

"THINK OF THE CHILD FIRST"

2003-2004 DELAWARE SCHOOL CHILD ABUSE AND NEGLECT TRAINING

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The Department of Services for Children, Youth and Their Families

VISION

Think of the Child First!

MISSION

We provide leadership and advocacy for Delaware's children.

Our primary responsibility is to provide and manage a range of services for children - who have experienced abandonment, abuse, adjudication, mental illness, neglect, substance abuse; and we endorse a holistic approach to enable children to reach their fullest potential.

Through our Division of Family Services, we provide services that encompass child abuse and neglect investigations and treatment, adoption and foster care services. We exist to help children achieve their fullest potential. While all of our services are important to the children of Delaware, the focus here is on how you can help some of our most vulnerable citizens; the foster children of Delaware.

FACTS:

- ❖ Foster families provide young people with safe, secure and stable homes when their parents or guardians cannot.
- ❖ There are approximately 700 children in some 400 foster homes throughout our state.
- ❖ The median age for a foster child in Delaware is 9.5 years.
- ❖ Many of these older children are not strong candidates for adoption and will eventually age out of the system after they become 18.
- ❖ Foster care stipends range from \$13 a day to \$55 a day.

HOW YOU CAN HELP ...

- ❖ Sponsor foster children to attend trips to art museums or cultural events such as the children's theater or ballet
- ❖ Provide gift certificates to book stores, toy stores, etc..
- ❖ Purchase tickets to a local circus or festival
- ❖ Adopt-a-Foster Care Cluster (geographical grouping of foster parent homes)
- ❖ Sponsor a trip to the Franklin Institute, Washington, DC, the zoo, etc..
- ❖ Host a barbecue for foster families
- ❖ Provide tuition for summer camp
- ❖ Orthodontia
- ❖ Help with graduation and prom expenses (i.e.. pictures, cap and gown, tickets)

- ❖ Purchase memberships to Boys and Girls Clubs
- ❖ Provide uniforms for associations such as Cub Scouts, karate, baseball, etc..
- ❖ Purchase a computer
- ❖ Provide or pay for tutoring
- ❖ Write a check payable to the State of Delaware for those "nice to have" supports, i.e.. trip to national wrestling event, school sponsored trips, cheerleading camp.

The list is as long as your imagination. Think of something you would provide your own children or grandchildren, and add it to this list!! Please help us to think of a child in foster care and provide him or her with the little things to ensure safety, stability, self-esteem and a sense of hope!

For more information, please call Kiya Crippen at 302-633-2662.

"THINK OF THE CHILD FIRST"

HOW A CHILD ENTERS FOSTER CARE

The Division of Family Services is mandated by law to investigate reports of child abuse, neglect, and dependency or of children who are at risk of abuse or neglect. During the course of an investigation of child abuse or neglect, the caseworker interviews all involved parties, may work jointly with law enforcement (if criminal investigation), work collaboratively with medical professionals, schools and a number of other community partners to assess the risk of harm to children.

Once the Division caseworker determines that the home environment is NOT safe for a child and there are no relative resources available ... a decision is made by the caseworker and their supervisor in consultation with the agency's Deputy Attorney General to file an Exparte or Emergency Petition for custody of the child in Family Court.

An Exparte order provides the Division with the authority to temporarily place a child outside of the home without the parent's permission. Once the exparte custody is granted by a Family Court Judge, a child's journey through foster care begins.

If no suitable relative placement is found, a child is placed in an approved foster placement. This may be a family home, shelters or group homes. The Division attempts to locate placements within the geographic area of the family and maintain family contact with the frequency based on the needs of the child.

Within 10 days of receiving Exparte custody a Family Court Judge holds a Preliminary Protection Hearing. At this hearing the Court determines:

- If the emergency removal was proper.
- If there is probable cause that the child will be at significant risk if they were returned home.
- If continued placement is necessary.

During the Preliminary Protection Hearing the court appoints a child advocate to represent the interests of the child. The child will be appointed either a CASA (Court Appointed Special Advocate) or GAL (Guardian ad Litem). Parent Attorneys are assigned to parents who cannot afford legal counsel.

Until the next scheduled court hearing, the Division caseworker may be working with a number of professionals and family members on behalf of the child. This is inclusive of, but not limited to:

- Law enforcement
- Medical community
- Schools
- DAG's office (criminal)
- Child Care providers
- Child Advocates
- Parent Attorney
- Family members
- Foster parents

Within 30 days of a child entering foster care, a Dispositional Hearing is held. At this hearing, the court hears views and perspective from DFS caseworkers, child advocates, parents and experts if necessary to determine if the Division should retain custody with placement outside of the home or should the child return home.

When the court decides that the child will remain in foster care, the court sanctions a family case plan with a goal of reunification that has been developed by the Division caseworker and the parents. Family Court continues to review the child's case periodically to determine the progress on the case.

I've just presented a general systems overview of the first 30-day process of children entering care. However, coupled with the systemic process and equally important is the caseworker's focus on the trauma and emotional impact on children separated from the parents, siblings, away from their birth families, school, friends, experiencing a loss of all familiarity. .. of children adjusting or "fitting" into a new family, new school, new peers. Children with Judges, CASA's or GAO's, parent attorneys and DFS caseworkers all having input on where the child should live ... balanced with the responsibility of the caseworker to assuring safety of children in the home.

Five Basic Competencies

- Protecting and nurturing children.
- Meeting children's developmental needs and addressing developmental delays.
- Supporting relationships between children and their families.
- Connecting children to safe nurturing relationships intended for a lifetime.
- Working as a member of a professional team.

To: All Staff

From: John Bates, Foster Care Program Manager

Date: January 23, 2003

RE: Foster Children Entering A New School

Children who come into foster care are usually entering a stranger's home. Entering a stranger's home, coupled with changing schools, can be a very a traumatic experience for the child. This unexpected change makes a child's transition into a new school even more difficult. It is one of our goals to help make this challenging transition an easier one for the foster child involved.

In a wonderful collaborative effort to assist foster children at the time of entering a new school after being placed in a foster home, the Department of Education has agreed to have school personnel available to conference with division staff and foster parents upon enrolling or shortly thereafter enrolling a foster child in school. Prior to the meeting, the DFS staff will have the Interagency Consent to Release Information form signed so that information can be freely shared between DFS and the school personnel. This will be the time when DFS staff can share information that will help the school in developing the child's educational plan and ease the stress on the child that naturally occurs when placed in a new school environment.

