State of Delaware

Department of Services For Children, Youth and Their Families

Division of Family Services

POLICY MANUAL
August 2016

Principles of Practice

SERVICES FOR ALL FAMILIES

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Investigation & Assessment: ***Case Decision Point #2***

Treatment for Children & Intact Families: ***Case Decision Point #3***

SERVICES TO CHILDREN IN OUT-OF-HOME CARE

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Principles for Child Welfare Practice

"It is the intent of the General Assembly that the primary purpose of the child welfare policy of this state shall be to ensure the best interest and safety of the child, including preserving the family unit whenever the safety of the child is not jeopardized. To that end it is the purpose of this chapter to provide for comprehensive protective services for abused and neglected children by mandating that reports of such abuse or neglect be made to the appropriate authorities and by requiring the child protection system to seek and promote the safety of children who are the subject of such reports of abuse or neglect by conducting investigations or family assessments and providing necessary services."

Child Abuse Prevention Act of 1997

State of Delaware

Based on the enabling legislation and good practice standards, the Division operates its child abuse and neglect services guided by the following principles.

It is the policy of the Division of Family Services that the protection and safety of a child is always its first priority. Services provided are child centered and family focused. The Division of Family Services has a comprehensive Child Safety Model for the purpose of "promoting the well-being and safety of children and their families through prevention, protection and permanency."

One

The Division uses the Safety Assessment and Planning System to assess immediate safety concerns and implement needed safety responses. This system is used throughout a family's work with the Division.

A child is deemed safe when consideration of available information leads to the conclusion that the child in his or her current living arrangement is not in immediate danger of serious harm, and no safety interventions are necessary.

Two

Nationally and in Delaware, 50% to 80% of the families served in child protective services have been affected negatively by alcohol or other drugs.

Parental substance abuse in and of itself is not child abuse or neglect. However, parental substance abuse often seriously impacts parents' ability to meet children's needs and reduces

their ability to provide a safe environment. Caseworkers must focus on the risks associated with parental substance abuse and the behavior of the parent:

Three

- Depending on the effects of the type of drug used, parents may be unavailable to attend to their children's basic needs and emotional needs while using.
- Children may be left alone physically while the parent obtains and uses substances.
- Money which is needed for food, shelter and other necessities may be spent on substances.
- Children in substance abusing families are more likely to experience frequent moves and homelessness. They are often exposed to criminal activity including domestic violence.
- Because parents who abuse substances have poor impulse control, children are more likely to be abused or neglected.

Four

Because of the relationship between parental substance abuse and child abuse or neglect, the presence of substance abuse will always be assessed in determining safety and the need for protective services. When parental substance abuse is known or suspected, DFS will refer to a substance abuse treatment agency for evaluation and recommendations. Substance abuse will be specifically ruled present or out during all assessments. This policy pertains to reports at any stage of activity with the Division, including those received by the report line, cases under investigation and open in treatment and adoption.

Five

Evaluating the safety of a child is a discrete function within DFS that is separate from validating the presence of child abuse or neglect and assessing and identifying risk of maltreatment.

Six

A child's safety shall be assessed:

- At the time of the initial face to face contact with the identified victim and household caregivers; and
- Prior to returning a child home; and
- Prior to case closure; and
- Whenever circumstances suggest that the child's safety may be jeopardized.

Consent to obtain and release information will be requested from and signed by the parent, custodian, guardian, or child over age 12 years for every case opened for initial assessment or treatment.

Seven

The Initial Assessment shall identify and analyze family strengths and safety influences (negative factors which place the child at risk of maltreatment) to determine if the child is safe or, if not safe, those factors which continue to affect the risk to the child.

There are two time frames in which staff evaluate safety, as follows:

1. case circumstances are explosive requiring immediate decisions and actions based on alarming and clear information (occurs in one day), or
2. case circumstances allow for deliberate information gathering and assessment (occurs in a few days).

Eight

Safety evaluations which result in a safety plan MUST control for safety from the present time, and beyond the family assessment when case circumstances require continued control for the safety of children.

