental delays • Medical conditions needing constant caretaker attention and multiple doctor's visits (i.e., cerebral palsy, muscular dystrophy, etc.) • Severe impulsive and/or hyperactive behavior • Sexually abused • Encopretic • Eneuretic • Emotionally disturbed • May have had previous psychiatric hospitalizations • HIV (Symptomatic) | <ul style="list-style-type: none"> • Ongoing assessment used in quarterly team meetings • Physical exam (annual) • Dental exam (annual) | <p>All of Level 1&2 plus</p> <ul style="list-style-type: none"> • Foster parents with skills to meet child's special needs • Additional supervision to keep child safe | <p>All of Level 2</p> <ul style="list-style-type: none"> • Frequent and close communication with caseworker and coordinator • Observes and documents behavioral/ emotional functioning of child • Observes and documents patterns of behavior • Facilitates educational program • Facilitates behavioral change • Quarterly team reviews • Foster parent part of treatment team | <p>All of Level 1&2 plus</p> <ul style="list-style-type: none"> • 15 hours training per year • Other specialized training as needed • Sexual abuse • Universal precautions | <p>\$35 a day All of Level 1&2 supports plus</p> <ul style="list-style-type: none"> • Case worker/ coordinator support to child and foster family 2x month • Mental health services as needed; may include day hospital • Structured after school program/ activities • 21 day respite • Crisis respite beds • Aides for one-on-one | <ul style="list-style-type: none"> • Training for caseworker and coordinators to meet special needs of Level 3 children • Structured after school programs for difficult children • Case aides • ↑ Caseworkers coordinator support • Crisis respite beds • Reduced caseload for caseworkers |

DIVISION OF FAMILY SERVICES
FOSTER CARE MODEL

INTENSIVE LEVEL 4

| CHARACTERISTICS OF CHILDREN | ASSESSMENT | CHILD'S NEEDS | SERVICES REQUIRED of the FOSTER FAMILY | TRAINING | SUPPORTS | SYSTEMS NEEDS |
|--|---|---|---|---|--|--|
| <p>Children aged 6 - 17 must exhibit at least 3 of the following:</p> <ul style="list-style-type: none"> • Moderate to severe developmental delays • Moderate to severe impulsive and/or hyperactive behavior • Sexually abused • Encopretic • Enueretic • May have had previous psychiatric hospitalizations or residential treatment • Episodes of delinquent behavior • Run away behaviors • Special ed. and/or other school problems • Episodes of depression and suicidal ideation • Pregnant teen or teen with baby | <ul style="list-style-type: none"> • Ongoing assessment of child used in quarterly team meetings | <p>All of Level 1,2,3 plus</p> <ul style="list-style-type: none"> • Additional supervision to keep child and others safe • More frequent more intensive therapy | <p>All of Level 1,2,3 plus</p> <ul style="list-style-type: none"> • Participates in multidisciplinary meetings • Emphasis is on helping child to function in a less intensive/ restrictive environment • Adapts home environment to meet child's needs | <p>FOSTER PRIDE All of Level 1,2,3 plus</p> <ul style="list-style-type: none"> • Depression/suicide • Specialized training as needed • 20 hours per year | <p>\$45 per day All of Level 1, 2, 3 supports plus</p> <ul style="list-style-type: none"> • No more than 2 foster children at this level • No more than 4 children total • 21 day respite • Day program for suspended youth needing supervision • Behavioral consultation • Increased caseworker and coordinator contacts (3x month) | <ul style="list-style-type: none"> • Structured after school program/ activities • Day Program for youth when suspended • Behavioral consultants • Lower case loads for caseworkers and coordinators |

DIVISION OF FAMILY SERVICES
FOSTER CARE MODEL

INTENSIVE LEVEL 5 (STEP DOWN FROM RTC OR PSYCHIATRIC HOSPITAL)

| CHARACTERISTICS OF CHILDREN | ASSESSMENT | CHILD'S NEEDS | SERVICES REQUIRED of the FOSTER FAMILY | TRAINING | SUPPORTS | SYSTEMS NEEDS |
|--|--|---|--|---|---|---|
| <p>Children aged 8-17 Must exhibit at least 4 of the following:</p> <ul style="list-style-type: none"> • Runs away frequently • History of firesetting • History of suicide attempts • Delinquent behavior • Diagnosed as conduct disorder • School problems and/or truancy • Assaultive behavior • Drug/alcohol use interfering with daily activities • Inappropriate sexual behavior, promiscuity, prostitution • History of failed placements • History of inpatient or residential treatment • Pregnant or teen parents | <ul style="list-style-type: none"> • Ongoing assessment of child used in monthly team meeting | <p>All of Level 1- 4 plus</p> <ul style="list-style-type: none"> • Additional supervision to keep child and others safe • More frequent more intensive therapy as needed • Behavioral consultation • Gradual step down from RTC or psych-hospital • Aides • Wraparound services at time of placement • Crisis respite beds | <p>All of Level 1- 4 plus</p> <ul style="list-style-type: none"> • 1 foster parent or other approved adult with the child at all times • Have authority to call staffing on child • Participates in monthly team reviews and treatment planning | <p>All of Level 1- 4</p> <ul style="list-style-type: none"> • Restraint training/Crisis intervention training • Additional training related to needs of child • 20 hours training per year | <p>\$55/day All of Level 1,2,3,4</p> <ul style="list-style-type: none"> • Individualized solutions for those youth whose needs are complex and cannot be served within the other resource categories • One child per home • 4x month caseworker contact • Planned respite 30 days/yr. • Wraparound services in place at time of placement | <p>All of Level 1 - 4 plus</p> <ul style="list-style-type: none"> • Lower caseloads for caseworker & coordinator (to offer additional support) |

DIVISION OF FAMILY SERVICES
FOSTER CARE MODEL

EMERGENCY HOMES

| CHARACTERISTICS OF CHILDREN | ASSESSMENT | CHILD'S NEEDS | SERVICES REQUIRED of the FOSTER FAMILY | TRAINING | SUPPORTS | SYSTEMS NEEDS |
|--|--|--|---|---|---|---|
| Children ages 0-17 who are entering family foster care | <ul style="list-style-type: none"> • Physical and medical treatment as necessary • Developmental screening • Educational screening • Emotional health screening • Foster parent observation and assessment instruments administered by foster parents • Additional testing as indicated • Team meeting to provide assessment information to foster care staff matching needs of child to foster family skills | <ul style="list-style-type: none"> • Assurance of physical safety • Emotional support to child in trauma of separation from family • Information about foster care and what will happen next • Immediate medical needs met • Visits with birth family • Continuity for child as much as possible... same school community • Complete assessment to determine needs and best placement • At the same time foster family and professional staff are assessing needs of child, staff will assess family: <ul style="list-style-type: none"> • Strengths • Needs • Risks • Some prediction of length of placement | <ul style="list-style-type: none"> • Physical safety of child • Provide strong emotional support of child in trauma of separation from family • Explain foster care to child in age-appropriate manner • Transportation to/ support through emergency medical treatment • Support connection with birth family by facilitating visits • Maintain continuity for child as much as possible... school, friendships, etc. • Assess child's needs through observation • Administer assessment instruments • Participate in meetings to assess and make recommendations for best placement • Available by phone/pager at all times • Accept youth of all ages/sex/ race for up to 14 days unless family safety is at risk • Provides enriched environment and recreational opportunities | <ul style="list-style-type: none"> • Three years experience as foster parent or comparable experience • Foster PRIDE • First Aid and CPR • 45 hours of in-service training including: <ul style="list-style-type: none"> • PRIDE - Module I • Sexual Abuse • Teens • Identifying developmental needs and delays • Medications Depression/suicide • Specialized training in assessment • 12 hours of in-service training per year required | <ul style="list-style-type: none"> • In-home consultation with behavioral specialist • 24 hour crisis access • Transportation (as back up) • Foster Care team • Caseworker contact - 1x/week • Foster Home Coordinator contact 2x/month • 5 days per month off | <ul style="list-style-type: none"> • Behavioral consultants • Financial support to recruit and train • Foster parents for assessment homes • Respite providers for this special population of children • Assessment tools • Access to evaluations as needed |

GUIDELINES for FY09 Family Foster Care, Group and Shelter Contracts

ALL REQUESTS for foster, group and shelter placements MUST come through the Foster Care Unit during office hours. For group care placement permission must be given by central office (Aida Torres) prior to submitting referral. In order to effectively utilize our resources, we need to make sure that we are matching children/youth to the most appropriate available resource. (For example, we do not want to use a shelter space for a child we can place in a foster home. We want to save the shelter spaces for children/youth who are more difficult to place or come in after hours.) Caseworkers must be given prior approval for placements by foster care coordinator. Under no circumstances should caseworkers call providers (including the shelters) directly to arrange a placement (separate instructions are provided for after hours shifts).

You may read the entire contracts on the s-drive under either John Bates' or Nicole Cunningham's names (s – contract – N-Cunningham or J-Bates – FY09). The name of the contract manager is indicated with the contract information below. If you ever have concerns about the quality of service provided, please address the issue with the provider first and then make your concerns known to the contract manager. Things will not change or get better unless we work together to address and resolve problems.

SHELTERS

- **Gov. Terry Shelter (762-5566)** Gov. Terry Shelter continues to care for youth ages 9 – 17. Exceptions to take younger children can sometimes be made – especially for sibling groups. *Caseworkers are expected to submit a Level of Care form requesting placement as soon as a child is placed in a shelter and to participate in weekly reviews at the shelter as the worker and shelter staff help prepare the child for a foster/group placement or return home. As a general rule, shelter placements should be for no longer than 30 days. Under special circumstances, the shelter does have some capacity to keep kids up to 90 days when it is in the best interest of the child. A new feature of this contract is that Child, Inc., parent organization of the shelter, has offered to allow workers to arrange family/sibling visits at the Child Inc. office at 507 Philadelphia Pike. Arrangements must be made with Child, Inc. in advance. The Child Inc. office is near the shelter.* Planning is a collaborative process. The DFS caseworker has primary responsibility for planning with the family and for completing and implementing Plans for Child in Care. (Contract Manager: Nicole Cunningham)
- **Children and Families First Shelter Homes (658-5177).** This contractor has converted some homes trained to be IRT foster homes into shelter foster care homes. They are able to accept children/youth ages 9 - 17 with challenging behaviors as long as they are not a danger to themselves or to others. When caseworkers refer a child who needs immediate placement and a foster home cannot be found due to the difficulty of care, the Foster Care Unit will use these

shelter foster homes. By the end of June there will be 8 shelter homes in Kent/Sussex and 1 shelter home in New Castle County. During daytime hours, the Foster Care Unit will call the C&FF Intake Worker who will provide information about the shelter foster home available. This information will then be provided to the caseworker so placement arrangements can be made. *Caseworkers are expected to submit a Level of Care form requesting placement as soon as a child is placed in a shelter foster home and to participate in weekly reviews.* As a general rule, shelter placements should be for no longer than 30 days. Under special circumstances, the shelter foster homes do have some capacity to keep kids up to 90 days when it is in the best interest of the child. Planning is a collaborative process. The DFS caseworker has primary responsibility for planning with the family and for completing and implementing the Plans for Child in Care. (Contract Manager: John Bates)

GROUP HOMES

- **Elizabeth W. Murphey School's (734-7478)** contract has been renewed for 28 beds---children/youth from ages 9 – 17. Exceptions to take younger children can sometimes be made – especially for a sibling group. Referral to Murphey must be approved by central office (Aida Torres) prior to contacting Murphey. Murphey School is appropriate for children/youth from neglectful or abusive homes who need to be stabilized and socialized before they can succeed in a foster home. Murphey is also appropriate for children/youth who have not been able to tolerate the intimacy of a foster family or who have been in several homes and failed. Often these children/youth do better in structured group setting. Planning is a collaborative process. Murphey School will plan with families when appropriate at the Murphey counseling office and will arrange visits with parents/siblings at Murphey School. Murphey School has primary responsibility for completing and implementing the Plan for Child in Care. (Contract Manager: John Bates)
- **People's Place II (424-3580) in Milford have two group homes:** One group home for girls 8 girls ages 12 – 17, one group home in Townsend for Boys 12-17 and a duplex in Milford for 4 boys and 4 girls ages 12 – 17. All referral to People's Place II group homes must be approved by Central Office (Aida Torres) will give caseworkers permission to make referrals based on vacancies. People's Place II is primarily intended for youth stepping down from psychiatric or drug/alcohol treatment facilities or for youth who have had multiple failed placements. These group homes are for youth with more challenging behaviors than can be accommodated in a foster home or at Murphey School. Planning is a collaborative process. People's Place II will work and plan with families when appropriate. The contractor has primary responsibility for completing and implementing the Plans for Child in Care. (Contract Manager: Nicole Cunningham)

- **Our Lady of Grace (738-4658)** in New Castle County accepts up to 5 children ages 5 – 9. This is an especially appropriate placement for a young sibling group. Planning is a collaborative process. The caseworker has primary responsibility for planning with the family. The caseworker and the contractor will jointly develop the Plans for Child in Care with the contractor having primary responsibility for implementing the Plan. (Contract Manger: John Bates)
- **Bayard House – Home of Divine Providence – (654-1184)** is for pregnant teens. Caseworker will work with foster home coordinators to make referral for this group home. *A great new feature of this contract is that there is now a possibility for teen mothers and their babies to stay in this program for up to six months following the birth of the baby (for teen mothers who have been in the program during their pregnancy only).* Planning is a collaborative process. The caseworker has primary responsibility for planning with the family and for completing and implementing the Plans for Child in Care. (Contract Manager: John Bates)

FOSTER CARE

Regular foster care has been greatly reduced for all of our providers. What our contractors will now primarily offer is specialized, treatment or special medical foster care. All referrals for foster care placement must be made through the Foster Care Unit. It is important that planning remain a collaborative process with our contractors and their foster parents. Contractors will have primary responsibility for planning with birth families. (When there is more than one child placed in foster homes of more than one agency, the DFS caseworker will most often have primary responsibility for planning with birth families.) Contractors will also have primary responsibility for developing and implementing the Plans for Child in Care. DFS caseworkers will collaborate in planning and will provide oversight. Below is a brief description of each category:

Basic or Regular Foster Care – LOC 1 – 3, GTF 1-2

Specialized Foster Care – GTF 3 The foster family will care for no more than two specialized children at a time. The foster family is expected to participate in all service planning meetings, school meetings, medical and dental appointments, mental health appointments and treatment and other service areas on behalf of the child. This will include providing transportation most of the time. These families must be able to provide a well-supervised, consistent structured environment. This category includes teen mothers parenting their babies.

Treatment Foster Care – GTF 4 and 5 The foster family will care for one adolescent who, because of past history characterized by abuse, neglect, abandonment, adjudication and other serious trauma, exhibits a wide range of behavioral and emotional issues and needs. These youth may be returning from residential/institutional care after receiving maximum benefits from the placement facility. Adolescents with offenses adjudicated for inappropriate sexual behavior, those at risk or who have a history of runaway, and

those with conduct disorder will fall into this category. The treatment family is the primary focus of intervention with youth in family foster care. The treatment parents are responsible for carrying out in-home treatment strategies designed by the treatment team and specified in the treatment plan. They are expected to integrate any treatment services provided outside the home. The treatment family is expected to participate in all service planning meetings, school meetings, medical and dental appointments, mental health appointments and treatment and other service areas on behalf of the child. This will include providing transportation most of the time. These families must be able to provide a well-supervised, consistent structured environment. The provider must have the services of a licensed behavioral health professional available for consultation.

Specialized Physical and Medical Foster Care – Generally GTF 3 This category is for young children who have acute or chronic medical disabilities. These children require extensive medical supervision and constant caretaker attention. Some examples of conditions may include but are not limited to diagnoses of AIDS, cerebral palsy, spina bifida, recovery from acute surgery and high-risk infants. Some children may be technology dependent and may require private duty nursing as well as family foster care. The foster family is expected to participate in all service planning meetings, school meetings, medical and dental appointments, mental health counseling and treatment. This category includes children/youth with developmental disabilities – those with chronic disabilities that result in substantial functional limitations in major life activities such as self-care, receptive and expressive language, learning, mobility, self-direction and the capacity for independent living. Low functioning children/youth with developmental disabilities who are adjudicated delinquent may be served in this program area.

Here is a list of contractors and the number of beds in each category:

Children’s Choice (Contract Manger: Nicole Cunningham)

- Regular (10 beds)
- Specialized (39 beds)
- Treatment (10 beds)
- Special medical (2 beds)

Pressley Ridge (Contract manager John Bates)

Treatment (18 beds)

Children and Families First (Contract Manager: John Bates)

- Regular (15 beds)
- Specialized (12 beds)
- Treatment (6 beds)
- Special Medical (5 beds)

CHILD, Inc. (Contract Manager: Nicole Cunningham)

- Specialized (20 beds)

NET (Contract Manager: John Bates)

- Specialized (4 beds)
- Treatment (4 beds)
- Sex offender (4)

Progressive Life (Contract Manager: John Bates)

- Specialized (10 beds)
- Treatment (7 beds)

First Home Care (in VA) (Contract Manager: Nicole Cunningham)

- Sex Offender (Foster Care – 2 beds)
- Sex Offender (Group Care – 1 bed)

People Place Group Home (Contract Manager – Nicole Cunningham)

- Girls Milford 8 beds
- Boys Townsend 8 beds
- Coed Milford 4/4

Elizabeth Murphey Group Home (Contract Manager John Bates)

- Coed 28 beds

Our Lady of Grace Group Home (Contract Manager John Bates)

- Young Sibling Groups 5 beds

FOSTER CARE CONTRACTUAL SERVICE DESCRIPTION

A. Family Foster Care

1. Regular Foster Care (25 Slots)

This care is designed primarily for children who have no unusual special needs or have mild special needs requiring regular medical or therapy appointments. Legal Risk foster care/adoptive families (a subset of Regular foster care) is designed for children who may become free for adoption. The foster family would work with

the birth family toward reunification but, if that were not possible, the foster family would be the long-term resource for the child through to adoption.

| Service and Provider | Slots |
|----------------------------|-----------|
| Regular Foster Care | 25 |
| Children's Choice | 10 |
| Children & Families First | 15 |

2. Specialized Foster Care (85 Slots)

This care is designed for emotionally disturbed children or adolescents requiring more supervision and structure. The program should anticipate providing ongoing training and support services such as behavior management, respite and recreational aides as needed. Specialized foster care also includes teen mothers parenting their baby. The foster family will be expected to model and teach appropriate parenting and child rearing to the adolescent mother.

| Service and Provider | Slots |
|--------------------------------|-----------|
| Specialized Foster Care | 85 |
| Children's Choice | 39 |
| Children & Families First | 12 |
| Child, Inc. | 20 |
| NET | 4 |
| Progressive | 10 |

3. Treatment Foster Care (51 Slots)

This care is designed for children or adolescents with behavioral or emotional disturbances or mental health problems that may have necessitated residential treatment. Adjudicated youth that have completed their residential treatment goals or program requirements and require an intensive step down service may also be included in this category. These youth may be returning from residential/institutional care after receiving maximum benefits from the placement facility. Adolescents with offenses adjudicated for inappropriate sexual behavior or those with conduct disorders will fall into this category. The child's behaviors are such that the professional staff feels he/she is in need of treatment foster care in order to solidify the gains made in prior residential treatment. The Division is

especially interested in a program that can approve families who are willing to work with youth while they are participating in residential treatment with the goal of placement with them when treatment is completed.

| Service and Provider | Slots |
|---------------------------------|-----------|
| Treatment Foster Care | 51 |
| Children's Choice | 10 |
| Children & Families First | 6 |
| Pressley Ridge | 18 |
| NET | 4 |
| Progressive | 7 |
| Sex Offender Foster Care | 6 |
| First Home Care (in VA) | 2 |
| Net | 4 |

4. *Specialized Physical and Medical Foster Care (7 Slots)*

This care is designed for children who have acute or chronic handicapping conditions which may be life threatening without routine specialized medical care and treatment. Children with developmental disabilities will also be served in this program area. These chronic disabilities, which are attributable to mental or physical impairments, tend to be life-long and results in substantial functional limitations in major life activities such as self-care, receptive and expressive language, learning, mobility, self-direction, and the capacity for independent living and economic self-sufficiency. The successful bidder will outline how they will serve this population and provide a plan that will integrate supportive services to foster families including respite care.

| Service and Provider | Slots |
|--|----------|
| Specialized Medical Foster Care | 7 |
| Children's Choice | 2 |
| Children & Families First | 5 |

B. Shelter Care (19 Slots)

This care provides up to thirty days of shelter and situational/crisis intervention counseling for children age nine through eighteen (9 to 18). If a child needs to remain in care beyond 30 days, the contractor should have the capacity to serve up to four children/youth in the shelter as group care.

| Service and Provider | Slots |
|----------------------|-------|
| | |

| | |
|---------------------------|-----------|
| | |
| | |
| Shelters | 19 |
| Child, Inc. | 10 |
| Children & Families First | 9 |

C. Group Care (58 Slots)

This care is designed for those children who, at time of placement, cannot manage intimate family relations. These children and youth may have had multiple placements, may have run away, or suffer from a number of behavioral or emotional disturbances. These children and youth can typically manage for a period of time in a more structured group setting until they are ready for and can function in a family setting; Age range 9 – 17, except Our Lady of Grace that serves ages 5 – 9.

| Service and Provider | Slots |
|---------------------------------------|--------------|
| Group Homes | 58 |
| Bayard House (Preg. Teens) | 1 |
| Murphey School | 28 |
| Our Lady of Grace (5-9) | 5 |
| People's Place (Girls only) | 8 |
| People Place (boys only) | 8 |
| People's Place (4-male / 4-female) | 8 |



DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

DIVISION OF CHILD MENTAL HEALTH SERVICES PROGRAM DESCRIPTIONS

OVERVIEW

The Division of Child Mental Health Services provides both mental health and substance abuse treatment. They have graduated levels of intensity and restrictiveness. Mental health and substance abuse assessments and therapy (individual/family/group) are routine outpatient services and can be accessed directly at the provider level for children and families. For services more intensive than routine outpatient, children and families should be referred to DCMHS.

CRISIS SERVICES – CHILD PRIORITY RESPONSE

Crisis Response and Intervention Services are 7-day per week, 24-hours per day coverage with in-person crisis assessment and intensive intervention and case management for youth in behavioral health crises. A supervised crisis bed is also available for youth who present minimal risk but whose safety cannot be assured with supervision available in his/her usual residence. The purpose of the crisis program is to enhance the client's/families coping skills and to identify and strengthen its natural helping network as support during the period of crisis. Program components include:

- Crisis Response - first contact response with a youth experiencing a mental health emergency involving up to three contacts (face to face interactions) within a 72 hour period.
- Crisis Bed - temporary (1-3 night target) supervised setting which provides for safety and respite for a youth in a crisis situation.
- Crisis Intervention - intensive (up to 20 face-to-face contacts per week, with 24-hour availability), short term (1-4 week target) therapeutic intervention to assist the youth and his/her caretaker(s) to improve coping mechanisms, identify and address the issues that precipitated the crisis, and plan, in conjunction with DCMHS, for further treatment if necessary.

ROUTINE OUTPATIENT SERVICES

Outpatient mental health services include individual and family assessment, psychiatric and psychological services, individual, group, and family counseling, consultation to other child-serving agencies and case management. Services are provided by community based agencies and may occur in both office-based and community-based (in-home, school, or other community locations) settings. These are direct services in which the therapist meets with the child who is the identified client, siblings and/or the parents or legal guardians of the identified client to plan for treatment or work toward achievement of the goals stipulated in the client's treatment plan.

Outpatient community substance abuse treatment services include individual and family assessment, psychiatric and psychological services, individual, group, and family counseling, consultation to other child-serving agencies and case management. In addition individual and family assessment for alcohol and other drug abuse, and/or dependence, drug screening, education about health, nutrition, STD's as they relate to substance abuse, linkages with NA/AA groups, and relapse prevention are provided.

In the Diamond State Health Care Plan, Medicaid (through the Managed Care

Organizations) provides the first 30 units per year of routine outpatient services. DCMHS provides outpatient services for those who require beyond the 30 unit annual benefit, and also serves uninsured and underinsured clients.

INTENSIVE OUTPATIENT SERVICES

Intensive outpatient service is an alternative to psychiatric hospitalization, residential treatment or day treatment. It provides intensive community-based intervention designed to assist the client and the family (especially those who are unable to benefit from insight oriented treatment), the school, and other members of the natural helping network to learn skills to deal with existing problems. Objectives are:

- To reduce the frequency of inpatient psychiatric hospitalization episodes
- To reduce the length of stay of clients admitted to psychiatric hospital or residential treatment
- To reduce the frequency and duration of behaviors that may lead to out-of-community residential treatment and/or psychiatric hospitalization, (symptom reduction)
- To increase the number of days between hospital, residential and crisis episodes.
- To increase the frequency of appropriate social contacts made by the client in his/her community, and/or within the psycho-social group, (increase in functioning)
- To increase the number of consecutive days the client is able to engage in academic, vocational or other training program.

WRAP-AROUND SERVICES

Aide (Wrap-Around) Services are designed to augment mental health/substance abuse treatment provided directly by mental health or substance abuse (MH/SA) providers through the use of a paraprofessional working directly with the client and family to carry out elements of the MH/SA treatment plan developed by the therapist. The aide is available to help generalize treatment to other settings. The service is time-limited, focused on specific goals, and used to aid in transition between levels of care or to facilitate acquisition of specific developmental tasks. Objectives are:

- To provide home/community based services as an adjunct to mental health/substance abuse treatment to children and families who require more than routine outpatient services
- To provide additional therapeutic services as an alternative to a higher level of service provision or to aid in the transition between levels of care
- To transition the client to natural, community based support systems

PART-DAY TREATMENT (SUBSTANCE ABUSE ONLY)

Part-Day Treatment is a 5 day per week intensive program of three (3) hours per day that provides a developmentally approach after-school intervention for substance abusing children and adolescents who are unable to fulfill the functional requirements of this developmental stage without this level of intensive service.

This program is available to clients for 12 months. Clients receive the same clinical services as are provided in full day treatment except for the academic component. Substance abuse programs also focus on client and family education regarding a variety of topics related to substance abuse, e.g., AIDS prevention, 12-Step activities, and relapse prevention.

DAY TREATMENT

Day Treatment is a 5-full-day intensive program that provides developmentally appropriate intervention for seriously disturbed children or adolescents who are unable to fulfill the functional requirements of their developmental stage without this level of

intensive service.

The program is available to clients for 12 months of the year and is open approximately 225 days per year and provides no less than 5 hours of direct service per day. Activities are also provided in afternoons and/or evenings to assure that working parents are able to participate in treatment. Activities occur both on-site at the program and in the client's natural environment. They include but are not be limited to:

- Professional diagnostic and therapeutic services, e.g., psychological and psychiatric services, individual and family and family assessment, individual, group and family treatment, medication evaluation/monitoring and case management
- Activities provided within a therapeutic milieu, e.g., individual and group therapeutic recreation, field trips, parent and school consultation, behavior management, and other psycho-social education activities
- Crisis response for active clients. This may be in collaboration with the DCMHS crisis unit
- Transportation to and from program activities
- Educational program, appropriate to the level and individual educational needs of the client, with instruction provided by certified teachers. (The DEPARTMENT'S Division of Management Services provides educational staff, for cost-reimbursable contracts)
- Substance abuse programs also focus on client and family education regarding a variety of topics related to substance abuse, e.g., AIDS prevention 12-Step activities, and relapse prevention

DAY HOSPITAL SERVICES

Day Hospital Treatment is a milieu-based, medically managed, full-day intensive treatment program that provides intensive clinical services under psychiatric supervision, integrated with an educational component that permits the program to be used as an alternative to school attendance for emotionally disturbed and mentally ill children and adolescents who are unable to function safely in a normal school environment. The program functions on a five hour per day, five day per week basis, and is specifically designed to accommodate the ongoing treatment and developmental needs of severely disturbed clients. Direct psychiatric supervision of treatment is required due to the acuity of the mental illness presented by these clients.

The program is available to clients for 12 months a year. Usually days coincide with the school calendar with a summer program also being offered. An educational program is provided to assist the client to keep up with the class in which he/she is enrolled (home-bound Instruction). Clients receive the same clinical services as are provided in the psychiatric hospital.

INDIVIDUALIZED RESIDENTIAL TREATMENT

The Individualized Residential Treatment services are characterized by the use of highly trained professional treatment parents, who implement individualized treatment in their own homes on a continuous basis (24 hours per day, seven days per week) under the clinical supervision of licensed mental health professionals. One of the trained parents must commit as a full-time treatment parent, available to provide consistent, ongoing interventions and support to the youth in home, school and community. Professional treatment parents are recruited and trained to serve as the primary therapeutic interventionist, responsible for providing services to an assigned youth under the direction of a licensed mental health therapist. The professional treatment parents:

- Participate in the development of, and implement their roles in treatment/educational/vocational plans;
- Act as agents of behavioral change by implementing specific behavior modification programs based upon principals of positive reinforcement;

- Provide positive role modeling, guidance and counseling to assist the youth in managing the demands of everyday living, and in ameliorating specific behavioral deficits and problems;
- Teach and otherwise foster the development of adaptive living skills by the youth;
- Provide general care and supervision of the youth, consistent with their role as surrogate parents;
- Manage emotional and behavioral crises, with clinical supervision and support, in accord with the youth's treatment plan, and with Divisional protocols for crisis management and intervention;
- In conjunction with biological or adoptive parents, advocate for the youth, making contact with schools and collateral service providers as necessary to support the youth;
- Maintain a therapeutic living environment that is well structured, and designed to nurture and support the youth;
- Arrange for appropriate ancillary services (e.g. transportation, etc.) needed to implement the youth's treatment plan;
- Work directly, under clinical supervision with biological or adoptive families, as indicated in the treatment plan, to teach and model appropriate social, interpersonal, and parenting skills;
- Participate in meetings with the DCMHS Clinical Services Management Teams for the purpose of planning treatment, and monitoring client progress in treatment.

THERAPEUTIC GROUP HOME PROGRAM

This service provides a new level of therapeutic group care within the bed-based service continuum. It offers a six-bed, community-based therapeutic group home program exclusively for a specific population of Departmental clients. Program objectives are:

- To create a new level of therapeutic group care in the service continuum available to the Department's clients within the state of Delaware.
- To provide clinically necessary (and therefore, mandated) services to Department clients in the least restrictive appropriate setting, as specified in their individual treatment and service plans.
- To effect specific improvements in the condition of the clients admitted to the program, as evidenced by the attainment of the objectives of their treatment or service plans, thereby enabling them to move progressively toward increasingly less restrictive living environments.
- To promote more efficient utilization of the Department's system of care and treatment services by providing less restrictive and less costly community-based residential alternatives to institutional treatment for youth who have derived maximum benefits from such treatment.

RESIDENTIAL TREATMENT SERVICES

Services at this level are characterized by the provision of a 24-hour residential living environment which is deliberately designed to create a structured therapeutic milieu, and which forms the basic foundation around which clinical treatment services are organized and integrated. Within the residential treatment level of the DCMHS continuum, programs and services are differentiated along several key dimensions:

- Restrictiveness of the milieu, in terms of both the physical characteristics of the environment and its proximity to the community;
- Nature and extent of clinical resources deployed in support of the milieu;
- Ratios of child care staff-to-clients, and the nature and extent of client supervision and care provided;
- Extent to which educational services are provided within the program, versus reliance upon the public school system.

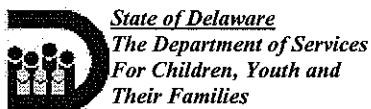
This service is organized to operate as a graduated step-down level of service for youth who may otherwise require hospitalization. The residential living environments are thoroughly integrated with the clinical and educational services provided in the day treatment component, together constituting a 24-hour therapeutic milieu. A key feature of the program's design allows transition of youth from residential treatment status to day-treatment-only status with no loss of treatment continuity or momentum. The fact that the services are community-based permits treatment of seriously disturbed youth in a non-institutional setting.

INPATIENT HOSPITAL

Inpatient treatment services provide an out-of-home, twenty-four hour psychiatric treatment milieu under the direction of a physician. Within the medical context of an inpatient facility, clients can be safely evaluated, medications can be prescribed and monitored, and treatment interventions can be intensively implemented. Inpatient treatment services represent the most restrictive and intensive intervention available within the DCMHS continuum of services.

A therapeutic milieu with strong psychiatric medical support is central to effective inpatient treatment. Therapeutic interventions, activities, milieu and educational components must be carefully integrated to create a total ecological treatment regime. Components of the service include:

- Independent psychiatric evaluation within 24 hours of admission.
- A thorough assessment of the medical, psychological, social, familial, behavioral and developmental dimensions of the client's situation within the context of the client's precipitating symptoms.
- Focused brief treatment and stabilization as medically necessary, including individual and group approaches and problem-specific approaches.
- Therapeutic stabilization of youth in crisis, including physically aggressive minors, and minors who are a danger to self or others.
- Safe and secure environment for all minors who are involuntarily admitted, including those who are violent and dangerous to themselves and/or others.
 - Involuntary inpatient treatment should be used only in extraordinary circumstances where a minor meets the legal definition for involuntary admission, and a parent or legal guardian's signature for voluntary inpatient treatment is unavailable. Treatment is used primarily for acute crisis resolution to address behavior and symptoms which can not be addressed at other less restrictive levels of care. When the acute crisis is resolved, the client should continue treatment in a less restrictive context.
- Careful monitoring of psychotropic medications and their effects on the client's behavior.
- High degree of structure, order, and predictability with regard to the routines of daily living, the management of behavior and the provision for basic needs.
- Monitoring and management of peer group interaction to promote social learning and minimize the negative effects of peer influence.
- Programmed activities for the amelioration of presenting problems, including skill building, with an emphasis upon interpersonal and problem solving skills; self-care/life skills; activity and recreational programming.
- Brief family therapy with focus upon reintegration into the community within the shortest clinically appropriate time frame.



Division of Prevention and Behavioral Health Services

DSCYF Mental Health Criteria

Using the Criteria

The Children's Department, comprised of three service Divisions (i.e., Prevention and Behavioral Health Services, Family Services, and Youth Rehabilitation Services), was created to address the needs of children, youth, & their families from a holistic perspective. The Divisions provide defined expertise to meet the needs of each child & family in an integrated & complementary approach.

The Division of Prevention and Behavioral Health Services is charged with the responsibility for assessment and management of treatment targeting mental health and substance abuse problems of Medicaid and uninsured children and youth. Children and youth whose mental health issues necessitate treatment more intensive than outpatient alone are assigned to a Prevention and Behavioral Health Clinical Services Management Team (CSMT). The Medicaid Managed Care Organization (MCO) covers outpatient treatment for children enrolled in Medicaid. If more than the allowable outpatient benefit provided by Medicaid is needed or if there is no insurance, there is a specific Prevention and Behavioral Health outpatient team that authorizes mental health care.

A mental disorder, as defined by the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) (date),

"Is a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress ... or disability...or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. In addition, the syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event, for example the death of a loved one. Whatever its original cause, it must currently be considered a manifestation of a behavioral, psychological, or biological dysfunction in the individual. Neither deviant behavior nor conflicts that are primarily between the individual and society are mental disorders unless the deviance or conflict is a symptom of a dysfunction in the individual as described above."

The diagnosis of a mental disorder must take into consideration that symptoms are not better explained by the existence of developmental, physical, cognitive, or environmental/family considerations (e.g., inadequate adult supervision; parental inability to provide for basic developmental needs; family or community sanctioned illegal activity). In addition, some behavioral or psychological syndromes or patterns identified in the DSM are more responsive to specifically designed approaches within other service systems (e.g., educational system, developmental disabilities system). Examples of these include: learning disabilities, chronic neurobehavioral syndromes, and behavior patterns which violate the rights of others and interfere with the ability to participate effectively in established mental health treatment. In light of the unique needs of the aforementioned populations and effective protocols established by alternative models of intervention, PBH works to identify and align the expertise of our sister divisions and community resources to most effectively meet the specialized needs of these children, youth, & their families.

When a child or adolescent is referred with a mental health disorder to a CSMT, the team reviews biopsychosocial information from numerous sources (e.g., parents, school, current counselor, court, probation officer, child welfare worker) to assist in determining an initial treatment service level of care. The goal is to provide safe and effective treatment that addresses the presenting issues by promoting maximally productive and developmentally appropriate functioning in the most normalized and least restrictive setting. Prevention and Behavioral Health strives to provide a treatment environment that permits children the opportunity to master the normative tasks of development. (The most normal and least restrictive setting for any child is to be living at home with his/her parents, going to a public/private school, and engaging in age appropriate play and socialization when not in school.) The potential risks of a more normative setting are continuously reviewed, and the possible safety issues are weighed against the importance of maintaining ties with family, community, culture, and supports in the child's own environment. This is an ongoing process throughout a child's involvement with the Division.

Prevention and Behavioral Health service decisions are made on an individual and case-by-case basis. While the child or adolescent is always the designated client in treatment with The Division of Prevention and Behavioral Health, it is both expected and essential that the parent or the caregiver with whom the child/youth lives, actively and regularly participates in treatment. This includes working with the therapist and even more significantly applying what is learned in therapy to the home and community setting. Treatment of young children is rarely effective without caregiver involvement and most problems presented by adolescents also cannot be effectively treated without the caregiver's participation as in any type of behavioral problem.

The Division of Prevention and Behavioral Health follows the customarily established view of mental health treatment as a dynamic process with a beginning, middle, and end. There are no predetermined durations for particular levels of care. The decision to transition from one level of care to another is based on the progress (or lack thereof) that a child or adolescent is making; and is more likely than not to be different for different children/adolescents. Complete resolution of identified issues is not expected to occur during the course of treatment in a particular service. The decision to transition to a less intensive treatment intervention is based on the clinical judgment that the presenting symptoms which necessitated that service have been reduced to a degree that they (and remaining issues) can be safely and effectively addressed in step-down services. Should symptoms not improve over time and/or risks emanating from the mental disorder become too great despite the fact that the service is being utilized as designed and there has been a good faith effort by the family, a decision may be made to consider more intensive treatment. At every juncture, treatment decisions are made in collaboration with parents/custodians and input from all stakeholders to insure that an integrated approach is used in addressing all supports, barriers, & obstacles contributing to the child, adolescent, and family reaching their full potential.

Mental Health Criteria for Hospitalization

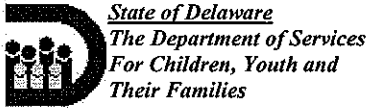
Hospitalization that provides 24 hour medically supervised care and daily treatment should be used primarily for short term acute care to address symptoms that cannot be addressed at other levels of care. When the acute crisis is resolved, the client can continue treatment in a less restrictive program.

Primary Considerations:

I. At least one of the following:

- A) **Self harm:** The client has made suicide attempts or credible threats of significant self injury with a plan and means. Risk factors to be considered include, but are not limited to: suicide of significant other, disturbed sense of reality, depression, hopelessness, previous suicide attempts, substance use, and recent losses.
- B) **Life threatening risk:** The client has exposed himself or herself to life threatening risk. Examples include life threatening eating disorders, repeated drug overdoses requiring medical intervention, and extreme noncompliance with medical intervention for serious medical illnesses.
- C) **Danger to others:** The client has a serious psychiatric disorder such as psychosis, or major affective disorder and displays behavior related to the disorder that may result in serious physical assault, sexual assault, or fire setting or other major harm to others.
- D) **Severe Psychiatric disorder:** The client exhibits a severe psychiatric disorder such as an acute psychotic state, or multiple disorders that require intensive or frequent psychiatric or general medical evaluation or intervention.

II. Least restrictive: Care cannot be provided safely or effectively in less restrictive level of care.



Mental Health Criteria for Residential Treatment Centers (RTC)

Residential Treatment Centers (RTC) offers 24 hour structure and supervision and provide safety and a context for intense individual, family, and milieu treatment services.

Primary considerations:

I. **Mental health problems (one required):** The client exhibits clearly identifiable mental health problems or symptoms such as mood disorders, significant anxiety disorders (e.g. PTSD), and/or self injurious behavior/ideation which:

- A) Result in serious impairment in the client's functioning across settings including school, family, and community; or
- B) Make it impossible for the client to self-regulate their behavior without 24 hour support and management by mental health professionals; or,
- C) Create a high level of risk of direct injury to self or others without 24 hour supervision and therapeutic intervention by mental health staff.

II. **Least restrictive:**

Twenty four hour inpatient hospitalization is not necessary, and the client has received outpatient treatment (including office or home based services, crisis intervention, and day treatment of partial hospitalization) and has not made progress, cannot reasonably be expected to make progress, or is regressing, or there is evidence that the client could not be safely be treated in any less restrictive level of care.

III. **Family participation:** Family members and/or significant others in the client's support network (relatives, case managers, or mentors) will commit to regular participation in the treatment process and to the client's return to the community.

However, clients affected by these conditions may have mental health concerns that should be treated at the appropriate level of care. Inter-Divisional and/or interdepartmental planning and intervention will frequently be necessary to address other conditions.

Following these guidelines, based on criteria and complicating conditions, each case is reviewed individually in order to establish the most appropriate course of intervention and treatment.

Criteria for Individualized Residential Treatment (IRT)

This level of care provides a 24 hour specialized treatment in a home environment for clients whose behavior and psychiatric status precludes their ability to function in a less structured environment after receiving treatment in a residential treatment center. The client's natural home situation is unable to provide for the child and there are no identified parents, family, or friends interested in sharing their home and/or qualified in providing the level of behavior management intervention clinically necessary to maintain client in the community, home or school setting. These children, who challenging behaviors and special needs associated with their emotional and cognitive compromise, necessitate "treatment parents" who are extensively trained to manage the issues and behaviors presented by these children and are required to be available on an as needed basis to support these children in the community. The complexity of these children's problems require a team approach whereby the "treatment parents" are clinically supported by the organization employing them, there provisions for emergency clinical support and respite is provided for the "treatment parent".

Primary Considerations: (all required)

I A. Child must be

1. Over the age of 12 and
2. Currently receiving treatment in a mental health/substance abuse residential treatment center (RTC) due to a clearly identifiable and serious mental health or substance abuse disorder and
3. Having completed treatment at the residential level

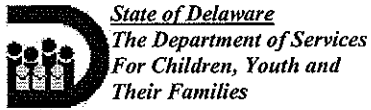
B. The child cannot function in a natural family **and** the demands presented by his/her mental health and/or substance abuse make him/her an unsuitable candidate for regular foster or group care.

C. The child is expected to attend public school within 30 days of entering the home.

II. **Least restrictive:**

Twenty four hour inpatient hospitalization or residential treatment is not clinically necessary, and based on child's history the child is unlikely to be successful in a home environment that offers fewer clinical services and supervision.

III. **Family participation:** Family members and/or significant others in the client's support network (relatives, case managers, or mentors) will commit to regular participation in the treatment process and to the client's return to a normal home environment. The "treatment parents" will participate in treatment, school, and community meetings.



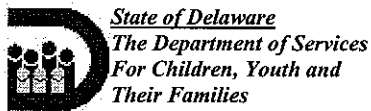
Division of Prevention and Behavioral Health Services

Crisis Intervention Services

Crisis intervention is immediate action taken to evaluate, stabilize, and intervene in critical or emergency situations that appear to involve mental health concerns. The goals are to address issues which precipitated the crisis, provide intensive short-term intervention, and identify and provide transition to any necessary follow on services.

Primary considerations:

- I. There are mental health concerns, which require an immediate evaluation and intervention.
- II. There is no apparent condition or injury requiring immediate medical attention.



Division of Prevention and Behavioral Health Services

Crisis Bed Services

A crisis bed is a substitute care setting that may be utilized for a period of up to 72 hours, when such substitute care will facilitate effective implementation of crisis intervention services.

Primary Considerations:

- I. A crisis bed should not be used when other appropriate resources, e.g., extended family, are available to provide support and care.
- II. The child would be at increased risk for hospitalization or other 24 hour care if the crisis bed is not utilized.

Mental Health Criteria for Partial Hospitalization/Day Hospital

This level of care provides support and psychiatric services five days per week to clients living at home or in other residential settings. This level of care should be used for clients with severe, complex, or chronic psychiatric disorders requiring high intensity psychiatric medical services.

Primary Considerations:

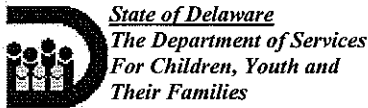
I. At least one of the following:

- A) **Self harm:** The client has made suicide attempts or credible threats with a plan and means. Risk factors to be considered include, but are not limited to: suicide of significant other, disturbed sense of reality, depression, hopelessness, previous suicide attempts, substance use, and recent losses.
- B) **Medical risk:** The client has exposed himself or herself to medical risk, for example, eating disorders, repeated drug overdoses requiring medical intervention, and noncompliance with medical intervention for serious medical illnesses.
- C) **Danger to others:** The client has a serious psychiatric disorder such as psychosis, or major affective disorder and displays behavior related to the disorder that may result in serious physical assault, sexual assault, or fire setting or other major harm to others.
- D) **Severe, Complex, or Chronic Psychiatric disorder:** The client exhibits a severe, complex, or chronic psychiatric disorder that has led to compromised functioning in multiple areas which require frequent or intensive psychiatric or general medical evaluation or intervention which cannot safely or effectively be provided in alternative programs.
- E) **Psychiatric oversight:** Is a necessary part of the client's treatment.

II. Least restrictive :

Twenty four hour inpatient hospitalization or RTC care is not necessary, and the client has received outpatient treatment (including office or home based services, crisis intervention, and day program) and has not made progress, cannot reasonably be expected to make progress, or is regressing in outpatient treatment, or there is evidence that the client could not be safely be treated in any less restrictive level of care.

III. **Family participation:** Family members and/or significant others, in the client's support network (relatives, case managers, or mentors) will commit to regular participation in the treatment process and to the client's return to the community.



Mental Health Criteria for Day Treatment

Day treatment provides intensive psychiatric services and a milieu facilitating a more successful adaptation to community and regular educational environments when 24 hour care and intensive psychiatric/medical monitoring are not necessary. Services are provided five (5) days a week.