Effective immediately when enrolling a foster child into a new school, you should:

- Telephone the school counselor to inform them you will be enrolling a foster child in school and request a conference upon arrival.
- Contact the foster parent to request their participation in this meeting.
- If the child has an educational surrogate contact them to request they participate in this meeting
- Be prepared to share medical or other special needs of the foster child
- DFS staff should request a mentor for the child during this meeting

The counselor will include the child's teacher and any other appropriate school staff for this meeting. Thanks in advance for your cooperation in this effort and "Thinking of the Child First".

C O N S E N T S

**Summary of
Division of Family Services -Public School Districts**

MEMORANDUM OF UNDERSTANDING

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

AUTHORIZATION OF RELEASE OF INFORMATION

HIPAA

Summary of
Division of Family Services - Public School Districts

MEMORANDUM OF UNDERSTANDING

Reporting

Delaware law requires that any person who knows or reasonably suspects child abuse or neglect shall make an oral report to:

THE CHILD ABUSE REPORT LINE 1-800-292.9582 (24 hours per DAY)

A written report is required, using the Mandatory Reporting Form, to be filed within 72 hours after making the oral report.

Who Reports?

Reports should be made by the actual reporting person. The oral report takes an average of 20 minutes and will require demographic information on the child and family as well as specifics related to the incident. If necessary, a school designee may be assigned to make the oral report, but the actual reporting person must complete the written report and may be directly contacted by the Division of Family Services (DFS) to provide additional first-hand information.

Responding to a Report

- DFS will notify the school within 24 hours if the report will be investigated or not.
- The DFS caseworker attempts to contact the school reporter to discuss the case and related information and to determine if parents will be notified and by whom. The source of the report will be divulged only with the reporter's consent. The criminal proceedings, disclosure of the reporting source may be necessary for court purposes.
- The DFS caseworker decides if the investigation will be initiated at the school. If so, the school reporter will inform the caseworker who the contact person will be upon arrival at the school.
- Upon arriving, the caseworker will show identification and ask to speak with the contact person. The contact person will arrange for an interview location and make the child available.
- If it is necessary to observe physical injuries, the school nurse may be asked to assist. If injuries are severe, DFS may request police to participate in the investigation at the school site. Under no circumstances should the school or DFS conduct a physical examination of alleged sexual abuse or rape. DFS and the police will arrange for a medical examination in these cases with the appropriate medical facility.
- Upon conclusion of the interview and examination, DFS will inform the contact person about the planned course of action for the child.
- DFS is not authorized to transport students. If this becomes necessary, the school or the police will be asked to assist.
- At the conclusion of the family investigation, DFS will send written notice to the reporter that the investigation is completed.

Reports from other sources may need to be investigated in the school setting. The DFS caseworker will request assistance from the school contact person and may request assistance from the school nurse. No examination will be done by school personnel prior to DFS response.

Sharing information is encouraged and requires a Delaware Consent to Release Information Form which can be solicited by either agency and shared by FAX.

If a case is open and the worker is unknown, the school may contact the DFS Report Line and request that the assigned caseworker contact them to share information about the case.

DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

DIVISION OF FAMILY SERVICES

AUTHORIZATION FOR RELEASE OF INFORMATION

CLIENT _____ DATE OF BIRTH _____

I, _____ hereby authorize

To Release Information TO: _____

To Obtain Information FROM: _____

The type of information to be disclosed is:

The purpose of this information disclosure is:

This authorization is valid until:

_____ Six months from the date of signature

_____ The following date _____

This consent may be revoked at any time, except to the extent that action has been taken in reliance on it. The person completing this form has a right to receive a copy. This form is invalid unless all sections are completed.

Client Signature (if applicable) Print Name Date

Parent, Guardian, Custodian (Circle One) Print Name Date

DFS Worker Print Name Date

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 {"HIPAA"}, 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Effective April 14, 2003, Congress passed the Health Insurance Portability and Accountability Act (HIPAA). HIPAA provides privacy protections to every citizen of the United States, including foster parents and foster children. According to HIPAA, medical information must be strictly maintained as confidential except under certain circumstances. For example, foster parents are still able to disclose medical information to doctors and dentists when they are taking their foster children for medical appointments. Similarly, medical information may also be shared with social workers, CASA's and Child Advocates. Medical information should only be shared with the school on a need to know basis. For example, the school needs to know if the child is on asthma medication or has been diagnosed with ADD. However, the school does not need to know if the child wets the bed.

It has always been the Division's policy that foster parents must maintain the highest level of confidentiality as it relates to the child's medical conditions, the circumstances surrounding their foster placement, and all other personal information. This includes information about the child's biological family as well. A child's personal information should never be shared with friends, neighbors, co-workers, extended family, etc..

HIPAA has not changed federal laws concerning the disclosure of substance abuse information or information concerning sexually transmitted diseases, HIV status or pregnancy. According to 42 CFR, substance abuse information for youth over the age of 14 may never be disclosed without the youth's written consent. This even includes dirty urine screens and the youth's status in substance abuse treatment. Youth over the age of 12 must give written consent before any information is disclosed regarding sexually transmitted diseases, HIV status, or pregnancy.

For the first time, Congress has attached possible legal and financial sanctions if medical information is shared erroneously or vindictively. Possible sanctions include civil fines ranging from \$100 to \$250,000 and up to 10 years imprisonment.

If you have any questions about HIPAA or 42 CFR, please contact the Division's Privacy Officer, JoAnn Bruch at 6332690.