Nine

Evaluating the safety of a child is a discrete function which is separate from validating the presence of child abuse or neglect and assessing and identifying risk of maltreatment

Ten

Many families experience disruption or continued disruption when they cannot provide a specific basic need at a single point in time. Casework, by itself, may not be effective when a family is without housing, transportation, food, medication, etc. It is the belief of the Division that the provision of a needed emergency placement prevention service with casework aimed at preventing the recurrence of the problem has several benefits:

- maintenance/promotion of family unit integrity
- development of problem-solving skills
- reduction in number or length of placements
- improve outcomes for children

Eleven

It is good social work practice to involve parents in case planning. This includes informing parents of their rights and responsibilities when major decisions regarding their children are being made. It is important that parents make placement decisions voluntarily and knowingly. The Division is committed to achieving permanency in the shortest possible period of time.

Twelve

The Division is committed to maintaining a child with his or her family as long as safety and permanence can be achieved and to returning the child to the family as soon as that is possible.

Thirteen

Foster care and other out of home care placements are temporary services to achieve safety for a child. When a child is placed in foster care, the caseworker will diligently work with the family to reduce the risk and achieve the case plan so that the child may return home as quickly as possible.

Fourteen

When it is determined that a child needs to be placed in out-of-home care, the child's age, relationship to parents and siblings, his physical, intellectual and emotional composition must be considered in selecting the most appropriate placement to meet his needs.

Fifteen

Placement of children outside of their home should take place only as an intervention necessary for the protection of the child. While separated from the family, any positive relationships the child may have had with family members should be maintained if they are in the best interest of the child. In determining a visiting schedule, the caseworker will take into consideration the amount of time that a child can tolerate before he begins to form a new psychological bond.

Sixteen

It has been established that the number of moves a child has disturbs his stability and impacts negatively upon emotional development.

Seventeen

Both the child and the family must be adequately prepared for the child's move into the family in order to achieve permanency in adoption.

Governor Minner's Executive Order

EXECUTIVE ORDER NO. 7 DIRECTING CHILD SAFETY AS FIRST PRIORITY OF DSCYF

WHEREAS, the safety of at-risk children in Delaware is one of the top priorities of the Governor's office; and

WHEREAS, frontline workers responsible for child safety should not receive conflicting messages with respect to their mission; and

WHEREAS, the Delaware General Assembly has attempted to clarify the mission of frontline child protection workers through legislation; and

WHEREAS, the Division of Family Services, in the course of fulfilling its mission to protect children, interacts with a variety of other state and local agencies who desire to know the Division's precise mission;

I, Ruth Ann Minner, on this Eleventh Day of January, 2001, hereby ORDER:

1. Within 45 days of this order, the Secretary of the Department of Children, Youth and Their Families shall provide to all employees of that Department a succinct statement of policy of this administration regarding child safety. That statement shall explicitly state and emphasize that it is the policy of this administration that efforts to preserve the family of an abused or neglected child should be taken only when reasonable and credible assurance has been given that an abused or neglected child will not be subject to further abuse or neglect.

2. Copies of the statement of policy referred to in paragraph 1 of this order shall be distributed to all members of the Child Protection Accountability Commission, in order to ensure that all other state and local agencies are aware of the state's policy with respect to child safety.

Mission Statement

Our mission is to promote the safety and well-being of children through prevention, protection and permanency.

Vision Statement

Our Children.
Our Future.
Our Responsibility.

Intake: Case Decision Point #1

Intake

#1.1 Screen the Report – Accept or Reject for Investigation
#1.2 Determine Urgency for Response

Purpose:

The Division receives and screens reports alleging abuse, neglect and/or dependency to determine if an investigation is appropriate to protect the safety of children in the State of Delaware in accordance with the Child Abuse Prevention Act of 1997.

Scope:

The Division is mandated to receive reports twenty-four (24) hours a day, seven days a week and receive reports by telephone, in writing, or in-person.

Decisions:

The Intake caseworker will assess whether the report:

- Involves child(ren) between the ages of birth to 18.
- Alleges child abuse, neglect, or dependency as defined in statute or risk thereof.
- Alleges intrafamilial or institutional abuse.