Primary consideration:

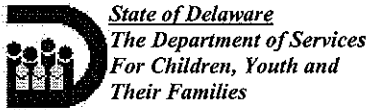
I. At least one of the following:

- A) **Self harm:** The client within the last two years has made a significant suicide attempt or gesture and currently threatens self-harm or self-mutilation, especially in combination with a history of substance abuse, significant depression, borderline personality disorder, or other significant psychiatric conditions.
- B) **Danger to others:** The client has a serious psychiatric disorder such as psychosis, or major affective disorder and displays behavior related to the psychiatric condition that may result in serious physical assault, sexual assault, or fire setting, or other major harm to others.
- C) **Severe or Chronic Psychiatric disorder:** The client exhibits a psychiatric disorder such as major depression or chronic conditions that compromises functioning in multiple areas, and requires intensive psychotherapeutic intervention and/or a milieu that facilitates social skill development and reintegration into a regular community school environment.

II. Least restrictive:

Twenty four hour inpatient hospitalization or RTC or partial hospital care is not necessary and outpatient treatment (including office or home based services, or crisis intervention) has been attempted or considered and the youth has not made progress, or cannot reasonably be expected to make progress.

III. **Family participation:** Family members and/or significant others, in the client's support network (relatives, case managers, mentors) will commit to regular participation in the treatment process and to the client's return to the community.



Division of Prevention and Behavioral Health Services

Intensive Outpatient (IOP) Services

Intensive Outpatient Treatment is focused, professionally directed evaluation and treatment of at least 3 hours per week. It is designed for the client who needs intensive treatment including services at school, in the client's home, and in the community in addition to the therapist's office, but can live at home and attend school or work during the day.

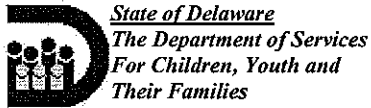
Payment Considerations

I. Mental health problems that significantly compromise functioning.

II. Least restrictive (one of the following required):

- A. Twenty four hour inpatient hospitalization, RTC or Day Treatment is no longer necessary and more intensive services than traditional outpatient are required, or
- B. The client has received lower intensity outpatient treatment and has not made progress, cannot reasonably be expected to make progress, is regressing in outpatient treatment, or is not likely to benefit from outpatient treatment.

III. **Family participation:** Family members or, in exceptional cases significant others, in the client's support network (relatives, case managers, mentors) will commit to regular participation in the treatment process and to maintaining the client in the community.

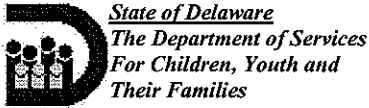


Mental Health Outpatient

Mental health outpatient treatment is the least restrictive level of mental health intervention. It is designed for children/youth who have been identified as exhibiting mental health symptoms requiring evaluation and/or treatment, most typically on a scheduled basis. Although the frequency of appointments might range from once a month to several times a week, the typical client would be seen once or twice a week for a period of three to six months. Family participation and utilization of community resources are emphasized.

Primary considerations:

- I. The child has at least one mental health symptom requiring evaluation or treatment.
- II. The child or youth can be maintained in the family and school setting within this level of care.
- III. The child's or youth's family or support system should be willing to participate in treatment.



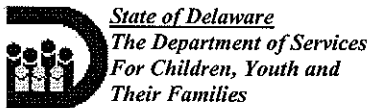
Division of Prevention and Behavioral Health Services

Criteria for Aide Services (Wrap Around/Behavioral Intervention)

Aide services are designed to augment mental health services provided directly by mental health providers through the use of a paraprofessional working directly with the client and family to carry out elements of the mental health treatment plan. Generally the aide would be available to help generalize treatment efforts to other settings. The service should generally be time limited, focused on specific goals, and used to aid in transition between levels of care or to facilitate adjustment to developmental tasks.

Primary consideration:

- I. The client must be engaged in mental health treatment at least at the outpatient level. (Aide services are not a stand-alone treatment.)
- II. The goals for the aide must be integrated into the mental health treatment plan.
- III. There should be an attainable goal with a time limited period of intervention for each goal. Goals should be stated in concrete behavioral or skills terms.
- IV. The client has mental health symptoms that are severe, chronic, and/or pervasive, and are not responding or cannot reasonably be expected to respond to traditional outpatient treatment alone.
- V. Without the aide service, the client would require a higher level of service provision.



Division of Prevention and Behavioral Health Services
Substance Abuse Criteria

For Substance Abuse Disorders, DPBHS uses the criteria developed by the American Society of Addiction Medicine, Inc. Since these are copyrighted they can not be reprinted. The reference is:

American Society of Addiction Medicine. (2001). *ASAM PPC-2R: ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders. Second Edition –Revised.* Chevy Chase, MD: American Society of Addiction Medicine, Inc.

Web Address for American Society of Addiction Medicine: <http://www.asam.org/>

DIVISION OF PREVENTION AND BEHAVIORAL HEALTH SERVICES
PROVIDER NETWORK FY 11

| PROVIDER | COUNTY | LOCATION | PHONE | SLOTS | SYSTEM ADMIN |
|---|--------|--|---------------|-----------|--------------------|
| ACUTE CARE SERVICES | | | | | |
| Crisis Intervention <i>STATEWIDE CRISIS NUMBERS (NCC 302-633-5128) (Southern NCC 1-800-969-HELP [4357]) (KC/SC 302-424 HELP [4357])</i> | | | | | |
| Delaware Guidance Services* | SC | 31168 Learning Lane, Lewes DE 19958 | 302-645-5338 | As needed | Jen Tse |
| | KC | 103 Mont Blanc Boulevard, Dover, DE 19904 | 302-678-3020 | As needed | |
| * Includes Wilmington Child Development Community Policing Program | | | | | |
| Crisis Beds** | | | | | |
| Delaware Guidance Services | SC/KC | 31168 Learning Lane, Lewes DE 19958 | 302-645-5338 | 2 | Jen Tse |
| Terry Children's Psychiatric Center | NCC | 10 Central Avenue, New Castle, DE 19720 | 302-577-4270 | 6 | Jen Tse |
| ** RFP still under review as of 10/7/2010 | | | | | |
| Inpatient Hospital for Mental Health | | | | | |
| Dover Behavioral Health System | K/SC | 725 Horsepond Road, Dover, DE 19901-7232 | 302-741-0140 | As needed | Jen Tse |
| Rockford Center | ALL | 100 Rockford Drive, Newark, DE 19713 | 302-996-5480 | As needed | Jen Tse |
| Day Hospital Services for Mental Health | | | | | |
| Dover Behavioral Health System | K/SC | 725 Horsepond Road, Dover, DE 19901-7232 | 302-741-0140 | As needed | Jen Tse |
| Rockford Center | NCC | 100 Rockford Drive, Newark, DE 19713 | 302-996-5480 | As needed | Jen Tse |
| Rosenblum Adolescent Program/Christiana Care | NCC | 501 West 14th Street, Wilmington, DE 19801-1038 | 302-428-4923 | As needed | Jen Tse |
| MENTAL HEALTH TREATMENT SERVICES | | | | | |
| Routine Outpatient Services for Mental Health | | | | | |
| Aquila of Delaware, Inc. | NCC | 1812 Newport Gap Pike, Wilmington, DE 19803 | 302-999-1106 | As needed | Vanessa Bennifield |
| Catholic Charities, Inc. | NCC | 2601 W. Fourth Street, Wilmington, DE 19805 | 302-655-9624 | As needed | Vanessa Bennifield |
| | KC | 1155 W. Walker Road, Dover, DE 19904 | 302-674-1600 | As needed | |
| | SC | 406 S. Bedford St., Suite 9, Georgetown, DE 19947 | 302-856-9578 | As needed | |
| Christiana Counseling (Reserved) | NCC | 5235 W. Woodmill Drive, Suite 47-48, Wilmington, DE 19808 | 302-995-1680 | As needed | Vanessa Bennifield |
| Counseling Works (Reserved) | SC | 228835 Wood Banch Road, Georgetown, DE 19947 | 302-856-6454 | As needed | Vanessa Bennifield |
| Crossroads of Georgetown (Reserved) | SC | 11 East Market Street, Suite 2, Georgetown, DE 19947 | 302-855-0558 | As needed | Vanessa Bennifield |
| Delaware Guidance Services | NCC | 1213 Delaware Avenue, Wilmington, DE 19806 | 302-652-3948 | As needed | Vanessa Bennifield |
| | NCC | Polly Drummond Office Park, Bldg. 1 Suite 1208, Newark, DE 19711 | 302-455-9333 | As needed | |
| | SC | 1330 Middleford Road, Suite 303, Park Center, Seaford, DE 19973 | 302-262-3505 | As needed | |
| | SC | 31168 Learning Lane, Lewes DE 19958 | 302-645-5338 | As needed | |
| | KC | 103 Mont Blanc Boulevard, Dover, DE 19904 | 302-678-3020 | As needed | |
| Evans, Janelle (Reserved) | NCC | 287 Christiana Road, Suite 8, New Castle, DE 19720 | 302-325-6515 | As needed | Vanessa Bennifield |
| Freed Family Services (Reserved) | SC | 6 Chelsea Square, Millsboro, DE 19966 | 302-934-7807 | As needed | Vanessa Bennifield |
| Jewish Family Services of DE | NCC | 99 Passmore Road, Wilmington, DE 19803 | All Referrals | As needed | Vanessa Bennifield |
| | NCC | 288 East Main Street, Newark, DE 19711 | 302-478-9411 | As needed | |
| Kent-Sussex Counseling Services (Reserved) | KC | 1241 College Park Place, Dover, DE 19904 | 302-735-7790 | As needed | Vanessa Bennifield |
| | SC | 20728 North DuPont Boulevard, Suite 313, Georgetown DE 19947 | | | |
| | SC | 111 Mechanic Street, Laurel, DE 19956 | | | |
| Latin-American Community Center | NCC | 403 VanBuren Street, Wilmington, DE 19805 | 302-295-2169 | As needed | Vanessa Bennifield |
| McCormick, Kathleen (Reserved) | SC | 26084 Gov. Stockley Road, Georgetown, DE 19947 | 302-855-9833 | As needed | Vanessa Bennifield |
| Mid-Atlantic Behavioral Health, LLC (Reserved) | NCC | 910 S. Chapel Street, Suite 102, Newark, DE 19713 | 302-224-1400 | As needed | Vanessa Bennifield |
| Middletown Counseling Services (Reserved) | NCC/K | 401 N. Broad Street, Middletown, DE 19709 | 302-376-0621 | As needed | Vanessa Bennifield |
| Open Door, Inc. | NCC | 254 E. Main Street, Newark, DE 19711 | 302-731-1504 | As needed | Vanessa Bennifield |
| | KC | 884-B Walker Road, Dover, DE 19904 | 302-678-4911 | As needed | |
| | SC | 107 Pennsylvania Ave, Seaford, DE 19973 | 302-731-1504 | As needed | |

DIVISION OF PREVENTION AND BEHAVIORAL HEALTH SERVICES
PROVIDER NETWORK FY 11

| PROVIDER | COUNTY | LOCATION | PHONE | SLOTS | SYSTEM ADMIN |
|---|--------|--|--------------|---------------|--------------------|
| People's Place Counseling Center | KC | 165 Commerce Way, Dover DE 19904 | 320-730-4479 | As needed | Vanessa Bennifield |
| | K/NCC | 32 S. Main Street, Smyrna, DE 19977 | 302-653-2341 | As needed | |
| | KC/SC | 1131 Airport Road, Milford, DE 19963 | 302-422-8026 | As needed | |
| | SC | 230 Mitchell Street, Millsboro, DE 19966 | 302-934-0300 | As needed | |
| | SC | 350 Virginia Avenue, Seaford, DE 19973 | 302-422-8026 | As needed | |
| Pressley Ridge (Reserved) | KC | 846 Walker Road, Unit 32-1, Dover, DE 19904 | 302-677-1590 | As needed | Vanessa Bennifield |
| Safe Harbor, Inc. (Reserved) | SC | 6 Bay Oak Drive, Lewes, DE 19958 | 302-945-9425 | As needed | Vanessa Bennifield |
| Serenity Counseling (Reserved) | SC | 28348 Johnson Lane, Harbeson, DE 19951 | 302-945-8186 | As needed | Vanessa Bennifield |
| Tranquility Counseling, Inc. (Reserved) | NCC | 5149 West Woodmill Drive, Suite 20, Wilmington, DE 19808 | 302-636-0700 | As needed | Vanessa Bennifield |
| Upper Bay Counseling and Support Services | NCC | 700 A River Road, Wilmington, DE 19809 | 302-764-1890 | As needed | Vanessa Bennifield |
| Intensive Outpatient Services for Mental Health | | | | | |
| Catholic Charities, Inc. | NCC | 2601 W. Fourth Street, Wilmington, DE 19805 | 302-655-9624 | 8 | Vanessa Bennifield |
| | KC | 1155 W. Walker Road, Dover, DE 19904 | 302-674-1600 | 8 | |
| | SC | 406 S. Bedford St., Suite 9, Georgetown, DE 19947 | 302-856-9578 | 8 | |
| Delaware Guidance Services | NCC | Polly Drummond Office Park Bldg.1 Suite 1208, Newark, DE 19711 | 302-455-9333 | 24 | Vanessa Bennifield |
| | SC | 31168 Learning Lane, Lewes DE 19958 | 302-645-5338 | 16 | |
| | KC | 103 Mont Blanc Boulevard, Dover, DE 19904 | 302-678-3020 | 16 | |
| Child Guidance Resource Center | NC | 103 Sleepy Hollow Drive, Bunker Hill Centre II Suite 105, Middletown, DE 19709 | 302-279-1010 | 8 | Vanessa Bennifield |
| New Behavioral Network | NCC | 240 North James Street, Suite 100 E, Newport, DE 19804 | 302-892-9210 | 24 | Vanessa Bennifield |
| Terry Children's Psychiatric Center | NCC | 10 Central Avenue, New Castle, DE 19720 | 302-577-4270 | 19 | Vanessa Bennifield |
| | KC/SC | Milford State Service Center, 11-13 N. Church Avenue, Milford, DE 19963 | | 9 | |
| Tressler - Brandywine Project | NCC | 240 N. James Street, Suite 200; Newport, DE 19804 | 302-995-2002 | 32 | Vanessa Bennifield |
| Day Treatment Services for Mental Health | | | | | |
| Delaware Guidance Services | SC | 31168 Learning Lane, Lewes DE 19958 | 302-645-5338 | 10 | Kelly Lovelace |
| | KC | 103 Mont Blanc Boulevard, Dover, DE 19904 | 302-678-3020 | 10 | |
| NET - Kacy Church Treatment Center | NCC | 287 Christiana Road; Suite 8, New Castle, DE 19720 | 302-325-6500 | 4 | Kelly Lovelace |
| Seaford House/Children & Families First | SC | PO Box 902, Seaford, DE 19973 | 302-629-6996 | 10 | Kelly Lovelace |
| Silver Lake Day Treatment Center | ALL | 493 E. Main Street, Middletown, DE 19709 | 302-378-5238 | 4 | Kelly Lovelace |
| Terry Children's Psychiatric Center | NCC | 10 Central Avenue, New Castle, DE 19720 | 302-577-4270 | 30 | Kelly Lovelace |
| In-State residential programs are limited by program and building lay-out as to gender distribution. * indicates flexibility within limits. | | | | | |
| Residential Treatment for Mental Health | | | | | |
| Brenford Place (Silver Lake Consortium) | ALL | 136 Waterview Lane, Dover, DE 19904 | 302-739-3703 | 6/4 by gender | Kelly Lovelace |
| Coastal Harbor Treatment Center (Out-of-Network) | ALL | 1150 Cornell Avenue, Savannah, GA 31410 | 912-692-4234 | As needed | Kelly Lovelace |
| Cumberland Hospital | | 9407 Cumberland Road, New Kent, VA 23124 | 800-368-3472 | As needed | Kelly Lovelace |
| Hill Crest Hospital, HC (Out-of-Network) | ALL | 6869 Fifth Avenue, Birmingham, AL 35212-1866 | 205-838-2050 | As needed | Kelly Lovelace |
| KidsPeace (Out-of-Network) | ALL | 5300 KidsPeace Drive, Orefield, PA 18069 | 800-854-3123 | As needed | Kelly Lovelace |
| Middletown RTC (Silver Lake Consortium) | ALL | 495 E. Main St., Middletown, DE 19709 | 302-653-6589 | 10 Male | Kelly Lovelace |
| NET- Iron Hill RTC | NCC | 1318 Whittaker Road, Newark, DE 19720 | 302-224-0538 | 4M/4F * | Kelly Lovelace |
| NET- Red Lion RTC | NCC | 3560 Wrangle Road, Bear, DE 19701 | 302-832-0120 | 4M/4F * | Kelly Lovelace |
| The Pines, (Out-of-Network) | | 825 Crawford Parkway, Portsmouth, VA 23704 | 757-393-0061 | As needed | Kelly Lovelace |
| Potomac Ridge Behavioral Health System - Eastern Shore (Out-of-Network) | ALL | 821 Fieldcrest Road, Cambridge, MD | 410-221-0288 | As needed | Kelly Lovelace |
| Seaford House RTC/ Children & Families First | SC | PO Box 902, Seaford, DE 19973 | 302-629-6996 | 10 | Kelly Lovelace |
| Silver Springs/Martin Luther School | | 512 W. Township Line Road, Plymouth Meeting, PA 19462-1099 | 610-825-4440 | As needed | Kelly Lovelace |
| Terry Children's Psychiatric Center | NCC | 10 Central Avenue, New Castle, DE 19720 | 302-577-4270 | 14 | Kelly Lovelace |
| Individual Residential Treatment | | | | | |
| Children & Families First | ALL | 2005 Baynard Blvd., Wilmington, DE 19802 | 302-658-5177 | Varies | Kelly Lovelace |
| NET Centers | NCC | 287 Christiana Road, Suite 8, New Castle, DE 19720 | 302-325-6500 | Varies | Kelly Lovelace |
| Pressley Ridge | ALL | 846 Walker Road, Unit 32-1, Dover, DE 19904 | 302-677-1590 | Varies | Kelly Lovelace |
| Progressive Life Center | NCC | 1218 "B" Street, Wilmington, DE 19801 | 302-778-6502 | Varies | Kelly Lovelace |

DIVISION OF PREVENTION AND BEHAVIORAL HEALTH SERVICES
PROVIDER NETWORK FY 11

| PROVIDER | COUNTY | LOCATION | PHONE | SLOTS | SYSTEM ADMIN |
|----------------------------|--------|--|--------------|-----------|----------------|
| Therapeutic Respite | | | | | |
| NET Centers | NCC | 287 Christiana Road, Suite 8, New Castle, DE 19720 | 302-454-7882 | As needed | Kelly Lovelace |
| Pressley Ridge | ALL | 846 Walker Road, Unit 32-1, Dover, DE 19904 | 302-677-1590 | As needed | Kelly Lovelace |

SUPPORTIVE SERVICES

| | | | | | |
|-----------------------------|-------|--|--------------|-----------|--------------------|
| Wrap-Around Services | | | | | |
| Crossroads | NCC | 109 West 7th Street, Wilmington, DE 19801 | 302-652-1405 | As needed | Vanessa Bennifield |
| Delaware Guidance Services | NCC | 1213 Delaware Avenue, Wilmington, DE 19806 | 302-652-3948 | As needed | Vanessa Bennifield |
| New Behavioral Network | NCC | 240 North James Street, Suite 100 E, Newport, DE 19804 | 302-892-9210 | As needed | Vanessa Bennifield |
| | KC/SC | 10 The Plaza, Loockerman Street, Dover, DE 19901 | 302-730-0720 | As needed | |

| | | | | | |
|--------------------------------|-----|--|--------------|-----------|----------------|
| Transportation | | | | | |
| Ability Transport | NCC | 107 Senatorial Drive, Wilmington, DE 19807 | 302-420-4207 | As needed | Kelly Lovelace |
| Bonarides | NCC | 1 Revere Place, Newark, DE 19702 | 302-252-7362 | As needed | Kelly Lovelace |
| Delmarva Transportation | | 101 Maryland Avenue, Greenwood, DE 19950 | 302-349-0840 | As needed | Kelly Lovelace |
| Urgent Ambulance Service, Inc. | ALL | 118 Sandy Drive, Unit 3, Newark, DE 19713 | 302-454-1821 | As needed | Kelly Lovelace |

| | | | | | |
|------------------------------|-----|-----------------------------------|--------------|-----------|----------------|
| Translation | | | | | |
| Para-Plus Translations, Inc. | ALL | P.O. Box 92, Barrington, NJ 08007 | 856-547-3695 | As needed | Kelly Lovelace |

SUBSTANCE ABUSE TREATMENT SERVICES

| | | | | | |
|--|---------------------------|--|--|--|---------|
| Routine Outpatient Services for Substance Abuse | | | | | |
| Aquila of Delaware, Inc. | NCC SC | 1812 Newport Gap Pike, Wilmington, DE 19803 10 North Railroad Ave., Georgetown, DE 19947 | 302-999-1106 302-856-9746 | As needed As needed | Jen Tse |
| Kent-Sussex Counseling Services (Reserved) | KC SC SC | 1241 College Park Place, Dover, DE 19904 20728 North DuPont Boulevard, Suite 313, Georgetown DE 19947 111 Mechanic Street, Laurel, DE 19956 | 302-735-7790 | As needed | Jen Tse |
| Open Door, Inc. | NCC NCC KC/NC SC | 254 E. Main Street, Newark, DE 19711 Claymont Community Center, Claymont, DE 19703 884-B Walker Road, Dover, DE 19904 107 Pennsylvania Ave, Seaford, DE 19973 | 302-731-1504 302-798-9555 302-678-4911 302-731-1504 | As needed As needed As needed As needed | Jen Tse |
| People's Place Counseling Center | KC/SC | 1131 Airport Road, Milford, DE 19963 | 302-422-8026 | As needed | Jen Tse |
| SODAT | NCC KC | 625 North Orange Street, Wilmington, DE 19801 903 B South Governor's Avenue, Dover DE 19904 | All Referrals 302-656-4044 | As needed | Jen Tse |
| Crossroads | NCC | 109 West 7th Street, Wilmington, DE 19801 | 302-652-1405 | As needed | Jen Tse |

| | | | | | |
|--|------|--|--------------|----|---------|
| Intensive Outpatient Services for Substance Abuse | | | | | |
| Aquila of Delaware, Inc. | NCC | 1812 Newport Gap Pike, Wilmington, DE 19803 | 302-999-1106 | 24 | Jen Tse |
| Psychotherapeutic Services, Inc. | K/SC | 630 West Division Street, Suite E, Dover, DE 19904 | 302-672-7159 | 8 | Jen Tse |

| | | | | | |
|---|-----------|---|------------------------------|------------------------|---------|
| Part Day Treatment for Substance Abuse | | | | | |
| Aquila of Delaware, Inc. | NCC SC | 1812 Newport Gap Pike, Wilmington, DE 19803 6 N. Railroad Ave., Georgetown, DE 19947 | 302-999-1106 302-856-9746 | As needed As needed | Jen Tse |
| Crossroads | NCC | 109 West 7th Street, Wilmington, DE 19801 | 302-652-1405 | As needed | Jen Tse |

| | | | | | |
|--|-----------|---|------------------------------|------------------------|---------|
| Day Treatment for Substance Abuse | | | | | |
| Aquila of Delaware, Inc. | NCC SC | 1812 Newport Gap Pike, Wilmington, DE 19803 10 North Railroad Ave., Georgetown, DE 19947 | 302-999-1106 302-856-9746 | As needed As needed | Jen Tse |
| Crossroads | NCC | 109 West 7th Street, Wilmington, DE 19801 | 302-652-1405 | As needed | Jen Tse |

| | | | | | |
|--|-----|--|----------------|-----------|---------|
| Residential Treatment for Substance Abuse | | | | | |
| Mountain Manor | ALL | 3800 Frederick Avenue, Baltimore, MD 21244 (Local phone 410-233-1400) | 1-800-446-8833 | As needed | Jen Tse |
| The Bridge/Therapeutic Center at Fox Chase | ALL | 8400 Pine Road, Philadelphia, PA 19111 | 215-342-5000 | As needed | Jen Tse |
| Today, Inc. | ALL | 1990 Woodburne Road, Newtown, PA 18940 | 215-968-4713 | As needed | Jen Tse |

The Delaware Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Roster

What is the Delaware TF-CBT Roster?

Family members, professionals and members of the public can use this roster to find a trained specialist in the treatment of child and family trauma.

The roster is a publicly available listing of trainees and successful program graduates of the Delaware Children’s Department’s Division of Prevention and Behavioral Health Services (DPBHS). DPBHS has a clinical training program designed to train mental health professionals with at least a master’s degree and experience to use the **Trauma-Focused Cognitive Behavioral Therapy** intervention developed by Esther Deblinger, Ph.D., Judith Cohen, M.D. and Anthony Mannarino with fidelity to the model. DPBHS has trained clinicians in this treatment to provide **effective, trauma-specific treatment for children with physical and/or sexual abuse, neglect, a history of witnessing violence (community or domestic violence) or experience with a traumatic event (e.g. car accident).**

Symptoms of child traumatic stress include but are not limited to:

- Repeated, upsetting memories of the traumatic event
- Flashbacks, reliving the experience
- Very upset by sights, sounds, smells which trigger memory of the traumatic event
- Avoiding places or people that are reminders of the event
- Being easily startled
- Showing very little emotion, seeming “numb” regarding the event
- Frequent nightmares
- Difficulty sleeping
- Difficulty concentrating
- Lack of interest in usual activities or personal relationships they once enjoyed

TF-CBT is a psychosocial treatment model designed to treat posttraumatic stress and related emotional and behavioral problems in children and adolescents and is listed as an evidence-based practice on the U.S. Substance Abuse and Mental Health Services Administration website: the National Registry of Evidence-based Programs and Practices (NREPP) with a quality of research rating of 3.8 on a scale of 4.0. The link to that website for TF-CBT is:

<http://www.nrepp.samhsa.gov/>

For general information about child traumatic stress, the website of the National Child Traumatic Stress Network (federally funded organization) is www.nctsn.org. It has information specifically designed for interest groups like parents, schools, etc... DPBHS is a member of the NCTSN and the training provided to Delaware clinicians is part of a very competitive federal grant obtained by DPBHS.

Disclaimer: As a public service, the Division of Prevention and Behavioral Health Services of the Delaware Children's Department has developed this roster which contains a list of trainees and graduates it has trained in TF-CBT. Neither DPBHS nor its providers nor its funders provide official endorsement of the clinicians included on our roster. This listing of clinicians is available for information purposes only; this listing is not meant to replace consultation with your physician or mental health professional. The views and opinions of clinicians listed do not necessarily state or reflect those of DPBHS or the State of Delaware.

The Delaware Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Roster*

Clinicians with an asterisk by their names () will accept referrals of YOUNG CHILDREN and have received additional training in using TF-CBT with young children.*

*Unless otherwise indicated, **ALL clinicians on this roster accept third party payment as well as Medicaid Managed Care as payment for services.***

| | | | |
|--------------------------|---|--------------------------|---|
| Alatur, Oya | Oya Alatur, LCSW Jewish Family Services 99 Passmore Road Wilmington, DE 19803 Phone: 302-478-9411 | Croft, Gail | Gail M Croft, LPCMH Delaware Guidance Services 103 Mont Blanc Boulevard Dover, DE 19977 Phone: 302-678-3020, ext 432 |
| Bushnell, Pamela | Pamela Bushnell, LCSW Jewish Family Services 288 E. Main Street, Suite 1 Newark, DE 19711 Phone: 302-478-9411 | Darby, Lisa | Lisa Darby LCSW Mid Atlantic Behavioral Health 910 South Chapel St. Newark, DE 19713 Phone: 302-224-1400 |
| Bennett, Stav* | Stav Bennett, LPCMH Mind and Body Consortium 1151 Walker Rd. Dover, DE 19904 Phone: 302-674-2380 ** Not a DPBHS provider | Doney, Stacy | Stacy Doney LCSW The Counseling Center 1103 Drummond Office Park Newark, DE 19711 Phone: 302-286-7164 |
| Caputo, Christine | Christine Caputo, LCSW Christiana Counseling 5235 West Woodmill Drive Wilmington, DE 19808 Phone: 302-995-1680 x 238 ** Not a DPBHS provider | Dukes, Jeanne Doe | Jeanne Doe Dukes, LCSW Lewes Counseling 32314 Lewes-Georgetown Highway Lewes, DE 19958 Phone: 302-430-2127 ** Not a DPBHS provider |
| Coleman, Norwood | Norwood Coleman, LCSW Smith-Coleman Counseling Newport, DE 19804 Phone: 302-377-2603 ** Not a DPBHS provider | Dyer, Carol | Carol Dyer, LCSW Delaware Guidance Services 103 Mont Blanc Boulevard Dover, DE 19977 Phone: 302-678-3020 (Spanish-speaking, bilingual) |

| | | | |
|------------------------|--|-----------------------------|---|
| Early, Tim | Tim Early, LPCMH Delaware Guidance Services 103 Mont Blanc Boulevard Dover, DE 19904 Phone: 302-678-3020 | McCarragher, Melanie | Melanie McCarragher, LCSW Mind & Body Consortium 1151 Walker Road Dover, DE 19901 Phone: 302-674-2380 ** Not a DPBHS provider |
| Gonzalez, Ada | Ada Gonzalez, Ph.D. The Mind and Body Consortium 1151 Walker Road Dover, DE 19904 Phone: 302-674-2380 (Spanish-Speaking, Bilingual) ** Not a DPBHS provider | McLaughlin, Peggy | Peggy McLaughlin, MSCC Catholic Charities 2601 W. 4th Street Wilmington, DE 19805 Phone: 302-655-9624 |
| Harris, Brandi | Brandi Harris, LPCMH, NCC A Center for Mental Wellness 25 South Old Baltimore Pike Suite #201, Lafayette Building 1 Christiana, DE 19702 Phone: 302-266-6200 ** Not a DPBHS provider | Miller, Deborah* | Deborah Miller, LCSW Lighthouse Therapy Center 30838 Vines Creek Road, Suite 2B Dagsboro, DE 19939 Phone: 302-732-1310 ** Not a DPBHS provider |
| Jester, Tiffany | Tiffany Jester, MS, NCC Delaware Guidance Services 103 Mont Blanc Boulevard Dover, DE 19904 Phone: 302-678-3020 | Moore, Stephen* | Stephen Moore, MC, LPCMH Delaware Guidance Services Polly Drummond Office Park Building 1, Suite 1208 Newark, DE 19711 Phone: 302-455-9333 |
| Jones, Judith | Judith Jones, LCSW Delaware Guidance Services 103 Mont Blanc Boulevard Dover, DE 19904 Phone: 302-678-3020 | Mullen, Julius | Julius Mullen, Sr., Ed.D, NCC, LPCMH Children and Families First 400 N. Market Street Seaford, DE 19973 Phone: 302-652-3948 ** Not a DPBHS provide |
| Joselow, Beth | Beth Joselow, LPCMH, NCC The Tides Behavioral Health 117 Schley Avenue Lewes, DE 19958 Phone: 302-703-2255 **Not a DPBHS Provider | | |

| | | | |
|-----------------------------|---|---------------------------|---|
| Pollard, Georgia | Georgia A. Pollard, MA Pressley Ridge 56 West Main St, Suite 203 Newark, DE 19702 Phone: 302-366-0490 OR 870 Forrest Avenue Dover, DE 19904 Phone: 302-677-1590 OR Georgetown Professional Park 20145 Office Circle, Unit 2 Georgetown, DE 19947 Phone: 302-677-1590 | Santiago, Abner | Abner Santiago, MS Latin American Community Center 301 N. Harrison Street Wilmington, DE 19805 Phone: 302-295-2160 (Spanish-speaking, bilingual) |
| | | Scheffler, Cynthia | Cynthia Scheffler, LCSW Mid Atlantic Behavioral Health 910 South Chapel St. Newark, DE 19713 Phone: 302-224-1400 |
| Powell, Shana | Shana Powell, MCC Delaware Guidance Services 31168 Learning Lane Lewes, DE 19958 Phone: 302-645-5336 | Shreve, Malisa | Malisa Shreve, LCSW Jewish Family Services 288 E. Main Street, Suite 1 Newark, DE 19711 Phone: 302-478-9411 |
| Redman-Brown, Robin* | Robin Redman-Brown, LPCMH The Delaware Family Center 3608 Lancaster Pike Wilmington, DE 19805 Phone: 302-995-9600 **Not a DPBHS Provider | Smolko, Nona | Nona Smolko, LCSW Jewish Family Services 99 Passmore Road Wilmington, DE 19803 Phone: 302-478-9411 |
| Repka, Denise | Denise Repka, LCSW Jewish Family Services 99 Passmore Road Wilmington, DE 19803 Phone: 302-478-9411 | Sweetman, Anne | Anne Sweetman, LPCMH People's Place 1131 Airport Road Milford, DE 19963 Phone: 302-422-8026 |
| Rose, Roxana* | Roxana Rose, LCSW Delaware Guidance Services 1213 Delaware Avenue Wilmington, DE 19806 Phone: 302-652-3948 (Spanish-speaking, bilingual) | Jester, Tiffany | Tiffany Jester, MS, NCC Delaware Guidance Services 103 Mont Blanc Boulevard Dover, DE 19904 Phone: 302-678-3020 |

Traynor, Stephanie* Stephanie Traynor, Psy.D.
Supporting KIDDS
1213 Old Lancaster Pike
Hockessin, DE 19707
Phone: 302-593-4675
(Spanish-speaking, bilingual)
** Not a DPBHS provider

Unitis, Allison Allison Unitis, LPCMH
Delaware Guidance Services
900 Health Services Drive
Seaford, DE 19973
Phone: 302-262-3505

Vaughn, Mary Mary Vaughn, MEd., MA
Appel and Wilson, LLC
24 Hiawatha Lane
Dover, DE 19904
Phone: 302-678-0213
** Not a DPBHS provider

Wienhold, Janice Janice Wienhold, LPCMH
Delaware Guidance Services
900 Health Services Drive
Seaford, DE 19973
Phone: 302-262-3505

Williams, Lisa Lisa Elena Williams, MSW
Delaware Guidance Services
31168 Learning Lane
Lewes, DE 19958
Phone: 302-645-5338

The Delaware Parent-Child Interaction Therapy (PCIT) Roster

What is the Delaware PCIT Roster?

Family members, professionals and members of the public can use this roster to find a trained specialist in the treatment of young children with acting out behavior. PCIT is a unique, short-term training approach whereby the PCIT therapist works with the child and family to directly coach the parent/caregiver in building better relationships with the child and learning skills to change negative parent-child behavior patterns.

The roster is a publicly available listing of trainees and successful program graduates of the **Division of Prevention and Behavioral Health Services' (DPBHS)** clinical training program designed to train mental health professionals with at least a master's degree and experience to use the Parent-Child Interaction Therapy intervention. DPBHS, through PCIT developer and expert trainer, Cheryl McNeil, Ph.D. and Josh Masse, Ph.D., trains clinicians in this intervention to provide effective treatment for young children with acting out behaviors such as refusing to follow rules, aggression, biting, hitting, throwing objects and having tantrums.

PCIT is an evidence-based intervention designed to change defiant and aggressive behavior in young children and to prevent future antisocial behaviors. In PCIT, the emphasis is on improving the quality of the parent-child relationship and changing parent-child interaction patterns. Parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child's pro-social behavior and decreasing negative behavior. The treatment model uses highly specified, step-by-step, live-coached sessions with both the parent/caregiver and the child to change behavior. Goals are:

- Improvement in the quality of the parent-child relationship;
- Decrease in child behavior problems with an increase in positive pro-social behaviors;
- Increase in parenting skills, including positive discipline; and
- Decrease in parenting stress.

PCIT is listed as an evidence-based practice on the U.S. Substance Abuse and Mental Health Services Administration website: the National Registry of Evidence-based Programs and Practices (NREPP) with a quality of research rating of 3.2 on a scale of 4.0. The link to that website for PCIT is: <http://www.nrepp.samhsa.gov/>. Information on this practice may also be found the website of the National Child Traumatic Stress Network - www.nctsn.org.

Disclaimer: As a public service, the Division of Prevention and Behavioral Health Services of the Delaware Children's Department has developed this roster which contains a list of trainees and graduates of its PCIT training program. Neither DPBHS nor its providers nor its funders provide official endorsement of the clinicians included on our roster. This listing of clinicians is available for information purposes only; this listing is not meant to replace consultation with your physician or mental health professional. The views and opinions of clinicians listed on this site do not necessarily state or reflect those of DPBHS or the State of Delaware.

The Delaware Parent-Child Interaction Therapy (PCIT) Roster

Unless otherwise indicated, ALL clinicians on this roster accept third party payment as well as Medicaid Managed Care as payment for services.

| | | | |
|--------------------------|---------------------------------|-----------------------|----------------------------|
| | | Croft, Gail | Gail Croft, LPCMH |
| Barnes, Rosa | Rosa Barnes, LCSW | | Delaware Guidance Services |
| | Barnes and Associates | | 103 Mont Blanc Boulevard |
| | 6 Chelsea Square | | Dover, DE 19904 |
| | Millsboro, DE 19966 | | 302-678-3020 |
| | 302-934-7807 | | |
| | | Dukes, Jeanne | Jeanne Dukes, LCSW |
| Berte`, Denise Z. | Denise Ziya Berte`, Ph.D. | | Arbor Counseling Center |
| | Latin American Community Center | | 7 South King Street |
| | 301 N. Harrison Street | | Georgetown, DE 19947 |
| | Wilmington, DE 19805 | | 302-430-2127 |
| | 302-295-2160 | | **Not a DPBHS provider |
| | (Spanish-speaking, bilingual) | Early, Tim | Tim Early, LPCMH |
| Clapham, Liza | Liza Clapham, LCSW | | Delaware Guidance Services |
| | Delaware Guidance Services | | 103 Mont Blanc Boulevard |
| | 1213 Delaware Avenue | | Dover, DE 19904 |
| | Wilmington, DE 19806 | | 302-678-3020 |
| | 302-652-3948 | Jurkech, Milan | Milan Jurkech, MSW, CFT |
| | | | Delaware Guidance Services |
| | | | 1213 Delaware Avenue |
| | | | Wilmington, DE 19806 |
| | | | 302-652-3948 |

Jones, Judith Judith Jones, LCSW
Delaware Guidance
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103 Mont Blanc
Boulevard
Dover, DE 19904
302-678-3020

Meek, Cori Cori Meek, LPCMH
Delaware Guidance
Services
900 Health Services Dr.
Seaford, DE 19973
302-262-3505

Miller, Deborah Deborah Miller, LCSW
Lighthouse Therapy
Center
30838 Vines Creek Road,
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Dagsboro, DE 19939
302-732-1310
**Not a DPBHS provider

Morrison, Pamela Pamela Morrison,
LPCMH, NCC
652 Nimitz Road
Dover, DE 19901
302- 531-6421
**Not a DPBHS provider

Pollard, Georgia Georgia A. Pollard, MA
Pressley Ridge Treatment
Foster Care
870 Forrest Avenue
Dover, DE 19904
302-677-1590 x22415

Randall, Allison Allison Randall, LCSW
Upper Bay Adoption &
Counseling Services
700-A River Road
Wilmington, DE 19809
302-764-1890

Repka, Denise Denise Repka, LCSW
Jewish Family Services
99 Passmore Road
Wilmington, DE 19803 **OR**
288 E. Main Street
Newark, DE 19711
302-478-9411 x125

Roberts, Kristal Kristal Roberts, LCSW
Upper Bay Adoption &
Counseling Services
3249 Midstate Road
Felton, DE 19943
302-335-1690

Rose, Roxana Roxanna Rose, LCSW
Delaware Guidance
Services
1213 Delaware Avenue
Wilmington, DE 19806
302-652-3948
(Spanish-speaking,
bilingual)

Santiago, Abner Abner, Santiago, LPCMH
Latin American
Community Center
301 N. Harrison Street
Wilmington, DE 19805
302-295-2160
(Spanish-speaking,
bilingual)

**University of Delaware Mental Health
Clinic**

203 W. Main Street
Newark, DE 19711
302-831-2717

INDEX

DETENTION ALTERNATIVES

Non-Residential

- Cornell Abraxas Group, Inc. – In House Detention Intervention (IHDT) (**KC/SC only**)
- Project Stay Free – Detention Intervention/Electronic Monitoring (Kingswood Community Center) (**NCC only**)

Residential (Nonsecure Detention)

- Fiske Academy at Camelot (Diamond State Youth)
- Peoples Place II, Inc. (*referral form*)

NON-RESIDENTIAL (COMMUNITY) SERVICES

- Anytransactions Inc. (AnyTrax)
 - ⇒ Voice Curfew Monitoring
 - ⇒ Voice Self Reporting
- Challenge Program (**NCC only**)
- Cornell Abraxas Group, Inc. (**KC/SC only**)
 - ⇒ Level III
 - ⇒ Level III
- Electronic Monitoring
 - ⇒ G4S Justice Services, Inc. – Electronic Monitoring
 - ⇒ Sentinel (KC/SC only) - passive GPS EM
- Jewish Family Services (Future Net)
- Project Stay Free (Kingswood Community Center) (**NCC only**)
 - ⇒ ICCP
 - ⇒ Day Treatment
- Psychotherapeutic Children's Services (PCS)
 - ⇒ Family Support Program
 - ⇒ Multi-Systemic Therapy (MST)
- Translation Services
 - ⇒ Deafinitions and Interpretations
 - ⇒ Para Plus
 - ⇒ Si Senior
- Transportation (*referral form*)
 - ⇒ ASA Transportation (**primarily KC and SC but will do statewide if needed**)

FY11 DYRS Contract Provider Resource Manual

- ⇒ Bonarides (**statewide but primarily NCC**)
- ⇒ Delmarva Transportation, Inc. (**statewide but prefers KC and SC**)
- ⇒ Diamond Transportation, Inc. (**KC only**)
- ⇒ Knock's Medicaid Transportation (**statewide but prefers NCC including Middletown and Dover**)
- ⇒ Limousine Unlimited (**primarily KC but can travel statewide**)
- VisionQuest (FCICM)
- YMCA Resource Center - Back on Track (**NCC only**)

RESIDENTIAL SERVICES

Level IV

- Chamberlain Academy (Youth Services International) (females only)
- Clarinda Academy
- Coastal Harbor Treatment Center
- Diversified Treatment Alternatives
- Glen Mills Schools
- Hennepin County Home School
- Mountain Manor (Maryland Treatment Centers, Inc.)
- Sleepy Hollow (Summit School, Inc.)
- Southwest Indiana Regional Youth Village
- Springfield Academy (Youth Services International)
- Stetson School
- Summit Academy (Summit School, Inc.)
- The Bridge (Therapeutic Center at Fox Chase)
- Today, Inc.
- University Behavioral Center (University Behavioral LLC)
- Youth Services Agency

Level V

- Cornell Abraxas Group, Inc.
- Cove PREP (White Deer Run)
- Southwest Indiana Regional Youth Village

At Every Hearing for Every Child...

Every...

- ❖ Lawyer,
- ❖ Agency,
- ❖ Parent, guardian ad litem or CASA
- ❖ Social Worker
- ❖ Probation Officer...

...is responsible for knowing the educational needs of the children.

At Every Hearing for Every Child...

Judges should:

- ❖ Require the parties to present information on the educational status of the child
- ❖ Hold the parties accountable for ensuring that the educational needs of the child are met
- ❖ Determine who has educational decision-making authority (parents, surrogate, etc.)

Get the Educational Records

- ❖ Attendance
- ❖ Discipline
- ❖ Immunization
- ❖ Special Education
- ❖ Standardized Tests
- ❖ Report Cards/Progress Reports
- ❖ Evaluations

In School: Top 10 Questions

1. Is the child enrolled in school?
2. Is the child attending school?
3. How many schools has the child attended?
4. Can the child remain in his/her home school?
5. Is the child's living arrangement permanent?
6. Has the child been expelled or suspended from school?
7. Who has discussed the plans with the child and what does the child want?
8. Does the child feel safe in the school?
9. How does the child get to school?
10. Who, at the school, does the child trust?

The Right School: Top 10 Questions

1. Has the child been observed, evaluated, assessed or identified as needing special services at any point in his educational career?
2. Is there a significant discrepancy between the child's chronological age and developmental or achievement level?
3. How is the child doing in school academically, socially, emotionally, etc.?
4. Does the child have an IEP or a Section 504 plan and is it appropriate and being followed?
5. For every proposed school, what is the state's assessment (teacher qualifications, accreditation, graduation and dropout rates, class size, No Child Left Behind Performance, etc.)?
6. Who has discussed the plans with the child and what does the child want?
7. To what is the Child significantly connected?
8. What services does the child need to succeed (educational and non-educational), does the child's school and/or home placement have these services, and is the child getting them?
9. Is the child in the least restrictive environment?
10. Is the child accruing credits toward high school graduation?

Finish School: Top 10 Questions

1. What are the child's strengths and interests and how can these be enhanced?
2. What is the future educational and/or vocational plan for the child?
3. What is the child's plan for independent living and who has discussed this plan with the child?
4. Where will this child live in 6 months, 1 or 2 years to allow him/her to finish school?
5. How will this child access health benefits and medical care?
6. What family and community resources are available and appropriate for the child?
7. What other services or resources does the child need and for approximately how long will the child need these services or resources?
8. Will the child need transitional housing?
9. If the child is 14 or older, is there a transition plan in place, are transitions services included in the child's IEP, and who is responsible for implementing the plan?
10. What classes does the child need to achieve his/her educational and vocational goals?

EDUCATION CHECKLIST

Inquire at each regular hearing for all children:

- Child in School? Who holds educational rights? (will be parent or designee until dispo)
- Order relevant school records, including attendance and grades.
- Expelled, suspended, involuntary transfer
- Extra curricular activities
- Basic literacy programs – reading skills
- Child doing better than last 6 months?
- Child has place to do homework?
- Who helps child with or checks homework?
- Library card?

