

**MEMORANDUM OF UNDERSTANDING
BETWEEN
THE DEPARTMENT OF PUBLIC INSTRUCTION/PUBLIC SCHOOL DISTRICTS AND
THE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
– DIVISION OF FAMILY SERVICES**

Secretary, Department of Date
Services for Children, Youth
and Their Families

State Superintendent of Public Date
Instruction

Director, Division of Family Date
Services

SIGNATURES

We, the undersigned, endorse and agree to the content of the attached Memorandum of Understanding between the Department of Public Instruction/ Public School districts and the Department of Services for Children, Youth and Their Families – Division of Family Services.

SUPERINTENDENTS OF SCHOOL DISTRICTS

Appoquinimink Date

Laurel Date

Brandywine Date

Milford Date

Caesar Rodney Date

New Castle Co. Voc. Tech. Date

Cape Henlopen Date

Polytech Date

Capital Date

Red Clay Consolidated Date

Christina Date

Seaford Date

Colonial Date

Smyrna Date

Delmar Date

Sussex Co. Voc. Tech Date

Indian River Date

Woodbridge Date

Lake Forest Date

**MEMORANDUM OF UNDERSTANDING
BETWEEN
THE DEPARTMENT OF PUBLIC INSTRUCTION/PUBLIC SCHOOL DISTRICTS AND
THE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
– DIVISION OF FAMILY SERVICES**

I. INTRODUCTION

A. PURPOSE

This Memorandum of Understanding (MOU) between the Department of Public Instruction (DPI)/Public School Districts including state school districts and the Department of Services for Children, Youth and Their Families (DSCYF) – Division of Family Services (DFS) has been jointly developed for the following purposes:

1. To develop a uniform process for all Delaware schools to report child abuse and neglect.
2. To establish consistent procedures for statewide schools to follow when DFS or police respond to a school to investigate a report of child abuse or neglect.
3. To enhance communication and coordination among agencies.

In addition, to meet the needs of the two agencies, the Memorandum will:

1. Define the responsibilities of each agency.
2. Clarify the procedures for reporting suspected child abuse and neglect.
3. Establish protocol for investigation of school initiated reports.
4. Establish protocol for investigation of reports requiring school collaboration.
5. Establish a liaison procedure for promoting problem solving and communication.

B. AUTHORITY

1. Department of Public Instruction/Public School Districts

The State Board of Education is given the authority and responsibility for the general administration and supervision of the free public schools and the educational interests of the State by the Delaware Code, Title 14, Chapter 1. In Subsection 122 of the same chapter, the Board is directed to adopt rules and regulations, consistent with the laws of this State, for the maintenance, administration and supervision of the State's free public schools. The law requires rules

and regulations governing the protection of health, physical welfare and physical inspection of public school children in the State.

The State Board of Education continues to be deeply concerned with the physical, emotional, and psychological health and well-being of the students in the State's schools. The tragic reality is that too often children are abused, molested or neglected by their parents or custodians. The State Board realizes the need for all educators to identify and report suspected child abuse and neglect so that investigation and possible remediation can be carried out.

The State Board of Education and the Department of Public Instruction continue to emphasize in their mission statement the need to collaborate with other agencies and organizations to address the needs of individuals. Their vision of education in Delaware also includes a safe and supportive environment that respects the diversity of all of Delaware's learners.

2. Division of Family Services

Title 16, Chapter 9 of the Delaware Code provides specific authority and responsibility for the protection of children to DFS. Generally, it is the courts which have the power to enforce and oversee the exercise of the agency's authority. Responsibilities include the receipt and investigation of all reports/complaints of known or reasonably suspected child abuse/neglect or dependency*. While the law permits DFS to request that other agencies assist in the investigation, the primary investigative and out-of-home placement responsibilities rests with DFS.

The DFS caseworker has the legal responsibility to determine if abuse, neglect, or a condition of dependency has occurred or is likely to occur, who abused or neglected the child, to what extent the child is in danger, and what services can best meet the needs of the child/family.

* A dependent child is defined in 31 Del.C., Ch. 3 and 10 Del.C., Ch. 9 Dependency is frequently used to describe a child who is homeless or destitute or without proper support or care through no fault of his or her parent.

