



**STATE OF DELAWARE**

***MEMORANDUM OF UNDERSTANDING***

***FOR THE MULTIDISCIPLINARY***

***RESPONSE TO CHILD ABUSE AND NEGLECT***

**Between**

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



**Department of Justice**



**Children's Advocacy Center of Delaware**



**Division of Forensic Science**



**Office of the Investigation Coordinator**



**Nemours Children's Health**



**Delaware Police Departments**

**Prepared by  
the Child Protection Accountability Commission**

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## I. MULTIDISCIPLINARY RESPONSE TO CHILD ABUSE IN DELAWARE

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

### DELAWARE CODE

#### State Response to Reports of Abuse or Neglect<sup>1</sup>

16 Del. C. § 901 in part states: “The child welfare policy of this State shall serve to advance the best interests and secure the safety of the child, while preserving the family unit whenever the safety of the child is not jeopardized. The child welfare policy of this State extends to all child victims, whether victims of intrafamilial or extrafamilial child abuse and neglect. To that end this chapter, among other things, does all of the following:

- (1) Provides for comprehensive, multidisciplinary investigative and protective services for abused and neglected children.
- (2) Mandates that reports of child abuse or neglect be made to the appropriate authorities.
- (3) Requires various agencies in Delaware’s child protection system to work together to ensure the safety of children who are the subject of reports of abuse or neglect by conducting coordinated multidisciplinary investigations where required, judicial proceedings and family assessments, and by providing necessary services.”

16 Del. C. § 906(b) also states: “It is the policy of this State that the investigation and disposition of cases involving child abuse or neglect shall be conducted in a comprehensive, integrated, multidisciplinary manner that does all of the following:

- (1) Provides civil and criminal protections to the child and the community.
- (2) Encourages the use of collaborative decision-making and case management to reduce the number of times a child is interviewed and examined to minimize further trauma to the child.
- (3) Provides safety and treatment for a child and his or her family by coordinating a therapeutic services system.
- (4) Requires a multidisciplinary team response for all multidisciplinary cases. The State, with assistance from the Child Protection Accountability Commission, shall implement a memorandum of understanding among agencies and entities to ensure implementation of the multidisciplinary response to such cases.

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<sup>1</sup> See 16 Del. C. §§ 901 and 906(b).

## **A. STATEMENT OF PURPOSE**

This Memorandum of Understanding (MOU) seeks to establish best practice protocols for an MDT response in the following types of cases: Physical Injury to a Child; Serious Physical Injury to a Child; Child Death; Child Sexual Abuse; Child Neglect; and Juvenile Trafficking. This includes best practices for cross-reporting, investigating, prosecuting and providing services to children and families. The memorandum serves to provide those involved in the investigation, prosecution and intervention of suspected child abuse and neglect cases with guidance based on existing best practice recommendations; however, the facts and circumstances of each case will determine which investigative actions should be taken. The Child Protection Accountability Commission (CPAC), the entity responsible for creating these best practice protocols, believes that consistency in the approach to these complex cases will greatly increase the effectiveness of Delaware's response to these cases. CPAC acknowledges these guidelines will depend to some degree on the availability of the MDT's resources and the necessity of balancing priorities among multiple cases.

Delaware's MDT, which includes the Department of Services for Children, Youth, and Their Families (DSCYF) – Division of Family Services (DFS), Division of Prevention and Behavioral Health Services (DPBHS), and Division of Youth Rehabilitative Services (DYRS); the Department of Justice (DOJ); the Children's Advocacy Center of Delaware, Inc. (CAC); the Division of Forensic Science (ME); the Office of the Investigation Coordinator (IC); Delaware Hospitals; and Delaware Police Departments (Law Enforcement or LE), recognizes that a coordinated response to child abuse and neglect cases has many benefits for children, families and MDTs. Therefore, in an effort to improve the quality of services and to provide more adequate interventions, these agencies are committed to interagency cooperation and agree to utilize an MDT approach in these cases when possible. MDT intervention begins at the initial report and includes, but is not limited to: an initial response, interviews, evidence collection, medical consultation, safety assessment, communication and collaboration, advocacy, mental health interventions, case reviews, and prosecution.

This memorandum may be helpful to those wishing to understand the framework for the multidisciplinary team response. However, the primary intended audiences are those involved in the investigation, prosecution and intervention of cases that fall within this MOU. This document does not create any legal rights for anyone including those facing charges or other proceedings arising out of any event covered herein.

## **B. ADMINISTRATION OF THE MOU**

CPAC shall be responsible for the review, dissemination and implementation of this memorandum. As legislative changes are made, the statutory citations will be updated accordingly, and electronic versions of the document will be disseminated to all signatory agencies. Should an agency make an internal agency policy or procedure modification that impacts the effectiveness or application of a provision contained in the MOU, that agency will notify CPAC of such policy or procedure modification at the next regularly scheduled CPAC Commission meeting to determine whether a revision to the MOU is warranted. Otherwise, a review will be conducted by CPAC every 3 years to ensure current and best practice.