INDIVIDUAL HEARING INQUIRIES:

At each hearing, the judicial officer should make the following orders, as appropriate:

DETENTION/INITIAL HEARING:

- Child attending school regularly – ask parent.
- Vision/hearing information
- Order relevant school records, including attendance and grades.
- Does child have IEP/504-if so, order it attached to jurisdiction report.
- Is child Regional Center client – if so, order IPP attached to jurisdiction report.
- If no current school information, order DCFS to refer for and obtain a psycho/educational evaluation of the child(ren).
- Depending on age of child is child in preschool readiness program, or in correct grade for age. Is child performing at grade level? Is child having academic problems?
- If it is in the child's best interest, order DCFS to notice school and caregiver to maintain child in school of origin for the duration of the school year – pursuant to McKinney-Vento, and Ed. Code 48853.5 Child may be moved if appropriate.
- Order assessment by DCFS of school stability factors. If child outside school of origin, why, and what steps were taken to keep in same school?
- If child pre-natally exposed to drugs/alcohol, premature, or medically fragile, order a Regional Center referral.

JURISDICTIONAL HEARING:

- Child in school of origin? If not, why not? Is child enrolled in some school?
- If educational issues present the main risk to the child:
 - Step 1: order parent, and/or DCFS to assist parent or caretaker, with requesting a spec/ed or 504 assessment for the child and/or an SST. A referral for an assessment pursuant to “3632” may be concurrently requested. Provide parent or caretaker with assessment request form.
 - Step 2: After the assessment is completed, have hearing to receive completed IEP. If parents pose no other risk, consider JT or 360 (b).
- If educational issues exist but do not present the main risk to the child, determine whether there are unmet education or special education needs:

- If it appears that the child has special needs, order DCFS to assist the caretaker to prepare a written request for an assessment for the child. (You may not make orders to a school district)
- Order any IEP's, school records, court ordered assessments to be attached to the disposition report.
- If child not in need of special education, but not succeeding:
- Order tutoring in any way available under the law.
 - Order DCFS parent/caretaker to initiate a student success/study team meeting (SST). Get copy of plan for file. Be aware of follow-up date.
 - Order case conference with DCFS, minor's attorney, minor's therapist and parent/caretaker to identify psychological or environmental barriers to learning. (Too many placements, child has PTSD, ADD, ADHD, no home enrichment, child dealing with being out of home and trauma)
- Age 14-15. Order e-step for emancipation. If child has an IEP, it should identify transitional goals.
- Age 16 to JT. Order TILP for emancipation. If child has an IEP, it must provide transitional services. (vocational not academic)
- If appropriate, check graduation credits. DCFS/caretaker to check "grad checklist".
- Child progressing?

DISPOSITIONAL HEARING:

- Review all school records.
- Review school stability. – Each school move, require DCFS to list what factors determined move and steps taken to keep in school.
- If child is behind, determine by assessment whether problem is environmental (too many schools, not enough school, no home enrichment), physical (neurological, vision, hearing), or educationally based (special education needs).
- Make WIC 361 (a) decision re: limitation of parent/legal guardians right to make educational decisions:
- If educational rights are not removed from the parent, remind the parent of his/her right and obligation to advocate for his/her child's educational needs.
- If educational rights are removed from the parent, the court must name a "responsible adult" to advocate for the child's educational needs (per 34 CFR 300.20 may be a relative caretaker, a non-relative extended family person, a stepparent with whom the child lives, CASA or, under certain circumstances, a foster parent. It may not be the social worker, or the group home administrator).
- If educational rights are removed from the parent, and there is no responsible adult, the school district must appoint a surrogate parent. Use Form JV 535.
- Fill out state form JY535 – DCFS to send to school and get return form.
- Determine whether there are unmet educational/special education needs and, if so, make the appropriate orders.
- If it appears that the child may be in needs of special education services, order DCFS to assist the parent or responsible adult in requesting in writing an assessment for the child (**You may not make orders to a school district.**)
- If the child already has been found eligible for special education services, determine whether (1) the IEP is current, (2) the child is making progress, (3) services in the IEP are being provided.
- Order relevant school records, including attendance, grades and current IEP (if it exists) to be attached to the next court report.

REVIEW HEARINGS:

- School stability. Is child progressing?
- Parent stable enough to move to termination pursuant to an appropriate IEP, (day treatment, residential)? Order transition services or referrals for TBS, Wrap, if necessary to move child home.
- Check graduation credits.
- If recommendation is termination of jurisdiction, check IEP and make sure all community resources for the family are in place.
- If the permanent plan for the child is planned permanent living arrangement, use WIC 366.27 to authorize the caretaker to make educational decisions.
- Order relevant school records, including attendance, grades and current IEP (if it exists) to be attached to the next review report.

JOINER

IF AT ANY TIME SPECIAL EDUCATION SERVICES ARE NOT BEING PROVIDED TO A CHILD WHO HAS AN IEP, CONSIDER DIRECTING THE CHILD'S COUNSEL TO BRING A JOINER MOTION (WIC 361) TO SUBJECT THE SCHOOL DISTRICT TO DEPENDENCY COURT JURISDICTION OR TO FILE A COMPLIANCE COMPLAINT WITH THE DEPARTMENT OF EDUCATION.

1. WI Code § 362
 - Counsel to file joinder motion
 - court set a hearing in days
 - Court determines:
 - Duty is owed to child, and agency may be joined.
 - Relief requested is/is not granted by court order.

Reminder: No joinder may be brought unless administrative remedies or compliance complaints have been exhausted, or are futile. To prepare, utilize the 317(e)

Educational Programs and Opportunities
For Children in Foster Care:

Prepared by: The Office of the Child Advocate (OCA)

Middle School Programs

Program: The Douglass School

Address: 1800 Prospect Rd. Wilmington, DE 19805

Contact: Ms. Debra Williams

Phone: (302) 429-4146

Age: Grades 1-8

General Information:

- This school, found in the Christiana School District, provides an instructional environment for students who have had problems in traditional settings.

Website: <http://www.christina.k12.de.us/schools/Douglass/>

Program: Junior Achievement

Address: 522 S. Walnut Street, Wilmington, DE 19801

Phone: (302) 654-4510

Email: info@jadel.org

Age: Middle School

General Information:

- This organization sets up programs in which volunteers from the community conduct hands on courses for students. These courses focus on things like entrepreneurship, work readiness, life skills, and financial literacy/management. Both concepts and skills are taught and their application to the workplace is emphasized.

- A twelve week after school program is also available.

- There is a capstone job shadowing opportunity available also.

Website: <http://delaware.ja.org/>

Related Scholarships: http://www.ja.org/nested/delaware/programs_evaluations.html

Program: Prestige Academy

Address: 3707 N. Market Street, 2nd Floor, Wilmington, DE 198

Email: info@prestigeacademycs.org

Phone: (302) 276-5959

Age: Middle School

Eligibility: Boys only. Open to all families in Wilmington and surrounding communities.

General Information:

- Delaware's first all-boys charter school, Prestige Academy was founded to address the underperformance of young men in Wilmington and surrounding communities. This year they are taking their first class of fifth graders, and they plan to expand the school by one grade each year until their school serves grades five through eight. They offer a college preparatory curriculum, as well as character development in a disciplined, well-structured environment. The school plans to conduct regular data collection and internal assessments to ensure quality education. Additional supports include tutoring and extended day.

Website: <http://www.prestigeacademycs.org>

- Soon to Open -

Program: Serviam Girls Academy

Address: 1019 Brown Street, Wilmington, Delaware 19805

Mailing Address: P.O. Box 7907, Wilmington, DE 19803

Email: info@serviamgirlsacademy.org,

Phone: (302) 438-0004

Age: Middle School

Eligibility: Girls only. Incoming students must have successfully completed 4th or 5th grade, and be entering 5th or 6th and qualify for the federal free or reduced school lunch program.

General Information:

- Serviam Girls Academy is a newly founded Catholic middle school, now accepting applications for its first class of students.
- The school follows the NativityMiguel education model, which has shown a high success rate since its advent in 1971. Conceived to give high quality, tuition-free education to low income families, this model features small classes, an extended academic year, and extended school supports. Sixty-four schools nationwide use this model, including Nativity Preparatory School of Wilmington, Delaware.
- SGA also offers postgraduate support.

Website: <http://www.serviamgirlsacademy.org>

On the NativityMiguel Model: <http://www.nativitymiguelsschools.org/>

Program: West End Neighborhood House Delaware Prevention Network Alliance All Stars Program

Address: 710 North Lincoln Street, Wilmington, DE 19805

Contact: Tanny Collins

Email: tcollins@westendnh.org

Phone: (302) 658-4171

Age: Middle School

Eligibility: Low to moderate income families residing in the Red Clay Consolidated School District

General Information:

- This program targets character building to prevent high-risk behaviors in youth and teens. Designed to support and motivate young people to avoid drug use and high-risk behaviors, development meaningful relationships with each other and the institutions that serve them and motivate them to develop positive characters and lifestyles.

Websites: <http://www.westendnh.org/programsYouthServices.htm>
<http://www.dpna-stars.org/>

Program: West End Neighborhood House Tutoring

Address: 710 North Lincoln Street, Wilmington, DE 19805

Contact: Maria Shvchenko

Email: mshevchenko@westendnh.org

Phone: (302) 658-4171

Age: Middle School

Eligibility: Low to moderate income families residing in the Red Clay Consolidated School District

General Information:

- Affordable, year-round academic services included individualized tutoring, homework assistance, computerized instruction, computer access, and more.

Website: <http://www.westendnh.org/programsTutoring.htm>

High School and Workforce Preparation Programs

Program: Brandywine School District

Address: 1000 Pennsylvania Avenue, Claymont, DE 19703

Phone: (302) 793-5000

Email: info@bsd.k12.de.us

Age: High School Aged up to 21 Years of Age

General Information:

- **The Community Based Program** clusters students with peers according to levels, and focuses on functional skills. After the students leave high school their education continues until the age of 21 in an apartment setting to maximize daily living and employment opportunities (Called Skills for Independence, Transition and Employment or SITE). The Schools that house the Community Based program are Mount Pleasant Elementary, P.S. duPont Elementary, Springer Middle School, Brandywine High, Concord High, and Mt. Pleasant High. The SITE program is located at Talley Middle School, Mount Pleasant High School Whitney Apartment complex on Naamans Road.

- **The Intensive Learning Center** provides a highly structured educational program to those students with serious behavioral and emotional needs. In addition to the teaching staff, the ILC utilizes the skills of a treatment team therapist and psychiatrist. This is the most restrictive setting in the Brandywine School District and serves as a short to medium term intervention. When students are stabilized, they return to their home school environment.

Website:

<http://www.bsd.k12.de.us/SpecialPrograms/SpecialEducation/SpecializedPrograms.htm>

Program: Delaware Technical & Community College's Tech Prep/School to Work

Locations: Various Public High Schools throughout the State

Contact: Simone White

Phone: (302) 739-7489

Email: swhite7@dtcc.edu

Age: High School

Eligibility: Undisclosed

Cost: Free

General Information:

- This website offers a page which helps explore career options for someone who is undecided about what to do with their future.

- Information about the location of public high schools which take part in the articulated technical programs is provided here. Articulation is a process which awards college credit to qualifying high school students who choose to continue their education in a targeted career pathway, meaning a course of study that prepares students for immediate employment or entry into a postsecondary education. Competencies masters in a collection of high school classes are equated to a college class.

- It also offers a link to Delaware Technical Community College, which an individual can attend if they have achieved a GED. SATs are not required.

Website: <http://www.careerconnect.dtcc.edu/techprep-home.html>

Program: Job Corps

Address: 200 Constitution Avenue, NW, Washington, DC 20210

Contact: U.S. Department of Labor

Phone: (800) 733-5627

Age: 16-24

Eligibility: Individual must be an economically disadvantaged youth.

General Information:

- Federally funded job training and education program.
- Provides GED preparation, job training, and a monthly allowance.
- After graduating the program, transitional support such as housing location, child care and transportation are offered for up to 18 months.

Website: <http://jobcorps.dol.gov/join.htm>

Program: Jobs for Delaware Graduates, Inc.

Locations: Serves all Delaware Counties with Offices in Dover and Milford

Headquarters Address: 381 W. North Street, Dover, DE 19904

Contact: Dr. Susanna Lee, President

Phone: (302) 734-9341

Email: info@jobsdegrads.org

Age: 16-21

General Information:

- Provides school-to-work transition services to students in public DE high schools.
- A JDG Specialist works with school counselors and administrators to identify students for the program. Those who meet the criteria and enrollment requirements are scheduled for the JDG Class and receive an elective credit each year.
- The program provides goal building, skill/interest assessments, course completion to bring students up to grade level, job skill development, job shadowing experiences, part time and full time job placements, follow up services for a year after graduation, school drop out recovery and prevention, and more.
- JDG also provides an Out of School Program and a Multiyear program for those who have more than one year's worth of curriculum to complete with JDG.
- The Out of School Program's objective is to enrich the employment and educational status of 16-21 year olds through career training, counseling, mentoring, and job placement. Individuals are eligible if they are Kent/Sussex County residents who are high school graduates/have earned a GED/are currently enrolled in an alternative school program including Groves or DAPI, etc./ are in a non-traditional school and have not been awarded a diploma or GED. It is free of cost.

Website: <http://www.jobsdegrads.org/>

Program: Junior Achievement**Address:** 522 S. Walnut Street, Wilmington, DE 19801**Phone:** (302) 654-4510**Email:** info@jadel.org**Age:** High School**General Information:**

- This organization sets up programs in which volunteers from the community conduct hands on courses for High School students. These courses focus on things like entrepreneurship, work readiness, life skills, and financial literacy/management. Both concepts and skills are taught and their application to the workplace is emphasized.
- A twelve week after school program is also available.
- There is a capstone job shadowing opportunity available also.

Website: <http://delaware.ja.org/>**Related Scholarships:** http://www.ja.org/nested/delaware/programs_evaluations.html**Program: Polytech Adult Education Program****Address:** 823 Walnut Shade Rd., P.O. Box 102, Woodside, DE 19980**Phone:** (302) 697-4545**General Information:**

- Located in Woodside which is in Kent County, this program offers both day and evening options, and boasts to be the most affordable in the state.
- It offers apprenticeship training for trade occupations and offers daytime and evening certificate programs in Allied Health Professions, Business/Information Technology, Culinary Arts & Hospitality, and Residential Mechanical Skills Technology.
- Also offers multiple ESL programs.

Website: <http://www.polytechworks.com/>

Program: Sarah Pyle Academy

Address: 501 North Lombard Street, Wilmington, DE 19801

Contact: Wendy Lapham

Phone: (302) 552-2610

Email: laphamw@christina.k12.de.us

Age: High School Age/in at least 9th grade

Eligibility: Students must live within the Christina School District, currently attend a high school in the district and meet the selection criteria, or students returning from an outside agency or alternative school who live in one of the District's high school feeder patterns and meet the selection criteria, or be students who have withdrawn from one of the District's high schools six months prior to the time of referral and who meet the selection criteria. Students must be referred for admission from their feeder high school. Individuals must meet one or more of the following: be of high school age or be in at least 9th grade, have excessive absences, and/or have behavioral issues.

General Information:

- This is a non-traditional high school.
- The school offers traditional regular and special education, with the addition of non-traditional electives focused on job preparation, like internships and service learning. Expectations are established for academic achievement, behavior, dress, and attendance.

Website: <http://www.christina.k12.de.us/SarahPyleAcademy/>

**Program: West End Neighborhood House Delaware Prevention Network Alliance
All Stars Program**

Address: 710 North Lincoln Street, Wilmington, DE 19805

Contact: Tanny Collins

Email: tcollins@westendnh.org

Phone: (302) 658-4171

Age: Middle School

Eligibility: Low to moderate income families residing in the Red Clay Consolidated School District

General Information:

- This program targets character building to prevent high-risk behaviors in youth and teens. Designed to support and motivate young people to avoid drug use and high-risk behaviors, development meaningful relationships with each other and the institutions that serve them and motivate them to develop positive characters and lifestyles.

Websites: <http://www.westendnh.org/programsYouthServices.htm>
<http://www.dpna-stars.org/>

**Program: West End Neighborhood House Delaware Prevention Network Alliance Too
Good for Drugs & Violence Program**

Address: 710 North Lincoln Street, Wilmington, DE 19805

Contact: Tanny Collins

Email: tcollins@westendnh.org

Phone: (302) 658-4171

Age: High School

Eligibility: Low to moderate income families residing in the Red Clay Consolidated School District

General Information:

- This is a comprehensive prevention education program to equip students with the knowledge, skills, and attitudes they need to remain safe and drug free through promoting bonding, development of positive life skills, and violence and drug free social norms.

Websites: <http://www.westendnh.org/programsYouthServices.htm>

<http://www.mendezfoundation.org/educationcenter/tgfd/tgfdclassroom/hs.htm>

Program: West End Neighborhood House Life Lines Program

Address: 710 North Lincoln Street, Wilmington, DE 19805

Contact: Hayley Schmittinger

Email: hschmittinger@westendnh.org

Phone: (302) 658-4171

Age: 16-21

Eligibility: Life Lines is a program that serves young adults (in the New Castle County area) in the foster care system and those who have aged out. Individuals ages 16-21 are eligible to receive Independent Living services and potentially housing. Individuals who are in foster care are referred by the Division of Family Services; those who have aged out of care and are between the ages of 18-21 can make a self referral. All referrals for housing are made through Independent Living Providers.

General Information:

- Life Lines Serves current and former foster care youth. It is designed to help them become self sufficient, contributing members of society through education, training, financial education, medication management, employment placement assistance, mental health services coordination, and general life skills instruction.

Website: <http://www.westendnh.org/programsLifeLines.htm>

Program: West End Neighborhood House Reflections Program

Address: 710 North Lincoln Street, Wilmington, DE 19805

Contact: Kenyetta McCurdy-Byrd

Email: kmcbyrd@westendnh.org

Phone: (302) 658-4171

Age: High School

Eligibility: Low to moderate income families residing in the Red Clay Consolidated. An individual must be 16-21 years of age, below the poverty line, and who experience one or more “youth barriers” such as being a foster child, experiencing homelessness, deficient in basic literacy skills, unemployed, etc.

General Information:

- This program involves individual instruction, GED preparation, and job placement aid. It focuses on the skills necessary to obtain personal and economic independence.

Website: <http://www.westendnh.org/programsReflections.htm>

Program: West End Neighborhood House Tutoring

Address: 710 North Lincoln Street, Wilmington, DE 19805

Contact: Maria Shvchenko

Email: mshevchenko@westendnh.org

Phone: (302) 658-4171

Age: High School

Eligibility: Low to moderate income families residing in the Red Clay Consolidated School District

General Information:

- Affordable, year-round academic services included individualized tutoring, homework assistance, computerized instruction, computer access, and more.

Website: <http://www.westendnh.org/programsTutoring.htm>

Diploma and General Education Development (GED) Programs/Preparation

Program: Adult Basic Education Program

Address: John W. Collette Educational Resource Center, 35 Commerce Way, Ste. 1 Dover, DE 19904

Contact: Maureen Whelan, Director

Phone: (302) 857-3340

Email: mwhelan@doe.k12.de.us

Age: 16+

Eligibility: Designed for those over 16 years of age, who are out of school.

General Information:

- This program teaches basic skills needed to earn a high school diploma or GED.

Website: http://www.doe.k12.de.us/services/guide/adulted_pages/abe-programs.shtml

Program: Delaware Vo-Tech District

Testing Center: Marshallton Education Center, 1703 School Lane, Wilmington, DE 19808

Phone: (302) 683-3642

Age: 16+

Eligibility: Must be over 16 years of age and officially withdrawn from high school to participate.

Cost: The official practice test fee is \$35.00 and the Official GED test fee is \$75.00.

General Information:

- The GED program has open enrollment from September to June, and takes less than a year to complete. Tests are offered each month.

Website: <http://www.nccvtadulthoodeducation.com/academics.shtml>

Program: James H. Groves Adult High School

Locations: Wilmington, Marshallton, Newark, Middletown, Woodside, and Georgetown

Contact: See Locations Website for Details on Each Location

Age: 16+

Eligibility: Adults who reside or work in Delaware.

Cost: \$40 per semester regardless of the number of courses taken.

General Information:

- To gain admission individuals should call a local center for registration times and dates. At the testing/registration a fee is charged and time is allowed for meeting with a counselor. Please bring a reference and an official school transcript, and arrive promptly.
- Submit a completed application form.
- Online courses through Diploma-At-A-Distance are offered as well to help accommodate work schedules.

Admissions Website: <http://jhgroves.homestead.com/admission.html>

Registration Centers Website: <http://jhgroves.homestead.com/locations.html>

Diploma-at-a-Distance Website: <http://daad.homestead.com/>

Program: Job Corps

Address: 200 Constitution Ave., NW, Washington, DC 20210

Contact: U.S. Department of Labor

Phone: (800) 733-5627

Age: 16-24

Eligibility: Individual must be an economically disadvantaged youth.

General Information:

- Federally funded job training and education program.
- Provides GED preparation, job training, and a monthly allowance.
- After graduating the program, transitional support such as housing location, child care and transportation are offered for up to 18 months.

Website: <http://jobcorps.dol.gov/join.htm>

Program: West End Neighborhood House Reflections Program

Address: 710 North Lincoln Street, Wilmington, DE 19805

Contact: Kenyetta McCurdy-Byrd

Email: kmcburd@westendnh.org

Phone: (302) 658-4171

Age: High School

Eligibility: Low to moderate income families residing in the Red Clay Consolidated. An individual must be 16-21 years of age, below the poverty line, and who experience one or more “youth barriers” such as being a foster child, experiencing homelessness, deficient in basic literacy skills, unemployed, etc.

General Information:

- This program involves individual instruction, GED preparation, and job placement aid. It focuses on the skills necessary to obtain personal and economic independence.

Website: <http://www.westendnh.org/programsReflections.htm>

Postsecondary Transitions and Funding

Program: Delaware Technical & Community College's Tech Prep/School to Work
Campuses: Locations in Wilmington, Terry, Stanton, and Owens

Age: Post High School

Information:

- This website offers a page which helps explore career options for someone who is undecided about what to do with their future.
- It also offers a link to Delaware Technical Community College, which an individual can attend if they have achieved a GED. SATs are not required.

Website: <http://www.careerconnect.dtcc.edu/techprep-home.html>

Delaware Tech's Direct Webpage: <http://www.dtcc.edu/>

Program: Trio Upward Bound Classic Program

Mailing Address: Delaware Technical & Community College Office 430
Wilmington, DE 19801

Phone: (302) 573-5438

Age: High School (9th-11th grade to apply)

Eligibility: Families must meet income requirements. The student must be a prospective first-generation college student and attend on of the following schools: Brandywine, Concord, Mount Pleasant, Christiana, Glasgow, Newark, or William Penn.

To apply: Contact the program at the number or address above for an application packet.

Information:

- This program is designed to ensure students graduate high school and to assist in the transition to postsecondary education. During the school year, the program includes special events, workshops, academic counseling, and visits to college campuses. In the summer, students participate in a six-week day education program at Delaware Tech that teaches standard academic subjects, while promoting personal development and career/college exploration.

Website: <http://www.dtcc.edu/ccpsw/ubc/index.html>

Delaware Tech's Direct Webpage: <http://www.dtcc.edu/>

Program: Student Excellence Equals Degree (SEED) Scholarship

Age: Post High School

Eligibility: Individual must graduate after 2006 from a high school in Delaware and enroll in technical community college or the AA program at University of Delaware. Students must enroll the Fall after graduation, have a 2.5 GPA, and have no felony convictions. Students must first fill out the Free Application for Federal Student Aid (FAFSA).

Cost: Free

General Information:

- This scholarship provides free tuition for all students that meet the criteria.
- DCTT and UD have separate application processes. See their websites for more information and application deadlines

Website: <http://seedscholarship.delaware.gov/>

Further Resources

- *Special education* funds allocated under IDEA can be used for “transition services” – i.e. activities that ease the transition into independent living and programs, such as postsecondary education and vocational training. These services can be accessed as part of a special education student’s Individualized Education Plan (IEP).
- *Carl D. Perkins* funds, distributed by the U.S. Department of Education support both vocational education and transitions to postsecondary education.
- The *Workforce Investment Act (WIA)* provides funds toward employment and training services. These services have become more accessible to foster youths (current and former) since federal agencies have made them a high priority group. Since the Workforce Investment Board (WIB) distributes these funds, one can find additional information and register for programs at any of their four “One-Stop Centers” in DE:

New Castle

The Fox Valley Shops
4425 N. Market Street
Wilmington, DE 19802
Phone: (302) 761-8085

Kent

1114 S. DuPont Highway
Suite 104
Dover, DE 19901
Voice (302) 739-5473

Sussex

Pencader Corporate Commons
225 Corporate Boulevard
Suite 211
Newark, DE 19702
Voice (302) 368-6622

600 N. DuPont Highway
Suite 207
Georgetown, DE 19947
Voice (302) 856-5230

Programs for Pregnant Teens or Teen Mothers

Program: The Delaware Adolescent Program, Inc.

Address: DE Adolescent Program, Inc. 2900 Van Buren St. Wilmington, DE 19802

Locations: New Castle, Kent, and Sussex Counties

Phone: New Castle (302) 764-9740 **Kent** (302) 697-0356 **Sussex** (302) 856-7331

General Information:

- This is a school based program for pregnant teens which includes academic instruction in the classroom, and then homebound instruction immediately following giving birth.
- On Site Social Services, Health Services, and Childcare Services are also made available as part of the Program.
- A Mentoring Program runs year round for up to fifty students.

Website: <http://www.dapi.org/>

Program: West End Neighborhood House Reflections Program

Address: 710 North Lincoln Street, Wilmington, DE 19805

Contact: Kenyetta McCurdy-Byrd

Email: kmcbyrd@westendnh.org

Phone: (302) 658-4171

Age: High School

General Information:

- This program involves individual instruction, GED preparation, and job placement aid. It focuses on the skills necessary to become an active participant in their children's education and those needed to obtain person and economic independence.
- To be eligible, an individual must be 16-21 years of age, below the poverty line, and receiving public assistance.

Website: <http://www.westendnh.org/programsReflections.htm>

Programs for Incarcerated Teens

Program: Jobs for Delaware Graduates, Inc.

Locations: Serves all Delaware Counties with Offices in Dover and Milford

Headquarters Address: 381 W. North Street, Dover, DE 19904

Contact: Dr. Susanna Lee, President

Phone: (302) 734-9341

Email: info@jobsdegrads.org

Age: 13-18

Eligibility: Individual must be an adjudicated male teen who is deemed to be a chronic offender.

General Information:

- Provides school-to-work transition services to students in public DE high schools.
- The Youth Corrections Program (YCP) allows teen offenders to be sentenced to 6 months at the YCP Facility. Reintegration and job preparation are the main focuses,
- and job/educational placement is required.

Website: <http://www.jobsdegrads.org/>

Programs for Those Currently or Previously in Foster Care:

Program: West End Neighborhood House Life Lines Program

Address: 710 North Lincoln Street, Wilmington, DE 19805

Contact: Hayley Schmittinger

Email: hschmittinger@westendnh.org

Phone: (302) 658-4171

Age: 16-21

Eligibility: Life Lines is a program that serves young adults (in the New Castle County area) in the foster care system and those who have aged out. Individuals ages 16-21 are eligible to receive Independent Living services and potentially housing. Individuals who are in foster care are referred by the Division of Family Services; those who have aged out of care and are between the ages of 18-21 can make a self referral. All referrals for housing are made through Independent Living Providers.

General Information:

- Life Lines is designed to help individuals become self sufficient, contributing members of society through education, training, financial education, medication management, employment placement assistance, mental health services coordination, and general life skills instruction.

Website: <http://www.westendnh.org/programsLifeLines.htm>

English as a Second Language (ESL) Programs:

Program: Adult Basic Education Program

Address: John W. Collette Educational Resource Center, 35 Commerce Way, Ste. 1 Dover, DE 19904

Contact: Maureen Whelan, Director

Phone: (302) 857-3340

Email: mwhelan@doe.k12.de.us

Age: 16+

Eligibility: Designed for those over 16 years of age, who are out of school.

General Information:

- This program teaches basic skills needed to earn a high school diploma or GED.
- It also offers ESL programs.

Website: http://www.doe.k12.de.us/services/guide/adulted_pages/abe-programs.shtml

Program: Polytech Adult Education Program

Address: 823 Walnut Shade Rd., P.O. Box 102, Woodside, DE 19980

Phone: (302) 697-4545

General Information:

- Located in Woodside which is in Kent County.
- This Program offers multiple ESL programs.

Website: <http://www.polytechworks.com/>

Early Education Programs

Program: Early Childhood Assistance Program (ECAP)

Age: Preschool

Eligibility: The child must be four years old by August 31. Children in foster care are automatically eligible. Otherwise, families must either fall under federal poverty guidelines or be receiving public assistance.

General Information:

- Modeled after Head Start, Delaware ECAP centers provide educational, health, and social services to children of low-income families.

Website: <http://www.lf.k12.de.us/decc/assistance.html>

Locations:

South Dover Elementary
ECAP
955 South State Street
Dover, DE 19901
Contact: Angela Williams
Tel: (302) 398-8945, ext. 34

The Learning Center ECAP
258 North Rehoboth
Milford, DE 19963
Contact: Evelin Camacho
Tel: (302) 398-8945, ext. 10

Towne Point Elementary
ECAP
629 Buckson Drive
Dover, DE 19901
Contact: Sidney White
Tel: (302) 398-8945, ext. 28

Booker T. Washington
Elementary ECAP
901 Forest Street
Dover, DE 19901
Contact: Sidney White
Tel: (302) 398-8945, ext. 28

Coverdale Crossroads ECAP
Fisher Mill Road West
Bridgeville, DE 19933
Contact: Cynthia Hall
Tel: (302) 398-8945, ext. 35

The Breakfast Club ECAP
727 S. Washington St.
Milford, DE 19962
Contact: Evelin Camacho
Tel: (302) 398-8945, ext. 10

Kent County Community
School ECAP
654 Carver Road
Dover, DE 19904
Contact: Angela Williams or
Sidney White
Tel: (302) 398-8945, ext. 4/28

East Dover Elementary
ECAP
852 South Little Creek Road
Dover, DE 19901
Contact: Angela Williams
Tel: (302)398-8945, ext. 34

Church of the Nazarine ECAP
25668
Seaford, DE 19973
Contact: Katie Hoffman
Tel: (302) 398-8945, ext. 17

Program: Early CHOICES

Age: 3-4 years old

Eligibility: Child must be 3-4 years old with early developmental or speech/language delays.

General Information:

- Services include special education, speech therapy, assessments and evaluations for three- and four-year-olds who have developmental and speech delays. This program also offers family training and support.

Website: <http://www.lf.k12.de.us/decc/earlychoices.html>

Main Offices:

New Castle County Office

New Castle Corporate Commons
2 Reads Way, Suite 126
New Castle, DE 19720
Tel: (302) 323-5370
Monday - Friday,
8 a.m. to 4 p.m.

Sussex County Office

132 E. Market Street, Suite B
Georgetown, DE 19947
Tel: (302) 856-5909/5908
FAX: (302) 856-5599
Monday - Friday,
8 a.m. to 4 p.m.

Kent County Office

12 W. Loockerman Street
Dover, DE 19901
Tel: (302) 739-4707/4706 or 2151
FAX: (303) 739-3938
Monday - Friday,
8 a.m. to 4 p.m.

Program: Even Start Family Literacy Program

Ages: (approx.) 6 weeks – 3 yrs.

Phone: (302) 857-3340 (DE Department of Education)

Locations: Christina, Appoquinimink, Polytech, Lake Forest, Indian River, Red Clay, West End Neighborhood Center, and Sussex Tech

Eligibility: Families must be low income and without a high school education. Children must live in Title I attendance areas.

General Information:

- Even Start programs offer simultaneous early childhood education and adult education services with the aim of fostering a literate home environment.
- Adult ESL services are available through this program.

Website: <http://ltgov.delaware.gov/information/education/evenstart.shtml>

Program: Head Start**Age:** Preschool**Locations:** New Castle, Kent, and Sussex Counties

For a full listing of local sites, please see the online state program directory:

<http://www.doe.k12.de.us/programs/earlychildhood/programdir.shtml>**Contact:** Martha Toomey, Work Group Director**Email:** mtoomey@doe.k12.de.us**Phone:** (302) 735-4210**Fax:** (302) 739-2388**Eligibility:** Child must be five years old or younger (although the program especially targets the 3-yo and older age range). Children in foster care are automatically eligible. Otherwise, families must either fall under federal poverty guidelines or be receiving public assistance.**General Information:**

- Head Start prepares children for school by providing comprehensive educational and child development services. This federally funded program has been around for over forty years. In Delaware, it is administered by the local agencies listed in the directory referenced above.

Website: <http://www.doe.k12.de.us/programs/hs/default.shtml>**Program: New Directions Early Head Start for Kent County****Age:** 6 weeks to 3-yo**Address:** 65-I Carver Road, Dover, DE 19904**Contact:** Cherly Clendaniel, Program Coordinator**Phone:** (302) 739-8414**Fax:** (302) 739-8416**Eligibility:** Income-based.**General Information:**

- Early childhood educators meet year-round with groups of 8 children at Kent County Community School in Dover.
- A Family Service Worker at the site assists families in meeting goals and accessing resources.
- The program also makes home visits to a small number of families.

Website: <http://www.lf.k12.de.us/decc/newdirections.html>

Other Resources:

Resource: A List of Private Business and Trade Schools

Website:

<http://www.doe.state.de.us/services/students/trade/files/PrivateBusinessTradeSchool%20List-08.xls>

Resource: Kent and Sussex Learning Resource Centers

Website: <http://lrc.doe.state.de.us/winnebago/index.asp>

Resource: New Castle Education Resource Center

Website: <http://www.erc.udel.edu/>

Resource: Adult Education Website

Information: Compiles resources from many of the above listed programs

Website: <http://www.k12.de.us/adulted/index.html>

Resource: GED Testing Center List

Website: http://www.doe.k12.de.us/services/guide/adulted_pages/ged-centers.shtml

Resource: Alternative Education Programs List

Website: http://www.doe.state.in.us/stn/pdf/alted_programs.pdf

The Educational Rights of Students in Homeless Situations: What Service Providers Should Know

Who is homeless? (Sec.25)

The term “homeless children and youth”–

(A) means individuals who lack a fixed, regular, and adequate nighttime residence ...; and

(B) includes–

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings ...

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

This document was collaboratively developed by:

National Association for the Education of Homeless Children and Youth (NAEHCY)—512-475-8765—www.naehcy.org

National Center for Homeless Education (NCHE)—800-308-2145—www.servve.org/nche

National Coalition for the Homeless (NCH)—202-737-6444 ext. 18—www.nationalhomeless.org

National Law Center for Homelessness and Poverty (NLCHP)—202-638-2535—www.nlchp.org

National Network for Youth (NN4Y)—202-783-7949—www.NN4Youth.org

The McKinney-Vento Homeless Assistance Act (Subtitle B—Education for Homeless Children and Youth), reauthorized in January 2002, ensures educational rights and protections for children and youth experiencing homelessness. This brief summary introduces the basic concepts in the legislation.

The McKinney Vento Act protects the educational rights of students experiencing homelessness. It provides grants and legal protections so children and youth in homeless situations can enroll in, attend, and succeed in school and preschool programs. The Act defines homelessness very broadly, as quoted.

Students in homeless situations have the right to:

- Go to school, no matter where they live or how long they have lived there.
- Get help enrolling and succeeding in school from the school district’s liaison for the Education of Homeless Children and Youth. Every school district must have a liaison, and the school district’s central office can put families and youth in touch with the liaison. Liaisons have a special responsibility to help youth who are on their own.
- Stay in the school they went to before becoming homeless or whatever school they were enrolled in last (called “school of origin”), even if they move out of the district, if that is feasible. Students can stay in their school of origin the entire time they are homeless. Students can also finish the school year in their school if they find permanent housing during the year.
- Get transportation to their school of origin, provided or arranged by the school district, or a joint effort among school districts.
- Go to the local school in the area where they are living. The school must immediately let students enroll, attend classes, and participate fully in school activities, even if students do not have a parent or guardian with them or documents such as proof of residency, immunization records, other medical records, school records, or other documents. Once students are enrolled, the school must get records from the last school, and the liaison must help students get immunizations or immunization and medical records.
- Get a written explanation from the school district if the district refuses to send students to the school they choose, and have the liaison settle such disagreements.
- Have disagreements settled quickly and go to the school they choose while disagreements are settled.
- Get preschool services, free or reduced school meals, services for English language learners, special education, Title I services, vocational/technical education, gifted and talented services, and before- and after-school care, as needed.

continued on reverse

The Educational Rights of Students in Homeless Situations: What Service Providers Should Know (continued)

- Go to school with children who are not homeless. Students cannot be separated from the regular school program because they are homeless.
- Get information and referrals from liaisons, including information about all available educational programs and how parents can participate, public notice about their rights, and referrals to health, mental health, dental, and other services.
- Have the opportunity to meet the same high academic achievement standards as all students.

If a state or local school district has laws or policies that conflict with the McKinney-Vento Act, the Act overrules those laws or policies. If a school does not follow the McKinney-Vento Act's requirements, you should:

- Call your local homeless liaison or State Coordinator for the Education of Homeless Children and Youth.
- Call the U.S. Department of Education's Education of Homeless Children and Youth Program at 202-401-0113.
- Call for legal assistance. To find legal aid groups in your area, check www.lsc.gov/fundprog.htm or www.ptla.org/links.htm#services, or call your state bar association.

Every state is required to have a coordinator for the education of homeless children and youth, and every school district is required to have a liaison for



homeless students. These individuals will assist you with the implementation of the McKinney-Vento Act. To find out who your state coordinator is, visit the NCHE website at www.serve.org/nche.

For further information on the McKinney-Vento Act and resources for implementation, call the NCHE HelpLine at 800-308-2145 or e-mail homeless@serve.org.

Local contact information:

*2011—2012 HOMELESS EDUCATION DIRECTORY
AND RESOURCE GUIDE*

Targeting Awareness
and Education of
Homeless Children and Youth



DELAWARE DEPARTMENT OF EDUCATION

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FREQUENTLY ASKED QUESTIONS

To whom should I speak about the education and needs of homeless children in my school district?

Each school district in Delaware has someone designated as a homeless contact. You may call on this individual for assistance as needed.

To whom does the McKinney Act's Education Provision apply?

The provision applies to all homeless children and youth who are guaranteed a free and appropriate public education. Homeless children and youth include those living with or without their parents in a shelter (e.g. temporary family shelter, domestic violence shelter, runaway shelter), transitional housing, hotel or motel, campground, cars, or on the street. Also included are those children and youth temporarily living with relatives or friends (with or without their parents) because they do not have a fixed, regular, safe and adequate residence, and children in foster care.

In Delaware, based on the best interest of the student, homeless students have the right to attend either:

- a. the school of origin or
- b. the school serving the attendance area in which the homeless student is actually living.

The choice is open to students who become homeless during the school year, for the remainder of that school year; and, to students who become homeless during the summer, for the following school year. Since there is no maximum time for being homeless, a Best Interest meeting must be conducted at the end of a school year for students who still meet the criteria. The meeting will determine which school will be attended for the next school year.

NOTE: Federal law defines school of origin as "the school the child or youth attended when permanently housed or the school in which the child or youth was last enrolled."



In Delaware, who makes the final decision concerning what school a homeless student will attend?

The local educational agency (LEA) of each homeless child or youth shall make placement arrangements according to the child's or youth's best interest. In determining the best interests of the child or youth, the LEA shall comply, to the extent feasible, with the request made by a parent or guardian regarding school selection. The choice regarding placement shall be made regardless of whether the child or youth lives with the homeless parents or has been temporarily placed elsewhere by the parents. If the parent disagrees with the decision, the child will attend the school of origin or the new school of attendance whichever the parent has selected until a Dispute Resolution has taken place.

Can a school require proof of residency that might prevent or delay the enrollment of a homeless student?

No. The federal law requires that all homeless children and youth, including homeless preschoolers, be provided access to a free and appropriate public education. "Residence", traditionally equated with "domicile" (home), does not apply where homeless children and youth are concerned. They are presently unable to establish "homes" on a permanent basis.

Many homeless students arrive at a new school without any records. Can these children start in the new school before their records arrive?

Yes. Lack of school records will not prevent a homeless student from enrolling in the new school. A student's immunization records can be transferred over the phone from the school nurse of the sending school to the school nurse of the receiving school. Written confirmation should follow within 30 days. A child shall be enrolled pending verbal or written confirmation of immunization recording or an appointment to receive needed immunizations. Health records, academic records, and records regarding specific program eligibility (e.g. school meals, special services, etc.) should be transferred according to local procedures. Please refer to the DDOE Memo, dated May 13, 2008. Homeless students do not need to wait until these records arrive to attend the new school. It is recommended that LEAs develop a policy of sharing records that is consistent with the manner in which they would like to receive records, and that would facilitate timely enrollment and placement decisions.

If a homeless child is living in one district or attendance area and attending school in another district or attendance area, how do schools in Delaware provide transportation?

Insofar as it is feasible, transportation for homeless children is integrated with regular transportation services. When it is in the child's best interest to attend school in the original attendance area, the district of origin will provide transportation and file for reimbursement from DDOE.



Whom should you contact for guidance?