When the Intake caseworker has collected and assessed all of the information, the supervisor must make the final decision to:

1.1 Screen the Report – accept or reject for investigation.
1.2 Determine the urgency for response.

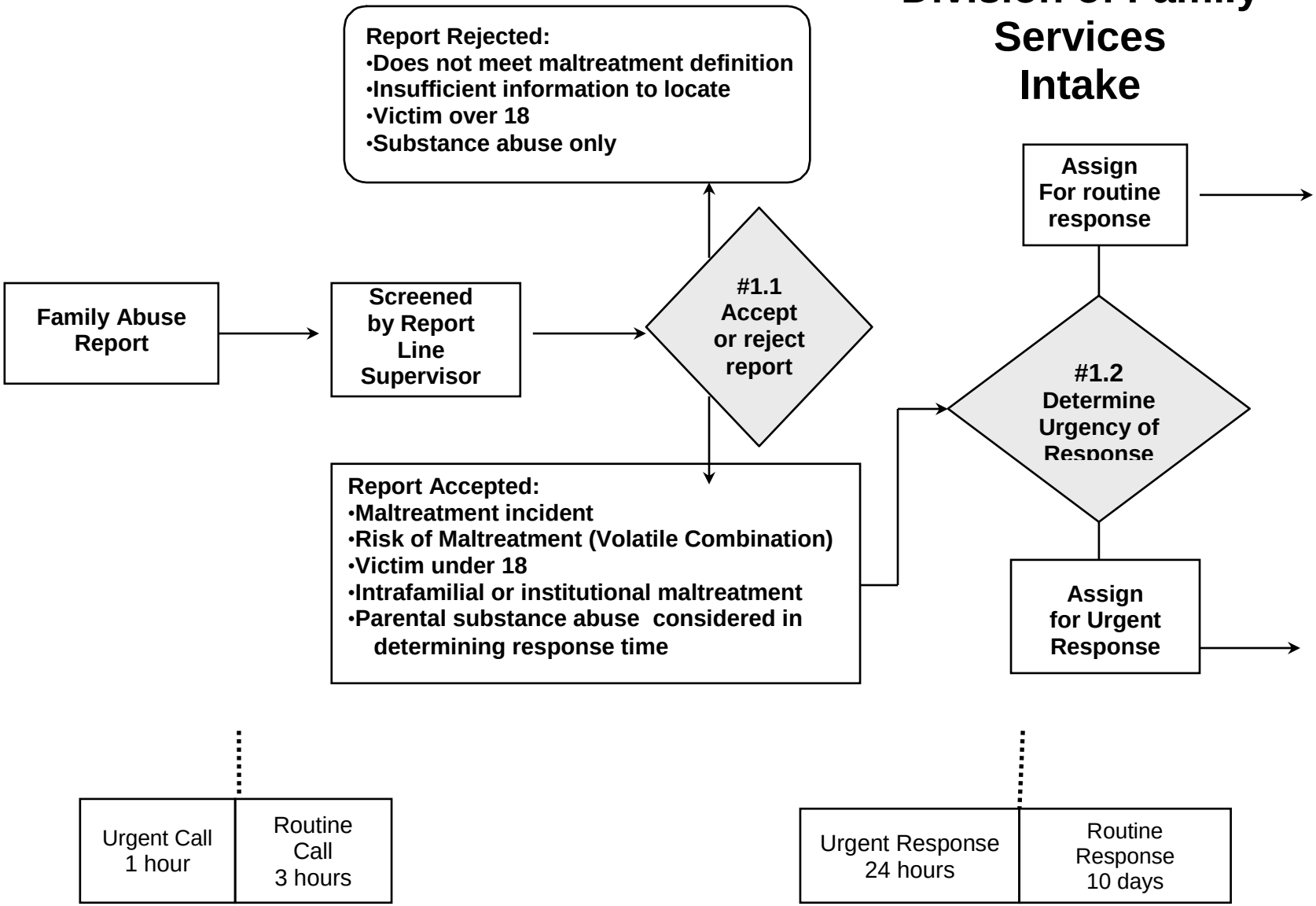
Client Pathway:

Client Pathway

The Intake Flow Chart illustrates the process by which a report comes into the Division, the decision that will be made for each situation and the resulting outcomes for each decision.

Intake chart

Division of Family Services Intake



Critical Standards

A. Receiving Reports

A-1. Intake is the process by which reports are received and screened for allegations of known or suspected maltreatment of children. The Division receives reports for <u>all children</u> in the State of Delaware that have been abused or neglected. All reports shall be documented in FACTS.