Reports made on children and youth residing in out-of-home care (e.g., group home) will be investigated by DFS institutional abuse staff.

The DFS philosophy includes, but is not limited to, the following tenets:

- ◆ The safety and protection of the child is the first priority of DFS.
- ◆ Services provided by DFS are child centered and family focused.
- ◆ Minimally adequate care (basic needs met) standards are used in assessing a child's safety.
- ◆ DFS intervention shall be as least intrusive as possible.
- ◆ DFS has the legal and professional obligation to protect the client's right to confidentiality of information.
- ◆ When placement away from the nuclear family is necessary, efforts should be made to place children with relatives (least restrictive environment).
- ◆ Parents retain the right and responsibility to make major decisions (e.g., medical) regarding their children while placed in out-of-home care unless parental rights have been terminated by the court.

II. ROLES AND RESPONSIBILITIES

A. DPI/Public School Districts responsibility to make a report.

School personnel shall immediately report suspected child abuse and neglect to the Child Abuse Report Line (1-800-292-9582); even if DFS personnel are located on a school site. If Kent County and Sussex County schools wish to use the local report line during the day, they may do so. The 800 line is a 24-hour response number. A report must be made each time abuse or neglect is suspected or known regardless of current DFS activity with the family. Those making reports in good faith shall be immune from civil or criminal liability. Failure to report may result in a fine or imprisonment.

Reports should be made by the school staff person who initially had reason to suspect abuse or neglect and followed by a written report (Mandatory Reporting Form – see Appendix A) mailed to the appropriate DFS county office within 72 hours. If necessary, a school designee may be assigned to make the oral report and complete the written report. This person, as well as other school personnel with knowledge of the situation, may be directly contacted by DFS to provide additional first-hand information.

An oral report will require approximately twenty minutes of reporting time. DFS will request demographic information on the child and family and the risk of or the extent of abuse or neglect. Other information routinely requested includes the following:

1. When and where the alleged abuse/neglect or dependency occurred.
2. The reporting person's assessment of the danger/risk of the situation.
3. The names and ages of other children in the home and/or family.
4. Information known about previous possible abuse/neglect.
5. All information available which could assist in establishing the cause and seriousness of the injury.
6. Other information related to the safety of the child.

DFS will notify the school of the decision to accept or reject a report within 24 hours.

B. DFS responsibility to receive a report.

1. DFS receives in-state reports 24 hours a day through the established toll-free Report Line number (1-800-292-9582). Between the hours of 8:00 a.m. and 4:30 p.m. on weekdays, reports in Kent and Sussex counties may be made directly by calling the local offices; the Kent County number is 739-4800 and the Sussex county number is 856-5450.
2. DFS receives out-of-state reports 24 hours a day. The out-of-state Report Line number is (302) 577-2163.
3. A report may be made in person to a local DFS county office.
4. A written report (e.g., letter, Mandatory Reporting Form) may be sent to a local DFS office.

All reports involving institutions should be made to the toll-free Report Line number. Additionally, DFS receives reports of extra-familial child abuse, but these will be referred to the police for investigation and follow-up.

C. Investigation of the Report.

1. DPI/Public School District initiated reports:

- a. Prior to response, the assigned DFS caseworker will attempt to contact the school reporter to discuss the information in the report and historical information about the child. A decision regarding if and when the parents will be notified a report was made will be discussed.

DFS practice dictates that the source of a report will be divulged only with the reporter's consent. The initial school staff reporter, or designee, will reserve the right to remain unknown to the family. In the event of court proceedings, the disclosure of the reporting source may become necessary.