Further information on Delaware policies regarding the education of homeless children and youth is available through:

Delaware Department of Education

Attn: Dennis Rozumalski, Education Associate
School Support Services Group
401 Federal Street, Suite 2
Dover, DE 19901

Telephone (302) 735-4060

Fax: (302) 739-6397

Email: drozumalski@doe.k12.de.us

DOE Website for McKinney Vento Homeless Assistance Act and Resources:

<http://www.doe.k12.de.us/infosuites/staff/fedstprog/TitleVIIMcKinney/McKinneyVentoHomelessAssis.shtml>

DOE Website for Student Services and Special Populations:

http://www.doe.k12.de.us/infosuites/ddoe/aboutdoe/workgroups/school_supportv2.shtml

DISTRICT AND CHARTER SCHOOL HOMELESS EDUCATION LIAISONS

| DISTRICT & CHARTER SCHOOLS | LIAISON | PHONE | EMAIL | ADDRESS | CITY, STATE, ZIP | SLC |
|---|-------------------|--------------|--|---|-------------------------|------------|
| NEW CASTLE COUNTY | | | | | | |
| Appoquinimink | Eunice Woodard | 376-4117 | eunice.deputy@appo.k12.de.us | 118 South Sixth Street, Box 4010 | Odessa, DE 19730 | N120 |
| Brandywine | P.J. Facciolo | 761-7420 | pamela.facciolo@bsd.k12.de.us | 701 West 34th St. | Wilmington, DE 19802 | N280 |
| Christina | Lavina Smith | 552-2679 | smithl@christina.k12.de.us | Drew Educ. Support Ctr., 600 N. Lombard St. | Wilmington, DE 19801 | N410 |
| Colonial | Shelley Earley | 323-2830 | searley@colonial.k12.de.us | Wallace Wallin Ctr., 701 East Basin Road | New Castle, DE 19720 | N160 |
| New Castle Co. VoTech | Debbie Dolde | 995-8035 | ddolde@nccvt.k12.de.us | 1417 Newport Road | Wilmington, DE 19804 | N330 |
| Red Clay Cons. | Christine Miller | 552-3815 | christine.miller@redclay.k12.de.us | 1502 Spruce Ave. Room 237 | Wilmington, DE 19805 | N270A |
| DE Academy of Public Safety, Charter | Charles Hughes | 731-2777 | chughes765@gmail.com | 179 Stanton Christiana Road | Newark, DE 19702 | N840 |
| DE College Preparatory Acad. | Elizabeth Napolin | 762-7424 | elizabeth.napolin@dcpa.k12.de.us | 510 West 28 th St., PO Box 2588 | Wilmington, DE 19908 | C801 |
| DE Military Academy | Debra Certesio | 998-0745 | debra.certesio@dma.k12.de.us | 112 Middleboro Road | Wilmington, DE 19804 | N270B |
| East Side Charter | Heather Lappi | 762-5834 | hlappi@escs.k12.de.us | 3000 North Claymont St. | Wilmington, DE 19802 | N490 |
| Thomas Edison Charter | Essence Stewart | 778-1101 | essence.stewart@tecs.k12.de.us | 2200 North Locust St. | Wilmington, DE 19802 | N560 |
| Family Foundations Charter | Evelyn Jennings | 324-8901 | ejennings@rra.k12.de.us | 1101 Delaware St. | New Castle, DE 19720 | N717 |
| Gateway Lab School | Shaheda Pine | 633-4091 | shaheda.pine@gatewaylabschool.org | 2501 Centerville Road | Wilmington, DE 19808 | N842 |

| DISTRICT & CHARTER SCHOOLS | LIAISON | PHONE | EMAIL | ADDRESS | CITY, STATE, ZIP | SLC |
|------------------------------|----------------------|---------------|--|-------------------------------|---------------------------|-------|
| Kuumba Academy | Andrew Byard | 472-6450 | abyard@kuumba.k12.de.us | 519 North Market St. | Wilmington, DE 19801 | C304 |
| Las Americas Aspira Academy | Margaret Lopez Waite | 292-1463 | margie.lopezwaite@laaa.k12.de.us | 326 Ruthar Drive | Newark, DE 19711 | N841 |
| MOT Charter | Tina Conley | 376-5125 | tina.conley@mot.k12.de.us | 1156 Levels Road | Middletown, DE 19709 | N512 |
| Moyer Academy | Jacqueline Ragin | 428-9501 | jragin@mjm.k12.de.us | 610 East 17 th St. | Wilmington, DE 19802 | N601 |
| Newark Charter | Jesse Wakeman | 369-2001 | jwakeman@ncs.k12.de.us | 2001 Patriot Way | Newark, DE 19711 | N650 |
| Odyssey Charter | Barbara Berrick | 994-6490 | bberrick@odyssey.k12.de.us | 201 Bayard Ave. | Wilmington, DE 19805-1512 | N714 |
| Pencader Charter | Helen Swartz | 573-7760 | helen.swartz@pcs.k12.net | 170 Lukens Drive | New Castle, DE 19720 | N710 |
| Prestige Academy | Carol Moore | 762-3240 x105 | carol.moore@pa.k12.de.us | 1121 Thatcher St. | Wilmington, DE 19802 | C800 |
| Reach School for Girls | Tara Allen | 792-6400 | tara.allen@reach.k12.de.us | 3210 Philadelphia Pike | Claymont, DE 19703 | N900 |
| Charter School of Wilmington | Ted Desmond | 651-2727 | tdesmond@charterschool.org | 100 North duPont Road | Wilmington, DE 19807-3199 | N270A |
| KENT COUNTY | | | | | | |
| Caesar Rodney | Jackie Young | 697-2173 x145 | jacqueline.young@cr.k12.de.us | 219 Old North Road, Box 188 | Wyoming, DE 19934 | D280 |
| Capital | Geraldine Jones | 672-1932 | gjones@cqcapital.k12.de.us | 945 Forest St. | Dover, DE 19904 | D103 |
| Lake Forest | Ed Cutler | 284-3020 x108 | ewcutler@lf.k12.de.us | 5423 Killens Pond Road | Felton, DE 19943 | S690 |
| Milford | Craig Warrington | 424-6470 | cwarring@msd.k12.de.us | 612 Lakeview Avenue | Milford, DE 19963 | S180 |

| DISTRICT & CHARTER SCHOOLS | LIAISON | PHONE | EMAIL | ADDRESS | CITY, STATE, ZIP | SLC |
|--|-------------------------|---------------|--|-----------------------------------|------------------------|------|
| Polytech | June Day | 697-3255 | jdjay@polytech.k12.de.us | 823 Walnut Shade Road | Woodside, DE 19980 | D300 |
| Smyrna | Pamela Denney-Griffiths | 653-3135 | denneygriffithspamela@smyrna.k12.de.us | 82 Monrovia Avenue | Smyrna, DE 19977 | N460 |
| Academy of Dover, Charter | Noel Rodriguez | 674-0684 | nrodriguez@aod.k12.de.us | 104 Saulsbury Road | Dover, DE 19904 | D107 |
| Campus Community | Jan Kelley-Jordan | 736-3401 | jordan@ccs.k12.de.us | 21 North Bradford St. | Dover, DE 19904 | D102 |
| Positive Outcomes | Edward J. Emmertt, Jr. | 697-8813 | eemmett@pocs.k12.de.us | 3337 South duPont Highway | Camden, DE 19934 | D101 |
| Providence Creek Academy | Trina Willey | 653-6276 | twilley@pca.k12.de.us | 273 West Duck Creek Road, Box 265 | Clayton, DE 19938-0265 | N511 |
| SUSSEX COUNTY | | | | | | |
| Cape Henlopen | Randy Redard | 645-6686 x218 | randy.redard@cape.k12.de.us | 1270 Kings Hwy. | Lewes, DE 19958 | S150 |
| Delmar | Sally Irwin | 846-9544 | sirwin@delmar.k12.de.us | 200 Eighth St. | Delmar, DE 19940 | S780 |
| Indian River | Walt Smith | 732-3800 | wsmith@irsd.k12.de.us | 30207 Frankford School Road | Frankford, DE 19945 | S790 |
| Laurel | Gail Fowler | 875-6105 x223 | gowler@laurel.k12.de.us | 1160 Central Avenue | Laurel, DE 19956 | S770 |
| Seaford | Travis Moorman | 629-4587 x280 | tmorman@seaford.k12.de.us | 390 North Market St. | Seaford, DE 19973 | S730 |
| Sussex Tech | Carlos Villa | 856-0961 x298 | cvilla@sussexvt.k12.de.us | 17099 County Seat Highway | Georgetown, DE 19947 | S880 |
| Woodbridge | Michele Marinucci | 337-7990 | michele.marinucci@wsd.k12.de.us | 16359 Sussex Highway | Bridgeville, DE 19933 | S710 |
| Sussex Academy of Arts & Sci., Charter | Allen Stafford | 856-3636 | astafford@saas.k12.de.us | 21777 Sussex Pines Road | Georgetown, DE 19947 | S145 |

EMERGENCY AND TRANSITIONAL HOUSING SERVICES

NEW CASTLE COUNTY SHELTERS

| Shelter Provider | Phone | Contact Name & Title | Email Address | Address | City | Zip |
|---|----------|--------------------------------------|--|----------------------------------|------------|------------|
| Catholic Charities | 655-9624 | Richelle Vible Program Director | rvible@ccwilm.org | 2601 West 4 th Street | Wilmington | 19805 |
| Family Promise Northern New Castle County | 998-2222 | Tamikah Gowans Exec. Director | tgowans@familypromisede.org | 2104 St. James Church Road | Wilmington | 19808 |
| Friendship House Women's Transitional Housing | 576-1840 | Marcy Perkins Program Director | Womens.center@friendship-house.org | PO Box 1517 | Wilmington | 19899 |
| Governor Terry Home/ Child Inc. | 762-5566 | Robbie Hoosty Program Director | rhoosty@childinc.com | 700C River Road | Wilmington | 19809 |
| Homeward Bound (Emaus House) | 737-2241 | Mary Ellen Green Program Director | info@homewardbound-de.org | PO Box 9740 | Newark | 19714-9740 |
| Martha's Carriage House & Sarah's House Shelter | 762-6111 | Cindy Mercer Program Director | cm Mercer@childinc.com | 507 Philadelphia Pike | Wilmington | 19809 |
| Mary Mother of Hope House II & III | 652-1935 | Emma Terrell Program Director | eterrell@ministryofcaring.org | 121 North Jackson Street | Wilmington | 19805 |
| YWCA / Home Life Management Center | 683-7110 | Ronica Burley Program Director | rburley@ywcade.org | 709 N. Madison Street | Wilmington | 19801 |
| The Salvation Army | 472-0764 | Chantel Clark Program Director | chantelclark@salvationarmy.org | 400 N. Orange Street | Wilmington | 19801 |

KENT COUNTY SHELTERS

| | | | | | | |
|--------------------------|----------|------------------------------------|--|-------------------------|-------|-------|
| Because We Care, Inc. | 734-2301 | Addie Merchant Program Director | amrch4863@aol.com | 1420 McKee Rd. | Dover | 19904 |
| The Shepherd Place, Inc. | 678-9077 | Jessica Garbarino | jessicagarbarino@comcast.net | 1362 S. Governors Blvd. | Dover | 19904 |
| Whatcoat Social Services | 734-0319 | Christ Steele Program Director | wssa@comcast.net | 381 State College Road | Dover | 19904 |

SUSSEX COUNTY SHELTERS

| | | | | | | |
|--|----------|----------------------------------|--|------------------------|------------|-------|
| People's Place II & III / Families In Transition | 422-8058 | Marcey Rezac Program Director | | PO Box 315 | Seaford | 19973 |
| Shipley State Service Center / Rotary House | 628-2000 | Diane Thomas Director | (Fax: 628-2055) | 350 Virginia Avenue | Seaford | 19973 |
| Sussex Community Crisis Housing Services. | 856-7524 | Marie Morele, Dir. | mtmorele@comcast.net | 110 N. Railroad Avenue | Georgetown | 19947 |

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

NEW CASTLE CO. STATE SERVICE CENTER CONTACTS

| Center | Phone | Address | City | Zip |
|------------------------------------|--------------|---|------------|-------|
| Delaware Helpline | 800-464-4357 | Information Service for State Agencies Only | | |
| Appoquinimink State Service Center | 378-5770 | 122 Silver Lake Road | Middletown | 19709 |
| Belvedere State Svc Ctr. | 995-8545 | 310 Kiamensi Road | Wilmington | 19804 |
| Claymont State Svc Ctr. | 798-2870 | 3301 Green St. | Claymont | 19703 |
| DeLaWarr State Svc Ctr. | 577-2970 | 500 Rogers Road | New Castle | 19720 |
| Hudson State Svc Center | 283-7500 | 501 Ogletown Road | Newark | 19711 |
| Northeast State Svc Ctr. | 577-3150 | 1624 Jessup Street | Wilmington | 19802 |
| Porter State Service Center | 577-3400 | 509 W. 8 th | Wilmington | 19801 |

KENT CO. STATE SERVICE CENTER CONTACTS

| | | | | |
|-------------------------------|----------|------------------------|--------|-------|
| Williams State Service Center | 857-5000 | 805 River Road | Dover | 19901 |
| Smyrna State Service Center | 514-4500 | 200 South DuPont Blvd. | Smyrna | 19977 |

SUSSEX CO. STATE SERVICE CENTER CONTACTS

| | | | | |
|--------------------------------------|----------|-------------------------------|-------------|-------|
| Bridgeville State Svc Ctr. | 337-8261 | North Cannon and Mill Streets | Bridgeville | 19933 |
| Georgetown State Svc Ctr. | 856-5574 | 564 S. Bedford St. | Georgetown | 19947 |
| Laurel State Service Ctr. | 875-6943 | 31039 North Poplar St. | Laurel | 19956 |
| Milford State Service Ctr. | 422-7200 | 11-13 N. Church Avenue | Milford | 19963 |
| Milford Annex (Milford & Sussex Co.) | 424-7230 | 13 S.W. Front Street | Milford | 19963 |
| Pyle State Service Center | 732-9501 | 34314 Pyle Center Road | Frankford | 19945 |
| Shipley State Service Center | 628-2000 | 350 Virginia Avenue | Seaford | 19973 |

DIRECTORY OF

HEAD START, EARLY HEAD START

AND

EARLY CHILDHOOD ASSISTANCE PROGRAMS

IN DELAWARE

EARLY CHILDHOOD ASSISTANCE PROGRAMS: ECAP, EHS AND EHS

DOE Website: http://www.doe.k12.de.us/infosuites/students_family/earlychildhood/programdir.shtml

NEW CASTLE COUNTY

Brandywine School District—Early Childhood Assistance Program

P.S. Dupont Elementary School

701 W. 34th Street

Wilmington, DE 19802

Phone: (302) 761-7420

Fax: (302) 761-7496

Contact: P.J. Facciolo, Email: pamela.facciolo@bsd.k12.de.us

Christina Cultural Arts Center—Early Childhood Assistance Program

705 N. Market Street

Wilmington, DE 19801

Phone: (302) 652-0101

Fax: (302) 652-7480

Contact: Kim Holley-Nelson, Email: kholleynelson@aol.com

Christina School District—Early Childhood Assistance Program

1015 Church Street

Newark, DE 19702

Phone: (302) 454-2103

Fax: (302) 454-2109

Program Coordinator: Nancy Smith, Email: smithn@christina.k12.de.us

Website: <http://christina.k12.de.us/ECAP/index.htm>

Hilltop Lutheran Neighborhood Center—Early Childhood Assistance Program

1018 West Sixth Street

Wilmington, DE 19805

Phone: (302) 656-3224

Fax: (302) 656-3830

Latin American Community Center—Early Childhood Assistance Program

403 N. Van Buren Street

Wilmington, DE 19805

Phone: (302) 295-2780

Fax: (302) 655-7334

Contact: Tonya Matthews, Email: tmathews@thelatincenter.org

New Castle County Head Start, Inc—Early Childhood Assistance Program

256 Chapman Road, Suite 103

Newark, DE 19702

Phone: (302) 452-1500

Contact: Jeff Benatti, Email: Jbenatti@aol.com

CONTINUED--NEW CASTLE COUNTY

New Directions Early Head Start—Early Childhood Assistance Program

321 South College Avenue

Newark, DE 19716

Phone: (302) 831-0584

Fax: (302) 831-0474

Email: hlbeck@udel.edu

Contact: Heidi Beck

Wilmington Head Start—Head Start and Early Childhood Assistance Programs

Community Services Building

100 W. 10th Street, Suite 1016

Wilmington, DE 19801

Phone: (302) 421-3620

Fax: (302) 421-3623

Contact: Deborah Thomas, Email: dthomas@wilmheadstart.org

May B. Leasure Elementary School

1015 Church Road

Newark, DE 19702

(302) 454-2103

Website: <http://www.christina.k12.de.us/leasure/>

Henry M. Brader Elementary School

107 Four Seasons Parkway

Newark, DE 19702

(302) 454-5959

Website: <http://www.christina.k12.de.us/brader/>

Joseph M. McVey Elementary School

908 Janice Drive

Newark, DE 19713

(302) 454-2145

Website: <http://www.christina.k12.de.us/schools/McVey/>

Early Learning Center

Wyoming Road

Newark, DE 19702

Phone: (302) 831-0351

Contact: Nancy Smith, Email: smithn@christina.k12.de.us

Website: <http://christina.k12.de.us/ECAP/index.htm>

KENT COUNTY

Delaware Early Childhood Center—Early Childhood Assistance Program & Early Head Start

Lake Forest School District
South B Elementary School
100 W. Mispillion Street
Harrington, DE 19952-1099
Phone: (302) 398-8945
Fax: (302) 398-8983
Contacts: Janet Cornwell, Email: jrcornwell@lf.k12.de.us
Janet Esther Graham, Email: evgraham@lf.k12.de.us

Kreative Kids, Inc.—Early Childhood Assistance Program

5 East and Clark Streets
Harrington, DE 19952
Phone: (302) 398-8111
Fax: (302) 398-7914
Contact: Debra Minner, Email: mommyminner@aol.com

Telamon Corporation—Head Start, Early Childhood Assistance Program, Early Head Start

26351 Patriots Way Rd.
Georgetown, DE 19947
Phone: (302) 934-1642

SUSSEX COUNTY

DTCC, Owens Campus Child Develop. Ctr., Owens Campus—Early Childhood Assistance Program

P.O. Box 626, Rt. 18
Georgetown, DE 19947-0610
Phone: (302) 855-5950 & 855-1615
Fax: (302) 855-1655
Contacts: Laurie Beauchamp, Email: laurieb@college.dtcc.edu,
Wendy Berstein, Email: wbernte@college.dtcc.edu

Indian River Education Complex, Project VILLAGE—Early Childhood Assistance Program

Rd 2, Box 156
Selbyville, DE 19975
Phone: (302) 436-1000
Director: Audrey Carey, Email: acarey@irsd.k12.de.us

Telamon Corporation—Head Start, Early Childhood Assistance Program, Early Head Start

26351 Patriots Way Rd.
Georgetown, DE 19947
Phone: (302) 934-1642
Contact: Doris Rizek, Email: drizek@telamon.org

APPENDIX A

GUIDANCE FOR SCHOOLS WORKING WITH HOMELESS CHILDREN & YOUTH

GUIDANCE FOR SCHOOLS WORKING WITH HOMELESS CHILDREN & YOUTH

INTRODUCTION

What is the purpose of the McKinney-Vento Education for Homeless Children and Youth (McKinney-Vento) program?

The McKinney-Vento program is designed to address the problems that homeless children and youth have faced in enrolling, attending, and succeeding in school. Under this program, State educational agencies (SEAs) must ensure that each homeless child and youth has equal access to the same free, appropriate public education, including a public preschool education, as other children and youth. Homeless children and youth should have access to the educational and other services that they need to enable them to meet the same challenging State student academic achievement standards to which all students are held. In addition, homeless students may not be separated from the mainstream school environment. States and districts are required to review and undertake steps to revise laws, regulations, practices, or policies that may act as a barrier to the enrollment, attendance, or success in school of homeless children and youth.

What is the statutory authority for the McKinney-Vento program?

The program is authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 USC 11431 et seq.), (McKinney-Vento Act). The program was originally authorized in 1987 and reauthorized by the No Child Left Behind Act of 2001.

What is meant by the term “homeless children and youth”?

The McKinney-Vento Act defines “homeless children and youth” as individuals who lack a fixed, regular, and adequate nighttime residence. The term includes –

- a. Children and youth who are:
 1. sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as doubled-up);
 2. living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations;
 3. living in emergency or transitional shelters;
 4. abandoned in hospitals; or
 5. awaiting, or in, foster care (Delaware only)
- b. Children and youth who have a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
- c. Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- d. Migratory children who qualify as homeless because they are living in circumstances described above.
- e. Unaccompanied youth which includes youth not in the physical custody of a parent or guardian.

LOCAL LIAISON

What are the responsibilities of the local liaison for homeless children and youth?

The local liaison serves as one of the primary contacts between homeless families and school staff, district personnel, shelter workers, and other service providers. The liaison coordinates services to ensure that homeless children and youth enroll in school and have the opportunity to succeed academically.

Local liaisons must ensure that:

- a. Homeless children and youth are identified by school personnel and through coordination activities with other entities and agencies;
- b. Homeless students enroll in, and have full and equal opportunity to succeed in, the schools of the LEA;
- c. Homeless children and youth and their families receive educational services for which they are eligible, including Head Start, Even Start, and preschool programs administered by the LEA, and referrals to health, mental health, dental, and other appropriate services;
- d. Parents or guardians of homeless children and youth are informed of educational and related opportunities available to their children, and are provided with meaningful opportunities to participate in the education of their children;
- e. Parents and guardians and unaccompanied youth are fully informed of all transportation services, including transportation to and from the school of origin, and are assisted in accessing transportation services;
- f. Enrollment disputes are mediated in accordance with the requirements of the McKinney-Vento Act; and
- g. Public notice of the educational rights of homeless students is disseminated to locations where they receive services under the McKinney-Vento Act and where enrollment is conducted.

In meeting these responsibilities, local liaisons must assist homeless children and youth with such activities as the following:

- a. Enrolling in school and accessing school services;
- b. Obtaining immunizations or medical records;
- c. Informing parents, school personnel, and others of the rights of homeless children and youth;
- d. Working with school staff to make sure that homeless children and youth are immediately enrolled in school pending resolution of disputes that might arise over school enrollment or placement;
- e. Helping to coordinate transportation services for homeless children and youth; and
- f. Collaborating and coordinating with State Coordinators for the Education of Homeless Children and Youth and community and school personnel responsible for providing education and related support services to homeless children and youth.

SCHOOL'S RESPONSIBILITIES

What are a school's responsibilities for enrolling homeless children and youth?

A school selected on the basis of a "best interest determination" (*see* Appendix E) must immediately enroll the homeless child or youth, even if the child or youth is unable to produce the records normally required for enrollment (such as previous academic records, medical records, proof of residency, birth certificates, or other documentation). The enrolling school must immediately contact the school last attended by the child or youth to obtain relevant academic or other records.

If a child or youth needs to obtain immunizations, or medical or immunization records, the enrolling school must immediately refer the parent or guardian to the LEA homeless liaison, who must assist in obtaining the immunizations or records. The records must be maintained so that they are available in a timely fashion when the child enters a new school or school district. To facilitate immediate enrollment, timely transfer of records from school to school should also take into account procedures for State-to-State record transfers.

The McKinney-Vento statute provides a broad mandate to States and districts to change policies or practices that act as a barrier to the enrollment, attendance, and school success of homeless children. It is important for them to review policies and practices on an on-going basis, so that new barriers do not prevent children from receiving the free, appropriate public education to which they are entitled.

On what basis does an LEA make school placement determinations for homeless children and youth?

Homeless children and youth frequently move, and maintaining a stable school environment is critical to their success in school. To ensure this stability, LEAs must make school placement determinations on the basis of the "best interest" of the homeless child or youth. Using this standard, an LEA must:

- a. Continue the child or youth's education in the school of origin for the duration of homelessness when a family becomes homeless between academic years or during an academic year; or for the remainder of the academic year if the child or youth becomes permanently housed during an academic year; or
- b. Enroll the child or youth in any public school that non-homeless students who live in the attendance area in which the child or youth is actually living are eligible to attend.

How does an LEA determine the child's or youth's "best interest"?

In determining a child's or youth's best interest, an LEA must, to the extent feasible, keep a homeless child or youth in the "school of origin" unless doing so is contrary to the wishes of the child or youth's parent or guardian (*see* Appendix E). If an LEA wishes to send a homeless child or youth to a school other than the school of origin or a school requested by the parent or guardian, the LEA must provide a written explanation of its decision to the parent or guardian,

together with a statement regarding the right to appeal the placement decision. The student must attend the school requested by the parent/guardian while the dispute is being considered.

Why is it so important to maintain a stable education environment for homeless children and youth?

Changing schools significantly impedes a student's academic and social growth. The literature on highly mobile students indicates that it can take a student four to six months to recover academically after changing schools. Highly mobile students have also been found to have lower test scores and overall academic performance than peers who do not change schools. Therefore, the McKinney-Vento Act calls for LEAs to maintain students in their school of origin to the extent feasible.

What should a school district consider when determining the extent to which it is feasible to educate a homeless child or youth in his or her school of origin?

As stated above, to the extent feasible, a district must educate a homeless child or youth in his or her school of origin, unless doing so is contrary to the wishes of the parent or guardian. The placement determination should be a student-centered, individualized determination. Factors that an LEA may consider include the age of the child or youth; the distance of a commute and the impact it may have on the student's education; personal safety issues; a student's need for special instruction (e.g., special education and related services); the length of anticipated stay in a temporary shelter or other temporary location; and the time remaining in the school year.

What procedures must an LEA follow if a dispute arises between a school and a parent or guardian regarding placement of a homeless child or youth?

If a dispute arises over school selection or enrollment, the LEA must immediately enroll the homeless student in the school in which enrollment is sought by the parent or guardian, pending resolution of the dispute. Similar provisions apply to placement of unaccompanied youth. Inter-district enrollment disputes should be resolved at the SEA level

Homeless families and youth may be unaware of their right to challenge placement and enrollment decisions. Therefore, the LEA must provide the parent, guardian, or unaccompanied youth with a written statement of the school placement decision and the appeal rights. The LEA must refer the unaccompanied youth, parent, or guardian to the LEA liaison, who must expeditiously carry out the dispute resolution process.

When enrollment disputes arise, it is critical that students not be kept out of school. Interruption in education can severely disrupt the student's academic progress.

To avoid such disruptions, LEAs need an established process for resolving school placement disputes. Permitting students to enroll immediately in the school of choice pending resolution of disputes helps provide needed stability.

LEA homeless liaisons help ensure that disputes are resolved objectively and expeditiously. Written notice protects both students and schools by outlining the specific reasons for the school's decision. It facilitates dispute resolution by providing decision-makers with documents to guide their determinations.

In providing special services to homeless children and youth, how does a school or district avoid stigmatizing those children?

As stated above, a district or school may not segregate homeless children and youth from the mainstream school environment. Homeless children and youth are entitled to receive all of the services that are provided to their non-homeless counterparts and in the same setting as their non-homeless peers.

In some circumstances, it may be appropriate to provide additional services to homeless children and youth in a separate setting. In doing so, a district should be careful not to stigmatize these students. If a district does implement a supplemental program exclusively for homeless children, such as a shelter-based evening tutoring program, it should not be called “the homeless tutoring program” or the “shelter tutoring program.” Instead, the district should use a name such as “Discovery Club” or “Homework Club” to avoid stigmatization.

Enrollment and Attendance Statistics

The Department’s FY 2000 Report to Congress indicated that 87 percent of homeless K-12 children and youth were enrolled in school. However, only 77 percent attended school regularly. Less than 16 percent of eligible preschool aged homeless children were enrolled in preschool programs.

U.S. Department of Education’s McKinney-Vento Report to Congress for Fiscal Year 2000

What are effective strategies for a LEA to use to resolve enrollment disputes?

An LEA should consider the following strategies for effectively resolving school enrollment disputes:

- a. Disputes should be resolved at the district level rather than the school level;
- b. When inter-district issues arise, representatives from all involved districts and the SEA should be present to resolve the dispute;
- c. A State-level appeal process, involving the State coordinator, should be available for appeals of district-level decisions and resolution of inter-district disputes;
- d. The dispute resolution process should be as informal and accessible as possible, and allow for impartial and complete review;
- e. Parents, guardians, and unaccompanied youth should be able to initiate the dispute resolution process directly at the school they choose, as well as at the district or LEA homeless liaison’s office;
- f. States should establish timelines to resolve disputes at the local and State level;
- g. Parents, guardians, and unaccompanied youth should be informed that they can provide written or oral documentation to support their position;
- h. Students should be provided with all services for which they are eligible while disputes are resolved;

- i. Written notice should be complete, as brief as possible, simply stated, and provided in a language the parent, guardian, or unaccompanied youth can understand. The notice should include:
 1. Contact information for the LEA homeless liaison and State coordinator, with a brief description of their roles;
 2. A simple, detachable form that parents, guardians, or unaccompanied youth can complete and turn in to the school to initiate the dispute process. (The school should copy the form and return the copy to the parent, guardian or youth for their records when it is submitted);
 3. A step-by-step description of how to dispute the school's decision;
 4. Notice of the right to enroll immediately in the school of choice pending resolution of the dispute;
 5. Notice that "immediate enrollment" includes full participation in all school activities;
 6. Notice of the right to appeal to the State if the district-level resolution is not satisfactory; and
 7. Timelines for resolving district- and State-level appeals.

Are children displaced from their housing by naturally occurring disasters eligible for services under the McKinney-Vento Act?

When children and their families are displaced from their housing as a result of a natural disaster, there is often a period of instability in which various private organizations and local, State, and Federal agencies provide assistance. SEAs and LEAs should determine such children's eligibility for McKinney-Vento services on a case-by-case basis. In making this determination, they should take into consideration the services that are available through these other sources.

Following a disaster, one of the LEA's first priorities is to re-open impacted schools as soon as possible and take steps to normalize school routines. LEAs should then proceed to examine whether children who have been displaced by the natural disaster are eligible for McKinney-Vento services on a case-by-case basis. In such circumstances, the Department would provide technical assistance and other assistance, as available, to help the LEA.

What strategies can a local liaison use to identify homeless preschoolers?

Local liaisons can identify preschool-aged homeless children by working closely with shelters and social service agencies in their area. In addition, the liaison should work with school personnel, who can inquire, at the time they are enrolling homeless children and youth in school, whether the family has preschool-aged children.

The LEA liaison should also collaborate with the school district special education program. The Individual with Disabilities Education Act (IDEA) requires that highly mobile children with disabilities, such as migrant and homeless children who are in need of special education and related services, are located, identified and evaluated. Additionally, IDEA requires that homeless preschoolers and all homeless children be included in the "Child Find" process for early identification of special education needs.

TRANSPORTATION

What responsibilities do SEAs and LEAs have regarding providing transportation services to homeless children and youth?

SEAs and LEAs are responsible for reviewing and revising policies, including transportation policies, that may act as barriers to the enrollment and retention of homeless children and youth in schools in the State. Under the McKinney-Vento Act, homeless children and youth are entitled to receive the transportation and other services that are available to non-homeless students.

SEAs and LEAs must adopt policies and practices to ensure that transportation is provided, at the request of the parent or guardian (or, in the case of an unaccompanied youth, the liaison), to or from the “school of origin” (*see* definition in Appendix A) in accordance with the following requirements:

- a. If the homeless child or youth continues to live in the area served by the LEA in which the school of origin is located, that LEA must provide or arrange for the child’s or youth’s transportation to or from the school of origin.
- b. If the homeless child or youth continues his or her education in the school of origin but begins living in an area served by another LEA, the LEA of origin and the LEA in which the homeless child or youth is living must agree upon a method to apportion the responsibility and costs for providing the child with transportation to and from the school of origin. If the LEAs cannot agree upon a method, the responsibility and costs for transportation are to be shared equally.

What are an LEA’s responsibilities regarding “comparable services”?

An LEA in a participating State must provide services to each homeless child and youth that is comparable to services offered to other students in the LEA. These services include public preschool programs, and educational programs or services for which a homeless student meets the eligibility criteria, such as programs for children with disabilities, programs for students with limited English proficiency, vocational education, programs for gifted and talented students, before-and after-school programs, school nutrition programs, and transportation.

What are an LEA’s responsibilities regarding coordination of services for homeless children and youth?

LEAs are responsible for coordinating with local social service agencies and other service providers and programs, including programs under the Runaway and Homeless Youth Act (42 U.S.C. 5701 et seq.), and with other LEAs on issues such as transportation and the transfer of records. Additionally, they must coordinate with housing assistance providers. The purpose of this coordination is to ensure that eligible students have access and reasonable proximity to available education and related support services. It is also important to coordinate efforts in order to raise the awareness of school personnel and service providers of the effects of homelessness and the challenges that homeless students face.

UNACCOMPANIED YOUTH

Why does the McKinney-Vento Act place special emphasis on serving the needs of homeless unaccompanied youth?

Homeless unaccompanied youth often face unique barriers in enrolling and succeeding in school. These barriers include school attendance policies, credit accrual, and legal guardianship requirements. Without a parent or guardian to advocate for them and exercise parental rights, they may be denied enrollment and remain out of school for extended periods of time. Unaccompanied youth also may not understand their educational rights, or know how to acquire this information.

How do local liaisons assist homeless unaccompanied youth in accessing the educational services to which they are entitled?

Local liaisons assist unaccompanied youth in accessing educational services through such activities as:

- a. Helping unaccompanied youth choose and enroll in a school, after considering the youth's wishes;
- b. Providing unaccompanied youth with notice of their appeal rights in a language they can understand or in an accessible format;
- c. Informing youth of their right to transportation to and from the school of origin, and assisting unaccompanied youth in accessing transportation; and
- d. Ensuring that unaccompanied youth are immediately enrolled in school pending the resolution of disputes.

APPENDIX B

TITLE 14, 901: EDUCATION OF HOMELESS CHILDREN & YOUTH

TITLE 14, 901
EDUCATION OF HOMELESS CHILDREN & YOUTH

901 Education of Homeless Children and Youth

1.0 Purpose.

Consistent with the provisions of the McKinney-Vento Homeless Education Assistance Improvement Act, as amended by the No Child Left Behind Act of 2001 (42 U.S.C. §11431 et. seq.), the intent of this regulation is to ensure the educational rights and protections for children and youth experiencing homelessness.

2.0 Definitions.

The following words and terms, when used in this regulation, shall have the following meaning unless the context clearly states otherwise:

"Department" means the Delaware Department of Education.

"Homeless Children and Youths" as defined by the provisions of the 42 U.S.C. §11434a(2), means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of 42 U.S.C. §11302(a)(1)); and includes:

Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship or similar reason; are living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; (in Delaware that includes children in foster care)

Children and youths who have a primary nighttime residence that is in a private or public place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of 42 U.S.C. §11302(a)(2)(C));

Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and Migratory children (as such term is defined in section 6399 of Title 20, the Elementary and Secondary Education Act of 1965) who qualify as homeless because the children are living in circumstances described above.

"LEA Homeless Liaison" means the Local Educational Liaison for Homeless Children and Youths designated under 42 U.S.C. §11432(g)(1)(J)(ii).

"Secretary" means the Secretary of Education.

"State Coordinator" means the Delaware Coordinator for Education of Homeless Children and Youths designated under 42 U.S.C. §11432(d)(3).

"Unaccompanied Youth" as defined by the provisions of 42 U.S.C. §11434a(6) includes a youth not in the company of a parent or guardian.

3.0 Federal Regulations.

Local school districts shall comply with the provisions of the McKinney-Vento Homeless Education Assistance Improvement Act, as amended by the No Child Left Behind Act of 2001 (42 U.S.C. §11431 et. seq.) and any regulations issued pursuant thereto.

4.0 Procedures for the Resolution of Disputes Concerning the Educational Placement of Homeless Children and Youths.

4.1 If a dispute arises over school selection or enrollment, the local school district must immediately enroll the homeless student in either the school of origin (as defined in 42 U.S.C. 11432 (g) (3) (G)) or the school that non-homeless students who live in the attendance area in which the homeless student is actually living are eligible to attend, whichever is sought by the parent, guardian or homeless youth, pending resolution of the dispute.

4.2 The local school shall provide the parent, guardian or homeless youth with a written notice of the school's decision regarding school selection or enrollment. The notice shall include:

4.2.1 A written explanation of the school's decision regarding school selection or enrollment;

4.2.2 Contact information for the LEA Homeless Liaison and State Coordinator, with a brief description of their roles;

4.2.3 A simple, detachable form that parents, guardians, or homeless youth can complete and turn into the school to initiate the dispute resolution process;

4.2.4 Instructions as to how to dispute the school's decision at the district level;

4.2.5 Notice of the right to enroll immediately in the school of choice pending resolution of the dispute;

4.2.6 Notice that immediate enrollment includes full participation in all school activities for which the student is eligible;

4.2.7 Notice of the right to appeal to the State if the district-level resolution is not satisfactory; and

4.2.8 Time lines for resolving district and State level appeals.

4.3 District Level Dispute Resolution Process

4.3.1 Local school districts shall develop a dispute resolution process at the district level. The dispute resolution process shall be as informal and accessible as possible, but shall allow for impartial and complete review. Parents, guardians, and homeless youth shall be able to initiate the dispute resolution process directly at the school they choose or the school district or LEA Homeless Liaison's office.

4.3.2 Within ten (10) calendar days of the initiation of the district level dispute resolution process; the school district shall inform the parties in writing of its determination, along with notice of the right to appeal to the State if the district level resolution is not satisfactory.

4.4 Inter-district Resolution Process

4.4.1 When inter-district issues arise, including transportation, representatives from all involved school districts, the State Coordinator, or his or her designee, and the parent(s), guardian(s) or unaccompanied youth shall meet within ten (10) calendar days of the initiation of the dispute process to attempt to resolve the dispute.

4.4.2 The State Coordinator's role is to facilitate the meeting.

4.4.3 If the parties are unable to resolve the inter-district dispute, it shall be referred to the Secretary within ten (10) calendar days of the meeting. Subsection 4.5.4 through 4.5.9 shall govern the review official's determination. The review official shall consider the entire record of the dispute, including any written statements submitted and shall make a determination based on the child's or youth's best interest, as defined in 42 U.S.C. §11432(g)(3).

4.4.3.1 Notwithstanding 4.4.3, where the inter-district dispute is limited solely to the issue of the apportionment of responsibility and costs for providing the child transportation to and from the school of origin, there shall be no referral to the Secretary. Pursuant to 42 USC 11432 (g) (1) (J) (iii) (II), if the school districts are unable to agree upon such a method of appropriation, the responsibility for the costs for transportation shall be shared equally.

4.5 State Level Dispute Resolution Process

4.5.1 The State-level dispute resolution process is available for appeals from district-level decisions and inter-district disputes. Appeals may be filed by parents, guardians, homeless youths or school districts. Appeals filed by a local school shall not be accepted.

4.5.2 To initiate the State-level dispute resolution process, the appellant must file a written notice of appeal with the Secretary no later than ten (10) calendar days after receiving written notification of the district level or inter-district decision. The notice of appeal shall state with specificity the grounds of the appeal, and shall be signed by the appellant. Where the appeal is being initiated by a school district, the superintendent of the district must sign the notice of appeal.

4.5.3 A copy of the notice of appeal shall be delivered by hand or certified mail to all other parties to the proceeding at the time it is sent to the Secretary. A copy of any other paper or document filed with the Secretary or review official shall, at the time of filing, also be provided to all other parties to the proceeding.

4.5.4 Upon receipt of a notice of appeal, the Secretary or his/her designee, shall within five (5) calendar days decide whether to hear the appeal or assign it to an independent and impartial review official and shall so advise the parties.

4.5.5 The local district shall file a certified record of the district or inter-district level dispute proceeding with the Secretary or review official within five (5) calendar days of the date the Secretary notifies the parties that an appeal has been filed. The record shall contain any written decision, any written minutes of the meeting(s) at which the disputed action was taken, all exhibits or documentation presented at the district or inter-district level dispute proceeding, and any other evidence relied on by the District(s) in making its (their) decision.

4.5.6 Appeals are limited to the record. The parties may support their positions in written statements limited to matters in the existing record. In order to be considered, written statements must be filed with the review official no later than twenty (20) calendar days after the appeal is filed.

4.5.7 The review official shall consider the entire record of the dispute, including any written statements submitted in reaching his or her decision. The review official shall overturn the district or inter-district decision only if he or she decides that the district's decision was not supported by substantial evidence or was arbitrary or capacious or is inconsistent with state and federal law or regulation.

4.5.8 Within thirty (30) calendar days of the receipt of the notice of appeal, the review official shall inform the parties of his or her determination.

4.5.9 The determination of the review official shall be final and is not subject to further appeal within the Department of Education.

1 DE Reg. 963 (1/1/98)

7 De Reg. 620 (11/1/03)

APPENDIX C

FOSTER CARE (HOUSE BILL NO. 279)

FOSTER CARE

SPONSOR: Rep. Maier and Sen. Sokola
Reps. Hudson, Keeley, Mulrooney, Plant,
Schooley, Ulbrich, Wagner
Sen.: Blevins, Cloutier, Connor, Cook,
Henry, Sorenson

HOUSE OF REPRESENTATIVES

143RD GENERAL ASSEMBLY

HOUSE BILL NO. 279

AN ACT TO AMEND TITLE 14 OF THE DELAWARE CODE RELATING TO PUBLIC SCHOOL ATTENDANCE OF FOSTER CHILDREN.

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

Section 1. Amend Title 14, § 202(c) of the Delaware Code by adding a new sentence at the end thereof as follows:

“For the purpose of this Section and provisions of the McKinney-Vento Homeless Education Assistance Improvement Act, the words ‘awaiting foster care placement’ include all children in foster care.”

Section 2. Amend Title 14, § 202(e)(3) of the Delaware Code by striking the second sentence and inserting the following in lieu thereof:

“Children in the care and custody of the Department of Services for Children, Youth and Their Families who are in foster care shall attend school in accordance with the McKinney-Vento Homeless Education Assistance Improvement Act [42 U.S.C. § 11431 to § 11435].”

SYNOPSIS

This Bill confirms the practices and procedures of the Department of Education and the Department of Services for Children, Youth and Their Families that all foster children are within the provisions and protections of the federal McKinney-Vento Homeless Education Assistance Improvement Act, which allocates funds to the States for the education of homeless children and youths.

APPENDIX D

HOMELESS DATA

APPENDIX E

FEASIBILITY OF SCHOOL PLACEMENT

DETERMINING FEASIBILITY OF SCHOOL PLACEMENT FORM

This form will assist in determining which placement decision would be in the student's best interest.

Name of Student: _____

Date: _____

According to the McKinney-Vento Homeless Assistance Act, a homeless child or youth has the right to attend the school of origin or the local attendance areas school, according to the best interest of the child:

The **school of origin** is defined as:

- The school that the child or youth attended when permanently housed; OR
- The school in which the child or youth was last enrolled

The **local attendance area school** (local school) is defined as:

- Any public school that non-homeless students who live in the attendance area in which the child or youth is actually living are eligible to attend

Provide the following information for attendance options of student:

School that the child or youth attended when permanently housed:

Name of school and district: _____

Dates of attendance: _____

Living arrangement at the time: _____

School in which the child or youth was last enrolled: _____

Name of school and district: _____

Dates of attendance: _____

Living arrangement at the time: _____

Local Attendance Area School: _____

Name of school and district: _____

Dates of attendance: _____

1. Are the school of origin and the local attendance area school in the same school district?
2. Which school does the child/youth want to attend? Why?
3. Which school does the parent want the child/youth to attend? Why?
4. What is the distance and time spent on travel from the current residence to the school of origin?
5. If transportation is currently unavailable to the school of origin, how can it be arranged?
6. What time of year is it (at the beginning of the school year, near the end of the school year, during the summer)?
7. How long did the child/youth attend the school of origin? Were meaningful social and educational relationships established?
8. Are there specific people in the school or origin who have been providing support or assistance to the family or child/youth experiencing homelessness?
9. Are there special programs, such as gifted, bilingual, or remedial education, in which the child/youth has been participating at the school of origin? If yes, please describe.

Are the above special programs also available at the local attendance area school?

10. Based on knowledge of the family's situation, how long is the family likely to remain at the current residence?

11. What is the likelihood that the family experiencing homelessness will reestablish residency in the attendance area of the school of origin?

12. What does the child's foster care permanency plan indicate?

Based on answers to the previous questions, the school district recommends the following school:

Make a checkmark (√) next to the line item/s that reflect your eSchool needs.

| | | |
|----|--------------------------|---|
| 1 | <input type="checkbox"/> | Tutoring or other instructional support |
| 2 | <input type="checkbox"/> | Expedited evaluations |
| 3 | <input type="checkbox"/> | Staff professional development and awareness |
| 4 | <input type="checkbox"/> | Referrals for medical, dental, and other health services |
| 5 | <input type="checkbox"/> | Transportation |
| 6 | <input type="checkbox"/> | Early childhood programs |
| 7 | <input type="checkbox"/> | Assistance with participation in school programs |
| 8 | <input type="checkbox"/> | Before-, after-school, mentoring, summer programs |
| 9 | <input type="checkbox"/> | Obtaining or transferring records necessary for enrollment |
| 10 | <input type="checkbox"/> | Parent education related to rights and resources for children |
| 11 | <input type="checkbox"/> | Coordination between schools and agencies |
| 12 | <input type="checkbox"/> | Counseling |
| 13 | <input type="checkbox"/> | Addressing needs related to domestic violence |
| 14 | <input type="checkbox"/> | Clothing to meet a school requirement |
| 15 | <input type="checkbox"/> | School supplies |
| 16 | <input type="checkbox"/> | Referral to other programs and services |
| 17 | <input type="checkbox"/> | Emergency assistance related to school attendance |
| 18 | <input type="checkbox"/> | Other |

The following are individuals consulted to determine that this placement is in the student's best interest:

Printed Name

Signature & Date

Printed Name

Signature & Date

Printed Name

Signature & Date

Parent Information Center of Delaware



Parent Information Center (PIC) is the new home of the Educational Surrogate Parent (ESP) Program.

Got Kids? Get Involved!

The Delaware Department of Education (DOE) contracts with PIC to administer the ESP Program. The ESP Program was established to ensure that children with special education needs, who are in foster care, have the same protections as all other eligible children under the Individuals with Disabilities Education Act (IDEA).

Both the IDEA and state special education regulations mandate this protection for children with disabilities whose parents cannot advocate for them in the special education process.

Who is an Educational Surrogate Parent (ESP)?

An Educational Surrogate Parent (ESP) is a person appointed by the Department of Education (DOE) to represent a child who receives, or may be in need of, special education and related services. The appointment occurs after the individual participates in training with PIC and is recommended to be an ESP by PIC.

An ESP is included in all educational decision making related to the identification, evaluation, educational placement and provision of special education and related services of the child.

See, 14 DE Admin Code 926 19.0; 34 C.F.R. §300.519



Parent Information Center (PIC)

5570 Kirkwood Highway * Wilmington, DE * 19808

(302) 999-7394 Voice * (302) 999-7637 Fax

www.picofdel.org

Kathie Herel - kherel@picofdel.org

Who is considered a parent under the Individuals with Disabilities Education Act (IDEA)?

All of the following are considered to be a parent under the IDEA:

- A biological or adoptive parent of a child;
- A guardian authorized to act as a child's parent or authorized to make educational decisions for the child BUT not the State if the child is a ward of the State;
- An individual acting in the place of a biological or adoptive parent and with whom the child lives – A Relative Caregiver's School Authorization is needed (*see question #7*);
- An individual who is legally responsible for the child's welfare; or a
- A **surrogate parent** who has been appointed by the Dept. of Education (*The appointment occurs after the individual participates in training with PIC and is recommended to be an ESP by PIC.*) *See, 14 DE Admin Code 922 3.0; 34 C.F.R. §300.30*

Which children have Educational Surrogate Parents (ESP) appointed to represent them?

A child will have an ESP appointed to them when:

- After reasonable efforts, no parent can be located;
- The parental rights of the child have been terminated and legal responsibility has not been granted by a court of law to an individual;
- The child's parent has consented voluntarily in writing to the appointment of an ESP; (*Note: This consent is revocable by the parent at any time when PIC receives written notice.*)
- The child is in the custody of the DE Division of Family Services/Department of Services for Children, Youth and Their Families (DSCYF); or
- The child is considered to be an unaccompanied homeless youth as defined under the McKinney-Vento Homeless Education Assistance Act (42 U.S.C. 11434a(6)). *See, 14 DE Admin Code 926 19.2; 34 C.F.R. §300.519*

Frequently Asked Questions about Special Education and Educational Surrogate Parents

1. What is the Individuals with Disabilities Education Act (IDEA)?

The IDEA is a federal law that mandates that eligible children with disabilities between the ages of three through twenty-one receive a free appropriate public education. A free appropriate public education means special education and related services.

2. What are the DE State Special Education Regulations?

The DE State Special Education Regulations outline how Delaware will implement the IDEA and describes the rights and responsibilities of parents, school districts and the DE Dept. of Education (<http://www.doe.k12.de.us>) related to IDEA.

3. How is a child determined to be eligible for special education and related services?

An educational evaluation must be conducted by school personnel.

- The evaluation includes information from a variety of sources, including, as appropriate, aptitude and achievement tests, information from intervention processes, parents and teachers.
- The evaluation is conducted by trained and knowledgeable school personnel.
- A team of individuals knowledgeable about the child, including the parent, review the evaluation information to determine if the child is a “child with a disability” for educational purposes.
- The team uses eligibility criteria as described in the IDEA and DE Special Education Regulations to make their determination of whether the child is eligible for special education and related services.
See, 14 DE Admin Code 925 2.0 - 925 6.0; 34 C.F.R. §300.8, §300.301 - §300.306

The educational classifications in Delaware used to define a “child with a disability” are: Autism, Deaf-Blindness, Developmental Delay, Emotional Disturbance, Hearing Impairment, Intellectual Disability, Learning Disability Orthopedic Impairment, Other Health Impairment; Speech and/or Language Impairment, Traumatic Brain Injury, Visual Impairment and Preschool Speech Delay (3 and 4 year olds only). *See, 14 DE Admin Code 925 6.6 – 925 6.18; 34 C.F.R. §300.8*

If a child is determined to be eligible for special education and related services, a meeting to develop an Individualized Education Program (IEP) will be held within 30 days of determination.
See, 14 DE Admin Code 925 23.0

4. Who can make a request to have a child evaluated for special education and related services?

A parent, a school or other public agency may initiate a request for an initial evaluation to determine if a child is eligible for special education and related services. *See, 14 DE Admin Code 925 2.2; 34 C.F.R. §300.301*

5. Who can sign the “permission to evaluate” to initiate an educational evaluation?

A school must get informed written parental consent prior to conducting an education evaluation to determine if a child is eligible for special education and related services. A parent (as defined under IDEA) must provide consent and sign the “permission to evaluate” form before a school can conduct an evaluation. *See, 14 DE Admin Code 925 1.0; 34 C.F.R. §300.300*

6. Are caregivers such as grandparents able to sign parental consent forms?

If a child lives with a grandparent (or other relative by blood, marriage or adoption) and that person is acting in the place of a biological or adoptive parent, then that grandparent (or other relative) is considered a parent under IDEA and can sign parental consent forms. Additionally, Delaware regulations require that the person complete a Relative Caregiver’s School Authorization form.
See, 14 DE Admin Code 922 3.0; 34 C.F.R. §300.30

7. What is a Relative Caregiver Authorization Form?

The Delaware Relative Caregivers' School Authorization Affidavit is required for a relative caregiver who is raising a child without legal custody or guardianship to register a child for public school. You can obtain this form through your school district or from the DE Health and Social Services/Division of Services for Aging and Adults with Physical Disabilities <http://dhss.delaware.gov/dhss/dsaapd/sample.html>

8. What is guardianship and who can be a guardian?

Guardianship is the possession by a non-parent of the powers, rights, and duties which are necessary to protect, manage and care for a child. A guardian has the legal authority to take care of the child as if he/she were the child's parent until the child turns 18 years of age. Included in a Guardianship Order is a Custody Order from the Family Court of Delaware (<http://courts.delaware.gov/family/>); therefore, a guardian has the same legal authority to care for the child as a parent would. A guardian as described here is considered a "parent" under IDEA.