RESOURCE

HELP

FOR

SCHOOLS

PUBLICATIONS OFFERING DIRECT CLASSROOM ASSISTANCE

LOVE AND LOGIC

1 800 338-4065

2207 Jackson St, Golden, CO 80401-2300

<http://www.loveandlogic.com/>

Teaching Package Excerpts:

- Quick and Easy Classroom Interventions
- Shaping Self-Concept/Turning Kids into Enthusiastic Learners

Love and Logic Solutions for Kids with Special Needs

THE OUT-OF-SYNC CHILD: RECOGNIZING AND COPING WITH SENSORY INTEGRATION DYSFUNCTION

Author: Carol Stock Kranowitz

For more information locally - Dupont Hospital Occupational Therapy Department

THE CHILD WITH SPECIAL NEEDS: ENCOURAGING INTELLECTUAL AND EMOTIONAL GROWTH

Authors: Stanley I. Greenspan, M.D. and Serena Wieder, Ph.D, Addison Wesley: 1998 Reading MA. Parent oriented discussion of floor time with children with special needs.,

INFANCY AND EARLY CHILDHOOD - THE PRACTICE OF CLINICAL ASSESSMENT AND INTERVENTION WITH EMOTIONAL AND DEVELOPMENTAL CHALLENGES

Author: Stanley I. Greenspan, M.D. International Universities Press, Inc. Comprehensive coverage of the range of behavioral, sensory spectrum disorders addressed to clinicians.

ASSESSING ATTACHMENT, SEPARATION AND LOSS

Author: Linda Bayless; Lillie Love, Editor. Child Welfare Institute.

<http://www.gocwi.org/>

UNDERSTANDING THE DEFIANT CHILD AND MANAGING THE DEFIANT CHILD. A GUIDE TO PARENT TRAINING

Russell A. Barkley, Ph.D., Guilford Press, New York

**CONVERSATION
WITH
AN
EDUCATOR**

CASEY FAMILY PROGRAMS

A Conversation with an Educator

Last updated: January 3, 2003

National Center for Resource Family Support
1808 Eye St. NW
Washington, DC 20006-5427
Phone: 888/295-6727
Fax: 202/467-4499
Email: cncinfo@casey.org
Website: www.casey.org/cnc

Lynne Steyer Noble is Associate Professor of Education at Columbia College in South Carolina, and is both a biological and adoptive parent. She has fostered many children, has trained foster and adoptive parents and caseworkers for the South Carolina Department of Social Services, and has made adoptive placements through her private adoption agency. She is truly the epitome of the term "resource parent." In her role as an educator, but with her experience as a parent, she talked with us about children in foster care in the school setting. We asked Dr. Noble to share with us her ideas on what teachers should know about children in foster care.

It is important for teachers to know, first of all, that a child is in foster care, and then to be able to access the child's relevant academic records. Often, teachers think they can't ask about foster care, agencies think they can't tell, and foster families are afraid to violate the child's confidentiality. Rules may be different from state to state and even from district to district, but teachers should explore what they are entitled to have access to, and then try to get that information.

Resource parents, like all parents, may be either uninvolved in the academic life of the children in their care or may be relentless advocates for the children's needs. Teachers need to understand that when parents are "bulldogs" it's a good thing - these children especially need someone who is on their side. It's up to the teacher to harness the energy and commitment of these parents to promote positive change for the child in care.

Every teacher should look at his or her curriculum, routines, expectations, and classroom with the question in mind, "Is this foster-care friendly?" For example:

- Children in care, as well as those in adoptive, kinship, guardianship, and blended homes may be unable to complete assignments that call for the construction of a family tree.
- Even a "simple" assignment, like bringing in a baby picture, may be impossible for a child who has lived with multiple families.
- In some jurisdictions, foster parents may not have the authority to complete a permission slip for a field trip. Teachers need to allow the family time to get the

form signed through the agency, and need to be sensitive to the need of the child to not be "different" in yet another situation.

- Classrooms should contain materials that are "foster care friendly" such as books that contain depictions of different kinds of families, including foster, adoptive, and relative caregiving families.

Many children in foster care are behind academically. Often this is due to inconsistent school attendance, multiple moves, and lack of support from home, rather than lack of ability. However, teachers need to understand that they can't necessarily bring children up to grade level in one year. Children with multiple concerns, including loss and grief issues and uncertainty about their futures, are not going to be able to focus their attention on academics. There are many areas other than school subjects where teachers can make a significant difference. They can contribute to meeting the social and emotional needs of children in care by understanding, caring, and attending to the day-to-day interactions with other children in the classroom. Teachers can back off on academic expectations when more pressing needs come first.

Teachers can contact a child's former teacher to find out not only the child's academic status, but to learn what other strengths and challenges the child may have.

Materials and tasks in the classroom can be structured so that the child is able to achieve success in some areas, even if academics are a problem. The teacher needs to start with the child - where is he/she academically, socially, emotionally - and then find ways to help that child fit into the class. Reduced academic expectations is one area, but there are other places the child in foster care may be able to feel successful. For example, give the child responsibility for a caregiving activity such as feeding an animal, watering plants, or passing out supplies to provide an opportunity for feeling useful and competent.

Remember, though, that many children in foster care find it difficult to trust adults, often for good reason. Teachers should recognize their own status as potential disappointers in the *eyes* of children in care, and be willing to accept the child's initial lack of trust, working to achieve a better relationship over time.

Back to academics, educators need to recognize that the reality is many of these children are not going to perform well at grade level, no matter what we do. They are often behind when *they* come to us, and the emotional distractions of being separated from family, home, friends, and previous school are going to make concentration on reading and arithmetic very difficult. If the child is in fourth grade but reading at a second grade level, the teacher needs to start there, and not grade the child on failure to read at the fourth grade level. This is going to be problematic when standardized testing is important to the school and to the teacher, but what we really need to be concerned with is the child.

Many children in foster care are given labels such as "learning disabled." While this can be an

opportunity to secure extra resources for learning, it can also be one more negative connotation in the life of a child who already feels different from his/her peers. Academic problems are not always the result of learning disabilities, but can instead stem from a variety of school and family issues that make it difficult for the child to succeed. What children in foster care need most are strong advocates in the schools. Teachers, resource parents, agency staff and birth families can all contribute to school success if given the information they need to understand the problem and the opportunity to collaborate with the school in providing support to children who need it.

In closing we asked Dr. Noble whether she could recommend any children's books that deal realistically and sensitively with the issue of out-of-home care. She mentioned two, both appropriate to the 5th to 8th grades:

Gibbons, K. (1997). *Ellen Foster*. New York: Random House. A young girl from a troubled family searches for a permanent home. A teacher's guide from Random House is available online at <http://www.randomhouse.com/catalog/display.pperl?isbn=0375703055&view=tg> with some of the other issues raised in this book, including racial prejudice and responsibility and control, without providing specific guidance on handling the substitute *care issues* pertinent to foster care.