- b. After discussing the report with the initial school staff reporter, or designee, the DFS caseworker will make a decision whether or not to initiate the investigation at the school instead of another location. If a school response is warranted, the initial school staff reporter, or designee, will inform the DFS worker who to contact upon arrival at the main school office.
- c. If a response is made to the school office, the DFS caseworker will show agency identification and request to speak to the contact person. The school will identify a location where the child can be interviewed privately and arrange for the child to come to that location.
- d. DFS will discuss the interview process with the contact person and the conditions under which school personnel could be present if there is a need.
- e. It may necessary for DFS to observe a child's physical injuries. DFS and other involved agencies (e.g., police) should make an effort to minimize the number of times a child is examined.
 - (1) In severe injury cases reported by school staff, DFS may contact the police and request that they respond to the school to conduct a joint investigation. In the event a child has pending or outstanding criminal charges, the police will approach the child as a victim first. (For additional information about children with charges, school personnel should refer to the Memorandum of Understanding between the Local School Districts and Law Enforcement Agencies, Section 4.C.).
 - (2) If the injury is minor or the extent of injury is unknown, DFS will request that the school nurse assist with a physical examination

of the child. DFS will be sensitive to the age and sex of the child.

- (3) Under no circumstances should school staff or DFS staff conduct a physical examination of a child alleging sexual abuse or rape. DFS and the police will coordinate the medical examination in these cases with the appropriate medical facility.
- f. If the child's safety is an issue and the parents have not been contacted, it may be necessary for DFS to contact the police and request their assistance to transport the child to the hospital or local police station.

DFS is not authorized to transport a child without legal custody, signed parental consent to place, or signed parental consent to transport. DFS will collaborate with school personnel to address transportation issues.

- g. Upon the conclusion of the child interview and examination, DFS will inform the contact person about the planned course of action for the child.
 - h. At the conclusion of the family investigation, DFS will notify the school staff person who made the oral report whether the case will be opened and transferred for Protective Treatment services or closed.
2. Reports made by non-school sources:
 - a. In the event that DFS or the police deem it necessary to pursue an investigation in the school setting, the DFS caseworker shall inform the school contact person and request assistance per procedures in II.C above.
 - b. Alleged physical abuse will be directly investigated by the DFS caseworker who may request that the school nurse assist with a physical examination. No physical examination of alleged physical abuse reported by sources outside the school will be conducted by the school nurse prior to DFS response.

III. CASE COLLABORATION ON ACTIVE DFS CASES

The Public School Districts and DFS encourage the sharing of information to facilitate the investigation, protect children, prevent further child abuse and neglect, and provide family-focused services. Before information can be shared, a signed State of Delaware Interagency Consent to Release

Information (see Appendix B) must be obtained by either agency from the parents/custodians. To expedite the exchange of information, either agency may fax the signed consent form.

A. No Identified DFS Caseworker

When the school has received confirmation that a case will remain open for treatment services, but the DFS caseworker's name is not known, a school staff person may contact the Report Line to request that the assigned caseworker contact them to share information about the case.

B. Identified DFS Caseworker

When the school has received confirmation or otherwise knows that a case will remain open for treatment services and the caseworker's name is known, a school staff person should contact the caseworker directly to share information.

IV. ADMINISTRATION OF MOU

A. Liaisons

1. The public school districts will designate a representative from each school building to interface with the DFS School Liaison.
2. DFS will designate School Liaisons from county operations management staff to interface with each public school district.
3. The role of the Liaisons will be to:
 - a. Ensure adherence to the MOU procedures;
 - b. Develop and maintain a positive interagency relationship;
 - c. Mediate conflict resolution; and
 - d. Identify training needs and encourage and assist in the development of cross-training efforts.

B. Review of the MOU

The statewide School and DFS Liaisons will meet semi-annually to discuss operations issues relative to the MOU and other pertinent issues.



State of Delaware
*The Department of Services
 for Children, Youth and
 Their Families*

**DIVISION OF FAMILY SERVICES
 CHILD ABUSE/NEGLECT MANDATORY REPORTING FORM**

(Title 16, Delaware Code, Chapter 9, Subsections 901-914)
 In-State, Toll Free 24-Hour Report Line 1-800-292-9582
 Out-of-State 24-Hour Report Line 1-302-577-6550

INSTRUCTIONS: Any physician, and any other medical person in the healing arts including any person licensed to render services in medicine, osteopathy, dentistry, any intern, resident, nurse, medical examiner, school employee, social worker, psychologist, or any other person who knows or reasonably suspects child abuse or neglect shall make an oral report to the Report Line using the number at the top of this page in accordance with **16 Del.C. §903**.