There is also Permanent Guardianship in which a blood relative or foster parent may petition the court to become the guardian of an individual. Permanent Guardianship extends beyond 18 years of age. A guardian as described here is considered a "parent" under IDEA.

Note: Youth in the care of the Department of Services for Children, Youth and their Families (DSCYF) are said to be in their "custody"; therefore, a DFS (Division of Family Services) worker is not considered a guardian or parent of a child in foster care.

9. What is a guardian ad litem (GAL)?

A guardian ad litem (GAL) is a person appointed by the Family Court of Delaware to represent the best interests of a child who is the subject of a custody, visitation, guardianship, termination of parental rights, adoption or other related proceedings in which the Division of Family Services (DFS) is a party. A guardian ad litem representing a child through the Office of the Child Advocate (OCA) (<http://courts.delaware.gov/childadvocate/>) is an attorney. The OCA staff is comprised of several attorneys and other attorneys offer their services as guardian ad litem on a pro bono basis. You may see a GAL at an IEP (Individualized Education Program) meeting for your surrogate child.

10. What is a CASA?

A CASA (Court Appointed Special Advocate) serves as a guardian ad litem for abused and neglected children who come before the Court and is appointed through an order executed by a Family Court Judge. The CASA is charged with representing the best interests of the child and is a full party to court proceedings <http://courts.delaware.gov/Family/CASA/about.stm>. You may see a CASA worker at an IEP (Individualized Education Program) meeting for your surrogate child.

RESOURCES

DE Administrative Code - Information about the special education process can be found in the final State Special Education Regulations (Effective June 11, 2007) Dept. of Education http://www.doe.k12.de.us/infosuites/students_family/specialed/default.shtml

IDEA CFR (Code of Federal Regulations) - US Dept. of Education: Building the Legacy: IDEA 2004 <http://idea.ed.gov>

DE Dept. of Education - <http://www.doe.k12.de.us/>

DE Office of the Child Advocate - <http://courts.delaware.gov/childadvocate/>

National Dissemination Center for Children with Disabilities (NICHCY) <http://nichcy.org>

Parent Information Center of Delaware



Got Kids? Get Involved!

Parent Information Center (PIC) is the new home of the Educational Surrogate Parent Program.

The Delaware Department of Education (DOE) contracts with PIC to administer the Educational Surrogate Parent (ESP) Program. The ESP Program was established to ensure that children with special education needs, who are in foster care, have the same protections as all other eligible children under the Individuals with Disabilities Education Act (IDEA). Both the IDEA and state special education regulations mandate this protection for children with disabilities whose parents cannot advocate for them in the special education process.

**Interested in volunteering? We are interested in you!
Individuals are needed to be Educational Surrogate Parents
for children in foster care.**

An Educational Surrogate Parent:

- Participates in school meetings
- Works with a school team to make decisions about special education services for a child in foster care
- Stays current with a child's educational progress
- Communicates regularly with the ESP office
- Stays current with special education parental rights & school responsibilities

ESP requirements:

- Complete an application with PIC
- Participate in training with PIC
- Be at least 18 years of age
- Be a legal resident of the U.S.
- Not be an employee of any public or private agency or school that is involved in the care or education of the child
- Have skills to adequately represent a child

Parent Information Center (PIC) provides training, support, information, and assistance with problem-solving and advocacy strategies for ESPs about special education.

Contact Kathie Herel kherel@picofdel.org for more information.

5570 Kirkwood Highway * Wilmington, DE * 19808

(302) 999-7394 Voice * (302) 999-7637 Fax * www.picofdel.org

ATTORNEY GUARDIAN *AD LITEM* CHECKLIST

CHILD INFO

- _____ Photograph of Child (1 for your records; 1 for court)

- _____ Date child entered foster care (ASFA requires permanency decision within 15 months of entering care)

- _____ Copies of all Child in Care Plans (Parts II-IV)

- _____ Medical Records on Child
A.I. DuPont Hospital for Children
Pediatrician
Specialists
Clinics
***You should not just obtain the records but also speak with the treating providers

- _____ Developmental Records on Child
Child Development Watch (through Public Health)
- services children birth to 3 years old
Delaware Curative Workshop
Nurses-n-Kids
VNA
***You should not just obtain the records, but also speak with the treating providers

- _____ Dental Records on Child

- _____ Psychological/Psychiatric Records on Child
Child Mental Health
Delaware Guidance
Terry Children's Psychiatric Center
Children Development Watch
Child, Inc.
Prevent Child Abuse Delaware
SOAR, Inc.
Multi-cultural Counseling Service
Upper Bay Counseling
Rockford/Meadowood
Private psychiatrist/psychologist/therapist
***You should not just obtain the records, but also speak with the treating providers

_____ School Records
Head Start Programs
Daycare/Before and/or After School Care
Primary School/Secondary School
Teachers
School Counselors
DFS Family Crisis Therapists in K-3 Schools
***You should not just obtain the records, but also speak with the teacher,
school counselor, or any other person involved with your child.

_____ Parents
Biological Mother
Biological Father
Other Custodians
Foster Parents
- past and present
- excellent source of info on behaviors, etc.

_____ Relatives
Grandparents
Siblings
Aunts/Uncles/Cousins
***You should always inquire as to their ability to make a long-term
commitment to your child. If so, you should explore any DFS
involvement they have had to ensure they are a good placement. Also,
make sure that criminal background and child abuse registry checks are
done.

_____ Visitation
with parents
siblings

PARENT INFO

_____ Drug and Alcohol Records
(must get parents to sign consent or file motion with the Court for release
of records)
NET Counseling
Brandywine Counseling (BCI)
Open Door
Psychotherapeutic Services (PSI)
Recovery Center of Delaware/Reflections
Crest
SODAT
Inquiries

Keeping appointments
Clean urine screens
Actively participating in treatment
Following recommendations of agency

***Once you have a signed release or a court order, it is important to communicate with involved providers to determine the parent's compliance

Psychiatric/Psychological Records

(must get parents to sign consent or file motion with the Court for release of records)

Providers

New Castle County Mental Health (Fernhook)
Rockford
Meadowood
Delaware Psychiatric Center (Delaware State Hospital)
PSI
Child, Inc.
NET Counseling
Connections, Inc.
Private psychiatrist/psychologist

Inquiries

Keeping appointments
Complying with medications
Following treatment plan
Actively participating/engaging in treatment

***Once you have a signed release or a court order, it is important to communicate with involved providers to determine the parent's compliance

Medical Records (when applicable)

Determine if credibility issues can be determined through review of medical records. Look at primary care physician as well as specialists.

Other Services/Providers

Anger Management
Parenting Classes
Parent Aide
Stable Employment
Stable/appropriate Housing

Relationship with Child

Observe visitations
Note comments and inquiries about child
Regular attendance at visits

Bond between parent and child
Interview other professionals re: parent/child relationship

DFS Files

History of family with agency
How long has DFS been planning with this family?
Have there been multiple entries into care? Why?
Do the same issues continue to confront this family?
Does this family have multi-generational history with DFS?

Court Involvement

Civil custody/PFA files
Dependency/Neglect files
Prior termination of parental rights of either parent?
Criminal files on parent/child?

Criminal History

Crimes against children?
Crimes against mother/father of the children? D/V, Assault
Capias history
VOP history (compliance with court orders)
Crimes involving drugs/alcohol?
Incarceration history/compliance?

TPR statutory inquiries

Chronic abuse?
Sexual abuse?
Life-threatening injury without explanation?
Parent with prior felony conviction against a child?
Prior termination of rights?
Abandoned?

Talking With Kids

Getting to know you...

What is the nicest thing that ever happened to you?

What was the funniest thing you ever saw?

What was the proudest moment in your life?

What do you like best about yourself?

What are three things you do well?

What are three things you like best in a friend?

What are three things you like least in others?

What worries you the most?

What was your worst disappointment?

What are two things you would like to change in your life?

What is the biggest decision you are facing right now?

If you could make one rule for all the people in the world to follow, what would it be?

If other people were going to describe you as an animal (or a color or an object, etc), what would they say you were most like?

What do you like least about yourself?

What is something about you that you wish were different?

What have you always wanted to be able to do in your life?

What are three things in your life you think you can't change?

What are your favorite things to do?

What do you do when you are all alone?

What do you dream about?

What songs do you know? How does it go?

What games do you like to play? Who plays them with you? Who taught them to you?

What do you think about just before you go to sleep at night?

What do you dislike or hate to do?

Do you know how to cook? What is your favorite thing to make?

What is your favorite food? Restaurant?

Do you like being indoors or outdoors best?

Are you a morning person or a night person?

If you could be any animal, what would you choose, why?

How old do you think you will be when you die? How do you think that might happen?

What is your favorite place to be?

If someone was going to write a newspaper article about you, what would they say? What would you want them to make sure to leave out?

Do you think you look different than other kids your age? If so, why?

If you had three wishes what would they be? Which one would you want to come true first?

Finish this sentence: If I really wanted to, I know I could...

Suppose you were going to be stuck on a desert island and you could only take three people with you. Who would you choose? Why?

If you were in charge of this country, what three laws would you create?

What is your favorite movie? TV show? Cartoon? Music? Book?
 Describe your life in 10 years. In 5 years. In one year. In one month.
 If you could change places with anyone in the world for a day, who would you choose and why?

How do you feel...?

What do you do when you are angry? Sad? Happy? Frustrated? Afraid? Etc.
 Tell me about a time you felt angry? Sad? Happy? Frustrated? Afraid? Etc.
 When you are feeling lonely, what is the one thing that helps you the most?
 Describe the feeling "sad" (or mad, happy, peaceful, etc.) for me; what color is it, what shape, what temperature, what texture, etc.?
 What scares you?
 Do you ever have nightmares? Tell me about it...
 What was your favorite dream? Why?
 When you think about your future, what are you most concerned about?
 What has your family taught you about feelings?
 What is the strongest feeling you have ever had? Tell me about when that happened.
 When you need to calm yourself down, how do you do it?
 Who can you trust to share your feelings with? How do they help you?
 When you upset, what helps you calm down?
 What kinds of things help you feel safe? Calm? In control?

Friends and School

Do you have a best or favorite friend? Who?
 What is the best thing you guys do together?
 What is the best thing about your friends? What kinds of things do you do?
 If you won a trip to Disneyland and could take six kids with you, who would you take?
 Why?
 Who is the nicest kid in your school?
 Is there someone in your school everyone is afraid of?
 How do you feel about school?
 Who do you go to if you have problems in school?
 What is your favorite sport? Tell me about why you like it.
 What do you do after school?
 What kinds of groups are at your school?
 What kinds of things do they do there?
 What are kids like at your school?
 What kinds of things do you do at recess?
 Who did you eat lunch with today (or yesterday)? Is that what you usually do?
 If you could be principal for a day, what would you do?
 How many schools have you been to? Where do you currently go?
 What kind of homework do you get?
 Who can you go to for help with your homework?
 Do you know if all of your credits have transferred?
 When do you graduate?
 Do you have an IEP (individual education plan)?

What do you want to do when you graduate? College? Vocation school? Job?
 What are you doing to achieve these future goals? For example, taking SATs, applying to colleges/vocational schools, internships, etc.

Family

Tell me about who is in your family.
 Who do you live with?
 What relatives do you get to see?
 What do you like to do best with your father? Your mother? Your sister? Your brother?
 Etc.
 If you could change one thing about your father (mother, sister, brother, etc), what would it be?
 Tell me about a typical Saturday in your family?
 Tell me about dinnertime at your house?
 What time do you go to bed at night? Is that different on school nights and weekend nights?
 How do you celebrate your birthday in your family?
 What is your favorite holiday? How does your family celebrate it?
 What does your family do for fun?
 What is one thing from your family that you want to make sure to do with your own family one day?
 What is one thing your parents do that you would never do when you are a parent?
 How would your family describe you?
 Tell me about your room? What color is it? Where do you sleep? What kind of stuff do you have in there?
 Tell me about your foster family?
 Have you lived with a foster family before? Tell me what that was like.

Health/Fitness

When was the last time you saw a doctor?
 What is your doctor's name?
 Do you know your doctor's phone number or how to get in touch with him or her?
 When was the last time you saw a dentist?
 What is your dentist's name?
 Do you know your dentist's phone number or how to get in touch with him or her?
 Do you have any health issues?
 Do you understand what it means to have that health condition?
 Has someone explained your treatment to you?
 Has anyone helped you understand and take care of your health issues?
 Do you take any medicines? Is so, what kind? How do they help you?
 Are you involved with someone?
 Do you know you can get confidential services for your sexual health?
 Has anyone told you where you can get any of these services if you want them?
 Have you taken a sex education class or talked to anyone about sex?
 Has anyone talked to you about safe sex practices?
 Do you have sex with anyone? If you do, what do you do to practice safe sex?

Is there someone you can talk to about your health issues?

What do you do to practice safe sex?

What do you do for exercise?

Do you play any sports?

What do you wish you could play?

Hints to Involving Kids in the Court

Infancy

Their presence at occasional court proceedings helps the child become "known" to the court personnel.

If the child cannot be present, there should be someone there who "knows" the child fully and has spent enough time with the child to bring him/her to life for the court. This designee should be allowed to speak in the proceedings.

Repeated visits over time help the people to remember the child is growing fast and changing rapidly.

The child needs to become a person with a name.

If child cannot be present, a picture of the child should be shared so it is clear who is being discussed.

Plan any appearances during low stress times i.e. not during child's usual nap time; make sure they have eaten; make sure their diaper is clean; allow them access to someone they trust and feel comfortable with.

Choose quiet court times, i.e. no chaos, high emotional intensity, or exposure to conflict.

Learn a basic child's finger game, i.e. Open them Shut them or Where is thumbkin? to create opportunities to engage when needed.

Judges and attorneys must have an understanding of early childhood development

Toddlerhood

All of above

Can meet judge and other personnel involved in the system.

Can identify key people in their life, through in person contacts as well as pictures (developmentally dependent).

Have simple toys available, i.e. blocks or crayons/paper, this allows for something to mutually focus on, helping child to regulate and feel more comfortable.

Learn a typical child's game or song, i.e. All around the mulberry bush..., this provides a medium to engage with

Learn something about the child that they like and comment, i.e. I heard you liked cars...

Preschool

All of above

Have simple toys available, i.e. blocks, preschool sized legos, crayons/paper, markers, bingo daubers (great for making dots)—repetitive focused activity helps to manage anxiety

Can tell the court personnel stories of good things they have done, as well as what scares them (should be done one on one with child accompanied by someone they see as trusted)

May be able to draw their thoughts, although not always decipherable without child interpreting for you.

Has knowledge to begin to know role of a judge and others, have beginning understanding that there are authority figures that have roles in our lives.

Give simple explanations, follow child's lead, answer in no more than 5 words per answer, give adequate time for processing and response.

Learn a preschool game or song, something that can be interacted with. An alternative is to engage child by "remembering" most of a song yourself, then asking child for help "remembering" the rest; this gives child a sense of control and knowledge—preschoolers like to feel smart and helpful

If child goes into courtroom, allow exploration—checking things out, looking behind tables and benches, sit in chairs, etc.

Learn about something the child has accomplished lately and comment, i.e. I heard you can write your name all by yourself

Early School Age

All of above

Encourage role playing, i.e. sit at tables, call court to order, etc. Imagination is very alive for this age.

Encourage questions, answer with basic answers, and then ask "do you have another question?"

Comment on how great the questions are, this encourages and it provides a sense of control and competence

Provide age appropriate description of the court process (E.g. coloring book with judge, lawyer, and all parties included; video with cartoon characters describing a day in court)

May be in court for general issues and proceedings, however avoid any conflict, chaos, or hostility

If child is asked to talk with any caregiver present, focus on what is their favorite thing they may have done with that person; find out ahead of time what child may have done and explore that topic, i.e. "I heard you and your dad played went to a baseball game last night...how was it?"

Court appearances should be brief; no more than 10-15 minutes—be aware of antsy behavior such as squirming, shuffling, laying down, fussing, etc.—follow this child's lead; you see these things it is time to go before child has to escalate to get your attention.

Ask about school, friends, activities

School Age

All of above

Should be very able to meet with judge or attorneys, may want support person of their choosing with them.

Provide them with tasks such as making a list of what they want the judge to know, what their favorite things go do include, etc. —again provides control opportunity, lists can provide something tangible, and having a paper to share can decrease anxiety. Pictures of things can also be shared if writing skills are not well developed.

Allow the child to give the writings and/or pictures to the court; make sure they know their input was received and noted by the court

Reassure child he/she is in no way responsible for any of the court proceedings or events.

Participation in court proceedings should be encouraged, keep brief—no more than 30-60 minutes; focus on proceedings that do not include conflict, non-compliance issues, etc.

Ask about accomplishments, ideas about things, what happens in their school, etc.

Depending on individual circumstances the child may want to be involved in all proceedings. The child should be encouraged to articulate why they want to be there and how they feel they might contribute. This provides structure and forethought and will make the hearing more meaningful for the court and the child.

Pre-Adolescent

All of the above

Provide child with a task, i.e. taking notes during proceedings they are present for, etc.—helps to focus attention and dissipate anxiety

Should be able to meet and talk with judges/lawyers/others; a support person may still be requested

May need clear limits on how to behave in a court room or during certain events

Opinions should be encouraged, however limits may need to be set as arguments for the sake of arguing can be a highlight of this age group

Provide an "escape" plan, if child gets upset is it okay for them to leave or ask to go to the bathroom, giving them escape plans and other coping mechanisms provides a sense of control
Encourage them to participate in even the smallest way, again this increases a sense of control
Share documents that are appropriate for child to read, this increases awareness and sense of control

Ask about their peers, teachers, etc.

Adolescent

All of the above

Autonomy is critical at this age, provide any opportunity to participate and share
Depending on individual circumstances the child may want to be involved in all proceedings; however, the child should be able to articulate why they want to be there and how they feel they might contribute—this provides some structure and forethought, hopefully avoiding the child who is wanting to "get back at" a parent

Respect child's feelings, even if they want to participate, the emotional intensity might become too much and they may opt out at the last minute; having thoughts and ideas written out may allow them to have that shared or read to the court even if they don't want to be there—or they may want to be there but have someone else read their words

Adolescents are often very peer oriented, it may be appropriate for a "best friend" to accompany them depending on the events taking place (or at least waiting in the hall)—sometimes having someone to "show" things to can help increase feelings of competency and control.

Negotiation can be used fairly well with many adolescents—their ability to think about meeting someone halfway allows them a sense of control and a sense of accomplishment

As often as possible, child should be communicated with directly

Ask about their future plans, interests, etc.

VISITATION OBSERVATION CHECKLIST

CASE NAME: _____ FACTS #: _____

DATE OF SUPERVISED VISIT: _____ WITH WHOM: _____

TIME OF VISIT: _____ LOCATION: _____ SUPERVISING STAFF PERSON: _____

| ACTIVITY | YES | NO (IF NO, EXPLAIN) | NOTES |
|---|-----|---------------------------|-------|
| PARENT'S STATUS AT VISIT | | | |
| Parent arrives on time | | | |
| Parent shows attention to personal hygiene, no Signs of substance abuse | | | |
| COMMUNICATION SKILLS | | | |
| Parent is sensitive to child's feelings (vs. parent ignores or changes what the child says) | | | |
| Parent uses child friendly language (vs. parent Uses adult language and comments) | | | |
| Parent demonstrates warmth toward child Verbally or non-verbally (vs. parent being remote, hostile, or distracted) | | | |
| Parent is verbally respectful to child (vs. Parent "quizzes" the child or seeks inappropriate reassurances from the child) | | | |
| PHYSICAL SPACE AND INTIMACY NEEDS | | | |
| Parent shows respect for child's physical space (vs. parent violates space, kisses child inappropriately, grabs, or puts squirming child in lap, etc) | | | |
| Parent joins in with child's play or lets child initiate play (vs. parent is under-involved or over-involved) | | | |
| Parent provides a safe and comfortable interaction for Child overall (vs. parent has a threatening, intimidating, intrusive style) | | | |
| CONFLICT EXPLORATION RESOLUTION | | | |
| Parent sets appropriate behavior limits/discipline | | | |

| | | | |
|---|--|--|--|
| (vs. parent uses negative terms, curses, criticizes, orders the child around, etc.) | | | |
| Parent handles child's frustrations and anger appropriately And seeks to calm the child (vs. parent escalates the conflict) | | | |
| Parent has the goal of mutual enjoyment of the Interaction (vs. parent implements his/her own agenda for revenge Guilt-inducing, or other negative manipulators) | | | |
| Parent provides consistently appropriate modeling during Interactions (vs. parent has inconsistent, erratic, and Argumentative style) | | | |
| UNDERSTANDING OF CHILD'S DEVELOPMENTAL STAGE | | | |
| Parent responds to child's verbal and non-verbal cues (vs. parent doesn't acknowledge child's cry or responds inappropriately) | | | |
| Parent has appropriate expectations of child's abilities (vs. parent plays inappropriately, becomes frustrated by child's limitations, etc.) | | | |
| Parent provides care necessary for child's developmental stage (vs. parent does not change diaper, help to tie shoes, hold and rock, talk to or reassure child) | | | |
| Parent separated from child inappropriately (vs. parent causes the Child to become upset, failed to comfort and reassure child) | | | |
| Parent understands the impact of their behavior on child (vs. Parent brings inappropriate food, doesn't focus on child or address Safety) | | | |
| Need for intervention during the visit (Explain what happened, How you handled it, and how the parent reacted) | | | |
| Overall impression of the visit | | | |

PERMANENCY COMMITTEE CHECKLIST

| QUESTION | NOTES |
|---|-------|
| When & why did the child come into care? (The reasons for each placement, any details about disruption, etc.) | |
| If the case was previously presented to the committee, give an update since the last presentation. Give brief background of case planning done so far. | |
| Brief description of family history —past and current issues, psychological/psychiatric background. Mother? Father? | |
| Any present or past history of domestic violence? AOD history? Criminal history/DELJIS check? | |
| What efforts have been made to identify and locate absent parent(s)? Parent locator used? Has case been referred to child support? Has paternity testing been requested? | |
| Describe planning with both parents , including the father, and/or incarcerated parents. | |
| Number of case plans with parent(s)? Were they successful? Bring current case plan. | |
| Description of the child. (age, special needs, grade physical characteristics, child's school adjustment) | |
| Is child in counseling? | |
| Are there any siblings? Where are they? If separated in foster care, what are DFS's permanent plans for these children? | |
| Have we explored relatives/kin for this child? | |
| Is the current placement provider a resource? Does SW support this resource as permanent? | |
| Do the birth parents and/or any relatives know of DFS's plans to present the case to the Permanency Committee? | |
| Were the CASA, GAL, private agency workers, foster home coordinators, and other division workers (CMH/YRS) invited to attend today? What are their recommendations? | |
| Goal social worker is requesting today. Why is this in the child's best interest? (Bonding/separation issues, child's feelings, professional recommendations) | |

USE OTHER SIDE IF MORE SPACE IS NEEDED

1

EARLY SCREENING TOOL

This form must be completed by the permanency supervisor or designee and placed in the family case record.

Case Name: _____ Case Number: _____

If any one item in the following section is checked "yes", the case must be referred to the Permanency Committee for case direction.

DELAWARE CODE

- | | | |
|--|-----|----|
| 1. Is the parent willing to voluntarily relinquish their parental rights? | Yes | No |
| 2. Has the child been abandoned? | Yes | No |
| 3. Has the parent been found by the court to be mentally incompetent? | Yes | No |
| 4. Has the parent committed a felony level offense against a person in which the victim was a child? | Yes | No |
| 5. Has the parent or parents not been able to or failed to plan for the child? | Yes | No |
| 6. Has the child been subjected to torture, chronic abuse, sexual abuse, and/or life-threatening abuse by the parent? | Yes | No |
| 7. Has there been prior involuntary terminations of parental rights over a sibling of the child? | Yes | No |
| 8. Has the child suffered unexplained serious physical injury that resulted from the intentional conduct or willful neglect of the parent? | Yes | No |

If 4 or more items in the parent or child sections are checked "yes", this case must be referred to the Permanency Committee for case direction.

PARENT

- | | | | |
|----|---|-----|----|
| 1. | Does either parent have substance abuse history that has not been successfully addressed? | Yes | No |
| 2. | Does either parent have a mental health diagnosis that may interfere with the care/safety of the child? | Yes | No |
| 3. | Has either parent had a history of, or current exposure to, severe and/or long-term domestic violence? | Yes | No |
| 4. | Is either parent a repeat criminal offender? | Yes | No |
| 5. | Is either parent currently incarcerated? | Yes | No |
| 6. | Was either parent abused or neglected during their childhood? | Yes | No |
| 7. | Have there been multiple reports of a/n/d made on either parent? | Yes | No |

CHILD

- | | | | |
|-----|--|-----|----|
| 9. | Does the child have special needs that the parents are unable or unwilling to address? | Yes | No |
| 9. | Has this child or other children of the parents ever been in foster care before? | Yes | No |
| 10. | Do parents have multiple children for whom they do not provide primary care? | Yes | No |

Other:

| | | |
|---|-----|----|
| Should the child be placed in a legal risk adoptive home? | Yes | No |
|---|-----|----|

Completed By: _____ Date Completed: _____

**Office of the Child Advocate -
Adoption Home Study Guide**

Child's Name:

| Factors regarding the "match" | Family 1 | Family 2 | Family 3 |
|---|----------|----------|----------|
| Family is kin | | | |
| Family is kin and has taken steps to enhance their relationships | | | |
| Family is currently parenting the child | | | |
| Family is currently parenting a sibling | | | |
| Family is willing to consider parenting a sibling | | | |
| Family has a strong emotional relationship with the child | | | |
| Family has maintained consistent interest in this child | | | |
| Family meets child's consistently stated preference for a family | | | |
| Family demonstrates willingness to allow child to maintain current relationships important to him/her | | | |
| Family has skills to meet the child's identified special needs | | | |
| Family is able to incorporate this child's special needs into their family | | | |
| Family has access to services in their community needed to meet child's needs | | | |
| Family can maintain racial and cultural connections and understands cultural history | | | |
| Family practices same religion or will make religious preference available to child | | | |
| Family has plan in place in the event of their premature death | | | |

Permanency Planning Committee Date:

Review Date:

**Office of the Child Advocate -
Adoption Home Study Guide**

Child's Name:

| <i>Factors regarding the family</i> | <i>Family 1</i> | <i>Family 2</i> | <i>Family 3</i> |
|---|-----------------|-----------------|-----------------|
| The couple has a strong, stable relationship and works together | | | |
| The single person is mature and has strong, supportive relationships | | | |
| The decision to adopt is mutual. Both are equally invested | | | |
| The single person decision to adopt is well thought out | | | |
| They have experience and ability to deal with grief and loss | | | |
| Demonstrates perseverance in conflict resolution | | | |
| Ability to advocate for necessary services/supports | | | |
| Demonstrates ability to adjust personal expectations | | | |
| Values and accepts differences in others | | | |
| Family has realistic expectations of children and can make necessary changes to accommodate child's special needs | | | |
| Utilizes a positive approach to behavior management | | | |
| Open to professional intervention when needed | | | |
| Open to birth family contact, if applicable | | | |
| Can financially support the addition of a child | | | |
| Have a strong support network on which they can depend | | | |

Permanency Planning Committee Date:

Review Date:

IL Checklist for Kids ages 16-18

I. Independent Living Services

- Referral made to IL provider?
 - When and to whom (what agency)?
 - Who is the case manager/mentor?
- Has a life skills assessment been completed?
- Has an IL case planning meeting been held and if so, has the life skills assessment been incorporated into the case plan developed?
- What does the IL case plan cover (ie: housing, employment, education, self maintenance skills, etc...) and did the child have input?
- Is the independent living case plan being reviewed at least semi-annually?
- Has the STEPS meeting been scheduled? (This should occur one month after the child turns 17 and should include everyone who might be willing to assist the child in the transition to adulthood ie: family, extended family, mentors, social workers, GAL/CASA, other invested adults)
- Has a DFS Board Extension been requested? (This should occur by the time the child is 17 years nine months)
- Does the child have a driver's license?
 - Has the child taken driver's education?
 - What are the barriers and is there a plan to overcome them?
- Does the child have his or her social security card?
- What specific services will the IL provider be providing this child after age 18?

II. Education

- Is child on grade level given age?
- Is high school diploma realistic verses GED or other educational alternative?
- Does the child have an IEP (Individual Education Plan)?
 - What is the basis for the plan?
 - When was it last updated?
 - When was child last evaluated?
 - Are current services appropriate (are they working)?
- Does the child have any interest in college or vocational school?
 - Has the child taken the PSAT or SAT?
 - Has the child investigated, visited, or applied to any schools and who is assisting with this?
 - Is the child aware of resources available in DE such as the SEEDS Program at Del. Tech, the ETV Fund (money can be used for tuition, housing, transportation if the youth is attending college or vocational school) or the Ivy Davis Scholarship?
 - Has the youth applied for any other academic scholarships?
- Does the youth have a copy of his or her school transcript?

III. Training/Employment

- Has the child ever been employed? If not, what are the barriers?
 - Where? When? How long? Will the employer be a good reference in the future?
- Does the child have any special skills or interests and how are they being developed/built upon?
- Is volunteerism a means to seeking out future employment options?
- Is Job Corp a possibility?
- Job shadowing in a desired field?
- Summer internships?
- Has the child considered military service? Active duty or National Guard reserve work? (Criminal history can be overcome in some situations so don't be afraid to investigate)
- Has the child been engaged in any training programs in school or otherwise? If no, why not?
- Who is assisting the child in the job search and what has been done?
- Who will facilitate transportation to work once employment is secured? (Or does the child have a license and some way of providing transportation for himself?)

IV. Housing

- Where does the child plan to live at age 18?
 - Is a DFS Board Extension appropriate? (DFS worker shall apply for one if the child so desires by the time the child is 17 years nine months)
 - Is a DFS Host Home agreement appropriate? (for college bound youth)
 - Has the youth's name been put on subsidized housing lists on both the state and local level?
 - Is a Transitional Housing Program appropriate/available?
 - West End (Lifelines) in Wilmington?
 - 801 (Dover)?
 - Murphy School (Dover)
 - Is return to biological family likely and if so, what if anything can we put in place to make that as safe a transition as possible? (Note that if reunification with a parent takes place prior to 18th birthday, IL services cease after 60 days).
- Has the youth been educated on the cost of living independently?
 - Does the youth have any money saved for housing? (There are a number of matching fund programs in the state to help youth save faster) Checking? Savings? DE Money School?
 - Are there any kinship or friendship sources of financial support or to act as roommates/stable housing options?
 - Is the youth familiar with local shelter options?

V. **Medical/Mental health**

- Make sure the youth gets all appointments scheduled and held before turning 18 including physical/medical, dental, vision and any specialty appointments that might be outstanding!
- Has the youth been educated about preventative, routine health care?
- Are the youth's medical records being compiled for the youth when he/she exits care?
- Has the youth been educated on violence prevention/awareness? (A/N/D/ & DV)
- Have all of the necessary referrals and paperwork been completed for a smooth transition to adult services?
 - Medicaid? (Application should be in process 6 months prior to 18th birthday).
 - Adult Mental Health or outpatient counseling?
 - Pediatrician to primary care physician?
 - Food stamps?
 - AFDC or other state support?
 - Referral to DDDS if child cannot take care of himself/herself due to physical or other developmental delays

VI. **Extended Jurisdiction** (To be considered close to 18th birthday)

- Are there any issues with adequacy of the IL services being offered? If so, consider Motion for Extended Jurisdiction.
- Make sure youth knows how to contact AGAL, DSCYF, IL worker after 18th birthday.



The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

DEPENDENCY/NEGLECT PETITION FOR CUSTODY

Petitioner

| | |
|----------------------------|-----|
| | |
| | |
| | |
| | |
| SS# | DOB |
| Attorney | |
| Relationship to Child(ren) | |

Petitioner

| | |
|----------------------------|-----|
| | |
| | |
| | |
| | |
| SS# | DOB |
| Attorney | |
| Relationship to Child(ren) | |

| |
|--|
| File Number(s) |
| |
| CPI Number(s) |
| |
| DFS Referral Non-Relative Placement |

Respondent

| | |
|----------|-----|
| | |
| | |
| | |
| | |
| SS# | DOB |
| Attorney | |

Respondent

| | |
|----------|-----|
| | |
| | |
| | |
| | |
| SS# | DOB |
| Attorney | |

IN THE INTEREST OF the following child(ren):

| | | |
|------|-----|-----|
| Name | DOB | Sex |
| | | |
| Name | DOB | Sex |
| | | |

| | | |
|------|-----|-----|
| Name | DOB | Sex |
| | | |
| Name | DOB | Sex |
| | | |

Petitioner alleges the following facts:

The Father is:
Address:

| | |
|--|------|
| | DOB: |
| | SSN: |
| | |

The Mother is:
Address::

| | |
|--|------|
| | DOB: |
| | SSN: |
| | |

The above-named child(ren) reside with:
Address:

| | |
|--|---------------|
| | Name: |
| | Relationship: |
| | |

Check boxes below as appropriate:

The child(ren) are:

dependent

neglected

as defined by 10 Del.C. §901 [8] and [11] in that the children's physical, mental or emotional health and well being are threatened or impaired because of inadequate care and protection by the child's custodian who .

is unable to provide adequate care for the child.

has the ability and financial means to provide for the care but does not or will not provide adequate care,

or a child who has been abused or neglected as defined by 16 Del.C. § 902.

In support of the allegations in the preceding paragraph, the petitioner alleges the following facts:

WHEREFORE, Petitioner prays that the aforementioned child(ren) be declared dependent/neglected and that custody be awarded to _____ .

SWORN TO AND SUBSCRIBED

before me this date,

Notary Public

Petitioner/Attorney

Address (if not stated above)



The Family Court of the State of Delaware

For New Castle Kent Sussex County

AFFIDAVIT FOR PRIORITY SCHEDULING OR EX PARTE ORDER

Petitioner

Name

Respondent

Name

File Number(s)

CPI Number(s)

Section I

I, the undersigned affiant, being duly sworn according to law,

Do hereby request that my Petition be treated on an expedited, priority basis because there is an immediate and present danger to me or to a minor child or to an infirm adult. (Describe below in section II why you believe there is an immediate and present danger, including what harm you believe you may suffer.)

Do hereby request an Order be issued on an ex parte basis (without notice to the Respondent) because I have been unable to notify the Respondent, such notice would put me in danger, or for some other reason. (Describe below in section II in detail the reasons why the order should be entered without notice to the Respondent.)

Do hereby attest to the truth of the allegations made in the attached petition. I request the following relief:

Section II

I further swear that unless relief is granted prior to a normally scheduled hearing on the merits, the following substantial and irreparable harm will result:

Signature

SWORN TO AND SUBSCRIBED before me this date,

Date

Notary Public

**IN THE FAMILY COURT OF THE STATE OF DELAWARE
IN AND FOR NEW CASTLE COUNTY**

CHILD
DOB

PARENTS:

MOTHER
FATHER

FILE NO.
PETITION NO.

ORDER APPOINTING, ATTORNEY, ESQUIRE, AS ATTORNEY
GUARDIAN AD LITEM FOR CHILD

AND NOW, this ____ day of _____, 2010, having determined that the above-captioned child is in the custody of the Division of Family Services after a finding of dependency and/or neglect;

IT IS ORDERED that ATTORNEY, Esquire, is appointed attorney guardian *ad litem* for CHILD, born DATE, pursuant to 10 Del. C. § 925(17) and 13 Del. C. § 2504(f). As attorney guardian *ad litem*, Mr. ATTORNEY is charged with representing the best interests of CHILD in any Court proceeding wherein he is the subject of the petition. The duties and rights of the attorney guardian *ad litem* are set forth in 29 Del. C. § 9007A(c).

Upon presentation of this Order to any agency, hospital, school, organization, division or department of the State, doctor, nurse or other health care provider, treatment facility, psychologist, psychiatrist, police department, mental health clinic, drug or alcohol treatment provider, such agency shall permit the attorney guardian *ad litem* to inspect and/or copy any records relating to CHILD and/or his parents, without the consent of the parties. 29 Del. C. § 9007A(b). In addition, the attorney guardian *ad litem* has authority to interview all pertinent persons in the child's life. Id.

This order shall remain in full force and effect until further order of the Court. Unless otherwise ordered by the Court, this order shall terminate automatically for any child who has reached age 18, for any child for whom an order of adoption has been granted, or for any child whose proceedings before the Family Court have been fully resolved via Court order and/or stipulation.

WILLIAM L. CHAPMAN, JR., JUDGE

CC: Parties
ATTORNEY, Esquire
Tania M. Culley, Esquire, Child Advocate
Deputy Attorney General
Parent(s) Attorney(s)

Sample Email to GAL

From: Falkowski Jennifer L. (Courts)
Sent: Thursday, July 06, 2006 11:32 AM
To: 'attorney@lawfirm.com'
Cc: DFS WORKER (DSCYF)
Subject: Court order

RE: CHILD (dob: 00/00/00)
Dear ATTORNEY (555-5555):

Thank you for agreeing to serve as attorney guardian ad litem for the above-referenced child.

The DFS worker is/was _____ and he/she can be reached at _____, Ext. _____. The DFS worker will be able to provide the current placement and school information necessary to begin the case. This DFS worker is copied on this email. **If the case has been transferred, I am asking that the DFS worker forward this email to the new worker, and advise the attorney GAL of same.**

I expect to have the DFS record in the next week or so. In the interim, please make initial contact with the DFS worker (and the DAG), as well as your child client. If you have not already received it, MC Landis, Esquire, will send you a printout of criminal information regarding the parties in the next week or so. Please be mindful of the strict requirements outlined in the letter accompanying the criminal history.

An additional reminder:

Please advise OCA immediately when any of your child clients exit DFS custody, or your case is otherwise resolved. Please keep track of the hours donated throughout the duration of the case and report them to OCA when your case ends.

Please feel free to contact us with any questions or concerns you may have. Thank you for making a difference in the life of a child!

Jennifer Falkowski
Family Crisis Therapist
Office of the Child Advocate
900 King Street - Suite 210
Wilmington, DE 19801
255-1736 / 577-6831 fax

| | |
|---------------------------------|------------------------------|
| Event: PLAN FAM SRV PLAN | Started: 08-29-2002 |
| Worker: | Completed: 09-03-2002 |
| Status: Completed | Updated: 09-03-2002 |
| Subject: None | |
| Client: | |

Intact Family
Goal:

Child(ren) in Care
Goal: Reunification
Notice Given to Parents? Yes

| Client ID | Client Name | DOB | Facility ID | Facility Name | Placement Date |
|-----------|-------------|-----|-------------|---------------|----------------|
| | | | | | 06-24-2002 |
| | | | | | 06-24-2002 |

Visitation Information

Visitation – Include as many details as possible. It is mandatory to include information regarding sibling visits. If there are no sibling visits, explain why.

| Visitation | Frequency | Length | Transportation | Location | Condition | Specify |
|------------|-----------|--------|----------------|----------|-----------|---------|
| | | | | | | |

Presenting Problems and Outcomes

Identify specific steps to achieve the outcomes. Include specific services that have been identified, who will complete the referral, who will provide transportation, payment information, who is participating, and the length of each services.

Please include specific tasks that must occur in order for the family to achieve the desired outcomes. Be as detailed as possible. Please add a date in each problem area indicating when this area will be reviewed.

Problem Area: 07. Attitude Towards Parenting

Problem: D06. Bonding Style with Child(ren)

Outcome: a. Parent(s) are able to accept child(ren) as he/she is without projecting negative attitudes about the child(ren)

Note*: xxxx and xxxx will actively participate in xxxx's counseling to better understand xxxx's feelings and how their lack of communication, fighting and distrust affects her. Neither parent will bring their individual or marital issues into xxxx's sessions. Both parents will work with xxxx's therapist to develop a better understanding of xxxx's feelings. The Division of Family Services will closely monitor the family, as xxxx and xxxx will be placed back in the home in the care of xxxx and xxxx in the custody of the Division of Family Services on a trial home placement for at least three months.

Problem Area: 08. Communication

Problem: F01. Ability to communicate (Verbal and Nonverbal)

Outcome: a. Parent(s) are able to encourage open verbal communication and affection between themselves and their child(ren)

Note*: xxxx and xxxx will attend marriage counseling to learn how to communicate together as husband and wife. xxxx will learn how to trust her husband and trust his judgment as a parent also xxxx and xxxx will not fight around their children. The Division of Family Services will closely monitor the family, as xxxx and xxxx will be placed back in the home in the care of xxxx and xxxx in the custody of the Division of Family Services on a trial home placement for at least three months.

Problem Area: 09. Difficulty Handling Conflicts

Problem: F02. Manner of Dealing with Conflicts/Stress

Outcome: a. Parent(s) are able to constructively talk over problems and can effectively handle stress and conflict

Note*: xxxx and xxxx will attend marriage counseling to learn how to communicate together as adults. xxxx and xxxx will learn how to discuss issues concerning the children, the home, and their lives together. xxxx will learn to listen to what xxxx has to say and not criticize his feelings. xxxx will continue her counseling with xxxx at Adult Mental Health to work on her own distrust issues. xxxx will learn not to show any distrust to xxxx in front of the children. xxxx will not stalk or spy on xxxx especially when the children re in the home. The Division of Family Services will closely monitor the family as xxxx and xxxx will be placed back in the home in the care of xxxx and xxxx in the custody of the Division of Family Services on a trial home placement for at least three months.

Problem Area: 10. Family Violence Concerns

Problem: F03. Balance of Power

Outcome: b. Parent(s) are able to demonstrate respectful, positive, caring, trusting attitudes towards each other

Note*: xxxx and xxxx will attend marriage counseling to learn how to work together as a team. Both parents will attend the Strengthening Families Program to learn how to parent together. The Division of Family Services has made the referral for this program and will provide payment. It will be xxxx and xxxx responsibility to complete the program. The Division of Family Services will receive a report on their progress with the program and the parents will sign consent forms for this xxxx and xxxx will be able to demonstrate effective parenting skills learned through the program. The Division of Family Services will closely monitor the family as xxxx and xxxx will be placed back in the home in the care of xxxx and xxxx in the custody of the Division of Family Services on a trial home placement for at least three months.

Problem Area: 11. Substance Abuse

Problem: H03. Current Substance Abuse

Outcome: b. Parent(s) will successfully complete a substance abuse treatment program

Note*: xxxx will continue with her substance abuse treatment program at xxxx. xxxx will not use any type of drug or alcohol unless prescribed for her. xxxx compliance and progress with xxxx will be followed by the Division of Family Services substance abuse liaison. The Division of Family Services will closely monitor

the family as xxxx and xxxx will be placed back in the home in the care of xxxx and xxxx in the custody of the Division of Family Services on a trial home placement for at least three months.

Problem Area: 12. Problem-Solving and Coping Skills

Problem: H04. Passivity/Helplessness/Dependence

Outcome: b. Parent(s) are able to develop options and make appropriate decisions/choices

Note*: xxxx will attend individual counseling with xxxx at Adult Mental Health. xxxx will show she can make appropriate decisions and trust people. xxxx will learn how to effectively communicate with other people. xxxx will take what she has learned and continue to use these skills at home with her family and in the community with other people. xxxx is presently on Trazodone and Wellbutrin for anxiety. xxxx will continue with her medication as long as needed. If xxxx feels the medication is not working for her or she is unable to take it she will report this to her psychiatrist for appropriate treatment. The Division of Family Services will closely monitor the family as xxxx and xxxx will be placed back in the home in the care of xxxx and xxxx in the custody of the Division of Family Services on a trial home placement for at least three months.

Contracted Services

| Service Type | Provider | Frequency | Duration | Preferred Service? | Referral Generated |
|--------------|----------|-----------|----------|--------------------|--------------------|
| | | | | | |

Division Services

| Service Type | Frequency | Duration | Preferred Service? | Referral Generated |
|--------------|-----------|----------|--------------------|--------------------|
| | | | | |

Other Services

| Service Type | Provider | Frequency | Duration | Preferred Service? | Referral Generated |
|--------------------------------|-----------------------------|--------------------|----------|--------------------|--------------------|
| SUBSTANCE ABUSE | THRESHOLDS | Three times a week | 3 months | | |
| MARRIAGE COUNSELING | | Weekly | 3 months | | |
| STRENGTHENING FAMILIES | CHILDREN AND FAMILIES FIRST | Weekly | 3 months | | |
| INDIVIDUAL COUNSELING FOR XXXX | ADULT MENTAL HEALTH | Weekly | 3 months | | |
| XXXX COUNSELING | DELAWARE GUIDANCE | Weekly | 3 months | | |

Progress and achievement towards outcomes will be measured by, but will not be limited to, verbal communication, first hand observations, reports from service providers, self-reporting, and other documentation provided by the family.

RIGHT TO APPEAL/REQUEST A FAIR HEARING FOR INTACT FAMILIES ONLY

The Division of Family Services acknowledges and supports a party's right to appeal when that party is directly impacted by the following decision points: approval/disapproval, casework decision, case plan, and determination of eligibility. If you wish to appeal, please send a written request to the Division of Family Service Director, 1825 Faulkland Road, Wilmington, DE 19805 no later than thirty calendar days of the date of this decision or notice. The request for an Appeal/Fair Hearing should explain the reason(s) for the request and the relief requested.

Critical decisions involving custody, visitation, termination of parental rights, child support, or any case related issue pending or soon to be litigated or previously decided by Family Court, or another court or agency, may not be appealed. Those matters shall be decided by the Court.