Reports are accepted by the toll-free telephone line, in person and in writing

A-2. The Division of Family Services receives reports via a statewide and national toll free number (1-800-292-9582) that operates 24 hours per day, 365 days per year. Spanish translation is available to make reports during weekdays from 8:00a.m. to 3:30 p.m. and the Division receives reports from hearing impaired individuals via agencies that have TTY capability. The Division also receives reports from anonymous individuals.

A-3. The Division of Family Services also accepts reports made directly to each county office, in writing, or in-person. When a written report is made, the Division will contact the person who made the report within forty-eight (48) hours of receipt of the report.

A-4. A digital recording will be maintained of all calls to the Report Line. The Report Line recording will inform callers to *"Please be advised that your call may be recorded. "* Calls will be recorded for 6 months then transferred to a DVD that DFS will retain for one year before recording over them.

A-5. The confidentiality of the reporter shall be maintained at all times unless otherwise authorized by the reporter. The Report Line recording of a report (Audiolog) shall not be shared with any party: (1) who is not an employee of the Division of Family Services or (2) with a Division of Family Services employee who does not have a need to know. The reporter's name shall only be identified in the hotline report. All references to the reporter throughout the case record shall be written as "the reporter."

The reporter's confidentiality is maintained at all times

A-6. The Child Abuse Prevention and Treatment Act (CAPTA, 42 U.S.C.5106a) requires:

- "*a State to disclose confidential information to any Federal, State, or local government entity, or any agent of such entity, that has a need for such information in order to carry out its responsibilities under law to protect children from abuse and neglect" (b)(2)(A)(ix) and*
- *"the cooperation of State law enforcement officials, court of competent jurisdiction, and appropriate State agencies providing human services in the investigation, assessment, prosecution, and treatment of child abuse or neglect." (b)(2)(A)(xi)*

Exception to Reporter Confidentiality

The identity of the reporter or a copy of the Report Line Audiolog shall be provided to a Federal, State, or local government entity, or agent of such entity upon the receipt of a subpoena that describes why disclosure of the reporter's name or a copy of the Report Line Audiolog may assist in the investigation, assessment, prosecution, and treatment of child abuse and neglect and, thereby, protect children.

Upon receipt of a subpoena by a party (e.g., private attorney) that is not a Federal, State, or local government entity, or agent of such entity with responsibility in the investigation, assessment, prosecution, and treatment of child abuse and neglect, the Division will immediately contact the Department of Justice to oppose release of the reporter information or Report Line Audiolog.

A-7. Even when the motives and veracity of the reporter are questionable, the caseworker must consider the content of the report. The Division of Family Services will give special consideration to information provided by individuals outside the family network especially from other professionals and from persons in regular contact with the child.

A-8. The Division of Family Services shall contact the reporter within 24 hours to inform the reporter whether the report was accepted or not for investigation.

B. Screening Reports

B-1. The Division of Family Services will screen all reports utilizing the Structured Decision Making® (SDM) System for Child Protective Services developed by the Children's Research Center. See separate SDM Intake Policy and Procedures Manual: Screening Assessment/Response Priority

Criteria for accepting reports for investigation

B-2. All reports will be screened for substance abuse and domestic violence.

Always screen for substance abuse and domestic violence

B-3. Other screening factors:

- The Division shall accept a report when a person functioned as a relative caretaker (e.g., paramour of parent).
- The Division shall accept a report when the report describes child abuse, neglect, or dependency by a sibling when the information received clearly indicates a sibling may have been a person with care, custody or control. Care, custody or control is not needed for sexual abuse allegations.
- The Division shall accept a report based on risk when the parent/custodian with care, custody or control has a prior conviction for serious injury or death by child abuse or neglect.
- The Division may accept a report based on risk when the parent with care, custody, or control has an involuntary termination of parental rights. Consideration should be given to the reasons for the termination and date of the termination.

B-4. An historical search of FACTS and CYCIS will be conducted to determine if the family has been active in the Department/Division of Family Services in the past and has to identify a pattern of child maltreatment or violence. Information collected from these searches will be used in screening and in assigning a response time.

B-5. The Division must conduct an investigation for all reports, which if true, would constitute violations against a child by a person responsible for their care, custody and control. Division staff shall also contact the appropriate law enforcement agency upon receipt of any such report.