Within 72 hours after the oral report, send a completed Child Abuse/Neglect Mandatory Reporting Form to the regional office of the county of the child(ren)'s residence. Please **type or print** the information and sign the form on the back.

NEW CASTLE COUNTY:

Division of Family Services - State of Delaware
 NCC Police Department
 3601 North DuPont Highway
 New Castle, Delaware 19720

KENT COUNTY:

Division of Family Services
 Barratt Building, Suite 200
 821 Silverlake Blvd.
 Dover, Delaware 19904

SUSSEX COUNTY:

Division of Family Services
 Georgetown State Service Center
 546 South Bedford Street
 Georgetown, Delaware 19947

IDENTIFYING INFORMATION

Child's Name (Last, First, Initial)	Date of Birth/ Age	Sex	Race	Victim (Yes/No)
--	-------------------------------	------------	-------------	----------------------------

1. _____

Current Address: _____

2. _____

Current Address: _____

3. _____

Current Address: _____

4. _____

Current Address: _____

5. _____

Current Address: _____

Parents'/Custodians'/Caretakers' Names (Last, First, Initial)	Date of Birth/ Age	Sex	Race	Perpetrator (Yes/No)
--	-------------------------------	------------	-------------	---------------------------------

Mother

6. _____
 Current Address: _____

Father

7. _____
 Current Address: _____

Custodian/Caretaker (Relationship)

8. _____
 Current Address: _____

Please specify for numbers 1 - 8 above:

Foreign language spoken: #s _____ Specify type: _____
 Disabilities: #s _____ Specify type: _____

DESCRIPTION

1. Describe the child's current condition/injuries and the reason you suspect abuse/neglect. Include evidence, if known, of prior abuse and/or neglect to this child or sibling. Add pages or attach further written documentation as needed.

2. If applicable, note the exact location of any injury by placing a number on the model below. Use the lines to the right of the models to describe the corresponding injury that each number represents. Check the category of injuries below.

Physical Abuse

Sexual Abuse

Physical Neglect

3. Actions taken "t" or pending "P":

_____ Medical Examiner

_____ X-Rays

_____ Photographs

_____ Notification of Police

_____ Notification of Medical Examiner

_____ Other: _____

REPORTING SOURCE (CONFIDENTIAL)

Signature

Title or Relationship to Child

Date of Report

Facility/Organization

Address

Telephone No.

REPORT LINE USE ONLY

Date of Oral Report: _____

Report was: _____ Accepted _____ Rejected

Date Written Report Received: _____

Prior DFS Case Activity/Reports? _____ Yes _____ No. If "yes", specify dates: _____

No. If "yes", specify dates: _____

Revision 1: Effective date January 1, 1995

STATE OF DELAWARE

INTERAGENCY CONSENT TO RELEASE INFORMATION

Sharing information helps agencies provide better services to my child/me and my family. The four departments listed below have entered into an agreement for the coordination of services and sharing of information. Only those agencies that are planning or giving services to me or my child may receive information. Any other agency that wants information about my child/me will get it only if I sign an agreement with that agency. Shared information may include:

- child's/my full name
- telephone number
- address
- social security number
- birthdate
- parents and brothers/sisters names

I understand that this form is not used to release information about drug and alcohol treatment, pregnancy, HIV status, and sexually transmitted diseases.

I, _____, also allow all of the listed State of Delaware agencies to share the following information about my child/me, _____ (birthdate _____).

INFORMATION THAT MAY BE SHARED

Yes	No		Yes	No	
_____	_____	Developmental Assessment	_____	_____	Occupational/Physical Therapy Evaluation
_____	_____	Education Progress Report	_____	_____	Psychological/Psychiatric Evaluation
_____	_____	Individualized Education Program	_____	_____	Service History
_____	_____	Individualized Transition Plan	_____	_____	Social History
_____	_____	Individual Family Service Plan	_____	_____	Speech Therapy Evaluation
_____	_____	Educational Evaluation	_____	_____	Treatment Progress Report
_____	_____	Financial Eligibility (AFDC, Food Stamps, General Assistance, Medicaid, etc).	_____	_____	Individualized Written Rehabilitation Program
_____	_____	Medical History/Evaluation	_____	_____	Vocational Evaluation