I understand this Child Service Plan agreement. I know that if I sign below, I am agreeing this plan should be put into action. I know I can attach a signed statement outlining any disagreement I have with this plan or request an appeal through a case manager with the Department of Services for Children, Youth and Their Families. This plan will be reviewed with me at least every six months. No changes will be made to this plan unless all participants are informed.

A refusal to sign the plan by a participant and a reason must be documented and dated below. Absence of signature must be documented. Each participant shall receive a copy of this plan.

| Participant's Signatures: | Present at Plan | Date |
|---|------------------------|-------------|
| Child: _____ | _____ | _____ |
| Parents: _____ _____ | _____ | _____ |
| Family Service Specialist: _____ | _____ | _____ |
| Family Service Supervisor: _____ | _____ | _____ |
| POC/POS Agency: _____ | _____ | _____ |
| Other: _____ | _____ | _____ |

Please have everyone write their current address and telephone number below their signature. If the client refuses, please include a statement indicating why that info is not provided.

Notes: None

**Child Placement Plan
PCIC II**

Name:

DOB:

Date of Plan:

Facility:

Type: Shelter

School:

- Individual Education Plan in Place
 Is there a copy of the IEP in this child's DFS case record?

I. Physical Characteristics

Description of Child:

Height:

Weight:

Hair Color:

Eyes:

Significant Scars/Body Markings:

Physical Handicaps or Chronic Medical Condition:

Current Medications:

II. Describe situation which led to current/pending placement:

This should be a statement describing the basis for dependency, abuse, or neglect. Also include an explanation as to why the child cannot be protected in the home with the provision of services.

III. "Mixing" approval for this placement:

IV. Where/how long/with who was child living immediately prior to this placement?

V. Identify immediate needs of child:

Please complete these sections as thoroughly as possible.

Educational:

| Plan Code | Plan Notes |
|-----------|------------|
| | |

Emotional:

| Plan Code | Plan Notes |
|-----------|------------|
| | |

It is not sufficient to write that child needs to be in counseling. You must describe the child's specific needs and how DFS plans to address them.

Medical:

| Plan Code | Plan Notes |
|-----------|------------|
| | |

Physical:

| Plan Code | Plan Notes |
|-----------|------------|
| | |

Transportation:

| Plan Code | Plan Notes |
|-----------|------------|
| | |

Visitation: Provide as much info as possible. Must include information regarding sibling visits. Are there any conditions placed on the visits?

| Plan Code | Plan Notes |
|-----------|------------|
| | |

VI. Identify immediate needs of parents (i.e., visitation, shelter, transportation, etc.) and services to be provided:

This section must be completed.

VII. Financial supports to placement for the child: (Yes = Current/pending support; No = not a support; leave blank if unknown).

Division of Child Support Enforcement; Date of Application:

Relative AFDC

DFS Board Payments

Clothing and Incidents

IV-E Eligibility

LOC Supplement:

Level:

Date:

SSI, OASDI (Survivor's Benefits), RSDI (Railroad)

Medicaid Eligible:

Medicaid #:

Other: (Specify)

Health Insurance:

| Type | Policy Number | Effective Date | Company Name | Physician |
|------|---------------|----------------|--------------|-----------|
| | | | | |

I understand this Child Placement Plan agreement. I know that if I sign below, I am agreeing this plan should be put into action. I know I can attach a signed statement outlining any disagreement I have with this plan or request an appeal through a case manager with the Department of Services for Children, Youth and Their Families. This plan will be reviewed with me at least every six months. No changes will be made to this plan unless all participants are informed.

A refusal to sign the plan by a participant and, if space permits, a reason should be documented and dated below. Each participant should receive a copy of this plan regardless of signature.

Participants' Signatures:

Date

Child: _____

Parents: _____

Family Service Specialist: _____

Family Service Supervisor: _____

POC/POS Agency: _____

Other: _____

Please have everyone write their current address and telephone number below their signature. If the client refuses, please include a statement indicating why that info is not provided. If foster parents elect not to include that info, please indicate that as well.

**Child Service Plan
PCIC III**

Child's Name:

DOB:

Date of Plan:

Facility:

Type:

I. Permanency Plan:

1. Placement Goal:

Goal: Other

Specify:

Date:

2. What must the parents/custodians do to achieve the goal (as related to this child)? If goal is other than return to own family, explain why.

3. Anticipated length of stay in current placement:

4. Discharge plan following the current placement:

Question 5 – Please include a description of how the recommended placement or type of placement is designed to achieve a safe and appropriate environment, including distance from the child's home and how the placement is consistent with the best interests and special needs of the child.

5. Comments on selection of placement: (If placement the same as last plan, skip to Number 6).

A. Why is the placement appropriate?

B. Proximity to family (within 2 hours of family) consistent with needs of the child?

C. Is placement least restrictive to meet child's needs?

D. Did you place the child in proximity to the school of most recent enrollment?

6. Is child placed with siblings? ***Please describe the location of any siblings. If siblings are separated, a statement of the reason for the separation and the steps required to unite them as quickly as possible. Also specify plans to maintain regular contact if appropriate.***

7. Division/Agency with direct service responsibility to child:

8. Division/Agency with direct responsibility to family:

II. **Child's Treatment/Service Needs/Plan: For all of section II – must give specific info!!! Include any identified special need and how DFS plans to address that need.**

Briefly describe the child's current status and identified service needs in the following areas. Include needs identified via formal or informal assessment.

1. **Physical Health/Dental Condition:**

| Status |
|--|
| AIDS |
| Acute illness. Serious injury |
| Alcohol/Drug Abuse |
| Allergies-severe |
| Anemia (Iron Deficiency) |
| Anorexia-Bulimia |
| Appendicitis |
| Asthma |
| Birth defect |
| Cancer |
| Chronic condition/disability |
| Congenital Heart Disease |
| Cystic Fibrosis |
| Diabetes |
| Down Syndrome |
| Elevated lead level |
| Encopresis/enuresis |
| Failure to thrive |
| Fetal Alcohol Syndrome |
| HIV |
| Healthy child, developmental normal |
| Hearing impairment-mild to moderate |
| Hepatitis |
| High Risk Pregnancy |
| Juvenile rheumatoid arthritis |
| Low risk pregnancy |
| Malnourished |
| Medically obese |
| Mild to moderate developmental delay |
| Mild, Moderate or time limited conditions |
| Non-ambulatory |
| Other |
| Other Heart Disease |
| Pre-natal Drug exposure |
| Premature Birth/Low Birth Weight |
| S.T.D. |
| Seizure disorder |
| Serious Injury |
| Severe gastro-intestinal illness/dehydration |
| Severe respiratory illness |
| Severe to catastrophic developmental delay |
| Severely hearing impaired – deaf |
| Severely visual impaired - blind |
| Sickle Cell Anemia |
| Spina Bifida |
| Terminal Illness |

| Status |
|------------------------------------|
| Tuberculosis |
| Visual impairment-mild to moderate |

| Needs |
|---|
| 24 Hr. Monitoring – Caretaker or Nurse |
| Alcohol/Drug treatment |
| Annual Physical Exam |
| Apnea Monitor |
| Aspiration/Suctioning |
| Eyeglasses |
| Family Planning/Sexuality Counseling |
| Frequent visits – Primary Physician |
| Hearing Aid |
| Hospice |
| Inhaler/Nebulizer |
| Inpatient hospital |
| Institutional/custodial care |
| Lifestyle Restrictions |
| Medical test |
| Medication – I.V./I.M |
| Medication – oral/external |
| Nursing care in home |
| Other medical equipment or device |
| Protective Clothing, let, Neck, or Back brace |
| Routine medical care/well child visits |
| Routine prenatal care |
| Special diet |
| Surgery |
| Treatment by specialist |
| Tube feeding/gavage |
| Wheelchair |

Status:

Needs:

Activity:

Person/Agency Responsible:

Time Frame:

A. Where/by whom will health services be provided?

B. Immunization record current? (Attach record)

2. Dental Condition:

| Status |
|---|
| Excessive decay, abscess |
| Malformation, malocclusion |
| Normally developing primary/secondary teeth |

| Needs |
|--|
| Annual dental exam |
| Child under 3 yrs – no formal dental treatment |
| Dental surgery |
| Extensive dental repair |
| Orthodontia |

Status:

Needs:

Activity:

Person/Agency Responsible:

Time Frame:

Where/by whom will health services be provided?

3. Educational/Vocational Status:

School:

Last Grade Completed:

Special Ed

| Status |
|---|
| Alternative School Program |
| College candidate |
| Drop out – employed |
| Drop out – unemployed |
| Frequent tardiness, absence or truancy |
| Incarcerated/Long term hospitalization |
| Major school behavior problems |
| Not on grade level |
| Other |
| Poor school attitude/poor or failing grades |
| Pre-school age |
| Refuses to attend/school phobia |
| Regular education |
| Special education |
| Unable to attend due to illness or disability |

| Needs |
|--|
| College application/financial assistance |
| Educational testing |
| IEP – copy in record Ed. Classification |
| In home classes/visiting teacher |
| Job training |
| Joint home, school behavior management plan with frequent communication between caretaker and school |
| Mentoring |
| Normal childhood daily and community activities enrichment and stimulation |
| Other |
| Tutoring |

Status:

Needs:

Activity:

Does the child have an IEP in place?

Is there a copy of the IEP in the child's DFS record?

Person/Agency Responsible:

Time Frame:

4. Social/Emotional Description (Describe the child's behavior, positive and negative):

| Status |
|---|
| Age appropriate peer relationships |
| Anxious, fearful |
| Appropriate infant/caretaker interactions |
| Attachment problems |

| Status |
|--|
| Demonstrates age appropriate social skills |
| Depressed |
| Diagnosed emotional illness |
| Diagnosed psychiatric illness |
| Easily manipulated or victimized |
| Extremely impulsive |
| Extremely shy, withdrawn |
| Flat affect |
| Hallucinations |
| Has no friends, isolates self |
| Immature |
| In good emotional health, emotionally stable |
| Inappropriate sexual partners/promiscuity |
| Issues related to separation, loss, other traumatic events |
| Manipulates peers, instigates unacceptable behavior |
| Negative peer group, gang involvement |
| Obsessive, compulsive |
| Other |
| Over reacts – emotionally volatile |
| Panic attacks |
| Peers not age appropriate |
| Psychosomatic physical symptoms |
| Self-mutilation, head banging, rocking |
| Suicidal thoughts, attempts |
| Unable to sustain peer relationships |
| Uncontrollable anger, rage |

| Needs |
|--|
| Highly structured, well supervised social |
| In-patient hospital care |
| Medication |
| Opportunities to interact with peers |
| Organized play, social group activities |
| Other |
| Out-patient hospital program |
| Psychiatric Evaluation |
| Psychological Evaluation |
| Supportive and positive family relationships |

Status:

Needs:

Activity:

Is the child in therapy?

Frequency:

Agency:

Phone:

Address:

Goals of Therapy:

Person/Agency Responsible:

Time Frame:

5. Behavioral Issues:

| Status |
|---|
| Child generally complies with age appropriate behavioral expectations |
| Child generally cooperates with adult guidance, direction |

| Status |
|---|
| Chronic runaway |
| Craves, demands excessive attention |
| Cruel to other children/animals |
| Defiant toward authority figures |
| Disregards rules at home, school, daycare or other community settings |
| Engages in dangerous/risk taking activities |
| Engages in illegal activities outside the home |
| Excessive lying |
| Frequent or explosive temper tantrums |
| Hyperactive/Diagnosed ADHD |
| Irritable and easily frustrated |
| Plays with matches |
| Provokes fights, aggressive to peers, sibling |
| Refuses to complete homework, chores |
| Rude, disrespectful to caretakers, teachers |
| Seductive, sexually promiscuous |
| Smoking tobacco |
| Steals from family members |
| Willful destruction of property |

| Needs |
|--|
| Clear and consistent limits, age appropriate expectations, with emphasis on positive reinforcement |
| Court action/criminal penalties |
| Formal behavioral management plan including positive and negative consequences |
| In-home aide, mentor or other adult support to caretaker and child |
| Individual counseling or therapy |
| Joint home, daycare or school behavior management plan with frequent two way communication |
| Medication |
| Other |
| Requires very close supervision |
| Special community program |
| Substance abuse – out/in patient |

Status:

Needs:

Activity:

Does the child need a specific management plan?

Person/Agency Responsible:

Time Frame:

6. Preparation for independent living (Age 15 and over): *Provided detailed info regarding services/ programs which will prepare the child for independent living.*

| Status |
|---|
| Can handle money, budget, basic banking and bill paying procedures |
| Child eligible for college or other post high school education program |
| Child has obtained employment and can support self |
| Child is able to meet his/her own daily living needs – personal hygiene, housekeeping, shopping, cooking, basic health care, etc. |
| Child lacks life skills, experience/knowledge |
| Child lacks money management skills/knowledge |
| Child unable to care for or support self and will require formal program of care and support beyond age 18 |
| Completed high school |
| Has not completed high school |
| Other |

| Status |
|----------------------------|
| Unemployed |
| Will be homeless at age 18 |

| Needs |
|--|
| Financial assistance |
| Formal life skills training program |
| GED program |
| Housing assistance |
| Independent living class/workshop |
| Informal life skills training and experience with family setting |
| Job training |
| Long term care and assistance by adult or community agency after age 18 |
| Other |
| Source of health care |
| Temporary care and minimal assistance by foster family or other adult after age 18 |
| Temporary shelter |

Status:

Needs:

Activity:

Where/By whom will services be provided?

Person/Agency Responsible:

Time Frame:

7. Court Requirements (e.g., Restitution, Probation):

| Status |
|----------------------------|
| Abide by no contact orders |
| Community Service |
| No court requirements |
| Other |
| Probation |
| Restitution |
| TPR Date |

| Needs |
|-------|
| Other |

Status:

Needs:

Activity:

Person/Agency Responsible:

Time Frame:

8. Other (e.g., Extracurricular Activities, Adoption Recruitment, Needs):

| Status |
|------------|
| Recreation |
| Religion |

| Needs |
|--|
| Child will be able to practice faith of choice |
| Clubs |
| Community recreational activities |

| Needs |
|-----------------------------------|
| Organized recreational activities |
| School sports programs |
| Training/Lessons |

Status:

Needs:

Activity:

Person/Agency Responsible:

Time Frame:

9. **Child safety in current placement: *Include a description of how the recommended placement is designed to achieve a safe and appropriate home, e.g., the foster home has been licensed by DFS.***

| Status |
|--------|
| Other |

| Needs |
|-------|
| Other |

Status:

Needs:

Activity:

Person/Agency Responsible:

Time Frame:

10. **Efforts to locate permanent home: *This section (10) must include identification of relative who have been contacted about providing a safe and appropriate placement for child and the outcome of those home studies.***

| Status |
|---|
| Child is TPR'd |
| Child is in long term care/emancipation |
| Child plan is return to home |

| Needs |
|---|
| Adoption Assistance/Subsidy Eligibility |
| Adoption has been discussed with foster parents |
| Adoption to be discussed with foster parents |
| Child has been reviewed by Permanency Committee |
| Child has begun pre-adoptive placement visits |
| Child is on DeAdopt list |
| Child is registered with NAC |
| Child profile completed |
| Child profile needed |
| Child profile sent to adoption agencies |
| Child to be reviewed by Permanency Committee |
| Child to begin pre-adoptive placement visits |
| Foster Parent home study completed |
| Foster Parent home study needed |
| Guardianship has been discussed with foster parents |
| Guardianship to be discussed with foster parents |
| ICPC has been completed for permanency placement |
| ICPC is needed for permanency placement |
| Other |
| Paternity has been established |

| Needs |
|---|
| Paternity needs to be established |
| Relatives are identified, but need to be contacted for placement and permanency |
| Relatives have been contacted for placement and permanency planning |

III. Support Services (Including services to be provided by DCPS and others)

| Support Services To | Services | Text |
|---------------------------------|------------------------------------|------|
| Current Placement/Care Provider | Counseling, mental health services | |
| Current Placement/Care Provider | Day care | |
| Current Placement/Care Provider | Other | |
| Current Placement/Care Provider | Recreational supports | |
| Current Placement/Care Provider | Regular contact from DFS | |
| Current Placement/Care Provider | Respite care | |
| Current Placement/Care Provider | Summer camp | |
| Current Placement/Care Provider | Transportation | |
| Current Placement/Care Provider | Visiting nurses services | |
| Parents/Caretaker | Crisis intervention | |
| Parents/Caretaker | Family counseling | |
| Parents/Caretaker | Family preservation | |
| Parents/Caretaker | Individual counseling | |

| Support Services To | Services | Text |
|---------------------|---------------------------------|------|
| Parents/Caretaker | Other | |
| Parents/Caretaker | Parent Aide | |
| Parents/Caretaker | Parent education | |
| Parents/Caretaker | Referrals for economic services | |
| Parents/Caretaker | Referrals for housing | |
| Parents/Caretaker | Regular contact from DFS | |
| Parents/Caretaker | Support groups | |
| Parents/Caretaker | Transportation | |

Notes:

Please include as much detail as possible including info on sibling visitation if sibling visits aren't occurring. Please explain why.

| Visitation | Frequency | Length | Transportation | Location | Condition | Specify |
|------------|-----------|--------|----------------|----------|-----------|---------|
| | | | | | | |

I understand this Child Service Plan agreement. I know that if I sign below, I am agreeing this plan should be put into action. I know I can attach a signed statement outlining any disagreement I have with this plan or request an appeal through a case manager with the Department of Services for Children, Youth and Their Families. This plan will be reviewed with me at least every six months. No changes will be made to this plan unless all participants are informed.

A refusal to sign the plan by a participant and a reason must be documented and dated below. Absence of signature must be documented. Each participant shall receive a copy of this plan.

| Participants Signatures: | Present at Plan | Date |
|----------------------------------|-----------------|-------|
| Child: _____ | _____ | _____ |
| Parents: _____ _____ | _____ | _____ |
| Family Service Specialist: _____ | _____ | _____ |
| Family Service Supervisor: _____ | _____ | _____ |
| POC/POS Agency: _____ | _____ | _____ |
| Other: _____ | _____ | _____ |

Please have everyone write their current address and telephone number below their signature. If the client refuses, please include a statement indicating why that information is not provided. If foster parents elect not to include that information, please indicate that as well.

CERTIFICATE OF MAILING AND/OR DELIVERY

The undersigned certifies that on January ____, 2001, she caused the attached Motion to be delivered to the following persons in the form and manner indicated:

NAME AND ADDRESS OF RECIPIENT(S):

MANNER OF DELIVERY:

_____ One true copy by facsimile transmission to each recipient

 X Two true copies by first class mail, postage prepaid to each recipient

_____ Two true copies by Federal Express

MARY CATHERINE LANDIS
Deputy Child Advocate
Office of the Child Advocate
913 Market Street, Suite 900
Wilmington, DE 19801
(302)577-6830

4. Upon information and belief, DFS does/does not intend to change the current goal of CURRENT GOAL to RECOMMENDED GOAL.

5. Give specifics of case as to why facts support permanency hearing and/or

6. Grounds for termination of FATHER parental rights exist presently as enumerated in 13 Del. C. §1103(a)(2) in that he has abandoned the children in at least 6 of the preceding 12 months by failing to (1) communicate or attempt to establish regular visitation with the children and 2) manifest an ability and willingness to assume legal and physical custody of the children. Grounds also exist under 13 Del. C. §1103(a)(5) in that he failed to plan adequately for his children's needs or mental and emotional health and development, and; (1)there is a history of neglect, abuse or lack of care of child by FATHER; (2) he is incapable of discharging parental responsibilities due to extended or repeated incarceration; and (3) failure to terminate the relationship of parent and child will result in continued emotional instability or physical risk to child.
(ADD WHATEVER GROUNDS ARE APPLICABLE)

7. Grounds for termination of MOTHER parental rights exist presently as enumerated in 13 Del. C. § 1103(a)(2) in that she abandoned her children by failing to (1) communicate or visit regularly with her children in spite of the fact that they had been returned to Delaware by MOTHER and (2) manifest an ability or willingness to assume legal and physical custody of the child. Both aspects occurred over time which well exceeds the statutory mandate of 6 consecutive months out of past year. Furthermore, ample grounds exist under 13 Del. C. §1103(a)(5) in that MOTHER has failed to plan adequately for the child's physical needs or mental and emotional health and development and (1) there is a history of neglect, abuse or lack of care of all three children by MOTHER; (2) MOTHER is incapable of assuming promptly legal and physical custody of the child and to pay for the child's support and (3) failure to

terminate the relationship of parent and child will result in continued emotional instability or physical risk to child.

8. Summarize facts and grounds and why reunification efforts are not appropriate (if applicable).

9. OCA also requests that the Court approve a goal change to termination of parental rights by conducting a brief Permanency Hearing on the matter.

WHEREFORE, OCA prays that the Motion for a Permanency Hearing be granted and that a hearing be set to determine that reasonable efforts need no longer be made, and to approve a goal change so that a termination of parental rights petition can be promptly filed.

MARY CATHERINE LANDIS
DEPUTY CHILD ADVOCATE
913 Market Street, Suite 900
Wilmington, DE 19801
(302) 577-6830

Dated:

5. Admitted.

WHEREFORE, on behalf of John Smith, the attorney guardian *ad litem* requests that this Honorable Court grant the Motion To Change Goal.

LORIN H. HURST
Deputy Child Advocate
900 King Street
Suite 210
Wilmington, DE 19801
(302) 255-1730
Attorney Guardian ad litem for
John Green

DATED: May 16, 2006

CERTIFICATE OF MAILING AND/OR DELIVERY

The undersigned certifies that on this _____ day of _____, 2006, she caused the attached Answer to be delivered to the following persons in the form and manner indicated:

NAME AND ADDRESS OF RECIPIENT(S):

TO: James Adams, Esq.
Deputy Attorney General
Department of Justice
820 N. French Street, 6th Fl
Wilmington, DE 19801

David Haley, Esq.
800 West St., 3rd Flr.
Wilmington, DE 19801

MANNER OF DELIVERY:

____ One true copy by facsimile transmission to each recipient

 X Two true copies by first class mail, postage prepaid to each recipient

____ Two true copies by Federal Express

LORIN H. HURST
Deputy Child Advocate
Office of the Child Advocate
900 King Street, Suite 210
Wilmington, DE 19801
(302)255-1730

Dated: May 16, 2006

IN THE FAMILY COURT OF THE STATE OF DELAWARE

IN AND FOR NEW CASTLE COUNTY

| | | |
|-----------------------------|---|----------|
| DIVISION OF FAMILY SERVICES | : | |
| | : | File No. |
| | : | Pet. No. |
| and | : | |
| | : | |
| and, | : | |
| UNKNOWN FATHER | : | |
| | : | |
| Respondents. | : | |

In the interests of:
child (DOB:)

ANSWER TO PETITION FOR TERMINATION AND TRANSFER OF PARENTAL RIGHTS

COMES NOW the Deputy Child Advocate, Mary Catherine Landis, on behalf of and in the best interests of the minor child, child's name, and responds to the Petitioner for Termination and Transfer of Parental Rights as follows:

1. Admitted
2. Admitted.
3. Admitted.
4. Admitted.
5. Admitted.
6. OCA is without sufficient information to affirm or deny this allegation, although it is believed to be true.
7. Admitted.
8. Admitted.
9. Admitted.
10. Admitted.
11. Admitted.

12. Admitted.

13. Admitted.

14. Admitted.

15. Admitted.

WHEREFORE, on behalf of child's name, the attorney guardian *ad litem* requests that this Honorable Court grant the Petition for Termination and Transfer of Parental Rights thereby freeing child for adoption.

MARY CATHERINE LANDIS, Esq.
Deputy Child Advocate
900 King Street
Suite 210
Wilmington, DE 19801
(302) 577-6830
Attorney Guardian ad litem for the minor,

DATED:

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

CONSENT TO TERMINATE AND TRANSFER PARENTAL RIGHTS

Petitioner

v. Respondent

| | | |
|--------------------------------|--------------------------------|-----------------|
| Name | Name | File Number |
| Street Address | Street Address | |
| Apt. or P.O. Box Number | Apt. or P.O. Box Number | Petition Number |
| City State Zip Code | City State Zip Code | |
| Attorney Name and Phone Number | Attorney Name and Phone Number | |

- I _____ am the Mother Father of the following children:
_____, Born on _____
_____, Born on _____
_____, Born on _____
_____, Born on _____
- I consent to the termination and transfer of my parental rights in my child(ren) named in paragraph 1 above for the purpose of adoption to:
The individual(s) selected by the Dept. of Services for Children, Youth and Their Families or an approved adoption agency; namely: _____
 (Chosen Adopted Parents: _____
- I understand the importance of my decision and fully realize the effects of the termination of my parental rights in this child (these children).
- I understand that by terminating my parental rights, all of my rights and obligations to this child (these children) will be extinguished, except for any arrearages of child support.
- I understand that after this consent is signed by me, this consent is final and may not be revoked by me for any reason except:
(a) within fourteen days of executing this consent, I notify in writing the agency or the individual to whom the parental rights have been transferred that I revoke my consent;
(b) I comply with the following instruction for revocation _____

(c) the agency or individual that accepted the consent and I agree to its revocation.
- I also understand that the Court may set aside my consent if I establish:
(a) By clear and convincing evidence, before a decree of adoption is issued, that my consent was obtained by fraud or duress; or
(b) By a preponderance of the evidence, that a condition permitting revocation, as expressly provided for in this consent, as set forth in Paragraph 5(b) above, has occurred.
- I understand that this consent may be revoked if a court of competent jurisdiction decides not to terminate the other parent's rights to this child (these children).
- I have read and/or have had read to me the seven statements set forth on an attachment to this form and fully understand and agree with each statement.

9. I understand that I have a right to file a written notarized statement with the Department of Health and Social Services, Division of Vital Statistics, denying the release of any identifying information. I am aware that, notwithstanding any other provision in the Delaware Code to the contrary, an adoptee 21 years of age or older may obtain a copy of his or her original record of birth from the State Registrar, even if that record has been impounded, unless the birth parent has, within the most recent three-year period, filed a written notarized statement with the Department of Health and Social Services, Division of Vital Statistics, denying the release of any identifying information.
10. I know and understand that I have the right to be served with a copy of the petition for termination of my parental rights and to attend a hearing on my important decision to terminate my parental rights in my child(ren). I understand that the Family Court may conduct a hearing on this matter, which I have a right to attend. I waive the rights following any box that I have checked:
 my right to service of process;
 my right to notice of such a hearing;
 and my right to attend the hearing.
11. I would like to receive a copy of the final order of the Court
 Yes
 No
12. The attorney who has represented me in regards to this consent is _____, Esq. who has answered any questions I have had about this consent. If I do not have an attorney, I understand that if I could not afford to pay for an attorney, if I were determined by the Court to be indigent and if I had wanted to have an attorney represent me in this matter, an attorney would have been appointed to represent me at no cost to me. I knowingly and voluntarily waive any right I might have to an attorney by checking this box:
13. I understand that I will receive a copy of my signed consent once I have signed it.
14. I have signed this consent voluntarily and of my own free will. I have not been promised nor have I received any money or anything else of value in exchange for this consent.

_____ 2009 at _____ am/pm
Date and Time Signed

Signature of Consenting Parent

Location of Signing

Printed Name of Consenting Parent

| | | |
|---|--------------|-----------------|
| <i>Mailing Address of Consenting Parent</i> | | |
| <i>Street Address</i> | | |
| <i>Apt. or P.O. Box Number</i> | | |
| <i>City</i> | <i>State</i> | <i>Zip Code</i> |

TERMINATION OF PARENTAL RIGHTS CONSENT PARTY STATEMENT

I, _____, the mother father of _____
who was born on _____ do state that I:

1. Believe that placement of my child for adoption by _____, would be in the child's best interest.
2. Know that the decision to terminate my parental rights is an important one.
3. Know and understand that when my parental rights in my child are terminated, I will no longer be the legal parent of my child.
4. Know and understand that when I terminate my parental rights in my child that I give up all rights.
5. Know and understand that when I terminate my parental rights in my child and child is adopted, the child becomes the child of _____ and _____, and as a result the child's name may be changed.
6. Know and understand that when I terminate my parental rights in my child, my child loses the right to inherit from me and I lose the right to inherit from him/her. This shall not in any way limit my right to provide for the disposition of my estate by will.
7. Know and understand that I have the right to be represented by an attorney in this matter, and may be entitled to have the Court appoint an attorney to represent me for free.

Consenting Party

Date

CONFIRMATION STATEMENT

I, the undersigned, hereby certify the following:

1. I am a person authorized to take consents to terminate parental rights under 13 Del. C. § 1106(c) because I am
 - A judge of a court of record;
 - An individual designated by a judge to take consents;
 - An employee designated by an agency to take consents;
 - A lawyer other than a lawyer who is representing an adoptive parent or the agency to which parental rights will be transferred;
 - A commissioned officer on active duty in the military service of the United States, if the individual executing the consent is in the military service; or
 - An officer of the Foreign Service or a consular officer of the United States in another country, if the individual executing the consent is in that country.
2. I have explained the contents and consequences of the consent to the consenting party
3. To the best of my knowledge and belief, the consenting party understands that he/she has the right to be represented by an attorney;
4. To the best of my knowledge and belief, the consenting party read/ was read
5. To the best of my knowledge and belief, the individual executing the consent entered into the consent voluntarily;
6. To the best of my knowledge and belief, the individual is: (check one)
 - Not a minor; or
 - Is a minor parent and was advised by a lawyer who is not representing an adoptive parent or the agency to which parental rights are being transferred;
7. The individual executing the consent signed or confirmed the consent in my presence.

Date

*Authorized Person
(printed name)*

*Authorized Person
(signature)*

Agency: _____
Address: _____

IN THE FAMILY COURT OF THE STATE OF DELAWARE

IN AND FOR NEW CASTLE COUNTY

IN THE MATTER OF:)
)
Z) **FILE NO.:**)
(DOB: 7/31/03)) **CPI NO.:**
)
R)
(DOB: 10/11/00))
)
Y)
(DOB: 9/24/01))
)
THREE MINOR CHILDREN.)

ANSWER TO PETITION FOR ADOPTION

COMES NOW, the Office of the Child Advocate, by and through Tania M. Culley, Esq., on behalf of CHILDREN and responds to the Department of Services for Children, Youth and Their Families, Division of Family Services' Petition for Adoption:

1. Admitted.
2. Admitted.
3. Admitted.
4. Admitted.
5. Admitted.
6. Admitted.
7. Admitted.
8. Admitted.
9. Admitted.
10. Admitted.

11. Admitted. By way of further answer, the attorney guardian *ad litem* supports the petition for adoption.

WHEREFORE, the attorney guardian *ad litem* prays that this Honorable Court enter the requested order permitting the NAME OF ADOPTIVE FAMILY to adopt CHILDREN.

TANIA M. CULLEY, Esq.
Child Advocate
900 King Street
Suite 210
Wilmington, DE 19801
(302) 577-6830
Attorney Guardian *Ad Litem*

DATED: October 22, 2004

CERTIFICATE OF MAILING AND/OR DELIVERY

The undersigned certifies that on October 22, 2004, she caused the attached Answer to Petition for Adoption to be delivered to the following persons in the form and manner indicated:

NAME AND ADDRESS OF RECIPIENT(S):

TO: Patricia Dailey Lewis, Esq.
Deputy Attorney General
Carvel State Office Building
820 N. French Street
6th Floor
Wilmington, DE 19801

MANNER OF DELIVERY:

- One true copy by facsimile transmission to each recipient
- Two true copies by first class mail, postage prepaid to all parties.
- Two true copies by Federal Express
- Two true copies by hand delivery to

TANIA M. CULLEY, ESQUIRE
Child Advocate
Office of the Child Advocate
900 King Street, Suite 210
Wilmington, DE 19801
(302)577-6830

Sample Letter to School

June 6, 2006

SCHOOL NAME
ADDRESS

Re: Our Client/Your Student: CHILD NAME
(DOB)

Dear :

I have been appointed to represent CHILD in Family Court Proceedings concerning his/her welfare. I am writing to request a copy of **entire file** with your school. This should include attendance records, health records (including immunizations), disciplinary records, grades, teacher notes and any other information contained in his school records.

I have enclosed a copy of the court order, which authorizes the release of this information directly to me. Please be advised that I am representing this child on a volunteer basis through the Office of the Child Advocate. As such, please do not charge me for copying costs. If you intend to charge me, please contact me first. Should you have any other questions or concerns, please do not hesitate to contact me.

I appreciate your cooperation in this matter.

Very truly yours,

ATTORNEY
ATTORNEY GAL FOR CHILD

enclosure

Sample Letter to Medical Provider

June 6, 2000

DuPont Hospital for Children
ATTN: Records Custodian
1600 Rockland Road
Wilmington, DE 19803

Re: Our Client: CHILD NAME (DOB)

Dear Sir or Madam:

I have been appointed to represent CHILD in Family Court Proceedings concerning his/her welfare. Please find enclosed a copy of the order appointing me. I am writing to request a copy of your records from CHILD's birth to the present time. Please include any progress notes, emergency room records, inpatient admissions and discharge summaries, laboratory or x-ray reports or consultative evaluations and any other documentation you may have in your file regarding CHILD.

I have enclosed a copy of the order authorizing release of this information. Please be advised that I am representing this child on a volunteer basis through the Office of the Child Advocate. As such, please do not charge me for copying costs. If you intend to charge me, please contact me first. Should you have any other questions or concerns, please do not hesitate to contact me.

I appreciate your cooperation in this matter.

Very truly yours,

ATTORNEY
AGAL FOR CHILD

enclosure

Sample Letter for Premise History Check - NCCPD

November 14, 2003

NCCPD
Recon Unit
3601 North DuPont Highway
New Castle, DE 19720

ATTN: Bill Streets

Re: Premise History

Dear Mr. Streets:

Enclosed please find a Family Court Order appointing me as attorney guardian *ad litem* for _____, DOB _____. Pursuant to this Order, I am requesting a copy of the premise history for the address where this baby and her parents were residing at the time of _____'s injuries. This address is _____, DE. I am interested in calls to that residence for the last five years if that is possible.

Should you have any questions at all, please don't hesitate to contact me. I have a hearing in this matter on _____, so I appreciate any efforts you can make to expedite this request. I thank you for your attention to this matter.

Sincerely,

Mary Catherine Landis
Deputy Child Advocate

Sample Letter for Premise History Check - WPD

April 30, 2004

Wilmington Police Department
ATTN: Records
300 N. Walnut Street
Wilmington, DE 19801

Re: Premises History Check – address

Dear Sir or Madam:

Please be advised that I have been appointed by Family Court to represent a baby named CHILD, child of MOM AND DAD, in proceedings concerning his welfare. Please find enclosed a copy of the court order appointing me. I am writing to request a premises history for the last three months for the following location: ADDRESS.

Please be so kind as to include police reports where applicable. The attached court order authorizes the release of this information. Please do not hesitate to contact me should you have any questions or concerns.

Sincerely,

Mary Catherine Landis
Deputy Child Advocate

AUTHORIZATION FOR RELEASE OF MEDICAL RECORD INFORMATION

I hereby authorize the release of my health information as listed below.

Patient name: _____ **Date of Birth:** _____

Address _____

Telephone: _____

Person or entity authorized to release information:

- _____
- Any physician, physician office, hospital, clinic, health plan or health insurer or any other person or entity that has any health or medical information about me.

Person or entity authorized to receive information: _____

Address _____

- The Court and other entities or individuals as permitted by the Court
- The Office of the Child Advocate/Court Appointed Guardian ad litem/Court Appointed Special Advocate
- Delaware Deputy Attorney General: _____

Description of information:

- My entire health record
- Information in connection with my examination/evaluation
- Health information related to services provided on (date(s)) _____
- Other: Description of information: _____

Special Records: Medical Records to be released **will not include** records of drug and alcohol abuse program treatment, mental health treatment or STD, HIV, or genetic information records unless the specific boxes below are checked. This information is protected by special laws. Checking the boxes is not a representation that such information exists.

- | | | |
|--|--|--|
| <input type="checkbox"/> Include drug and alcohol records | <input type="checkbox"/> Include HIV records | <input type="checkbox"/> Include STD records |
| <input type="checkbox"/> Include genetic information records | <input type="checkbox"/> Include mental health records | |

Purpose of Release of Information:

- | | | |
|--|---|--|
| <input type="checkbox"/> Personal Use | <input type="checkbox"/> Medical Treatment/Management | <input type="checkbox"/> Legal Proceedings |
| <input type="checkbox"/> Employment Related purposes | <input type="checkbox"/> Insurance Related | <input type="checkbox"/> Other _____ |

1. This authorization will expire: Date: _____ Event: _____ One year
Unless otherwise specified, this authorization will expire 90 days after the date of this request.
2. I understand that I may revoke this authorization at any time by notifying any provider or health plan to whom I have provided this authorization that I wish to revoke the authorization. I understand that revocation will not have any affect on actions taken before the revocation was received.
3. This authorization is voluntary. I understand that my treatment or payment for services will not be affected if I do not sign this authorization.
4. I understand that if the organization authorized to receive the information is not a health plan or a health care provider, the information may no longer be protected by federal privacy regulations.

Signature of patient or patient's representative **Date**

Printed name of patient's representative: _____

Relationship to the patient: _____

To Recipient: *Information regarding drug and/or alcohol use, abuse, treatment or referrals for treatment has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2) The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2 A general authorization for the release of medical or other information is NOT sufficient for this purpose The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.*

IN THE FAMILY COURT OF THE STATE OF DELAWARE

IN AND FOR NEW CASTLE COUNTY

IN THE INTEREST OF: :
 :
) :
) :

, :
 :
 Petitioner, : File No.
 :
 v. : Petition No.
 :
, :
, :
 and :
 :
 Respondents. :

NOTICE OF MOTION

TO: Vivian Houghton, Esquire
Houghton, Holly & Gray
800 N. West Street, 2nd Floor
Wilmington, DE 19801
WCI
660 Baylor Blvd.
New Castle, DE 19720

PSI
C/O John Sigler, Esq.
630 West Division Street, Suite F
Dover, DE 19901
Rockford Center
100 Rockford Drive
Newark, DE 19711

Brandywine Counseling, Inc.
2713 Lancaster Ave,
Wilmington, DE 19805
Meadowood Hospital
575 S. DuPont Highway
New Castle, DE 19720

New Castle Community Mental Health
Fernhook
14 Central Ave.
New Castle, DE 19720
Connections
500 West 10th Street
Wilmington, DE 19801

Delaware Psychiatric Center
C/O Marc P. Niedzielski, Esq.
Department of Justice
820 N. French Street
Wilmington, DE 19801
Child Mental Health
C/o James Maxwell, Esq.
Department of Justice
820 N. French Street, 6th Fl
Wilmington, DE 19801

Northeast Treatment Centers, Inc.
813 West Street
Wilmington, DE 19801

Division of Family Services
c/o Patricia Dailey Lewis, Esq.
Department of Justice
820 N. French Street, 6th Fl
Wilmington, DE 19801

PLEASE TAKE NOTICE that the attached Motion for an Order Releasing Records will be presented to the Honorable Barbara D. Crowell for consideration at the Court's earliest convenience.

TANIA M. CULLEY, ESQUIRE
Child Advocate
913 Market Street, Suite 900
Wilmington, DE 19801
(302)577-6830
Attorney Guardian *Ad Litem* for

Dated: January __, 2002

CERTIFICATE OF MAILING AND/OR DELIVERY

The undersigned certifies that on January ____, 2002, she caused the attached Motion to be delivered to the following persons in the form and manner indicated:

NAME AND ADDRESS OF RECIPIENT(S):

Vivian Houghton, Esquire
Houghton, Holly & Gray
800 N. West Street, 2nd Floor
Wilmington, DE 19801

WCI
660 Baylor Blvd.
New Castle, DE 19720

PSI
C/O John Sigler, Esq.
630 West Division Street, Suite F
Dover, DE 19901

Rockford Center
100 Rockford Drive
Newark, DE 19711

Brandywine Counseling, Inc.
2713 Lancaster Ave,
Wilmington, DE 19805

Meadowood Hospital
575 S. DuPont Highway
New Castle, DE 19720

New Castle Community Mental Health
Fernhook
14 Central Ave.
New Castle, DE 19720

Connections
500 West 10th Street
Wilmington, DE 19801

Delaware Psychiatric Center
C/O Marc P. Niedzielski, Esq.
Department of Justice
820 N. French Street
Wilmington, DE 19801

Child Mental Health
C/o James Maxwell, Esq.
Department of Justice
820 N. French Street, 6th Fl
Wilmington, DE 19801

Northeast Treatment Centers, Inc.
813 West Street
Wilmington, DE 19801

Division of Family Services
c/o Patricia Dailey Lewis, Esq.
Department of Justice
820 N. French Street, 6th Fl
Wilmington, DE 19801

MANNER OF DELIVERY:

_____ One true copy by facsimile transmission to each recipient

 X Two true copies by first class mail, postage prepaid to each recipient

_____ Two true copies by Federal Express

___ ___ Two true copies by hand delivery

TANIA M. CULLEY, ESQUIRE
Child Advocate
Office of the Child Advocate
913 Market Street, Suite 900
Wilmington, DE 19801
(302)577-6830
Attorney Guardian *Ad Litem* for

IN THE FAMILY COURT OF THE STATE OF DELAWARE

IN AND FOR NEW CASTLE COUNTY

IN THE INTEREST OF:

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) :

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Petitioner,

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File No.

v.

Petition No.

,

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,

:

and

:

Respondents.

:
:

**MOTION FOR ORDER AUTHORIZING
RELEASE OF RECORDS**

COMES NOW, the Office of the Child Advocate (OCA), by and through Tania M. Culley, Esquire, Child Advocate and Attorney Guardian *Ad Litem* for, and hereby requests that this Honorable Court order Psychotherapeutic Services, Inc. (PSI), Brandywine Counseling Inc., New Castle Community Mental Health, Delaware Psychiatric Center, NorthEast Treatment Centers (Net Counseling), Rockford Center, Meadowood Hospital, Connections, Child Mental Health and the Division of Family Services to release copies of all records pertaining to the drug, alcohol and mental health evaluation and treatment of (DOB:), including but not limited to all evaluations, referrals, treatment notes, progress notes and discharge summaries regarding their care and treatment. In support of this motion, OCA alleges the following:

1. OCA understands that was referred and/or admitted to these facilities and providers for evaluation and treatment of drug treatment and/or

mental health evaluation and treatment. In addition, the Division of Family Services has drug, alcohol and mental health records regarding these providers which they will not produce absent a Court order.

2. OCA has been advised by these providers and DFS that they are unable to release the subpoenaed information because said records allegedly contain confidential information about reported drug, alcohol and/or mental health problems.

3. Said records and/or testimony may be released pursuant to 42 U.S.C. § 290dd-2 and 42 C.F.R. § 2.61, et seq. 42 U.S.C. § 290dd-2 provides that the content of a covered record may be disclosed as follows:

If authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause therefore. In assessing good cause, the court shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician/patient relationship, and to the treatment services. Upon the granting of such order, the court, in determining the extent to which any disclosure of law or any parts of any of the record is necessary shall impose appropriate safeguards against unauthorized disclosure.

4. 42 C.F.R. §§ 2.61 through 2.64 provides that a Court may order disclosure if good cause exists. Good cause includes: (1) other ways of obtaining the information are not available or would not be effective; and (2) public interest for disclosure outweighs potential injury. 42 C.F.R. § 2.64.

5. This information is pertinent to the parents' progress or lack of progress towards rehabilitation from drug or alcohol addiction and/or mental health issues, and directly relates to their ability to parent, reunification efforts and the determination of their parental rights.

WHEREFORE, OCA respectfully requests that this Court issue the attached order to PSI, Brandywine Counseling Inc., New Castle Community Mental Health, Delaware Psychiatric Center, Net Counseling, Rockford Center, Meadowood Hospital, Connections, Child Mental Health and the Division of Family Services to release all information pertaining to .

TANIA M. CULLEY, ESQUIRE
Child Advocate
Office of the Child Advocate
913 Market Street, Suite 900
Wilmington, DE 19801
(302)577-6830
Attorney Guardian *Ad Litem* for

DATED:

The Division of Family Services is also ordered to provide any and all drug, alcohol and mental health records regarding these providers to the Office of the Child Advocate within the next 20 days.

JUDGE BARBARA D. CROWELL

STATE OF DELAWARE
CHILD PROTECTION
ACCOUNTABILITY COMMISSION
(“CPAC”)
16 Del. C. § 912

NEAR DEATH REPORT

MAY 3, 2005
EMBARGOED UNTIL MAY 4, 2005

IN THE MATTER OF
JOHN DAVIS, JR.,
A MINOR CHILD¹

¹To protect the confidentiality of the family, social workers and other child welfare professionals, pseudonyms have been assigned.

Background and Acknowledgements

In the Spring of 2004, the State of Delaware, in submitting its five year child welfare plan to the federal government in exchange for federal funding, certified the Child Protection Accountability Commission (“CPAC” or “Commission”) as Delaware’s Citizen Review Panel. As Delaware’s Citizen Review Panel, CPAC is charged with examining the policies, procedures and practices of state and local agencies and, where appropriate, specific cases. The requirement that CPAC review specific cases is intended to assist CPAC in evaluating the extent to which Delaware and local child protection system agencies are effectively discharging their responsibilities. 42 U.S.C. §§ 5106a(b)(2)(A)(xiv) and (c).

At the October 2004 CPAC meeting, CPAC voted to conduct three case reviews as the Citizen Review Panel. The particular cases they chose were all near death cases². The reviews were directed to CPAC’s Near Death Subcommittee (the “Subcommittee”) which chose the case of John Davis Jr. for its first review. The Office of the Child Advocate (“OCA”), as staff for CPAC, gathered and compiled the records and established a schedule of witness interviews. Subcommittee members received all records on the Davis/Matthews matter prior to the review, and each Subcommittee member prepared for and questioned a different witness. Several members of the Subcommittee as well as OCA staff drafted the report which the entire Subcommittee thoroughly reviewed, edited and critiqued. The following government agencies are to be commended for their full and candid participation in the review through the presentation of witnesses and/or records. Several private organizations also participated; however, in order to protect confidentiality, they are not included in this list:

Delaware State Police
Department of Health and Social Services, Division of Public Health
Department of Services for Children, Youth and Their Families,
 Division of Family Services
Family Court
Office of the Attorney General
Office of the Child Advocate
Superior Court
Wilmington Police Department

² The cases chosen by CPAC for this review occurred prior to July 1, 2004, and therefore do not fall within the Child Death, Near Death and Stillbirth Commission’s newly-expanded jurisdiction to review near death child abuse cases.