Byers, B. C. (1997). *The Pinballs*. New York: Harper. The story of three children who meet while in foster care in the same home. Ethemes, an Internet site providing resources for teachers, contains a number of links (some out of date) to educational activities for use with this book.
<http://emints.more.net/ethemes/resources/S00000806.shtml>

Another book resource:

Walk a Mile in My Shoes: A Book about Biological Parents for Foster Parents and Social Workers By: Judith A.B. Lee and Danielle Nisivoccia. This book will help foster parents and caseworkers "get into the shoes" of biological parents. Foster parents may use it as a self-help guide. Workers will find it helps attune them to the tasks both foster and biological parents face. Agencies will find it especially effective for use in the separate and joint training of caseworkers and foster parents and for use by teachers and students in learning about biological families. 1989/0-87868-349-6/#3496. \$8.95
<http://www.cwla.org/pubs/pubdetails.asp?PUBID=3496>

School Support For Foster Families

ERIC CLEARINGHOUSE ON URBAN EDUCATION DIGEST **Number 147- School Support for Foster Families**, (9/1999). View as:

- [HTML](http://eric-web.tc.columbia.edu/digest/dig147.asp) (<http://eric-web.tc.columbia.edu/digest/dig147.asp>)
- [PDF](http://eric-web.tc.columbia.edu/digest/pdf/147.pdf) (<http://eric-web.tc.columbia.edu/digest/pdf/147.pdf>)

This digest discusses factors that influence the ability of foster children to achieve academically and offers some strategies that schools can use to improve their educational success and emotional well-being.

What Do Children Think About Foster Care

"What Do Children Think About Foster Care?"

(http://ssw.unc.edu/fcrp/Cspn/vol1_no3/what_do_children_think.htm)

Children's Services Practice Notes for North Carolina's Division of Social Services and the N.C. Family and Children's Resource Program, Vol. 1, No. 3, Spring 1996

Children's Services Practice Notes, a newsletter designed to enhance the practice of North Carolina's child welfare workers by providing them with information about research and practice models. Produced four times a year, Practice Notes is sponsored by the North Carolina Division of Social Services and the N.C. Family and Children's Resource Program, part of the Jordan Institute for Families and the School of Social Work at the University of North Carolina at Chapel Hill.

What Keeps Children In Foster Care From Succeeding In School

"What Keeps Children in Foster Care From Succeeding in School"

(http://www.vera.org/publications/publications_5.asp?publication_id=169)

Marni Finkelstein, Mark Wamsley, and Doreen Miranda. *Vera Institute of Justice*, July 2002.

As a group, children in foster care struggle academically. Researchers interviewed 25 foster children and 54 of the adults in their lives to better understand how being in foster care affects a child's education, and how adults can help them succeed in school.

Improving Special Education for Children with Disabilities in Foster Care

http://www.caseyfamilyprograms.org/cnc/documents/improving_special_education.pdf

Casey Family Programs Education Issue Brief, June 2002.

This issue brief is intended to highlight the special education issues particular to children and youth in foster care and to suggest opportunities for improving their outcomes.

Bibliotherapy Resources on Foster Care

Recommended for four to eight year old reading levels:

1. The Coffee Can Kid by Jan M. Czech
2. The Whistling Tree by Audrey Penn
3. Little Flower: A Journey of Caring by Laura McAndrew
4. Zachary's New Home by Geraldine M. Blumquist
5. A Koala for Katie by Jonathan London
6. Lucy's Family Tree by Karen Halvorsen Schreck
7. Rosie's Family: An Adoption Story by Lori Rosove
8. Emma's Yucky Brother by Jean Little
9. Giant Jack by Birte Muller
10. Mrs. Hen's Big Surprise by Christel Desmoinaux 11. Horace by Holly Keller
11. A Mother for Choco by Keiko Kasza
12. The Most Beautiful Place in the World by Ann Cameron
13. Train to Somewhere by Eve Bunting
14. The Star: A Story to Help Young Children Understand Foster Care by Cynthia Miller Lovell
15. Papa Piccolo by Carol Talley
16. Welcome Comfort by Patricia Polacco
17. Willow and Twig by Jean Little

Recommended for nine to twelve year old reading levels:

1. Everything on a Waffle by Polly Horvath
2. The Pinballs by Betsy Byars
3. Pictures of Hollis Woods by Patricia Reilly Giff
4. A Little Princess by Frances Hodgson Burnett
5. The Secret Garden by Frances Hodgson Burnett
6. The Great Gilly Hopkins Anniversary Edition by Katherine Paterson
7. Baby by Patricia MacLachlan
8. Dave at Night by Gail Carson Levine
9. Journey to the Sea by Eva Ibbotson
10. The Little White Horse by Elizabeth Goudge
11. The BFG by Roald Dahi
12. A Single Shard by Linda Sue Park
13. Mandy by Julie Andrews Edwards
14. Ruby Holler by Sharon Creech
15. Linnets and Valerians by Elizabeth Goudge
16. Ballet Shoes by Noel Streatfeild
17. Anne of Green Gables by Lucy Maud Montgomery
18. Theater Shoes by Noel Streatfeild
19. Molly Moon's Incredible Book of Hypnotism by Georgia Byng
20. Finding Sophie by Irene N. Watts

21. Locomotion by Jacqueline Woodson
22. Grover G. Graham and Me by Mary Quattlebaum
23. The Story of Tracy Beaker by Jacqueline Wilson
24. The Day They Gave Babies Away by Dale Eunson
25. Water Rat by Marnie Laird
26. Chance and the Butterfly by Maggie DeVries
27. Bo and Mzzz Mad by Sid Fleischman
28. Team Picture by Dean Hughes
29. Monster in Me by Mete Ivie Harrison
30. In Care of Cassie Tucker by Ivy Ruckman

Recommended for young adult reading level:

1. Born Blue by Han Noloan
2. Rodzina by Karen Cushman
3. Zazoo by Richard Mosher
4. Goodnight, Mr. Tom by Michelle Magoria

Books about Foster Care (Adult Non-Fiction):