This memorandum shall become effective upon the signature of all parties and may be modified or terminated by notifying the Chair of CPAC. Modifications or termination may only occur with written agreement by all the parties.

## C. DEFINITIONS

- **Abuse:** means causing any physical injury to a child through unjustified force as defined in § 468(1)(c) of this title, torture, negligent treatment, sexual abuse, exploitation, maltreatment, mistreatment or any means other than accident.<sup>2</sup>
- **Cause of Death:** the disease or injury that initiated the sequence of morbid events leading directly to death.
- **Child:** means any person who has not reached that person's own eighteenth birthday.<sup>3</sup>
- **Children's Advocacy Center (CAC):** means a child forensic interviewing center that employs best practices by applying and adhering to nationally recognized standards and assists in the response to multidisciplinary cases.<sup>4</sup>
- **Child Care Facilities:** include transitional living programs, residential child care, foster homes, licensed child day care facilities, emergency shelters for children, correctional and detention facilities, day treatment programs, all facilities in which a reported incident involves a child/children in the custody of the DSCYF, and all facilities which are operated by the Department.
- **Child Welfare Proceeding:** means any Family Court proceeding and subsequent appeal therefrom involving custody, visitation, guardianship, termination of parental rights, adoption or other related petitions that involve a dependent, neglected or abused child or a child at risk of same as determined by the Family Court.<sup>5</sup>
- **Dependency (or Dependent Child):** means that a person, who has care, custody or control of a child and who does not have the ability and/or financial means to provide for the care of the child, 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. This includes a child living on an extended basis in the home of an adult individual who fails to meet the definition of relative, without an assessment by DSCYF or its licensed agency.<sup>6</sup>
- **Extrafamilial Child Abuse or Neglect:** means child abuse or neglect committed by an individual who is not a member of the child's family or household but does not include institutional child abuse

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<sup>2</sup> See 11 Del. C. § 1100(1)

<sup>3</sup> See 16 Del. C. § 902(3)

<sup>4</sup> See 16 Del. C. § 902(5)

<sup>5</sup> See 16 Del. C. § 902(6)

<sup>6</sup> See 10 Del. C. § 901(8)

or neglect.<sup>7</sup> Extra-familial reports received by DFS are reported to the appropriate law enforcement jurisdiction.

- **Forensic Interview:** a forensic interview is a single session, recorded interview designed to elicit a child's unique information when there are concerns of possible abuse or when the child has witnessed violence against another person. A forensic interview is conducted in a supportive and non-leading manner by a professional trained in a nationally recognized forensic interviewing protocol. Forensic interviews may be observed by representatives of the MDT agencies involved in the investigation (such as law enforcement and the Division of Family Services).
- **Institutional Child Abuse or Neglect:** means child abuse or neglect which has occurred to a child in the DSCYF's custody or occurred in a facility, center, or home that is operated or contracted by the DSCYF, or licensed by the Department of Education, Office of Child Care Licensing.<sup>8</sup>
- **Intrafamilial Child Abuse or Neglect:** any child abuse or neglect committed by: a parent, guardian, or custodian; 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; and, any person who, regardless of whether a member of the child's household, is defined as family or a relative.<sup>9</sup>
- **Juvenile Trafficking Oversight Team:** the team responsible for monitoring the progress of juvenile trafficking cases, to ensure the appropriate investigative actions, safety measures, medical assessments, mental health interventions and social services have been identified and addressed by the MDT, and for providing recommendations regarding further actions or interventions as needed. This team will include the Statewide Human Trafficking Coordinator, the DOJ designated Human Trafficking Deputy and representatives from the Office of the Investigation Coordinator, DFS, and Nemours Children's Health Child at Risk Evaluation (CARE) Program. Representatives from the CAC, Federal law enforcement, local law enforcement, PBH, YRS, police-based victim services and community-based victim services may participate on a case-by-case basis.
- **Manner of Death:** the determination of how the injury or disease leads to death. The 5 categories are natural, accident, homicide, suicide, and undetermined.
- **Multidisciplinary Case:** means a comprehensive investigation by the multidisciplinary team for any child abuse or neglect report involving death, serious physical injury, physical injury, human

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<sup>7</sup> See 16 Del. C. § 902(12)

<sup>8</sup> See 10 Del. C. § 901(13)

<sup>9</sup> See 10 Del. C. § 901(14)



trafficking of a child, torture or sexual abuse, which if true, would constitute a criminal violation against a child, or an attempt to commit any such crime, even if no crime is ever charged.<sup>10</sup>