The Subcommittee members are also to be commended for their time and dedication to this meticulous review. Each member spent 45 hours in meetings and interviews, as well as countless hours gathering and reviewing materials. Their expertise and commitment significantly enabled the process. The Subcommittee members are as follows:

The Honorable Peggy L. Ableman, Superior Court, Chair
The Honorable Patricia Blevins, State Senate
Tania M. Culley, Esquire, Office of the Child Advocate – Staff
Dr. Allan DeJong, A.I. duPont Hospital for Children
Captain Harry Downes, Delaware State Police
Sergeant Phillip Hill, New Castle County Police Department
John Humphrey, Children’s Advocacy Center
The Honorable Jennifer Mayo, Family Court
Janice Mink, Grassroots Citizens for Children
Mary Ball Morton, Department of Services for Children, Youth and Their Families
Anne M. Pedrick, Office of the Child Advocate - Staff
Jennifer Barber Ranji, Esquire, CPAC Chair

Finally, the Subcommittee would like to express the impact this review has had on it. Collectively, the Subcommittee members learned much about the successes and challenges faced everyday in Delaware’s child welfare system – this system includes the Department of Services for Children, Youth and their Families, Family Court, Law Enforcement, the Medical Community and the Office of the Attorney General. It learned of a number of dedicated social workers who tirelessly use common sense and good judgment in protecting children’s lives. However, it also learned of a level of disconnect that continues to plague Delaware’s child welfare system and adversely impacts the safety of Delaware’s children. No matter the extent to which each member has been exposed to the child welfare system, all Subcommittee members were outraged by the facts of this case and how terribly we as a State failed this innocent child. The Subcommittee believes this review, and future reviews like it, are critical to monitoring the child welfare system and to ensuring that Commission members have exposure to these individual cases.

Introduction

This tragic case involves the convergence of two families with parents incapable of adequately providing for their children because of drugs, neglect, and physical abuse. The result in this case was the near death of 30 month old John Davis, Jr. at the hands of John Sr., the person believed to be his father. John Jr.’s liver had been lacerated – transected from front to back – by a direct force described by doctors as comparable to that present when an unrestrained driver hits a tree at 30 miles per hour. When he arrived at the Emergency Room, John Jr. was comatose, with no blood pressure and a near fatal loss of blood. Although John Sr. initially claimed no knowledge of how the injury had occurred, and alleged only that John Jr. had been having stomach problems, after investigation it was determined that the injury was caused by

John Sr. holding 30 month old John Jr. in a horizontal position, face down, and forcibly driving John Jr.'s body down so that his stomach slammed into John Sr.'s knee.

John Jr.'s mother and alleged father each had multiple children with different partners by the time John Jr. was born, and each had a significant and frightening history of care for those children. Indeed, these families had been the subject of child welfare involvement spanning nearly ten years, in at least two states, requiring the involvement of police officers, child protective agencies, the criminal justice system, medical providers, public health workers and social workers. Though the rest of the children in these families did not suffer injury to the extent that John Jr. did, they have all endured neglect, abuse, and instability. While the facts of this case are unique, the theme is not: the parents have complex histories of a failure to parent, with various partners and children; the histories include many instances of abuse and neglect involving many system contacts; and the child welfare system as a whole seems incapable of effectively handling all the dynamics.

Facts and Information

The child who is the subject of this review, John Davis Jr. ("John Jr."), was born in January of 2001 to Susan Matthews ("Susan"). At the time, Susan considered the child's father to be John Davis, Sr. ("John Sr."), although paternity was not definitively established. John Sr. is the perpetrator of the horrific abuse that led to this review. After the near-fatal injury, John Sr. was found to not be John Jr.'s father. Before moving forward with a review of John Jr.'s case, a review of Susan and John Sr.'s history is necessary.

Susan's History

Susan's history prior to John's birth was hardly promising. She had lost custody of all five of her older children: Mark Matthews (DOB: 7/90); Donald Matthews (DOB: 4/93); Shawn Nelson (DOB: 8/95); David Matthews (DOB: 4/98); and Jack Matthews (DOB: 4/99). At various points in time, all five of these children were in the physical and/or legal custody of either their maternal grandmother or maternal aunt. Susan was unable to identify the father for most of the children. Susan had a longstanding drug habit that caused her to leave precipitously for varying periods of time, and her history of prostitution, incarceration, and homelessness made her children easy targets for abuse and neglect.

The Matthews "family" first came to the attention of the Division of Family Services ("DFS") on September 1, 1995, shortly after Susan gave birth to her third child, Shawn Nelson, Jr. Although her two oldest children were then five and two years of age, her extended family had apparently been able to provide enough parental support for Susan to avoid the attention of DFS. However, when Shawn was born prematurely, low birth weight, with a terminal illness transmitted by the mother and with indications of fetal alcohol syndrome, hospital staff were concerned about releasing him to Susan without an evaluation of her home and living situation. DFS was called. Thus began a ten-year saga of Delaware's child welfare system's involvement with Susan and her children.

By the time Jack, the fifth child, was born cocaine addicted and with a terminal illness transmitted by the mother in April of 1999, DFS had given up any hope of attempting to place a child with Susan Matthews, who had proven herself incapable of caring for or raising any of her other four children, let alone a new infant with numerous special needs. The Family Court granted custody of Jack to DFS in June 1999. After a long period of struggling to determine what the proper permanency goal should be for this child, custody of Jack was transferred from DFS to Susan's sister, Michelle Jones in October of 2000³. Just three months later, Susan gave birth to John Jr. In addition to the issues Susan's other children faced at birth, she had become involved with John Sr. – a man who had his own disturbing history.

John Sr.'s History

John Sr. first came to DFS's attention on March 29, 2000, when the DFS hotline received an urgent referral from the child welfare agency in another state, naming John Davis and his then wife, Tammy, as perpetrators. The child welfare agency advised DFS that while living in another state, Mr. Davis had intentionally broken the leg of his and Tammy's four-month old son, also named John Davis, Jr. For purposes of this report, we will refer to this John Davis, Jr. as Michael. The agency further advised that John Sr. had been convicted of a misdemeanor child abuse crime as a result of the broken leg⁴ and that he also had several Court-ordered conditions with which he had failed to comply. Further, the agency indicated that John Sr. and Tammy had taken Michael, fled the other state, and were believed to be in Delaware. Tammy had apparently moved to Delaware in March, and it was suspected that John Sr. was with her and the child. The agency noted that they believed Michael to be in danger. Upon making the referral, the other state immediately faxed its child protection records to Delaware DFS to assist them in evaluating the severity of the situation.

DFS was initially unsuccessful in locating Michael, Tammy, and John Sr., and still had not located them on April 5, 2000, when DFS received another call from the other state, this time from Michael's maternal grandmother. The caller expressed grave concern about Michael's safety and again noted that John Sr. was very violent, towards both Tammy and Michael.

Despite efforts by DFS's special investigator to locate the Davis family, they did not surface until May 9, 2000, when Hospital #1 made a hotline report alleging that John Sr. had brought Michael to the emergency room for a severe eye infection. The doctor noted that the eye infection was serious and that the child should have been brought in sooner for treatment. The doctor explained that while he was arranging an eye clinic exam for Michael, John Sr. had taken Michael and left the hospital, without treatment for his badly infected eye. Fortunately, the information that John Sr. had given the hospital was sufficient for DFS to locate him the next day.

³ At the time the Subcommittee reviewed this case, maternal grandmother had passed away and Michelle Jones was raising Susan's first five children. While it is beyond the scope of this review, the level of discord, domestic violence, abuse and neglect occurring in Michelle's home throughout the history of this case is beyond disturbing, and again raises the issue of the Court and DFS having and using historical information to make decisions about a child's safety.

⁴ It is not clear to the Subcommittee why such a serious injury to a 4 month old baby resulted in only a misdemeanor conviction.

When DFS found Michael on May 10, 2000, he was in the car with Tammy, John Sr., and Michael's paternal grandmother. Michael was wearing inadequate clothing (a onesie with a towel wrapped around him and no shoes) for the 50-degree weather, and he had a swollen, pussy, and severely infected eye. The Division of Family Services filed for and was granted emergency custody of Michael on May 11, 2000. Michael was treated at Hospital #2 for a severe eye infection (which had developed into a form of herpes), ringworm, and corrective surgery on his penis. In addition, he was diagnosed with failure to thrive, due to low weight for his age. Most notably, in addition to the healing leg fracture⁵, doctors also discovered a skull fracture. The skull fracture was determined to have occurred within the last three months, making it the result of a separate incident from the broken leg for which John Sr. had already been prosecuted. The case involving Michael was transferred to a DFS treatment worker on the basis of medical neglect.

While Michael's case is not the case under review by the Subcommittee, actions taken or not taken regarding John Sr.'s role in Michael's injuries are extremely relevant to the case involving John Jr., since a successful intervention with or prosecution of John Sr. could have changed the course of John Sr.'s actions and, at a minimum, would have given even stronger evidence to later caseworkers, police, prosecutors and the Family Court as to the level of abuse of which he was capable. Moreover, as the Bryan Martin independent panel review, the Dejah Foraker independent panel review, and the Federal Child and Family Services Review concluded, historical information is critical to the assessment of future risk. We therefore review the system's response to Michael's case.

The DFS treatment worker (referred hereafter as "DFS treatment worker #1" to protect identity) appears to have performed a thorough review of John Sr.'s history and quickly concluded that John Sr. should not have access to Michael. Despite repeated attempts by John Sr. to visit with Michael – and to get the treatment worker to give him information on where he might find Tammy who left him shortly after losing custody of Michael – the DFS caseworker was diligent and consistent in denying him the ability to do so. As a result, Michael was kept safe from John Sr., had the opportunity to heal from his injuries, and was ultimately placed in the legal custody of his aunt in another state.

Regarding law enforcement's role in the investigation of Michael's injuries, it is hard to describe the disturbing lack of investigative skills and interest displayed in this case. On May 11, 2000, this incident was reported to the Wilmington Police Department ("WPD"). Initially, a Patrolwoman responded and a misdemeanor endangering charge was filed against John Sr. on June 26, 2000 for failure to seek prompt medical treatment for Michael's eye. At some point, however, after the skull fracture was discovered, a twelve-year veteran Detective was assigned to the case.

⁵ The leg fracture provided some initial confusion to the Subcommittee as all witnesses and notes seemed to indicate this fracture was separate and apart from the initial injury which occurred in another state. In fact, the criminal investigation conducted by both Wilmington Police and the Department of Justice included the leg fracture, and the testimony of DFS indicated the belief that this was a different injury. However, upon Dr. DeJong's review of the medical records in this matter, it was learned that there was no new leg fracture. Instead, it was the healing fracture from the other state.

Despite his years of experience, the Detective candidly admitted that this was the first case he had ever investigated involving a child abuse victim. The case seems to have “fallen off the radar” for the Detective because his comfort level with this type of investigation was minimal and, according to the Detective, his caseload was unmanageable. Because he was aware that the child was in a foster home, and therefore presumably safe, the case was not a priority. The Detective did not conduct the first interview in the case until almost two weeks after the crime was reported, when the Detective interviewed a physician at Hospital #2. The Detective’s report indicated that the doctor referred to the femur fracture, a skull fracture, and failure to thrive, but it contained very little additional information or detail regarding the extent or cause of the injuries. It did note that this doctor was not certain when the skull fracture had occurred, although other medical records indicated that it had occurred within the past three months.

Following this interview with the Emergency Room doctor, the case sat for four months until the Detective conducted the next interview on September 5, 2000, with DFS treatment worker #1. Following that interview, the case sat for another 2½ months, when Tammy, the foster mother, and the current pediatrician were all interviewed. Shortly thereafter, on January 15, 2001, John Sr. – the person most likely to have caused the skull fracture to Michael – was interviewed. This interview occurred a full eight months after the initial report. The next and final action taken by the Detective occurred on April 9, 2001 when, according to the report, he met with the Deputy Attorney General (“DAG”) assigned to the case and the case was closed with no prosecution.

The handling of this criminal investigation is cause for concern on a number of levels. First, the lack of accurate record-keeping for a law enforcement agency is astounding. The Subcommittee notes it was very difficult to even develop a timeline of law enforcement’s involvement based on the Wilmington Police Department’s criminal reports since the reports have dates that are confusing and perhaps inaccurate. For example, the Supplemental Crime Report has interview dates that, according to the dates in the report, would not have occurred until *after* the report was submitted. Additionally, the date of the Supplemental Report is December 18, 2000, the Date Submitted for the report is October 19, 2000, and the report includes interviews that occurred anywhere between May 2000 and April 2001. In addition, although the Submitted Date for the Supplemental Crime Report was October 19, 2000, the *Initial* Crime Report was dated November 21, 2000 – one month *after* the Supplemental Crime Report and six months after the crime was reported. When asked about the Initial Crime Report being dated after the Supplemental Crime Report, the Detective stated very candidly that when he started the Supplemental Crime Report, it came to his attention that he had not completed an Initial Crime Report, so he believes he created one at that time.

In addition, the police reports were not on the specialized report form that is to be used by law enforcement when investigating a domestic incident. There are a number of reasons that use of the domestic incident report form is important in these cases, including the fact that use of such a form would have caused Tammy and John Sr. to be flagged in the Delaware Justice Information System (“DELJIS”) as having been part of a domestic incident – an indicator that could have been significant in later law enforcement responses to this case as well as to DFS and the Family Court in later involvement with John Sr.

Second, the timing of the interviews is disturbing, particularly given the seriousness of the injuries. It took two weeks from the time an infant was found to have a recently fractured skull before a single investigative interview was conducted. Four months passed before the second interview, and a full eight months before the final interview – with the person most likely to have caused the injuries – was completed. Although the Detective noted that the case was not a priority because Michael was in foster care and therefore no longer in danger from John Sr., this fails to take into account other reasons it is important for such an investigation to be pursued much more vigorously. First, there is simply a greater likelihood of successful prosecution if interviews are conducted and evidence is gathered closer to the time of the crime. Second, while the Detective was correct that Michael was safe, he had no way of knowing whether John Sr., who he felt was the most likely perpetrator, had access to other children that he might victimize. In fact, in January 2001, eight months after Michael’s injuries were discovered and during the long pendency of the investigation, John Jr. was born and, as will be discussed later, John Sr. became his primary caretaker.

Third, the quality of the investigation was poor. The report ultimately concludes that the case should be closed without prosecution because the injuries to Michael could have been accidental. The report stated that the skull fracture “was caused possibly by the child falling when not in the company of a parent,” and the case was classified as an “exceptional clearance.” Yet not a single aspect of a single interview the Detective conducted supports such a conclusion. Moreover, the medical records suggest the opposite. When questioned about the lack of evidence to justify the conclusion reached, the Detective reported that he recalled being confused by Michael’s various injuries – the skull fracture, medical neglect, healing femur fracture, and failure to thrive. The Detective ultimately decided that the report’s conclusion that the injuries could have been accidental was a conclusion that he had drawn on his own, not an opinion obtained from a medical professional who had reviewed or been involved in the case. The detective never did a full interview of a doctor regarding the injuries, nor did he consult with Dr. DeJong or any other child abuse expert. When he interviewed Tammy – the person who, along with John Sr., was most likely to know how the injuries to Michael had occurred – *he never asked the question*. The interview consisted of the Detective obtaining information about Tammy and John Sr.’s relationship as well as a brief explanation of the eye infection; there was no mention of the fractured skull or the previous broken leg, and the interview contained little information regarding the failure to treat the eye.

The Detective acknowledged that despite twelve years on the force, he had had *no* training in child abuse, nor does the Wilmington Police Department provide such training to their officers. Because WPD did not have a specialized unit for child abuse cases, the Detective reported that each officer got whatever case came to him or her, regardless of experience or training in that particular type of crime. The Subcommittee also was concerned that the Detective’s supervisor – the person responsible for recognizing when a detective is struggling or is not properly completing an investigation – did not recognize the problems with this investigation. Moreover, not only did the supervisor not intervene but he signed off on the Detective’s problematic reports.

The WPD’s lack of training and specialization in these complex cases is unfortunate and inexcusable – but nonetheless, we cannot let all the blame fall exclusively there. Most of the

Subcommittee members have no law enforcement training, but easily concluded that when investigating an injury that likely occurred while a child was with his parents, the parents should at some point actually be asked about the injury and that the questioning should take place less than six months after the crime occurs. The Subcommittee also easily concluded that where a professional is not an expert in a particular field, he or she should seek one out. Some things simply do not require training and are a matter of basic common sense.

While the Department of Justice (“DOJ”) attempted to fill in the gaps, the Subcommittee concluded that it also failed to take all of the necessary steps to prosecute John Sr. According to the DOJ, they conducted their own “investigation” of Michael’s injuries in order to determine whether felony prosecution was feasible. Once this case came to the attention of the DOJ, in the summer of 2000, the Deputy Attorney General (“DAG”) dropped the misdemeanor charges against John Sr., stating that she was doing so in order to bring felony charges against him. According to the DOJ, jurisdictional and other issues ultimately prevented the pursuit of the felony charges in this case. Given the limited information the DOJ had, the precise date of the injuries to the child could not be pinpointed and the criminal abuse could not be definitively said to have occurred in Delaware rather than during Michael’s prior residence in another state. The DOJ also believed it would have been difficult to prove that John Sr., and not Tammy, had abused Michael, because he had been in the care of *both* parents for the three months prior to discovery of the skull fracture. Based on these legal issues, the DOJ contends it was unable to pursue felony charges.

The DOJ failed to reinstate the misdemeanor endangering charges which did not suffer from the same potential legal challenges. Apparently the DAG who was working on the case switched units around the time that the DOJ determined that felony charges could not be pursued, and the reinstatement of the misdemeanor medical neglect charges completely fell through the cracks. The DOJ has no internal case tracking computer system which would have alerted superiors of this outstanding case, nor did the DAG ensure that the matter was passed on to someone else for prosecution. The result was that the misdemeanor charges were never recommenced, and therefore neither John Sr. nor Tammy were ever held accountable for the skull fracture, failure to thrive, or even the medical neglect arising from the eye infection. The DOJ also expressed prosecutorial frustration and concern in situations where two caretakers have care, custody and control of a child at the time the injuries occur. The Subcommittee shares this frustration and discussed a nationwide review of how various jurisdictions handle these matters.

The Subcommittee notes that although the DOJ conducted its own investigation and concluded that felony charges could not be pursued in this case, that does not mean that WPD’s failure to properly investigate this crime did not have an impact on the outcome. The legal hurdles to bringing the felony charges could have been eliminated if Tammy had cooperated with the investigation. According to the testimony from the DOJ, Tammy was interviewed by the DAG but refused to cooperate. The fact remains that Deputy Attorneys General are not the primary people who are trained to obtain information from witnesses as part of a criminal investigation – law enforcement officers are. During the course of this investigation, Tammy had left John Sr., returned to the state where her family lived, and was trying to deal with the pending charges against her in Delaware as well as the birth of another child. Tammy was also in contact with DFS to discuss Michael several times, and had indicated that she wanted to

“make things right” for Michael and her new infant. In short, Tammy had a number of reasons to cooperate with the investigation, and she should have been interviewed by a detective trained to do so. Conversely, however, the DOJ is quite skilled in how child abuse cases are investigated, and could have provided some guidance and expertise to the Detective in this matter.

Overall, there was a lack of communication regarding Michael’s case between DOJ, WPD, and DFS. According to the DOJ, they never received a single report or document from WPD regarding this case, nor could the DOJ even corroborate the Detective’s statement that he discussed the case with the DOJ DAG prior to closing it. The DFS treatment worker #1 noted (specifically with regard to this case and in general) difficulty getting information from the WPD and the DOJ regarding the prosecution of cases. Although on September 27, 2000, the DOJ had informed the DFS caseworker that it was dismissing the misdemeanor charge in order to pursue felony charges for the skull fracture, all of the sources in this case agree that no one at either the DOJ or the WPD ever advised the DFS treatment worker of the ultimate decision not to bring the felony charges. As far as DFS treatment worker #1 knew, the WPD’s investigation was ongoing and regular coordination and communication between the police and the DOJ was occurring. Had DFS been aware of the reasons for not prosecuting John Sr., the information could have been entered into FACTS (DFS’s computer system) and available to social workers in the future. The communication may also have resulted in further questioning about reinstatement of the original misdemeanor charge. DFS treatment worker #1 eventually “gave up” on the Wilmington Police Department and the DOJ because neither kept her advised of the status of the case, and because it was her experience that this routinely occurred. Fortunately, this DFS treatment worker had already recognized that John Sr. was a risk to children even in the absence of any prosecution. Multi-disciplinary collaboration among DFS, WPD and DOJ in this case would have revealed that according to the other state John Sr. posed a danger to children, especially given his confession as well as his lack of cooperation with the other state’s Division of Social Services.

Though she felt very strongly that no child was safe with John Sr., and that Michael should never be permitted to have contact with his father, the DFS treatment worker #1 had never met Susan Matthews or any of her children (or even knew or had reason to know of their existence). She also was not aware that John Sr. had yet another child -- this time with Susan -- a mother whose family was already well known to DFS.

John Jr. is Born

In January of 2001, in the midst of the investigation of Michael’s injuries, John Jr. was born to Susan. John Sr. was the alleged father. John Jr. was classified “high risk” at birth because of his mother’s terminal illness status and lack of compliance with her terminal illness treatment during pregnancy. Due to the Division of Public Health’s (“Public Health”) extensive prior involvement with Susan, they phoned in a report to the DFS hotline. DFS rejected the report. It is not known why a report was not made directly by Hospital #3. The hotline disposition note rejecting the Public Health referral focused solely on Susan and stated “[w]hile mom’s history is quite concerning, we really have no reason to investigate her with this child.”

The Subcommittee has two concerns regarding this conclusion. First, it is disturbing that Susan's history of drug use and failure to care for her first five children did not provide enough reason for DFS to at least perform an investigation to ascertain whether Susan's known drug habit had been addressed before permitting her to take this child home. Second, the hotline did not link the case to John Sr., who had an active case regarding Michael at that time. Since John Sr. was listed as John Jr.'s father, his name should have been processed when the report was made. Such a link would have alerted the hotline worker to John Sr.'s recent and severe history of child abuse, hopefully leading to a different response to the report. It would have also led to some connection with the DFS treatment worker in Michael's case. Such a connection would have given the worker the opportunity to make the hotline aware of her many concerns regarding John Sr., and may have given the hotline worker a different perspective on the case. John Jr. should never have been sent home with John Sr. and Susan – and certainly not without a significant amount of intervention, treatment, and oversight. A demonstration to the Subcommittee of the FACTS system evidenced the ease with which this information can be acquired if someone searches for it.

Public Health proceeded to provide services to the family, but those services were limited to transportation to medical appointments and were met with frequent hostility by Susan. For example, according to the Public Health notes at one point when they communicated to Susan their concerns regarding her failure to attend medical appointments for John Jr., Susan simply responded by saying "I don't care if you call DFS – you think they're going to do anything because you say I don't take him to the doctor's?" During the time that Public Health worked with Susan, the public health worker was never permitted access to the various homes the child was living in, and was never able to provide any parenting support or direction in a home-like setting. It was clear to the Subcommittee that Public Health struggles in determining the level of neglect that would warrant a report to the DFS hotline. This struggle intensifies when a report like the one described above is made and rejected. In this case, Public Health struggled in determining the level of neglect since the client was often hostile and not at home.

Susan and John Sr. had John Jr. in their care and custody throughout 2001, despite missed doctors' appointments and evidence of significant domestic violence in the home. Relevant incidents that occurred during that time -- and that DFS was not made aware of -- include the following:

- On May 29, 2001, Susan appeared at Family Court and filed for a Protection from Abuse Order ("PFA"). In that petition, Susan alleged that John Sr. was a very abusive man, that he had been physically abusive to her on a number of occasions, that he had hit her while she was holding John Jr., and that John Sr. currently had physical custody of John Jr. and was keeping him from her. She also alleged that John Sr. was not John Jr.'s father. The PFA was granted by default on June 15, 2001⁶. It awarded custody of John Jr. to Susan and prohibited contact between John Sr. and John Jr. for a period of one year.
- On June 1, 2001, Susan appeared at Hospital #2's Emergency Room with John Jr., indicating that she wanted John Jr. checked out because he had been in his father's

⁶ On that same day Susan filed to vacate the PFA, apparently without success.

care for a period of time and she was concerned that John Sr. had abused him. She also alleged that John Sr. had abused her. Hospital #2 called the DFS hotline inquiring whether there was an active case for these individuals. The hospital was advised that there was not an active case. To the contrary, DFS treatment worker #1's treatment case regarding John Sr. and Michael was still active, but again not discovered.

- On July 28, 2001, Mother went to the Hospital #3 with a broken hand, which she claimed was the result of her defending herself against another assault by John Sr. There is no indication of any referral made to law enforcement or DFS regarding this incident.
- On December 8, 2001, Susan appeared at the Hospital #1 Emergency Room again following a domestic violence incident with John Sr. Susan had reported to the Emergency Room seeking help and refuge from John Sr. While the nurse was making arrangements for Susan and John Jr. to go to a battered women's shelter, John Sr. barged into the examining room and began to argue with Susan. At one point John Sr. grabbed Susan and scratched her on the neck. He then attempted to punch Susan while she held John Jr., but punched John Jr. in the cheek instead. The hospital called WPD and, according to their report, noted "3 scratches approximately 2½ inches long to the back of [Susan's] neck and also notices a small red spot to the right cheek of [John Jr.]." Susan was transported to a shelter. The Department of Justice indicates the charges were dismissed; however, at the time this report was completed, no additional information was available.⁷

What is most significant regarding all of these incidents – three of which involved John Jr. directly – is that DFS was not contacted for any of them, nor was DFS aware that they had occurred. The WPD report from the December 8, 2001 incident notes that the case was not active with DFS. This, of course, is incorrect, as John Sr. was active with DFS, and again the worker on John Sr.'s active case was not made aware that John Sr. had another child that was in his physical custody. But more important, regardless of whether a case was active or not, this incident – in which the perpetrator was bold enough to follow one victim to the hospital and abuse her and a second victim, John Jr., in the emergency room – should have been a clear signal of the danger that Susan and John Jr. were in – yet neither the Hospital #1 nor the WPD bothered to call the DFS hotline. In addition, the fact that at this point John Sr. had an active PFA against him – a PFA that prohibited him from even having contact with John Jr. – seems to have escaped notice despite the fact that PFAs are available on DELJIS so as to be easily accessible to law enforcement when responding to any domestic incident.

John Jr.'s Case is Investigated

⁷ The DFS records indicate that John Sr. was taken into custody on December 23, 2002, for resisting arrest and an outstanding warrant on the December 8, 2001, incident.

Finally, on October 25, 2002⁸, the hotline received and accepted a referral from John Sr. alleging physical neglect of John Jr. by Susan. At the time, Susan had been missing for over two weeks and was thought to be on a crack binge. She was also pregnant by John Sr. and had missed all prenatal appointments. John Sr. was unemployed, living with Susan's uncle, and staying home with John Jr. in Susan's absence. The hotline report noted that based on a review of CYCIS (DFS' old computer system) and FACTS, John Sr. had broken another child's leg; it also listed him as a perpetrator in this investigation. Classifying someone as a perpetrator is solely discretionary by the hotline worker and hotline supervisor based upon their assessment of the risk factors from the hotline report. This appears to be the first time that anyone noticed that John Jr.'s father and, at this point primary custodian, was the same man who had seriously abused his other son Michael just two years earlier. The case was classified as routine and assigned to a DFS investigation worker.

According to DFS procedures, a routine investigation requires a response within ten days. The DFS investigation worker first attempted a home visit with John Sr. on November 4, 2002 – exactly ten days after the report. This attempt was unsuccessful. Although she made additional attempts, she still had not established contact with Susan or John Sr. when, on November 14, 2002, twenty days after the first hotline call, the hotline received a second referral regarding John Jr. The caller this time was Susan alleging physical neglect by John Sr. Susan claimed that the house where John Sr. was staying with John Jr. had no electricity, that John Sr. had a bad temper, that he had broken his other child's leg, that she had obtained a PFA against him, and that he had been abusive to her and caused her to drop John Jr. during a fight. Susan also alleged that John Sr. was not John Jr.'s father and stated that she had left home because of "a little drug addiction." This urgent report required a 24-hour response.⁹ Notwithstanding the requirement, DFS investigation worker #1 was unable to meet with John Sr. despite unannounced home visits and phone calls until November 18, 2002 when she had her one and only visit with John Sr.

Prior to this meeting with John Sr., DFS investigation worker #1 had obtained the following information. She had spoken with DFS treatment worker #1 regarding John Sr. Her notes state that based on this conversation, she learned that John Sr. had an "abuse issue" in another state regarding a child by another woman. The notes also said that John Sr. had not complied with the orders entered in the other state as a result of the abuse and that DFS treatment worker #1 felt "that he has anger issues and ... could be a threat to a child." DFS investigation worker #1 also had John Sr.'s criminal history checked via the National Crime Information Center ("NCIC"), through which she learned of the criminal conviction in that state. However, at no time did this investigation worker review the child protective agency records from the other state which would have been critical for proper risk assessment and history review of John Sr.

⁸ Just 5 days later, on October 30, 2002, DFS treatment worker #1 would appear in Family Court supporting the relative custody petition regarding Michael and receive an order prohibiting all contact between John Sr. and Michael.

⁹ DFS investigation worker #1 had already missed the 10-day contact deadline for routine responses, taking more than 20 days and another hotline referral to connect with John Sr. She also missed the urgent response deadline of 24 hours, taking four additional days before connecting with John Sr. Regardless, she felt she had met the applicable deadlines by making attempts within the proper time frame, because diligent efforts satisfy the requirements. At no time did this investigation worker perceive that her inability to reach John Sr. was a deliberate effort by him to avoid the authorities nor did she enlist the help of second shift or the weekend unit to help meet the contact schedule.

who had already confessed to that state's social services system that he had fractured Michael's leg.

According to DFS investigation worker #1's testimony and the DFS records, this visit was the one and only time she met with John Sr. or John Jr. during her investigation. Unfortunately, she was easily fooled by John Sr., who by now had become quite savvy in his involvement with child welfare authorities. DFS investigation worker #1 believed that John Sr. was "very involved with taking care of this child," "very concerned about Susan and her situation," and was making efforts to obtain services to care for this child. Her testimony before the Subcommittee indicated that since John Sr. represented that he was "working on" daycare and a Medicaid card, had kept medical appointments and had a clean house, the placement was appropriate. Her notes from the meeting state that "he did have an incident in [another state] and there is a no contact order for his other two children that are placed there... he knows that he [will] have to get the parenting and anger mgt programs done – he is all for doing it and will cooperate when he gets stable with his job and day care ...". The notes further state that John Sr. "recognizes that DFS is concerned about risks that could occur as he has past issues [with] his other children. However, he denies that he is a threat at this time and denies that he has any problems with his child." No mention of the fact that John Sr. may not be the father was ever made.¹⁰ Approximately one month after this meeting – after a short telephone conversation with Susan and a brief discussion with Susan's probation officer, the investigation was completed and the case was transferred to treatment. Although the Risk Assessment completed by investigation worker #1 at the end of the investigation referred to a couple of other collateral contacts, there was no documentation of any such contacts in the case notes.

This investigation fell short in a multitude of ways – some related to a lack of information, but most due to poor decision making and diminishment of information that was not consistent with the investigation worker's personal view of John Sr. and the case. DFS Investigation worker #1 knew of John Sr.'s abuse of Michael from a number of sources: it was noted in the hotline report she received; she had obtained the criminal conviction information through NCIC; she had discussed the case with DFS treatment worker #1; and Susan had reported it in her hotline call. Yet this worker still disavowed knowing the seriousness of the prior abuse. Regarding the notes in the hotline report – which, based on a review of FACTS and CYCIS, said, "Fa broke his other son's leg on 12/13/99. He was convicted of that in [another state]. Then, he and mo and children fled to DE" – DFS investigation worker #1 said that a worker cannot rely on the information in the hotline reports because it is often not accurate. Regarding the discussion with DFS treatment worker #1, this worker told the Subcommittee that she did not believe that she had been made aware that John Sr. was "violent," and she felt that the treatment worker had not had enough interaction with John Sr. to offer much guidance.¹¹ Regarding the criminal conviction, she did not feel this was particularly relevant since it had only resulted in a misdemeanor conviction, and she noted her view that parents are convicted of

¹⁰ Paternity testing conducted after John Jr. entered DFS custody indicated that John Sr. is not the father of John Jr. but is the father of Scott (sibling of John Jr.).

¹¹ While the word "violent" is not found, even DFS investigation worker #1's notes of her conversation with DFS treatment worker #1 do indicate that the treatment worker told her she believed John Sr. could be a danger to John Jr. Also interesting is the investigation worker's comments that the treatment worker had not had enough contact with John Sr. to "offer much guidance," given that investigation worker #1 formulated her "opinion and conclusions" in this case from one meeting with John Sr.

misdemeanors for simply disciplining their children. Regarding the call from Susan that also referenced Michael's broken leg and other abuse by John Sr., DFS investigation worker #1 completely discounted it, despite the fact that some of the information corroborated statements from others, especially from DFS treatment worker #1. This worker simply stated "look at the source" and "Mom has her own issues." Overall, the mounting reports of John Sr.'s violence should have been an obvious warning sign that John Jr. was in danger, but this investigation worker was simply not listening.

The Subcommittee concluded that, even if DFS investigation worker #1 did not believe it wise to give much credence to any of the information she was given, at a minimum the allegations surrounding John Sr. should have caused her to perform a more detailed investigation. Regarding the criminal conviction, while the subcommittee disagrees with DFS investigation worker #1's opinion that parents regularly get criminal convictions based on simply disciplining a child, it does agree with the underlying premise that a caseworker cannot rely on a criminal conviction to determine what happened in a particular case – rather, a conviction should be viewed as a red flag that additional investigation is needed. DFS investigation worker #1 did not take steps to become informed about this serious allegation regarding John Sr. having broken Michael's leg just two years prior and having failed to comply with any of the requirements that came with that conviction.

Regarding Susan's call, while the Subcommittee agrees that Susan's actions may not have made her the most reliable reporter, the report should have been investigated – particularly those allegations that were easily verifiable, such as the domestic violence history and the fact that a PFA order had been granted in June of 2001. Although the PFA order had expired by this time, it would have given insight into the fact that the Court found against John Sr. regarding the abuse of Susan and John Jr., that John Sr. had lost custody of John Jr. under the PFA order, and that John Sr. had been prohibited from having any contact with John Jr. for one year. Moreover, the other sources tended to give Susan's claims more credibility.

In fact, despite what DFS investigation worker #1's impressions may have been from DFS treatment worker #1, Susan, the hotline report, and the criminal conviction, as an investigator it was this worker's responsibility to review the previous *founded* material from the other state's social service agency, but she failed to do this as well. A review of this information would have told her that John Sr. was not just accused of having broken Michael's leg, he had *confessed to it* (albeit after a period of claiming he had only been trying to catch Michael when Michael started to roll off of the bed). Equally important, this history would have shown John Sr. to be extremely effective at appearing to be a caring father when in fact he was a violent abuser.

In addition to the information she had regarding Michael's broken leg, DFS investigation worker #1 also had the history of the Delaware investigation regarding Michael, in which John Sr. was founded for neglect. This investigation worker was aware of this previous case, but felt that it was not relevant to the current incident and allegation of neglect. DFS's own records showed a failure to treat a serious and painful eye infection, a diagnosis of failure to thrive, a diagnosis of ringworm, a suspicious skull fracture and a healing leg fracture, all while in John Sr.'s care. Regarding this history, the worker simply stated, "We have to deal with what is going on at the time, not the history," and she was "doing it based on the current situation." When

questioned about the report that John Sr. had not cooperated with DFS's plan for Michael, her only response was that "it raises concerns."

Even assuming DFS investigation worker #1's position that this matter should be viewed as incident based, her progress notes show no evidence to confirm daycare, medical care, Medicaid, job status, etc. The narrative of her risk assessment appears to indicate that the previous DFS treatment worker (#1), primary care physician and Susan's probation officer were used as collateral contacts. Moreover, during the course of the investigation, this investigation worker was presented with evidence that Susan had returned to the home, yet she never followed up on this information. She also relied, albeit without meeting any of them, on John Sr.'s support system as a positive. This support system allegedly included paternal grandmother, who had assisted in eluding DFS and the police in the search for Michael, and Susan's uncle Jimmy, who was a known drug addict. In short, the only personal contact DFS investigation worker #1 had with anyone in the almost two months she had this case was John Sr., and the only other documented contacts made were via phone with Susan and Susan's probation officer.

Over and over again, DFS investigation worker #1 was provided with information regarding John Sr. having been abusive, and over and over she refused to take note of the information, relying instead on her view that what is relevant is "what is going on at the time." The point that seemed lost in this investigation is that what is "going on at the time" can best be seen with a complete knowledge and consideration of the case history. What the Subcommittee finds particularly disturbing is *not* the lack of information that this investigation worker had, but rather sheer volume of information she *did* have and her refusal to use that information to make decisions in this case. It is clear that no amount of historic information would have led this investigation worker to remove John Jr. from John Sr.'s custody – she stated as much in her interview. Although she initially said that the conviction from the other state did not cause her to remove John Jr. because it was only a misdemeanor, when later questioned about whether a felony level conviction would have changed her actions she said it probably would not have. Because she saw no current signs of abuse or neglect from John Sr., she did not consider the severe prior abuse of another child a portent of danger, discounted the warnings from DFS treatment worker #1 and the referral from Susan, was readily misled by John Sr.'s ostensible concern, and allowed the child to remain in the care of the man who would ultimately injure him so severely that he almost died.

DFS investigation worker #1's refusal to take note of anything other than her narrow view of John Sr. and Susan continued to the end of her investigation. On December 18, 2002 – approximately two months after receiving the case – the case was transferred to treatment with Susan founded for physical neglect. Prior to transferring a case to treatment, the investigator is to complete a DFS Risk Assessment which, according to DFS's policy manual, is used "to determine the possibility of future harm." As with other risk assessment tools, the DFS Risk Assessment prompts the worker to provide information, and then takes that information and performs an objective measurement of the risk present. In this case, when she provided the information required the Risk Assessment concluded that there was an "obvious likelihood that the child will be maltreated requiring immediate and comprehensive response. Conditions are extreme, control must certainly be imposed ...". Despite this dire report, John Jr. was not removed from the home, nor was a safety plan developed as per DFS Policy. When questioned

as to why she did not take the action suggested by the risk assessment, DFS investigation worker #1 shared her view that the risk assessment is useless and largely ignored at least in cases where one caregiver is not living with the child.

During DFS investigation worker #1's handling of this case, her caseload varied every two weeks as follows: 20, 23, 18, 14. The maximum number of cases for investigation caseworkers as established by the Child Welfare League of America, which has been adopted as the standard in Delaware, is 14. The worker insisted, however, that her caseload had no impact on her casework in this matter as "she always does a thorough job and knows what . . . is going on with her cases."

In addition to completing the "scored" portion of the Risk Assessment, DFS investigation worker #1 was also required to complete a few narratives regarding the case before it was transferred to treatment. Although the narratives regarding John Sr. were largely complimentary, they did note "[concern] is that dad has prior physical abuse case against him and he has [not] complied fully with court [ordered] services in order to get visits back with his other child[ren]. He was charged and pled to assault of another child causing broken bones and severe eye infection. He fled the other state when this all was occurring. He recently had case open for services and did not comply." The Subcommittee notes that although DFS investigation worker #1 noted the broken bones in her risk assessment, she seemed to indicate during the Subcommittee review that she was not aware of the extent of the injury in the other state. Again she stated that she only knew that he was convicted of a misdemeanor and that parents are convicted of misdemeanors for simply disciplining their children.

In addition to the Risk Assessment, an Investigation Disposition Assessment was completed by the investigation supervisor. This assessment expressed less concern regarding John Sr., stating only that "John Davis also has a DFS [history] which presents risk and need for further DFS intervention" and "Mr. Davis could benefit from a parent aide and anger management classes." This Assessment was short – only 6 or 7 statements long – and the above statements were the only mention of John Sr.

Interestingly, one of the stated bases for founding Susan for neglect was that Susan had left the child with John Sr., knowing that he had an unresolved history of abuse. Specifically, DFS investigation worker #1's risk assessment narrative stated, "case founded for neglect/physical to child by mom due to her drug abuse and non ability to care for child when she is running the streets etc. – and her leaving baby assuming that child will be safe with the father whom has past abuse case that has been unresolved." The Subcommittee finds it troubling that John Sr.'s abuse history was enough of a concern for Susan to be founded for neglect because she left John Jr. in his care, yet the history was not sufficient concern for DFS to remove the child from this situation. So in fact, the caseworker did exactly what she had founded Susan for – she left John Jr. with a man who had an unresolved history of abuse. At this point, John Sr. had broken Michael's leg, failed to provide treatment for a severe eye infection, had custody of Michael during an unexplained skull fracture, failed to cooperate with the investigation, had numerous domestic violence incidents, including several in which John Jr. was the victim, and had a PFA order entered against him. All of these incidents were recent and no intervention had been provided. In short, by this time it was clear in no uncertain terms that John Sr. was a

violent man to his partners and to his children and yet he was permitted to be the sole custodian of this baby while Susan was founded for her neglect.

John Jr.'s Case is Transferred to Treatment

When DFS treatment worker #2 was assigned John Jr.'s case on December 19, 2002, she reviewed the short Investigation Disposition Assessment completed by the investigation supervisor. As noted above, this document was very short and contained only two sentences regarding John Sr. She reported that she did not review the Risk Assessment completed by DFS investigation worker #1 or the case history. The Subcommittee interviewed the DFS Treatment Program Administrator who stated that the Risk Assessment is an important tool for treatment workers, and treatment workers rely on investigation workers to complete the history review and include it in the Risk Assessment.

Although DFS treatment worker #2 claims to have done a FACTS search on John Sr., she states that nothing came up under John Sr.'s name. She believed she had no access to DELJIS¹² for PFA information, and further felt that there was no reason to check DELJIS because the PFA and other relevant information should have been in the investigation disposition assessment. As a result, the broken leg and accompanying conviction in the other state, the history of John Sr. and Tammy contained within the DFS FACTS database, the hotline reports, the PFA order, and the warnings from DFS treatment worker #1 all escaped DFS treatment worker #2's notice. Based on the very limited information in the Investigation Disposition Assessment, this treatment worker concluded that Susan's history of drug abuse, prostitution, and other children not in her care made Susan her sole basis for concern. In contrast, John Sr.'s history was not considered remarkable or significant. This treatment worker stated that her only concern about John Sr. was her belief that he "needed some support."

DFS policy requires the treatment worker to complete a family safety assessment within ten days of receiving a case. DFS treatment worker #2's first attempted contact with the family, however, was nineteen days later on January 7, 2003. The next attempt occurred fifteen days after the first late and unsuccessful attempt, on January 22, 2003. Five days later, DFS treatment worker #2 sent a letter to John Sr. requesting a meeting. These were the only attempts this treatment worker made to meet with John Sr. until February 24, 2003 when she met John Sr. at the hospital while responding to a new hotline report based on Susan having given birth to her seventh child Scott. DFS treatment worker #2's first contact with John Sr. – which took place only because of the hotline report regarding Scott – therefore occurred more than two months after she received the case, and 50 days after the time required by DFS policy.

We now turn briefly to Scott. Susan actually gave birth to Scott at home, where he had to be resuscitated by paramedics. He was admitted to the hospital in hypovolemic shock with

¹² DFS access to this system was authorized following the Independent Death Panel recommendations in the Bryan Martin matter and the Child Protection Act of 1997. At this time, Master Family Service Specialists and Family Crisis Therapists in Investigation, Special Investigators, Supervisors, hotline staff and designated clerical staff all have access to DELJIS. However, all treatment workers and Family Service Specialists and Senior Family Service Specialists in investigations must access this information through authorized DFS users.

subdural and cerebral hemorrhages and he tested positive for cocaine. Despite both Susan and Scott testing positive for cocaine at birth, Susan denied any recent cocaine use. Scott's case was abridged in investigation and assigned directly to DFS treatment worker #2.

On March 3, 2003, DFS treatment worker #2 was informed that Scott was ready to be discharged from the hospital. She met with John Sr. and his mother, noting that Susan was back in jail. DFS treatment worker #2 felt comfortable placing Scott with his father and paternal grandmother and advised that she planned to refer John Sr. to a parent aid and public health nurse. Although the High Risk Infant Protocol Memorandum of Understanding ("High Risk Infant MOU") required that a discharge meeting – a meeting between DFS, Public Health, and the hospital – take place in this case none occurred. During her interview, DFS treatment worker #2 claimed to be unaware of the requirement of this High Risk Infant MOU. DFS points out that while the High Risk MOU had been signed at the time of Scott's birth, training of DFS workers on the protocol did not occur until March of 2003. DFS treatment worker #2 never reviewed or considered any history regarding John Sr. or paternal grandmother's prior attempts to evade DFS.

Following Scott's release, John Sr. appeared to DFS treatment worker #2 to be responsibly caring for Scott. He had obtained medical care and medication and was receptive to home visits by the Public Health Nurse who reported that he was doing well with the baby. On April 9, 2003, however, DFS treatment worker #2 learned that Scott had been admitted to Hospital #2 with a laceration to his nose which required stitches. John Sr. claimed that the "scratch" was self-inflicted. The doctors, however, concluded that the cut on Scott's nose had been inflicted, and definitely was not a "scratch." Further examination of the child revealed an old brain injury and a skull fracture as well as unexplained intra-cranial bleeding. While it was noted that the brain injury and skull fracture could possibly have occurred during birth, the intra-cranial bleed was recent and the cause was unknown. According to the treatment notes, DFS treatment worker #2 was informed by the hospital social worker that this was all "very suspicious." Her notes also indicate further discussion with the social worker about whether the hospital social worker had concerns of abuse or neglect, with the DFS treatment worker personally indicating that she "has not seen anything to that effect." The hospital social worker indicated that she was "torn over what to do" because John Sr. did appear to be appropriately caring for Scott. Although the hospital social worker stated that "all of this stuff may be accidental," her earlier caution about the case being "suspicious" remained. On April 16, 2003, DFS treatment worker #2 again spoke with the hospital social worker, who again noted that the nose injury was still suspicious and was being documented as "inflicted wound/source unknown." She also noted that the "recent intracranial bleed is still unclear."