1. A Child Called "It" by Dave Pelzer
2. The Lost Boy by Dave Pelzer
3. A Man Named Dave by Dave Pelzer
4. Wounded Angels by Richard Kagan
5. They Cage the Animals at Night by Jennings Michael Burch
6. Death from Child Abuse... and No One Heard by Eve Krupinski and Dana Weikel
7. Ghost Girl: The True Story of a Child in Peril and the Teacher Who Saved Her by Torey Hayden
8. Another Place at the Table: A Story of Shattered Childhoods Redeemed by Love by Kathy Harrison
9. Like Family: Growing Up in Other People's Houses by Paula McLain
10. Small Feats: Unsung Accomplishments and Everyday Heroics of Foster and Adoptive Parents by Richard Delaney

CHILD ABUSE AND NEGLECT

MANDATORY REPORTING

§ 903. REPORTS REQUIRED

Any physician, and any other person in the healing arts including any person licensed to render services in medicine, osteopathy, dentistry, any intern, resident, nurse, school employee, social worker, psychologist, medical examiner or any other person who knows or reasonably suspects child abuse or neglect shall make a report in accordance with § 904 of this title.



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
NCC Police Department
3601 N DuPont Hwy
New Castle, DE 19720

KENT COUNTY:

Division of Family Services
Barratt Bldg, Ste 200
821 Silverlake Blvd
Dover, DE 19904

SUSSEX COUNTY:

Division of Family Services
Georgetown State Service Center
546 S Bedford St
Georgetown, DE 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 _____
Disabilities: #s _____

Specify type: _____
Specify type: _____



**THE PROFESSIONALS' GUIDE
TO REPORTING CHILD**

Abuse & Neglect





A law regarding the abuse of children became effective on June 28, 1976. The law defined child abuse and neglect and described the responsibilities of the child protective agency receiving the reports. The statute was amended almost in its entirety by the Child Abuse Prevention Act of 1997 which became effective on July 17, 1997.

16 Del. C., § 902. Definitions of child abuse and neglect.

(1) "Abuse" shall mean any physical injury to a child by those responsible for the care, custody and control of the child, through unjustified force as defined in § 468 (1) (c) of Title 11 emotional abuse, torture, criminally negligent treatment, sexual abuse, exploitation, maltreatment or mistreatment.

(9) "Neglect" shall mean the failure to provide, by those responsible for the care, custody and control of the child, the proper or necessary: education as required by law; nutrition; or medical, or surgical, or any other care necessary or the child's well-being.

DELAWARE LAWS



§ 903. Reports Required.

Any physician, and any other person in the healing arts including any person licensed to render services in medicine, osteopathy, dentistry, any intern, resident, nurse, school employee, social worker, psychologist, medical examiner or any other person who knows or reasonably suspects child abuse or neglect shall make a report in accordance with § 904 of this title.

Professional reporters are often referred to as *mandated reporters*.

§ 904. Nature and content of report; to whom made.

Any report required to be made under this chapter shall be made to the Division of Child Protective Services (Division of Family Services) of the Department of Services for Children, Youth and Their Families. An immediate oral report shall be made by telephone or otherwise. Reports and the contents thereof including a written report, if requested, shall be made in accordance with the rules and regulations of the Division of Child Protective Services, or in accordance with the rules and regulations adopted by the Division.

DELAWARE LAWS



§ 908. Immunity from Liability.

Anyone participating in good faith in the making of a report pursuant to this chapter, performing a medical examination without the consent of those responsible for the care, custody and control of the child pursuant to § 906 (b) (5) of this chapter, or exercising emergency protective custody in compliance with § 907 of this chapter, shall have immunity from any liability civil or criminal, that might otherwise exist and such immunity shall extend to participation in any judicial proceedings resulting from the above actions taken in good faith. This section shall not limit the liability of any health care provider for personal injury claims due to medical negligence that occurs as a result of any examination performed pursuant to this § 906 (b)3 of this Title.

Penalty for not making a report:

§ 914. Penalty for violation.

Whoever knowingly violates § 903 of this chapter shall be fined no more than \$1000 or shall be imprisoned not more than 15 days or both.

CONFIDENTIALITY / INVESTIGATION



The Division of Family Services adheres to all Federal laws and regulations governing access and release of confidential records. It is the policy of the Division of Family Services not to divulge the name of the person who reports a family to the agency without the reporter's consent.

The Division of Family Services conducts a thorough investigation of a family and, when needed, provides treatment services to families. To accomplish these goals, caseworkers must speak to people, such as medical professionals and teachers, who know the family. Therefore, the caseworker asks the family to sign a consent to obtain/release information.

Now is the time to report!

- Stop current child abuse
- Prevent future child abuse and neglect
- Ensure the safety of a child – it's everyone's business
- Protect young children who cannot protect themselves
- Promote optimal functioning of the family
- Act quickly and do not rely on someone else to make the report

It's the Division of Family Services' responsibility to investigate allegations of child abuse and neglect!



Institutional Abuse

The Division also investigates child abuse and neglect which occurs in child care facilities. 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 Department of Services For Children, Youth and Their Families, and all facilities which are operated by the Department. Licensed-exempt child care facilities (preschools, schools, hospitals or church operated baby-sitting/Sunday schools) are not included. Those reports should be referred to the police. There are specialized Division of Family Services staff who investigate institutional abuse reports.

Making a Report

If you suspect a child under the age of 18 is being abused or neglected or is at risk for abuse or neglect, you should make a report to the Division of Family Services by calling 1-800-292-9582 within the State of Delaware. Out-of-state calls are to be made to (302) 577-6550. The phones are answered 24 hours a day, 365 days a year by Division of Family Services' staff.



Information needed

When you call in a report, you will need to have certain information:

- Name, age (date of birth if possible), gender of the child and other family members and the names of the parents/caretakers if available
- Address, phone numbers, and/or directions to the family's home or location of the child
- Description of the suspected abuse or neglect
- Current condition of the child
- Any other pertinent information which may assist us in determining abuse or neglect

When making a report you will not have to give your name. However, if you *do* give your name it will allow the caseworker to call you for further information about the family.

Next Steps

Once a report is received, the report line worker will review the facts of the case with a supervisor. If a decision is made not to investigate, you will be contacted by report line staff.