- **Multidisciplinary Team (MDT):** means a combination of the following entities as required by law to investigate or monitor multidisciplinary cases: the Division, the Department’s Institutional Abuse Investigation Unit, the appropriate law-enforcement agency, the Department of Justice, and the Investigation Coordinator. The team may also include others deemed necessary for an effective multidisciplinary response, such as medical personnel, the Division of Forensic Science, a children’s advocacy center, the Division of Prevention and Behavioral Health Services, mental health experts and the child’s attorney.<sup>11</sup>
- **Neglect (or Neglected Child):** means that a person, who has care, custody or control of a child and who **does** have the ability and/or financial means to provide for the care of the child, 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 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 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.<sup>12</sup>
- **Unjustified Force:** force shall not be justified if it includes, but is not limited to, any of the following: throwing the child, kicking, burning, cutting, striking with a closed fist, interfering with breathing, use of or threatened use of a deadly weapon, prolonged deprivation of sustenance or medication, or doing any other act that is likely to cause or does cause physical injury, disfigurement, mental distress, unnecessary degradation or substantial risk of serious physical injury or death.<sup>13</sup>

#### D. INVOLVED PARTIES

- **After-Hours Caseworker:** a DFS caseworker who receives calls made to the 24/7 Child Abuse Report Line and makes responses to said reports when they meet the criteria for a priority 1 or priority 2 response. The After-Hours caseworkers respond to the cases on non-traditional work hours including nights, weekends, and holidays.
- **Child Abuse Expert:** a physician or pediatric nurse practitioner with Nemours Children’s Health Child At Risk Evaluation (CARE) Program, who has received specialized training in the evaluation and diagnosis of child abuse.

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<sup>10</sup> See 16 Del. C. § 902(21)

<sup>11</sup> See 16 Del. C. § 902(22)

<sup>12</sup> See 10 Del. C. § 901(18)

<sup>13</sup> See 11 Del. C. § 468

- **Civil Deputy Attorney General (DAG):** Civil DAGs prosecute civil dependency/neglect cases, termination of parental rights cases, and Child Protection Registry cases in the Family Court of the State of Delaware. Civil DAGs also provide legal representation to DSCYF in Family Court.
- **Community-Based Advocate:** a professionally trained specialist/social worker, located within various community agencies or organizations, who provides direct service to victims and family members experiencing abuse, neglect or dependency. Such services may, for example, entail immediate crisis intervention, safety assessment, shelter, long-term counseling, etc.
- **Criminal Deputy Attorney General (DAG):** Criminal DAGs are lawyers that represent the State of Delaware on behalf of the public and are responsible for the prosecution of criminal cases throughout the State from misdemeanors to murders. This responsibility includes the preparation and presentation of criminal cases before the Superior Court, the Court of Common Pleas, Family Court and in some matters before the Justice of the Peace Courts.
- **DOJ Special Victims Unit Investigator:** means a sworn DOJ employee responsible for assisting DAG's and various Delaware police agencies in conducting pretrial investigations from misdemeanors to felonies. In addition, the employee is responsible for assisting the DOJ with on scene serious physical injury or child death cases.
- **Detective:** a police officer who conducts detailed and often complex investigations into serious felony crimes, which may require the use of specialized resources such as search warrants, subpoenas, electronic data, and evidence collection, for the purpose of arresting and assisting with prosecuting perpetrators of crime. Detectives may specialize in a particular field such as evidence collection/criminalistics, drug crimes, property crimes, fraud, persons/major crimes, youth crimes, family/domestic violence, or homicide.
- **Family Assessment and Intervention Response (FAIR) Caseworker:** a DFS employee responsible for conducting family assessments about reports made to DFS alleging child abuse, neglect or dependency. The employee may also directly provide or coordinate ongoing services, as needed, beyond the family assessment period for a maximum of ninety days. The FAIR caseworker may be assisted by a Family Service Assistant. FAIR services may also be provided by DFS contract.
- **Family Resource Advocate:** a CAC employee who serves as the primary liaison between the CAC and caregivers for children, adolescents, and adult victims/witnesses seen at the CAC and who is charged with assessing and addressing, through referrals to appropriate community resources, information, support and service needs, including but not limited to, mental health and social services. The Family Resource Advocate serves as a member of the Multidisciplinary Team (MDT), providing information and insight and advocating for the best interests of the child and family throughout the investigation.
- **Forensic Interviewer:** a professional member of the multidisciplinary team who has received specialized training in a nationally recognized forensic interviewing protocol to conduct forensic interviews in a supportive and non-leading manner.