Unfortunately, DFS treatment worker #2 independently attributed all of Scott's injuries to Susan's drug abuse or birth trauma, without any discussion with Dr. DeJong, a child abuse expert, and in contradiction to what the medical records showed and the hospital social worker indicated. DFS treatment worker #2 is the only DFS person to have had contact with the hospital social worker. Like DFS investigation worker #1, DFS treatment worker #2 had become so focused on Susan and her problems that she was readily convinced by John Sr.'s outward shows of concern, and did not suspect him as a possible abuser despite the mounting evidence to the contrary. Moreover, DFS treatment worker #2 did not report these suspicious injuries to the

hotline, despite DFS policy requiring her to make such a report to both the hotline and the police. She also failed to complete a serious injury report, as required by DFS policy. Again, DFS treatment worker #2, an employee of DFS for nearly eighteen months at this point, was unaware that such a report was required. This report would have alerted upper administration at DFS of this case. Instead, Scott was released a few days later to both Susan and John Sr. without further investigation – and once again, an unresolved injury to a child went virtually uninvestigated.

We turn back now to John Jr. As was noted above, DFS treatment worker #2's first contact with John Sr. after receiving John Jr.'s case was at the hospital when she responded to the call regarding Scott's birth (more than two months after being assigned the case). Her first noted discussion with John Sr. regarding John Jr. did not occur until several more days had passed when, on March 3, 2003, while meeting with John Sr. regarding Scott this treatment worker asked John Sr. about John Jr. She learned for the first time that John Jr. was not living with John Sr. Rather, according to John Sr., he was living with Susan's sister, Michelle Jones (the relative who had custody of Susan's other five children). This information should have prompted a couple of responses from DFS treatment worker #2. First, it should have raised some level of concern as to what had prompted a change in the living arrangements for this child. Second, according to DFS policy *and* common sense, it should have prompted a visit and assessment of Ms. Jones's home, to ensure that John Jr. was where John Sr. reported him to be and that he was receiving adequate care. DFS treatment worker #2 did nothing regarding this information.

Regarding any possible concern over the reason for the change of placement, DFS treatment worker #2's notes state that John Sr. "was not clear on explaining why John Jr. was not living with him any longer." Apparently this lack of clarity did not cause her concern, because she did not conduct any follow-up on the issue. Regarding the appropriateness of John Jr.'s current placement, DFS treatment worker #2 told the Subcommittee she was not concerned about this *de facto* placement since Ms. Jones already had Susan's five other children in her care. The Subcommittee notes that this was the sixth child of Susan's to be placed with Ms. Jones, and that there was a significant criminal (and DFS) record of domestic violence incidents at Ms. Jones's home including the following:

- On 1/25/99, a police report involving Michelle Jones and her paramour was filed. The report states that paramour pushed Michelle and threatened to kill her. Witnesses listed include David Matthews and Shawn Nelson, two of Susan's children that had already been placed with Michelle.
- On 10/18/99, another police report of a domestic incident involving Michelle and her paramour was filed. The report states that Michelle suffered a contusion after her paramour struck her in the face. Shawn Nelson and David Matthews are again listed as witnesses. The report states that paramour threatened to shoot Michelle if she left him two weeks ago, is cocaine involved, is very jealous and had told Michelle that if he could not have her, no one will. Michelle reported that her paramour dragged her by her hair and repeatedly punched her in the face. The officer responding noted overturned furniture and the telephone had been broken into pieces.

- On 4/19/00, a DFS social worker considering Michelle as a placement for Jack (one of Susan's children) spoke with the leasing office of Michelle's apartment complex. The office confirmed that the police have been out several times for domestic violence in Michelle's home. They also reported that other residents have seen paramour beat Michelle in the hallway, that he uses drugs, and that Michelle has come into the office with bruises on her, screaming that she wants the locks changed so that her paramour cannot get in to the apartment.

Further, DFS records showed serious concern about whether Susan's five other children should have been placed with Ms. Jones – so a sixth child certainly seemed to be pushing the limits. A review of DFS records regarding the placement would have revealed this information. A physical review of the home and a meeting with Michelle might also have been helpful, particularly in shedding light on John Sr.'s care for John Jr. and what led to the change in placement. DFS treatment worker #2 was once again challenged by lack of knowledge of the DFS treatment policies, this time being totally unaware that a policy required her to visit any new placement of a child with an open treatment case. Moreover, even after consulting with her supervisor, this treatment worker did nothing to ascertain whether this was an appropriate placement for John Jr. The Subcommittee is aware that having more information about John Jr.'s placement with Ms. Jones would not necessarily have changed the outcome. The point however, is that over and over again, caseworkers ignored DFS procedures, case history, and good judgment at a time when John Jr. was so desperately in need of protection.

DFS treatment worker #2's notes regarding her March 3, 2003, discussion with John Sr. also indicate that she had learned from another source that John Jr. was not being taken for his doctor appointments. Although she asked John Sr. about this, he did not provide any information, saying he "did not have any info about this." The treatment notes go on to state that she would "do collateral and follow up w/medical info asap." The Subcommittee found nothing in the treatment worker's notes, however, to indicate that any such follow-up was done. When the Subcommittee asked DFS treatment worker #2 about the follow up that her notes seemed to indicate she recognized as important, she stated that she believed she asked a Family Service Assistant to look into it and she did not recall getting any report back.

The discussion of John Jr. next came up on March 11, 2003, when DFS treatment worker #2 accompanied John Sr. to a medical appointment for Scott. While she was at the hospital, the hospital terminal illness social worker informed DFS treatment worker #2 that John Jr. had missed his 18-month appointment for terminal illness testing and that they would like to see him. No further mention of John Jr. is made in the treatment notes, and this attempt by the hospital social worker to enlist DFS' assistance in getting John Jr. to his doctor's appointments went unheeded.

In late July 2003, John Jr. entered Hospital #3 Emergency Room at 3:50 a.m. with a lacerated lip. His front tooth had also been knocked out. John Sr. reported that the child had fallen and hit a bookcase at midnight. DFS treatment worker #2 was not notified by the hospital of this visit to the ER despite the family's extensive history with this particular hospital. Home visits with John Sr. and Scott were conducted in July and August of 2003.

On September 15, 2003, treatment worker #2 responded to the hospital after John Jr. was brought in to the ER close to death due to a lacerated liver suffered at the hands of John Sr. John Jr.'s hospitalization this time left no doubt that John Sr. was not the caring, loving parent he had pretended to be. The child had a liver laceration resulting from direct, strong force, such as a kick or a car accident. John Sr.'s explanation, that the child had had an upset stomach a few weeks ago, was not reasonable. DFS was alerted by an urgent referral to the hotline. A second shift social worker was dispatched to the hospital and met there by Wilmington Police officers. The officers advised that the child's injuries were so serious that he may not survive. When questioned, John Sr. explained that he had no idea how the child was hurt "unless he did something in his sleep."

Following emergency surgery – during which John Jr. went into cardiac arrest for the second time that day – his abdomen was too swollen to be sutured. The surgeons advised that the child's liver was transected from front to back, he had no blood pressure, and was comatose. He had endured a near-fatal loss of blood. The surgeons concluded that it took great force to cause the injury, characterizing it as similar to an unrestrained driver hitting a tree at 30 m.p.h. The doctors estimated that the injury had been inflicted a couple of hours before the onset of symptoms.

Other than one incidental sighting of John Jr. during a meeting with John Sr. – a sighting not documented in her case notes, but described during the Subcommittee interview – DFS treatment worker #2's response to the life-threatening hospitalization on September 15, 2003 was the first time she had laid eyes on the child she had been assigned to protect nine months earlier. While this lack of contact with John Jr. seems to defy common sense, policy documents and interviews indicate that policy does not require a treatment worker to specifically have contact with the children on their caseloads unless the children are in foster care – rather, the policy requires only that contact occur with the "family," leading DFS treatment worker #2 to the conclusion that simply meeting with John Sr. on a regular basis was sufficient.

As with the Wilmington Police Department, while the Subcommittee believes that DFS policy should *require* contact with children involved in an active investigation or treatment case, this is not just a policy issue – it should not take a more specific policy or more training for a caseworker to simply know that he or she must actually see the child who is the subject of his or her case. No evidence exists to suggest that DFS treatment worker #2's supervisor ever questioned the adequacy of her decisions or her investigative or treatment activities with respect to this family until John Jr. was admitted to the hospital in critical condition on September 15, 2003. Apparently at some point John Jr. had again been brought back to live with John Sr. – nothing in the case notes indicate this, and it does not appear that the treatment worker was aware of this fact, although she was aware that John Jr. spent some time visiting John Sr.'s house. September 15, 2003 was not only the first time DFS treatment worker #2 saw John Jr. – it was also the first time she became aware that John Sr. had a history of severely injuring another one of his children. This information came to her attention all too late for John Jr.

As a result of John Jr.'s injuries, DFS sought custody of both John Jr. and Scott. Scott was placed in foster care and an investigation case was assigned to DFS investigation worker #2 of the DFS Serious Injury Unit. The after-hours hotline worker who had responded to the

hospital advised DFS investigation worker #2 that John Sr.'s reaction to John Jr.'s injury had been "inappropriate," that he was emotionless, and that he questioned whether he would be arrested.

Despite DFS treatment worker #2's stated inability to locate Michael's case information in FACTS and DFS investigation worker #1's disregard of that case history, DFS investigation worker #2 – who works in the DFS serious injury unit – had no difficulty locating John Sr.'s history in a very short amount of time. DFS investigation worker #2 completed a safety assessment immediately after seeing the child because Wilmington Police were anxious to learn John Sr.'s history before interrogating him. In her FACTS check, this investigation worker easily uncovered John Sr.'s history of abuse in the other state and completed a thorough progress note setting out the entire history. DFS treatment worker #1 and her supervisor had read the newspaper report, recognized John Sr.'s name and picture, and also advised this investigation worker of the extensive history regarding John Sr. Investigation worker #2's notes, written on September 16, 2003, after a check of the FACTS history, stated as follows:

FA has 2 older children. MO of those children is Tammy Davis. Those children lived with MO and FA in [other state]. One of those children is also named John Davis, born in 1999. FA was arrested for breaking that child's legs. (Some notes indicate it was one leg.) FA had no contact with child and was court ordered to do anger management, community service, parenting and a mental health eval. Before completing any of this FA and MO fled to DE. [Other state] made a report to DE. After an extensive search MO and FA were located. Older child was suffering from a serious eye infection. . . . Older child was diagnosed with a herpes infection of the eye, failure to thrive and also had a healing skull fracture.

Investigation worker #2's notes of the case history go on to mention Susan's drug use, the unexplained injury to Scott, etc. She further documented that John Sr. was definitely a "con artist." The level of factual information laid out above is the minimum of what every DFS caseworker who handled this case should have known, without question – whether an investigator, a treatment worker, a supervisor, or a hotline worker responding to a call. DFS investigation worker #2 and DFS treatment worker #1 are to be commended for their competence and thoroughness in assessing risk and gathering pertinent information on an expedited basis.

The following day, John Sr. was arrested for Assault by Abuse or Neglect, a Class B Felony. He was prosecuted and pled to Assault 2nd. He was sentenced to 4 years of incarceration – a stark contrast to the near death injuries that John Jr. received and a sad reflection on the lack of seriousness our criminal justice system places on child abuse and neglect.

Findings and Recommendations

CHILD ABUSE/NEGLECT REPORTS

Several critical breakdowns relating to the reporting of child abuse and/or neglect occurred in this case. They fall into two main categories: (1) the failure of professionals (some within the child welfare system) to report child abuse and/or neglect; and (2) the DFS' failure to accept reports of child abuse and/or neglect made in this case.

Numerous incidents of child abuse and/or neglect regarding John Jr. and/or his siblings were not reported to the hotline. These include WPD involvement in several domestic violence incidents where a child was present and/or involved, hospital involvement in several domestic violence incidents where a child was present and/or involved, hospital involvement in the birth of a child who fell within the category of a high risk infant, Family Court's repeated involvement in custody and domestic violence hearings where the child was involved and/or the subject matter of the petition, and Public Health's chronic involvement with Susan rendering a heightened concern over her care of any child.

The second breakdown was the DFS Child Abuse Hotline's failure to accept reports that were made in this case. On two occasions, professionals called the DFS hotline regarding John Jr. On both occasions, hotline worker inquiries of the reporter and in the FACTS system appeared to be inadequate. As point in fact, during neither one of those contacts was the active treatment case regarding Michael discovered, and both professionals were specifically advised that DFS was not currently involved with the "family". The Child Protection Act of 1997 requires DFS to check its internal information system to determine whether previous reports have been made regarding the child, sibling, family members or the alleged perpetrator, and to share that information with Division staff. 16 Del. C. § 905(d). These calls came in during February and June of 2001. Michael's case was not closed until October of 2002. Just one of these checks if properly performed would have alerted treatment worker #1 of John Jr.'s existence and possibly saved him from his near fatal abuse.

Regardless of the difficulty in locating the active treatment case involving Michael, however, DFS already knew enough about Susan to have accepted these reports and conducted an investigation. Again, the individual hotline worker performed an incident-based call based upon previous school of thought regarding drug addiction and neglect. There is no risk assessment or formal decision making process for the acceptance and rejection of hotline reports. This results in safety assessments, FACTS checking and in-depth inquiries/fact gathering from the reporter to be solely dependent on the experience, attitude and opinions of the DFS hotline worker.

Last, but certainly not least, in 2003, as a result of another serious injury analysis, DFS implemented the High Risk Infant Protocol. This protocol requires DFS social workers, Public Health and health care professionals to have a meeting to develop a comprehensive discharge plan to ensure safety and support for high risk infants and their families. Discharge planning is

the main responsibility of the active DFS worker. This protocol was in place at the time of Scott's birth; however, training of DFS workers regarding this protocol did not occur until after Scott's release from the hospital. Even more troubling was the acknowledgement by both DFS and Public Health that this policy is currently rarely being used, despite the number of high risk infants born in Delaware each month.

The Child Protection Act of 1997 legislated training by DFS regarding the reporting of child abuse and/or neglect. 16 Del. C. § 911(a) and (b). It also requires DFS to continuously publicize the existence of the report line and the obligations of all to report child abuse and/or neglect. 16 Del. C. § 911(c). Neither the public nor those specifically listed as mandated reporters are receiving sufficient education and information pursuant to statute, and many are not following the statutory requirements to report child abuse and/or neglect.

As such, the following recommendations for compliance and/or change are made:

- 1. DFS should review its research on nationwide risk assessments and consider modifying or replacing its current structured decision-making tool at the hotline and during the investigation process. In the short term, protocols for acceptance of a case by the report line should be reviewed and improved to consider history.** Specifically, a compilation of risk factors such as low birth weight, previous DFS history, HIV positive, drug positive at birth, fetal alcohol syndrome, criminal history etc., should trigger an automatic acceptance of a case. Such tools and protocols will help to standardize DFS responses to reports of child abuse and/or neglect.
- 2. Training regarding the reporting of abuse and neglect as required by 16 Del. C. § 911 (a) and (b) should be implemented, with an annual training schedule being developed and widely distributed to the broader child welfare community and the public. Wide publication of the child abuse report line to the public and child welfare professionals should occur immediately as required by 16 Del. C. § 911(c).**
- 3. The Wilmington Police Department, Family Court and the local hospitals should ensure that their employees are aware of the mandatory reporting laws for suspected child abuse and/or neglect and the penalties for failure to report. 16 Del. C. §§ 903 and 914. With respect to the Wilmington Police Department, they should also review and ensure employee compliance with the reporting requirements under the Memorandum of Understanding between Law Enforcement, the DSCYF and the Department of Justice ("MOU").**
- 4. DFS should take steps to ensure that hotline and investigative staff request complete information on all parents, parties, and members of the child's household, and that FACTS checks on those individuals are completed and the results clearly conveyed to others within the Division, as required by 16 Del. C. § 905(d).**
- 5. The Division of Public Health should document problems they encounter with clients and meet periodically with DFS to get clarification on what to report to the hotline and the best way to report concerns to DFS.**

6. **Reports made by professionals should be given the highest degree of deference and accepted in all cases unless good cause exists for rejecting the report. Reporters should be contacted immediately by the investigation worker (16 Del. C. § 906(b)(13)) and provided with the outcome of the decision and/or the investigation. 16 Del. C. § 906(b)(16).**

7. **In conjunction with giving the highest degree of deference to reports made by professionals, including the Division of Public Health, the High Risk Infant Protocol should be reviewed, and all parties should make a renewed commitment to its use to ensure the safety of high risk newborns.**

8. **DFS should automatically accept for investigation all hotline reports on a newborn when a parent has lost custody of previous children due to abuse and/or neglect even without a new allegation of abuse or neglect so as to give the new baby the same protections that the other children have received.**

DIVISION OF FAMILY SERVICES

I. Caseloads/Workloads

The investigator in John Jr.'s case had weekly caseloads of 20, 23, 18, and 14 throughout her investigation of the case, while the standard adopted in Delaware law (29 Del. C. § 9015(b)) is 14. This standard is actually the maximum caseload established by the Child Welfare League of America and should not be exceeded, and it should certainly not be 20 or 23 at any time under any circumstances for any investigation worker. If the caseload of the workers is too high, then it is also too high for the supervisors.

A 2002 GAO Report concluded what Delaware and other states already knew: caseloads are the best predictor of a child protective agency's ability to protect the children in its care. Despite increased resources, the DFS continues to struggle to consistently keep its caseload numbers down in all regions. While Delaware law provides the DFS with the authority to hire up to 15 overhires in order to lessen the time between a worker leaving and another worker being prepared to step in, that pool is not being maintained – in fact, only a portion of the overhire positions – now referred to by the DFS as “trainees” – are ever filled. Even at the time of this review – held 1½ years after the injury to John Jr. – the investigator and her supervisor both indicated that on the day of her interview the caseworker was carrying a caseload of 23. In actuality, she had a caseload of 21. Regardless, the resultant workload from a caseload of 21 or 23 is exponential. This is simply unacceptable for an investigation worker.

While investigation worker #1 claimed that the high workload did not impact her handling of the case, she did not perform an adequate investigation. As was described in the Facts portion of this report, in addition to a refusal to consider some of the information that she obtained, there was also significant history information that investigation worker #1 did not access, most notably the other state's records regarding Michael's broken leg. If investigation

worker #1 had been more conscientious in studying the history of John Sr, as opposed to just Susan, she would have found more concrete cause for alarm. Thoroughly reviewing history takes an inordinate amount of time, but it must be done, and it is therefore critical that the worker's caseloads be kept at or below standard. And if the caseworkers are over burdened, so too are their supervisors, who are a second-tier safety net for at-risk children. Neither of these safeguards can operate effectively if the workloads are such that an employee has insufficient time to investigate and evaluate the families for whom they are responsible.

The following recommendations for compliance and/or change are made:

1. **The Division should immediately fill all 15 overhire (“trainee”) positions and keep those positions filled pursuant to 29 Del. C. § 9015(b)(4) so that fully trained staff are always available to fill vacancies.** While the Department has indicated that filling the over hire positions will not alleviate the high caseloads that they experience on a regular basis, the Subcommittee believes that a commitment to use of the overhire positions will assist in providing the needed resources when dealing with positions of high-turnover and burnout.
2. **DFS should consider weighted caseload distribution,** so that cases with a chronic risk of recurring abuse and/or neglect – i.e., families with a long child protection history with multiple children -- are counted differently than a less complex and time-consuming case, resulting in a more balanced workload. The workers who were assigned to Susan were in for far more than what they bargained. Susan had seven children at the time of John Jr.’s injuries, all of whom were not in her custody, and most of whom had prior involvement with DFS. It is neither fair nor logical to equate her with a case involving only one child.
3. **DFS should seriously consider opening cases in the name of a child, and assigning workloads by children, not by family or parent.**
4. **Caseloads must be at or below the standard set for each worker. If not, CPAC should be alerted.**
5. **DFS should commence a comprehensive work study analysis to identify barriers to quality social work and provide short and long term solutions for a manageable workload for DFS social workers.**

II. DFS Hiring Practices and Supervision Issues

While previous panels have placed blame for poor caseworker decision-making on inadequate training, that does not seem to be the case here. The larger issue in this case was the lack of sound judgment and the lack of supervision illustrated by caseworkers and supervisors responsible, coupled in some instances with a refusal to consider any information inconsistent with their own imprudent opinions regarding John Sr.’s parental fitness. One social worker testified that, even if she had infinite time to review John Sr.’s history, virtually nothing would have convinced her to change the opinion she had formed by meeting him and noting his current actions. This mode of operation is completely unacceptable. Moreover, supervisors failed to intervene where it was clearly needed. In the case of one worker, the Subcommittee identified

no less than three critical policies that had been completely ignored -- policies that could have significantly changed the outcome for John Jr. -- yet the caseworker's supervisor did nothing to intervene.

The current turnover rate for the DFS's frontline workers, including frontline workers who move to a different position within the Department, is tracking at 44% for FY '05. DFS positions are high-stress jobs subject to an alarming "burn-out" rate. This has led to a revolving door system in which DFS must constantly seek new employees to fill its vacancies, and keep caseloads per worker within the statutory guidelines. The result is that DFS regularly has a pool of workers who may not have the requisite qualifications or strong analytical, investigation skills for this demanding job. This situation, as horribly illustrated in this case, presents a palpable danger to Delaware's children.

The following recommendations for compliance and/or change are made:

1. **DFS should reexamine its hiring policies, especially recruitment and selection of new workers.** Specifically, all candidates should undergo a personal interview with human resources staff in which their energy, decision-making skills, common sense, and other relevant attributes are carefully screened. The philosophy of the candidate should be explored to ensure it meshes with the philosophy of the Children's Department. If it is determined that DFS does not pay enough to consistently lure candidates who, in addition to having the required education, also meet these qualifications, salaries or minimum hiring requirements should be increased accordingly. Finally, DFS should reward and publicly commend DFS workers who show exemplary casework – such as treatment worker #1 and investigation worker #2. Conversely, DFS must take appropriate personnel action against workers who consistently display the poor judgment illustrated in this case.
2. **DFS workers need to be closely monitored to ensure that they are adequately performing their job.** Mistakes, poor judgment, lack of knowledge and differing philosophies by workers can cost children their lives. Supervisors who cannot adequately monitor and supervise their subordinates' work should not be in the role of a supervisor.
3. **DFS Management should perform reviews of other cases handled by investigation worker #1 and treatment worker #2 to ensure that decisions were not and are not being made that leave children at grave risk of abuse, neglect and possibly death.**

III. Investigation

Investigation worker #1 missed policy deadlines for contact with the family regarding both the routine and urgent referrals. Policy requires contact in routine cases within 10 days – investigation worker #1 took 20 days. Policy requires contact in urgent cases within 24 hours – investigation worker #1 took 5 days. A system in which diligent efforts to meet with a parent satisfies the guidelines does not adequately protect children from abuse. Under this system, a parent could injure a child, and then miss months of meetings with DFS without explanation, without triggering any action.

Moreover, when the risk assessment was completed in December of 2002, it showed a score of 3 out of a possible 4, indicating “High Risk – Obvious likelihood that the child will be maltreated requiring immediate and comprehensive response. Conditions are extreme....” The purpose of the risk assessment is to determine acceptable versus unacceptable levels of risk. Despite this, John Jr. was left in John Sr.’s care, rendering the risk assessment tool meaningless in this case. Investigation worker #1 also shared her opinion that the risk assessment meant little to her as an investigation worker, likely in stark contrast to its intended purpose.

The following recommendations for compliance and/or change are made:

- 1. DFS should review its research on nationwide risk assessments and consider modifying or replacing its current structured decision-making tool used during the investigation process.** Any new tool should include separate risk assessments for each parent. See Section on Child Abuse/Neglect Reports as well.
- 2. In the short term, DFS should reiterate the importance of the current risk assessment tool and ensure that workers are using it.** Clearly there is a disconnect for some between policy and practice regarding the Risk Assessment Tool. Policy states this tool is important and should be used by workers in decision making, yet one worker and supervisor say it is useless and largely ignored.
- 3. DFS should require an actual meeting, not a diligent attempt to make one, to occur within the DFS investigation guidelines. After one contact is missed and the time deadline for making the contact has passed, a plan should be developed by the DFS regional administrator for ensuring that prompt contact with the family and children is made.** If statutory changes are needed to provide workers with additional tools to compel parents whose cases are opened with DFS to cooperate, that issue should be brought to light. Most important, workers must recognize that a parent’s failure to meet with DFS may be a warning sign that the parent is attempting to conceal abuse by evading authorities.

IV. Treatment

This case illustrates a troubling lack of urgency and thoroughness in DFS’s treatment visits. The worker responsible for John Jr. did not visit his home or follow up on hotline reports for weeks or months on end. When they finally did make contact, it was almost always solely with John Sr., and only once, tangentially, with John Jr., the child whose welfare was at stake. This allowed John Sr. to easily fool the attendant workers, who took practically all of his reports at face value.

The Subcommittee heard more than once that this lack of time and focus on John Jr.’s case was due in part to an imbalance caused by the Court’s increased attention to cases in which a child is *removed* from his/her parents’ custody. Under the Adoption and Safe Families Act, the Court must review these cases on a regular basis and, as a result, the caseworker must visit the child on a frequent basis in order to have appropriate and updated information to provide to the Court. No such requirements exist for children whose cases are opened with the Division with services being provided, but who are not removed from their parents’ custody. The result is that

treatment workers spend inordinately more time with those cases in which DFS has taken custody, rather than those cases in which the child has been left in the parent's care, with services in place – and yet it is the latter case that often presents a more dangerous situation in terms of the potential for abuse. In this case, the treatment worker went nine months without ever formally meeting John Jr., and candidly admitted that the circumstances of the case rendered her focus on him minimal. Sadly, the first time the treatment worker ever truly met John Jr. was after he was lying in the hospital from his near death injuries.

The following recommendations for compliance and/or change are made:

1. **DFS should reevaluate its protocols regarding home visits.** At a minimum, DFS workers should be required to meet with the child at least once per month. They should also be provided the resources to permit them to spend the same amount of time with cases in which the child remains in the parent's care as those in which the child has been removed from the home. Moreover, workers should also visit with other members of the household, especially other resident children, so that a parent's reports can be corroborated. The Subcommittee is aware that this may impact caseloads, but it is a necessary recommendation to ensure children's safety.
2. **Case plans and services should focus on the risk factors set out in the investigation risk assessment tool.** While other issues crop up in these cases, resulting in additional or different services, workers must not lose sight of the issues that required initial DFS involvement. In this case, when Scott was born, the treatment worker's focus shifted completely from John Jr. and the risks present in John Sr.'s care of him, to Susan and John Sr.'s ability to care for Scott.
3. **Risk assessment should continue to occur during the treatment process, and treatment workers should be thoroughly trained on same, including the protocol for serious injury reports.**

FAMILY COURT

Family Court had no fewer than fifteen related civil files on this family. However, it is not the routine practice of the Family Court to cross-reference and review related files. This failure resulted in cross-petitions for custody and protection from abuse being filed and reviewed in an incident-based fashion. By way of example, in May of 2003, Family Court entered a custody order between Susan and John Sr. that awarded primary residence of John Jr. to Susan. At the time that this order was entered, DFS had an open treatment case for John Jr. in which Susan had been founded for neglect. Family Court was unaware of the case and DFS caseworkers – who believed Susan to be the more significant threat to John Jr. – were unaware of the custody order.

The family also made an appearance in Family Court in June of 2001, alleging domestic violence involving an infant; however, DFS was never informed. Currently, pursuant to the MOU, law enforcement must report domestic violence involving children to DFS – no such agreement exists for Family Court, although the mandatory reporter law still applies. 16 Del. C. § 903. See also Section I of this report.

The following recommendations for compliance and/or change are made:

1. **Family Court and DFS should implement policies and procedures similar to those employed by law enforcement to ensure prompt and consistent notification to DFS of children seen by Family Court who are at-risk in intrafamilial relationships.** While the Judiciary is designing a new computer system called COTS (“Courts Organized To Serve”), there is an immediate need for DFS and Family Court to enter into discussions about how to achieve a better notification system regarding at-risk children seen by the Family Court but unknown to DFS. This should include a review of all matters brought before Family Court such as custody petitions, PFAs (“Protection from Abuse”), visitation matters and delinquency proceedings which should trigger notification to DFS and other child welfare systems.
2. **Family Court Commissioners and Judges, as statutorily mandated reporters, should notify DFS on all PFA petitions and “no contact orders” in which children are involved.**
3. **Family Court and the Children’s Dept. should develop a policy or procedure similar to the procedure between police and DFS regarding the referral of civil and criminal domestic violence incidents that result in Court orders where children are involved.**
4. **All related files on a “family” should be presented to judicial officers when making civil determinations regarding children.** Long term, the subcommittee recommends that this particular issue be incorporated into the new COTS computer system, enabling a full and complete picture of a family to be provided to the judicial officer to enable them to make the best possible decision on behalf of a child that first and foremost protects their safety.

LAW ENFORCEMENT

The Wilmington Police Department did not put enough emphasis and resources on this child abuse case. WPD Officers received little or no training in this area, and are therefore not adequately equipped to investigate crimes against children. While there now appear to be a few officers in WPD who focus on child abuse cases, that was not the case at the time of Michael’s injury, and there is still no formal, specialized child abuse unit. Moreover, WPD violated policy (MOU) regarding the reporting of domestic violence incidents where children are present and did not use the domestic violence incident report where required. Further, the Subcommittee consistently heard that WPD fails to communicate with DFS during a pending investigation – not just in this instance.

Such failure is in violation of 16 Del. C. § 906(b)(4), which states, “[t]he assisting law enforcement agency shall promptly conduct its own criminal investigation, and keep the Division regularly apprised of the status and findings of its investigation. Law enforcement agencies and the Division shall develop protocols to ensure compliance with this subsection.” These failures rendered numerous police responses to John Sr.’s violence unknown to other agencies charged with assessing the safety of children in John Sr.’s care.

The following recommendations for compliance and/or change are made:

- 1. Wilmington Police Department must have supervisors and officers who are fully trained in investigating child abuse/neglect cases and committed to working and communicating with all members of the child welfare system. If Wilmington Police Department is unable to investigate a child abuse and/or neglect matter, they should invoke 16 Del. C. § 906(b)(3), permitting the Delaware State Police to assist in such cases.** This is critical not just for the intrafamilial cases where DFS is involved, but also for the countless City of Wilmington children subjected to extrafamilial abuse and/or neglect whose sole government agency protector is the WPD.
- 2. WPD should review Title 16, Ch. 9 and the Memorandum of Understanding, to ensure compliance by all of its employees, including but not limited to using the proper domestic violence incident reports, and keeping DFS regularly apprised of the status and findings of its investigation. 16 Del. C. § 906(b)(4).**

LEGAL

Several legal issues have resulted from the review of this case. First, DFS workers expressed that if they had attempted to remove John Jr. from John Sr.'s custody based solely on history, no Family Court judge would have granted DFS custody. This belief has some merit, based on current case law and the complicating issue of several definitions of neglect appearing in the Delaware Code.

The Subcommittee was dismayed with the plea and resultant sentence for this horrific crime against John Jr., as well as troubled by the difficulty in charging adults in crimes against children when two or more adults are involved.

Moreover, in April of 2004, CPAC was designated as the federally-required Citizen Review Panel for the State of Delaware. As such, CPAC is required to review individual cases of abuse and neglect to determine how the system is functioning. Delaware does not, however, have a statute giving CPAC the ability to compel cooperation in these reviews. Rather, in performing this review, CPAC was indebted to the voluntary cooperation of Delaware agencies and individual professionals.

In addition, given the stunning insights this review has provided into the child welfare system as a whole, and the federal funding mandate that CPAC perform such reviews, statutory authority and subpoena power should be given to CPAC to effectively discharge its responsibility in overseeing the child welfare system. A mechanism for future publication and distribution of CPAC facts, findings and recommendations must also be included in Delaware statute (instead of constantly relying on federal law). DSCYF objects to this statutory expansion. *See footnote 13 for further information.*

Finally, CAPTA requires that Delaware have a means for disclosing findings and information on death and near death child abuse/neglect cases. At present, Delaware has no such state statute but remains bound by the federal law.

The following recommendations for change are made:

1. **16 Del. C. § 912 should be modified to include statutory authority for CPAC to conduct future reviews of child welfare cases, including a provision for subpoena power in conducting reviews, and in cases of death or near death of the child, public distribution of any resulting reports.**¹³
2. **Delaware law should be modified to comply with the CAPTA requirement for disclosure of findings and information in death and near death cases due to abuse and/or neglect, regardless of reviews.**
3. **Increasing prison time and scrutinizing plea agreements for abuse that results in the near death of a child should be explored.** The plea agreement and jail sentence for this horrific crime committed against John Davis, Jr. was grossly insufficient. The punishment should fit the crime.
4. **The statutory definitions of neglect should be reviewed and standardized, and should incorporate history as a basis for a finding of abuse or neglect.** The current definitions and accompanying case law derived therefrom have cultivated incident-based findings that do not adequately consider the relevance of history in determining risk to children.
5. **A representative of the Wilmington Police Department needs to be added as a member of CPAC.** The CPAC statute currently requires the appointment by the Governor of two law enforcement representatives. The New Castle County Police Department and the Delaware State Police have been critical participants in the Commission and this review. However, it is equally critical that a representative of the Wilmington Police Department be added to the Commission.

MULTI-DISCIPLINARY COORDINATION AND COLLABORATION

As is evidenced by the review of the facts in this matter, as well as the recommendations put forth regarding the individual agencies, little multi-disciplinary collaboration occurred in this case. Despite the existence of the 1998 Memorandum of Understanding and the Child Protection Act of 1997, the child welfare system continues to struggle with communication and

¹³ While CPAC supports this change, DSCYF does not. DSCYF believes that while CAPTA does allow CPAC to review near death cases, statutory authority in Delaware was given to the Child Death, Near Death and Stillbirth Commission (“CDNDSC”) and DSCYF believes that CPAC should support that. DSCYF believes that CPAC can provide oversight by reviewing the findings from CDNDSC and taking appropriate advocacy action.

collaboration. Other than use of history, no other subject has received more recommendations from prior child death reviews than this one. As a result of prior reviews, the MOU was to be updated to include the Children's Advocacy Center. To date, that has not occurred, despite the recommendation having been made in 2002. Regardless, the current MOU and laws were not followed.

The following recommendations for compliance and/or change are made:

1. **Immediately finalize the proposed updated MOU between law enforcement, DFS, the Children's Advocacy Center and the DOJ. This review and revision process should include how staff will work together in the field to address child welfare cases.** If there are legal issues as to what information can and cannot be shared among these agencies, those issues should be clearly defined so that all of the partner agencies understand any limitations on information sharing.
2. **A process should be developed for interagency meetings to review and discuss particularly complex cases-- a system similar to the CAC's Case Review Team meetings, where agencies update each other on open and pending cases. This process must focus on the civil as well as the criminal components of the case.** This process greatly minimizes the chances of cases falling through the cracks. Had a meeting such as this occurred regarding the injuries to Michael, charges may have been re-filed and certainly DFS would have been fully aware of the charging decisions.
3. **Multidisciplinary protocols must be established to address breakdowns in intra-agency and interagency communication.** Front line personnel should be made aware of liaisons, contacts, etc. in their own agency and in other agencies that can facilitate communication breakdowns.
4. **Law Enforcement as well as other disciplines should consult with child abuse/neglect medical experts when investigating a possible child abuse/neglect case.**

MULTI-DISCIPLINARY TRAINING

As raised in countless sections of this report, a repeat of actions taken in 1998 must happen. Specifically, after several child abuse deaths which revealed multiple breakdowns in multi-disciplinary collaboration, a Memorandum of Understanding was developed between law enforcement, DFS and the Department of Justice. In addition, significant state funds were allocated for a comprehensive multi-disciplinary conference presented by the American Prosecutors Research Institute. Since at least 2001, reports by bodies which encounter child abuse and/or neglect have consistently documented breakdowns in the MOU resulting in tragedy. 16 Del. C. §§ 906(b)(15) and 911 require various CPAC participants to be instrumental in ensuring regular and comprehensive training occurs. Delaware must once again put training of the multi-disciplinary units as a priority.

As such, the following recommendations are made:

1. **All CPAC members should make a renewed commitment to pooled resources and training to ensure annual comprehensive, multi-disciplinary training on child abuse and/or neglect.** Training should use the recommendations in this report and specifically focus on the various components of the child welfare system and how critical multi-disciplinary collaboration is to ensuring the safety of children. Immediate training issues shall include:

- a. Reporting of child abuse and/or neglect;
- b. Detecting child abuse and/or neglect;
- c. DFS hotline responses to reports of child abuse and/or neglect;
- d. Communication between DOJ, law enforcement, and DFS on the civil and criminal aspects of a case, and the inclusion of Family Court for communication regarding policies and procedures;
- e. Child welfare and domestic violence;
- f. Importance of child welfare history; and
- g. Investigative techniques to address cases where there is more than one suspected perpetrator.

MULTI-DISCIPLINARY USE OF **CHILD WELFARE HISTORY** **IN DECISION MAKING**

The most obvious problem in this case was the glaring failure of the child welfare system to place the proper emphasis on a parent's history of child abuse and neglect. At virtually every juncture, individuals involved missed or ignored warning signs that were both clear and cumulative. Rather than considering past events as important predictors of future behavior, social workers lapsed into the old habit of hyper-compartmentalizing each abuse event and each family member. This method left them "unable to see the forest for the trees." The grave and obvious danger that John Sr. presented therefore went undetected.

The flaws in this short-sighted, inefficient approach are readily apparent. A history of drug abuse and inability to care for other children did not dissuade workers from placing yet another newborn at risk by letting Susan keep custody of him without so much as an investigation, even though the infant was born cocaine addicted, and even though Susan had done virtually nothing to address her known drug problem. Most distressing, John Sr. had been the repeated subject of abuse investigations, including a case in which he broke his child's leg, and yet this did not dissuade the workers involved from placing another defenseless child in his care. Not only should the fact that John Sr. was extremely violent – to both his partners and his children – have been obvious, but reviewing the other state's child protection records would also have shown that he was very skilled at appearing to be a caring and appropriate parent.

These risk factors were evident throughout the FACTS and DELJIS systems as well as the Family Court records, and should have been immediate cause for alarm for any and all who encountered this family. Instead, the available information was either not reviewed, was not considered significant, or was minimized in an effort to give the parent another chance. For some

unknown reason, the importance of family history continues to be devalued, and this simply must change. The fact that John Sr.'s history was so consistently ignored is simply inexcusable. This alarming trend directly resulted in the mistakes made with this family. This failure is particularly disturbing in light of the fact that recommendations on a need for better use of historical information were made in the child death reviews of Bryan Martin (3/17/97), Dejah Foraker (1/8/99), the Federal Children and Family Services Review (2001), and, with respect to criminal history, the Child Death Review Commission's Expedited Review (10/24/02) and the Domestic Violence Coordinating Council's Fatal Incident Review Team 2001 Annual Report.

The following recommendations for compliance and/or change are made:

1. **DFS must once again re-evaluate the adequacy of its training regarding the use of history in making decisions on removal and placement of children.** This is not the first time this recommendation has been made, as stated above. Yet caseworkers in this case clearly did not rely on history and even during the Subcommittee interviews they continued to struggle in identifying how history should be used and when history is sufficient reason for removal of a child. Any DFS worker employed since the Bryan Martin review should have been, in accordance with the recommendations in that case, extensively trained in reviewing a potential placement's history and analyzing risk accordingly. It should be absolutely clear to social workers that history is the most reliable predictor of risk to a child, and that it cannot be ignored in any placement or removal decision. This case should be used in future trainings. Quality control measures should be used to ensure that history is being taken into consideration in all casework.

2. **DFS must evaluate its policies to clarify *how* history should be used by caseworkers.** Despite years of discussion regarding the importance of history in caseworker decision-making, a review of DFS policies made clear why workers continue to struggle. While current policies – even those that were put in place after this case -- require investigators to review history and provide a list of sources to be checked for information, they still do not provide guidance on the most critical issue: how and whether to use the information learned in deciding whether to remove a child from his/her home. This places investigation caseworkers in the untenable position of being responsible for getting the historic information needed, but not having guidance in terms of how to use it. Policies for treatment workers are equally unsatisfactory, stating only that treatment workers “may” access historic information. DFS policy should, at a minimum, clearly state that history of abuse/neglect by a parent can be a sufficient justification, in and of itself, for removal of a child from that parent's custody. The policy should also provide factors to be considered in making such a decision, including the nature and severity of the past abuse, the length of time since it occurred, and any treatment or other intervention that has been accessed.

3. **DFS caseworkers should be trained that history, especially abuse history, does not depend upon charging decisions or legal classifications of conduct.** The social worker involved in this case completely discounted the fact that John Sr. had previously broken another child's leg because that “was only a misdemeanor.” This total reliance upon the outcome of a plea agreement reflects a misunderstanding both of the law and of DFS's proper focus. Likewise, the DOJ's decision to not prosecute John Sr. did not mean that John Sr. did not

fracture Michael's skull; it only meant that the DOJ could not determine whether he had done so in Delaware or the other state. This is just one of many reasons that abuse may not be prosecuted to the level it deserves; plea bargains, witness availability, and a focus on other charges also come to mind. The DOJ's decision to lessen or drop charges does not mean that abuse history should be ignored. The DOJ's decision to avoid the risk of a trial or jurisdictional problems by pleading out a case often reflects the difficulty of meeting the reasonable doubt standard. DFS does not labor under the reasonable doubt regime. In determining whether a child is safe in a particular person's care, DFS social workers are free to, and indeed must, consider any likelihood of abuse, even if it cannot be proven beyond a reasonable doubt. Again, the best predictor of future abuse is past abuse, whether charged as a felony, misdemeanor, or not at all.

4. **The importance of history should be incorporated into multi-disciplinary child welfare training.** In this case, DFS, law enforcement and Family Court also operated in an incident-based fashion rendering decisions in this case being flawed.

5. **DFS continues to operate an "incident based" belief system for removal of a child from his or her home. The Bryan Martin review found that "the Division was waiting for a specific incident of serious risk to remove the child from his home, when ongoing victimization can be even more damaging than a severe single incident. Documented patterns of abuse or neglect may warrant removal even in the absence of a single serious incident"**. It was clear from investigation worker #1 and treatment worker #2 that prior history had little impact on their decision making, and that the sole focus of their work was on the current incident and circumstances.

6. **Incorporate into the current system a flag for workers to check DELJIS as part of their case work. To the extent workers do not have DELJIS access, access must be expanded.** It is disturbing to hear that treatment worker #2 did not know whether or not she even had access to DELJIS to check the history of their clients. DELJIS information is critical in making safety and treatment decisions regarding children.

OFFICE OF THE ATTORNEY GENERAL

DOJ failed to inform DFS of the outcome of the criminal case involving Michael, despite treatment worker #1's attempts to get information. According to DFS, DOJ failed to inform DFS on the progress of the case as well. DFS indicated it often struggles with obtaining criminal information clearly relevant to their work, such as outcomes of pending charges, the sentence outcome, probation conditions, etc. – this often leaves the caseworker in the position of learning this information directly from the perpetrator, at least in the first instance. 16 Del. C. § 906(d) clearly contemplated this problem, and requires some notification to DFS upon release of a person from custody. 16 Del. C. § 906(b)(4) also acknowledges these issues by requiring law enforcement to keep DFS regularly apprised of the criminal investigation.

DOJ failed to prosecute John Sr. and possibly Tammy on the misdemeanor charges regarding Michael. Through delays in the investigatory process, lack of any case tracking system within DOJ and a change in DAGs without a commensurate transfer of files, no re-filing of the misdemeanor charges against John Sr. occurred. With respect to the December 2001

charges, DOJ indicates the charges were dismissed; however, no further information exists rendering the Subcommittee without specific knowledge as to why. Regardless, absence of a comprehensive database for all DOJ cases, coupled with an absence of communication and cooperation with other agencies, left crimes against two children, John Jr. and Michael, unprosecuted.

The following recommendations for compliance and/or change are made:

1. **Implement a Department of Justice case tracking system** to ensure that cases do not fall through the cracks when personnel are reassigned from their unit or charges are filed at different levels. This system should apply to both the civil and criminal Divisions of DOJ and be fully accessible by both.
2. **Criminal case outcomes involving child victims or an open DFS case should be transmitted to DFS workers.** This may require some type of liaison to assist in tracking such cases and facilitating communication between DOJ, DFS, law enforcement, Children's Advocacy Center and Family Court.
3. **DOJ should review 16 Del. C., Ch. 9, and the 1998 Memorandum of Understanding requiring multi-disciplinary collaboration between state agencies involved in child protection and apply those principles to the DOJ internally.**



**Commission on
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Effective May 1, 2002, the Supreme Court Commission on Continuing Legal Education is authorized to grant CLE credit for performing pro bono legal services under the following Rule. Enhanced Ethics credit is not available for such work.

(D) **Pro Bono Legal Services.** An Attorney may receive credit, upon application to the Commission for performing uncompensated legal services for clients unable to afford counsel, provided:

- (1) The services are performed pursuant to (i) appointment of the Attorney by a Delaware court, including the United States District Court for the District of Delaware; or, (ii) an assignment of a matter to the Attorney by Delaware Volunteer Legal Services, Inc., Community Legal Aid Society of Delaware, Inc., the Office of the Child Advocate, or Legal Services Corporation of Delaware, Inc.
- (2) Credit may be earned at a rate of one hour of CLE credit for every six hours of uncompensated legal services performed.
- (3) An Attorney may receive no more than six credit hours pursuant to this Rule 8(D) in any biannual reporting period.

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Telephone: _____ Supreme Court ID # _____

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Contact Name: _____ Telephone: _____

3. (a) Date begun _____

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*NB: credit will not be given for work performed
prior to the May 1, 2002 Rule change.*

4. Number of Hours of
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5. **Attach** a timesheet itemizing time spent on the matter. Client(s) need not be identified by name.