CONFIDENTIALITY / INVESTIGATION



The report will be accepted if the problems identified suggest a child is abused, neglected, dependent or is *at risk* of being abused, neglected or dependent.

The Division of Family Services utilizes a risk assessment tool to analyze the information in the report. Some information such as the young age of a child (0 - 6 years old), parental drug and alcohol usage or evidence of current injury will show an increased risk to the child and require a quicker response time.

When a case is accepted for investigation, a caseworker will contact the parents or caretakers, the children, professionals, family members and/or friends who can help assess the family situation. The Division of Family Services also conducts a criminal background check on all household members above the age of 12.

Once the investigation is completed, the caseworker with the supervisor will determine if the family is in need of treatment services. As the reporter, you will receive a letter informing you if the case was closed or opened with our division. Due to confidentiality, the Division of Family Services is unable to release any other information to the reporter.

THE PROFESSIONAL TEAM



The Division of Family Services works collaboratively with other agencies to identify, assess and treat families. We have formal agreements known as Memoranda of Understanding (MOU) with:

- All statewide police agencies
- The Department of Justice
- The Division of Public Health
- The Division of Mental Retardation
- The Department of Education - Public School Districts
- The Department of Correction
- The Dover Air Force Base Family Advocacy Center



THE PROFESSIONAL TEAM



Memoranda of Understanding describe specific reporting procedures, protocol for interaction between agencies, criteria for sharing of information, problem resolution and designate liaisons for each agency.

We also have collaborative relationships with the Children's Advocacy Center of Delaware (CAC) and the Family Visitation Centers throughout Delaware. The CAC is a private organization which offers multidisciplinary services for children who are victims of sexual assault and serious physical abuse. Family Visitation Centers provide a safe, neutral place for monitored exchange of children for off-site visitation and supervised on-site visitation in families with a history of domestic violence.

Each member of the professional team serving families or children, has the responsibility to report suspected cases of child abuse or neglect. The Division of Family Services has the responsibility to investigate and determine whether abuse or neglect has actually occurred or if the child is at risk for abuse or neglect.

Some professionals have distinct responsibilities in protecting children as highlighted below:

Child Care Staff

Child care staff have several points of contact with the Division of Family Services. All child care facilities in the State of Delaware are licensed by the

THE PROFESSIONAL TEAM



Office of Child Care Licensing. Facilities are required to meet standards defined in *Delacare: Requirements for Residential Child Care Facilities and Day Treatment Programs*.

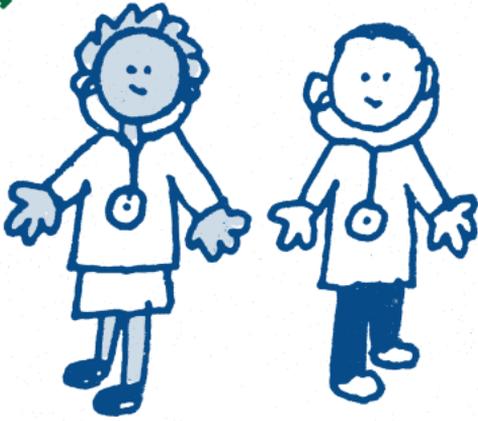
Child care staff also are a source of information for Division of Family Services' staff. Child care providers see many children on a regular basis. They are able to observe a child's appearance and behavior. In addition, they have knowledge about the interaction between a child and parent. Child care providers are a critical source of information about children who have not yet entered school.

After a family is reported for child abuse and neglect, child care providers may be part of a plan to help a family. The Division of Family Services makes referrals to child care facilities to provide a safe and stimulating environment for children. In addition, child care staff are often called upon to discuss a child's progress.

Law Enforcement

Domestic Violence: Law enforcement should report to the Division of Family Services cases where children witness felony level domestic violence or chronic misdemeanor domestic violence. Of course, if a child is injured during a domestic violence situation, this should also be reported *immediately* to the Division.

THE PROFESSIONAL TEAM



Joint Investigation: Police officers are mandated to do joint investigation if certain crimes may have been committed as specified in The Child Abuse Prevention Act of 1997.

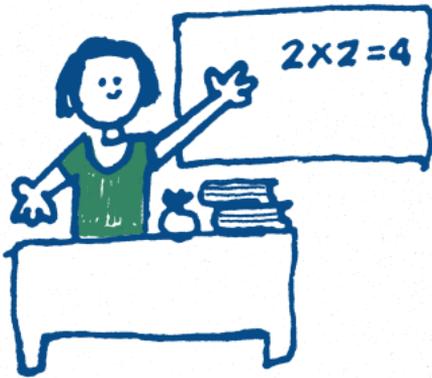
Temporary Emergency Protective Custody: The Child Abuse Prevention Act of 1997 empowers police officers to take temporary emergency protective custody of children they suspect are in imminent danger of suffering serious physical harm or threat to life as a result of abuse or neglect. The police must immediately make a report to the Division of Family Services since the temporary emergency custody shall not exceed four hours.

Physicians

Medical personnel provide expertise in the identification of abuse or neglect. The Division of Family Services also relies on the medical community to confirm abuse or neglect during the course of an investigation.

Medical Examination: The Child Abuse Prevention Act of 1997 gives the Division of Family Services the authority to "secure a medical examination of a child, without the consent of those responsible for the care, custody, and control of the child, if the child has been reported to be a victim of abuse or neglect." These examinations are to be paid for by all insurance companies operating in the State of Delaware, as stipulated in the Child Abuse Prevention Act of 1997.

THE PROFESSIONAL TEAM



Temporary Emergency Protective Custody: The Child Abuse Prevention Act of 1997 empowers physicians to take temporary emergency protective custody of children they suspect are in imminent danger of suffering serious physical harm or threat to life as a result of abuse or neglect. Physicians must immediately make a report to the Division of Family Services since the temporary emergency custody shall not exceed four hours.

School Personnel

Educators are often a great source of information about the children we serve. Educators not only see children almost daily, they also provide a support system and role model for children. In addition, educators are able to identify, by their performance in school, children who may be having problems. Behavior and appearance are key indicators of the situation at home. Educators can provide the Division of Family Services with valuable information to help these children.