AGENCIES THAT MAY SEND/RECEIVE INFORMATION

				Department of Services for Children, Youth and Their Families	
Yes	No		Yes	No	
Department of Health & Social Services					
_____	_____	Division of Mental Retardation	_____	_____	Division of Child Mental Health Services
_____	_____	Division of Public Health	_____	_____	Division of Family Services
_____	_____	Division of Social Services	_____	_____	Division of Youth Rehabilitative Services
_____	_____	Division of Alcoholism, Drug Abuse, and Mental Health	_____	_____	Division of Management Services/ Education Program
_____	_____	Division of State Service Centers			
_____	_____	Division of Management Services (Birth-to-Three Program)			
_____	_____	Division for the Visually Impaired			
Department of Labor					
_____	_____	Department of Public Instruction	_____	_____	Division Employment & Training
_____	_____	Local School District(s)	_____	_____	Division of Vocational Rehabilitation
District Name(s) _____					

AGREEMENT TO RELEASE

I agree to the interagency sharing of information. I can take away my permission at any time. I can also change it at any time unless the information has already been released. This permission is good for one year after I sign it.

Print Name _____

Signature _____

Date _____

Parent Guardian

Legal Adult (18 years)

REFUSAL TO RELEASE

I do not wish to share this information with the listed agencies. I understand that my refusal will not keep my child or me from receiving appropriate services. My refusal will not be held against me.

Print Name _____

Signature _____

Date _____

Parent Guardian

Legal Adult (18 years)

ORGANIZATION'S AFFIRMATION

As the participating organization's representative, I affirm that I have reviewed this form and its use with the consenting person and that to the best of my knowledge he/she understands.

Witness _____ Date _____

Agency _____

TRANSLATOR'S STATEMENT

I have orally translated/read/signed the above into _____ (language). To the best of my knowledge, I believe the consenting person understands the nature and use of this form.

Translator's Signature _____ Date _____

Revocation Statement

I, _____ (consenting person) take away the consent I gave to _____ (originating organization on _____ (date). I understand that _____ (originating organization will notify any participating organization to which information has been sent or from which information has been received.

Signature _____ Date _____

Witness _____ Date _____

Agency _____ Revocation letter attached (Yes/No) _

* The Interagency Consent to Release Information form is based on the Interagency Confidentiality Agreement for Accessibility in Data Sharing between Participating Organizations. This form may not be altered in any manner without written authorization from the State of Delaware Interagency Confidentiality Committee. This form may be photocopied for use by the participating organization.

* The State of Delaware does not discriminate or deny services on the basis of race, religion, color, national origin, sex, disability and/or age.

SCHOOL CHILD ABUSE REPORTING PROTOCOL SUBCOMMITTEE*

Linda Shannon (co-chair)
Division of Family Services

Tanya Gwyn
Capital School District

Dr. Clifton Hutton (co-chair)
Department of Public Instruction

Kitty Rehrig
Brandywine School District

Denise Coleman
Dover Air Force Base

Joanne Kassees
Delawarians United to Prevent Child Abuse

Edith P. Vincent
Department of Public Instruction

Linda Weinman
Child Inc.

Cheryl Stallman
Criminal Justice Council

Nancy Panico
Department of Public Safety

Deborah Lutz
Christina School District

Pat Hemphill
West Dover Elementary School

Karen Deleeuw
Division of Public Health

Carol Minor
Caesar Rodney High School

Debbi Reed
Delaware State Police

Joseph H. Birch
W.B. Simpson Elementary School

Lynn Shreve
Family Court, CASA Program

Dr. Beverly Rennie
John Bassett Moore Middle School

Michael Peyser
Division of Family Services

Dr. Marie Hutton
John Bassett Moore Middle School

Dianne Glenn
Dover Police

Janice Tigani
Attorney's General Office

Mark D. Buckworth
Family Court

Dave Stewart
New Castle County Police Department

Alberta Montgomery
Division of Family Services

James L. Paige
Caesar Rodney School District

* Subcommittee of the Interagency Coordinating Council and Abuse Intervention Committee