- **Forensic Investigator:** a specially trained individual at the Division of Forensic Science (ME) that investigates sudden unexpected and unexplained deaths.
- **Forensic Nurse/Sexual Assault Nurse Examiner:** a forensic nurse is an RN who has completed Sexual Assault Nurse Examiner training. Forensic nursing provides a specialized level of care for victims of interpersonal violence and trauma. Forensic Nurses bridge the gap in the medical-legal care of victims of violence by providing specialized care to patients who have experienced some type of abuse or trauma. Forensic Nurses have extensive knowledge in evidence collection and legal testimony expertise. The skill set of a forensic nurse also includes documenting patient's medical findings, collection of evidence, evaluating the scope and nature of a patient's injuries, and storage of physical and biological evidence. The Forensic Nurse becomes that liaison between the medical profession and that of the criminal justice system.
- **Forensic Pathologist:** a specially trained physician at the Division of Forensic Science (ME) who examines the body of the person who dies suddenly, violently or in an unexplained manner and through the review of events leading to the death and/or physical findings will determine the cause and manner of death.
- **Hotline Caseworker:** a DFS caseworker who receives calls made to the 24/7 Child Abuse Report Line. The caseworker documents the information made by the reporter utilizing a tool to determine whether: (1) the report meets the criteria for investigation or assessment by DFS (screen in), (2) the report indicates an investigation by another entity such as law enforcement is warranted (screen out) or (3) the reported information is documented in the internal information system or forwarded to an active DFS caseworker, if applicable.
- **Institutional Abuse (IA) Caseworker:** a DFS employee responsible for the investigation of allegations of physical and sexual abuse in out-of-home settings. These settings include transitional living programs, residential child care facilities (group homes), foster homes, licensed child day care facilities (child care homes, child care centers), shelters, correctional and detention facilities, day treatment programs, all facilities at which a reported incident involves a child(ren) in the custody of DSCYF, and all facilities operated by the DSCYF.
- **Investigation Caseworker:** a DFS employee responsible for investigating reports made to DFS alleging child abuse, neglect or dependency. The Investigation caseworker may be assisted by a Family Service Assistant.
- **Investigation Coordinator (IC):** the IC has the authority to track any case of child abuse or neglect, and is required to monitor each reported case, both intra-familial and extra-familial, involving child death, serious physical injury, sexual abuse and trafficking of children from inception to final criminal and civil disposition. The IC reviews and analyzes these cases to ensure the criminal and civil legal response and protection system have followed best practices to achieve punishment for perpetrators and legal protections for victims. In addition, the IC oversees the establishment and maintenance of an independent database for cases within the IC purview. The IC is responsible for analyzing collected data and statistics, identifying child welfare system issues and trends, providing

pertinent data to the Child Protection Accountability Commission and members of the multidisciplinary team and making recommendations for system improvement in accordance with State and Federal law.

- **Medical Coordinator of Care:** a designated representative from the children’s hospital or the discharge coordinator from the local hospital may act as the medical liaison for MDT cases. The medical coordinator of care is responsible for coordinating hospital discharge meetings or teleconferences with the involved MDT members; facilitating a plan for discharge that considers the child’s safety and well-being; assisting the MDT in receiving all medical records, including preliminary and subsequent medical findings and photographic documentation of injuries; and providing this information to the IC upon request. The medical coordinator of care from the children’s hospital may also coordinate follow up scans for children with serious physical injuries, and meetings with the Child At Risk Evaluation (CARE) Program at the children’s hospital to discuss the interpretation of medical findings and assessment of medical needs.
- **Patrol Officer:** a uniformed police officer who provides public assistance and preserves the peace by conducting traffic enforcement, investigating traffic collisions, conducting criminal investigations of misdemeanor crimes and some felony crimes, and apprehending and arresting perpetrators of crime.
- **Special Victims Unit (SVU):** a unit within the Criminal Division of the DOJ, which handles all felony level, criminal child abuse cases involving the death or serious physical injury of a child, as well as all sexual abuse cases.
- **Statewide Human Trafficking Coordinator:** a sworn law enforcement officer who serves as the single point of contact for guidance on human trafficking criminal investigations and is responsible for developing best practices and training for the successful investigation of prosecution of both sex and labor trafficking cases. The Coordinator is currently located within the Delaware State Police.
- **System-Based Advocate:** a professionally trained specialist, employed within a Delaware criminal justice agency such as a police department, the Department of Justice, or the Department of Corrections, who provides crisis intervention, information, and service referrals to crime victims, witnesses to crime and/or family members of crime victims. These services may also be provided for individuals who experience the sudden death of a family member, and such death is not believed to be criminal in nature. System-based advocates work collaboratively with community-based advocates to ensure that victims, witnesses and family do not experience a gap in services.
- **Treatment Caseworker:** a DFS employee responsible for the provision of case management services to a family that has been substantiated or has been identified at risk for child abuse, neglect or dependency. The services may be provided directly by the Treatment caseworker or involve the coordination of services provided by a DFS contracted provider, community-based provider, DPBHS, DYRS, or another State agency. The Treatment caseworker may be assisted by a Family Service Assistant.