Educators can continue to help after a report has been made. Since they will most likely continue to see the child, they can report any new incidents of abuse or neglect. They also can be a support to the child and help a caseworker with services that the school may be able to provide.

ABUSE



Physical Indicators

- Injuries that are unexplainable or do not have a reasonable explanation may be a result of child abuse. Injuries may include bruises or welts on the face, torso, buttocks, thighs or back. The marks may be in the shape of an object and may be in various stages of healing.
- Fractures/dislocations that are unexplained and involve facial structure, skull, bones around joints or spiral fractures may be child abuse.
- Burns on the palms of the hand, soles of the feet, buttocks or back that may reflect a pattern of cigarette, cigar, electrical appliance, rope or immersion burns may be child abuse.
- Cuts, bite marks, pinch marks, bald patches, retinal hemorrhaging, and abdominal injuries may also be indicators of child abuse.

Behavioral Indicators

- Overly shy, avoids contact with adults
- Afraid to go home/or requests to stay at school or child care
- Reports injuries by parents



- Cries excessively or sits and stares
- Gives unbelievable explanations for injuries
- Requests or feels deserving of punishments or suggests harsh punishments for other children.

High Risk Children

- Children who are disabled or have special needs are at a higher risk for abuse due to the increased stress on the caregiver.
- Children aged 0-6 are at a higher risk for abuse due to the increased level of care needed and the lack of relief for the parent through school or child care options.
- Parents who are abusing substances often have little patience. They may be impulsive and possibly experience mood swings which may put their children at higher risk for abuse.
- Children living in a home in which domestic violence is present are at an increased risk for abuse. The abuser in the home may accidentally hurt one of the children while attacking the victim of domestic violence. The abuser may decide to hurt a child in the home as a means of punishing or hurting the victim. Or, the victim of domestic violence may abuse the children due to the stress they are under from the abuser.

ABUSE



Shaken Baby Syndrome

Usually in Shaken Baby Syndrome, there are no skull fractures or external signs of injuries. The baby often seems fine until he/she goes into sudden respiratory arrest or seizures.

The amount and severity of shaking necessary to cause death is always intentional and abusive. These injuries are caused by a person shaking an infant violently and over a period of time. Infants typically start to show symptoms of the injuries within minutes of the abuse. The injuries from shaken baby syndrome result in fatalities in 20% to 25 % of the cases and most survivors suffer brain damage. This type of abuse is most often seen in children under 18 months because infants less than one year old lack muscle control and their heads are heavier than their body. In a study of fatal cases of Shaken Baby Syndrome, the majority of perpetrators were men who became furious over a baby's crying and assaulted the child out of frustration and rage.



Neglect is characterized by the chronic failure of a caregiver to provide for a child's physical needs, such as medical, educational, supervision and basic needs of shelter, food, clothing or protection.

Physical Indicators

- Height and weight significantly below normal age levels
- Inappropriate or chronically dirty clothing
- Poor hygiene, body odor, lice, scaly skin
- Lack of medical or dental care
- Untreated illness or injury
- Lack of shelter, heat, water or sanitary living conditions
- Unsupervised child or abandoned child, (Delaware policy is that children aged 12 or over can be left unsupervised if the child is able to care for his/her own safety needs)

Behavior Indicators

- Falling asleep in school
- Poor school attendance or chronic tardiness
- Chronic hunger, begging for/stealing food
- Running away from home

NEGLECT

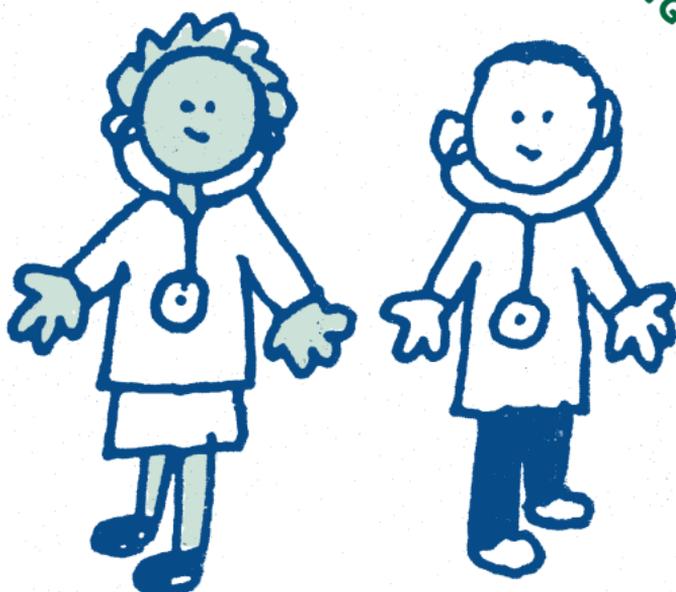


- Repeated acts of vandalism
- Reports that there is no one to care for them or reports the lack of heat, water, electricity in the home
- Assumes adult responsibilities

High Risk Children

- Disabled children may be at increased risk for neglect because of their special needs. Physically disabled children may need additional help from a caregiver and this help may be withheld or the child may be ignored by a caregiver who is not able to deal with the child's additional needs. Mentally disabled children or developmentally delayed children may be at increased risk for neglect because of their additional needs for help.
- Children aged 0-6 are at increased risk for neglect due to their need for additional care. Children at this age also are in need of help with many tasks throughout the day. This level of supervision and constant need can stress a parent to the point of not caring for the child properly or attending to his/her needs.

NEGLECT



- Parents who are abusing alcohol or other drugs may not be aware of the needs a child has, therefore they neglect to provide for the child. Caregivers may not be aware of their actions or inactions and allow things to go undone, such as paying bills, clothing, bathing or feeding a child. If a caregiver is unable to identify his/her own needs, the child's needs will rarely be met.
- Caregivers who are victims of domestic violence are often unable to care for their child's needs. They may be physically unable to care for a child due to injuries or they may be emotionally unable to deal with day-to-day life due to the abuse they are enduring. Children living in domestic violence situations simply may be neglected as a result of the victim's abuse or as a part of the abuser's violence.

Failure to Thrive

Failure to thrive is characterized by the lower-than-normal physical, emotional or developmental growth of a child. These children usually fall below the 3rd percentile on a normal growth chart. Failure to thrive may result from a medical condition, environmental conditions such as neglect or disturbed parenting; or a combination of medical and environmental factors. Failure to thrive can be life threatening and the child needs to be assessed by medical personnel.

ABUSE/NEGLECT



Emotional abuse is characterized by a caregiver chronically belittling, humiliating and ridiculing the child. Emotional neglect is also a form of abuse and is defined as the consistent failure of the caregiver to provide support, attention or affection to the child.

Physical Indicators

- Eating disorders
- Sleep disturbances
- Wetting/soiling by school age
- Speech disorders
- Failure to thrive
- Developmental lags
- Ulcers, severe allergies or asthma

Behavioral Indicators

- Poor peer relationships
- Habit disorders, such as biting, rocking, head banging, thumb sucking (in an older child)
- Behavior extremes, overly compliant/demanding, withdrawn/aggressive
- Self-destructive behavior, oblivious to hazards and risks
- Chronic academic underachievement



High Risk Children

- Children who are disabled may be at increased risk of emotional abuse or neglect due to their own behavior or physical needs which cause increased stress in a caregiver. Children who have any type of disability may frustrate a parent which could lead to emotional abuse when that parent is incapable of addressing a child's special needs.
- Children aged 0-6 may be at a higher risk for emotional abuse or neglect due to the increased need for support during these formative years. These children are often demanding and in need of extra attention as they learn to care for some of their own needs such as feeding themselves and toileting. Because of the lack of a support network, parents may be overwhelmed and the result could be child emotional abuse or neglect.
- Parents who are currently abusing alcohol or other drugs may also have difficulty meeting their child's emotional needs. These parents may be trying to deal with their own problems or simply be unable, because of their substance abuse, to cope with any of their child's needs.
- Caregivers who are experiencing domestic violence may not be able to tend to a child's emotional needs. Victims of domestic violence may be wrapped up in their own problems and unable to give a child the support he/she needs or may use the same type of emotional abuse toward the child that they are experiencing from their abuser.

SEXUAL ABUSE

Sexual abuse is the exploitation of a child for the sexual gratification of another person. Sexual abuse may include intercourse, sodomy, oral genitalia stimulation, verbal stimulation, exhibitionism, voyeurism, fondling, child pornography or prostitution. Sexual abuse that occurs within a family is called incest. The family member can be a parent, grandparent, sibling, cousin or any other relative. The Division of Family Services handles cases of sexual abuse that occur *within the family*. Police are often involved in these cases and also handle those in which the sexual abuse occurs outside the family. It is important to recognize symptoms of sexual abuse as early as possible so that physical evidence may be collected.

Physical Indicators

- Complaints of pain or irritation of the genitals
- Sexually transmitted diseases
- Pregnancy
- Frequent unexplained sore throats, yeast or urinary tract infections

Behavioral Indicators

- Excessive masturbation
- Sexual knowledge beyond a child's developmental level
- Depression, suicide attempts
- Chronic runaways
- Avoidance of certain adults or places
- Decline in school performance

Child Abuse Prevention Act of 1997 (1999 amendments)

11 Del.C., § 612. Specific Offenses.

A person who is 18 years of age or older is guilty of assault in the second degree (a class D felony) when they recklessly or intentionally cause physical injury to another person who has not yet reached the age of six years. Furthermore, it is no defense if the accused did not know the person's age or the accused "reasonably believed the person to be six years of age or older."

14 Del.C., § 4123. Child Abuse Detection/Reporting Training

Each public school shall ensure that each full-time teacher receives one hour of training every year in the detection and reporting of child abuse. This training, and all materials used in such training, shall be prepared by the Division of Family Services. In addition, "all public and private providers contracting with the Department of Education...shall ensure that each and every employee receives a minimum of one hour of training every year."

16 Del. C., § 906. Temporary Emergency Protective Custody

A Division of Family Services caseworker shall have the authority to take temporary emergency protective custody of children they suspect are in imminent danger of suffering serious physical harm or threat to life as a result of abuse or neglect providing the child in question is located at a school, day care facility, or child care facility at the time the authority is initially exercised. This is similar to the temporary emergency protective custody authority granted to a physician or police officer.

- Drug/alcohol abuse
- Wearing extra layers of clothing or avoidance of undressing
- Frequent complaints of headaches, stomach aches or backaches
- Disclosure of sexual abuse

High Risk Children

- Disabled children are at increased risk for sexual abuse. Because disabled children may be accessible to an abuser, they may not be able to get away or to tell about the abuse; or they may be easily persuaded into situations leading to abuse.
- Children aged 0-6 are also at risk as they too may be easily persuaded into situations where abuse can occur. They may not be able to tell about or get away from an abuser. They may be more accessible to an abuser.
- Children who live in homes where alcohol or other drugs are abused are at an increased risk for sexual abuse for many reasons. Adults who may not normally abuse children may be uninhibited and approach/attack a child while under the influence of a substance. Caregivers may be under increased pressure to allow their children to be sexually abused in exchange for money or substances. Children may be exposed to substances themselves and to situations where sexual abuse occurs.
- Children who live in domestic violence situations may also be at increased risk for sexual abuse. Perpetrators of domestic violence often use sexual violence to exert their control. Children may either experience or be forced to watch this type of violence.

Child Death

A child's death is an extremely difficult experience for everyone involved. When a child dies, an investigation takes place on many different levels. Law enforcement, the medical examiner's office and sometimes the Division of Family Services are involved in investigating a child's death. Delaware also has statewide multidisciplinary Child Death Review Panels that conduct reviews to determine if there are system, policy or legislative changes which could be made to prevent future deaths.

Child deaths may be investigated by members of the professional team. Police are searching for any criminal violations. The medical examiner assists in the criminal investigation as well as determining the cause of death. If child abuse or neglect is suspected, the Division of Family Services becomes involved to ensure the safety of other children in the home and to provide services as needed.

In Delaware most child deaths occur during the first year of life.

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**To report child abuse and neglect, call
1-800-292-9582 24 hours a day**



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

Delaware Youth and Family Center
1825 Faulkland Road • Wilmington, Delaware 19805

Division of Family Services Offices:

Elwyn- (302) 577-3824
University Plaza- (302) 451-2800
Kent County- (302) 739-4800
Sussex County- (302) 856-5460