Whenever it appears that an act against a child may result in criminal charges against the parent/caretaker, the Division will report to the appropriate police agency. It does not matter if the new act is similar to a previous act that did not result in a charge. A report of intrafamilial abuse/neglect should be taken even if the police will be the primary investigators (e.g., baby selling, kidnapping, child pornography).

Delaware Statutes: Title 16, Section 906 stipulates the violations

B-6. Upon receipt of the report, DFS will do one of three things: accept the report and investigate the allegations, refer the report to law enforcement for investigation, or screen out the report.

B-7. When a report is accepted for investigation and assigned a Priority 1 response time, it will be disposed of within one hour. A report accepted for investigation and assigned a Priority 2 or Priority 3 response time will be disposed of within the same work shift.

C. Special Circumstances

C-1. Serious Injury/Child Death

Serious Injury/Child Death

The Office of Children's Services (OCS) Administrator will be immediately notified by phone of all serious injuries and/or deaths where abuse/neglect is suspected or the child is in the Division's custody.

All reports of alleged child abuse deaths will have complete investigations. Exceptions must be approved by the OCS Administrator and documented in the Facts case record by the supervisor.

Law enforcement, the Department of Justice, and, when applicable, the Division of Public Health will be notified as soon as possible by the caseworker, supervisor, or Regional Administrator per the Memoranda of Understanding with these agencies.

The Department Safety Council will review all serious injury or death reports meeting the Department's Critical Incident Criteria to determine if a Root Cause Analysis is needed. The Division will determine if another form of internal review will also be completed.

C-2. Prenatal Exposure to Substances/Fetal Alcohol Spectrum Disorder

Prenatal Exposure To Substances/FASD

When the report involves a case active in Treatment, the assigned supervisor will be notified immediately to determine if the substance abuse has already been identified as a risk factor. If the substance abuse is a known risk factor, the investigation shall be abridged. However, the Treatment worker must respond to the reported information within 24 hours (urgent). The Treatment worker shall attend a pre-discharge meeting at the hospital with the involved agencies and conduct a Safety Assessment of the home prior to the discharge of the infant to the home. If substance abuse has not been identified as a risk factor in an existing Treatment case, a full investigation shall be conducted by Investigation.

Case Active in Treatment

Note: Release of alcohol/drug referral, diagnosis, or treatment information is strictly regulated in Federal statute. This information may not be shared outside a Division or Interdivisional Service Team except with informed consent to release signed by the client.

C-3. Memoranda of Understanding

MOUs

(See Appendices)

Memoranda of Understanding have been developed by the Division to provide detailed agreements with other public agencies about how joint

investigations and casework will be accomplished. These special circumstances include:

Children with Disabilities

a. Interagency Agreement for the Delaware Early Intervention System under Part C (formerly Part H) of the Individuals with Disabilities Education Act: Screening and referral for services.

Corrections

b. DSCYF, the Division of Family Services, and the Department of Corrections: Responsibilities of each agency in the investigation of alleged child abuse and neglect and confidentiality procedures on behalf of each agency.

Dover Air Force Base

c. Division of Family Services and the Dover Air Force Base Family Advocacy Center: Investigation and collaborative intervention.

Law Enforcement and Department of Justice

d. DSCYF, Department of Justice and Delaware Police Departments: Investigation and Collaborative Intervention; includes Sexual Predator Act of 1996 MOU as well as collaboration with the Children's Advocacy Centers.

Developmental Disabilities

e. DSCYF, Department of Health & Social Services, and the Division of Developmental Disabilities Services: Individuals and families who may have developmental disabilities.

Public Health Services

f. DSCYF and the Department of Health and Social Services, Division of Public Health: Responsibilities of each agency in the investigation and treatment of alleged child abuse and neglect and confidentiality procedures on behalf of each agency.

Public Schools

g. DSCYF and the Department of Public Instruction and Public School Districts: Procedures to report and investigate alleged child abuse and neglect.

Substance Abuse Evaluation and Treatment

h. DSCYF, the Department of Health & Social Services, Division of Substance Abuse and Mental Health, and the Division of Social Services: Responsibilities of each agency in the evaluation of substance abuse during investigation, provision of treatment services for substance abuse, and confidentiality procedures on behalf of each agency.

Truancy

i. DSCYF, the Department of Education Public Schools, and the Justice of the Peace Courts: Criteria for referral to DFS and CMH. The MOU was not signed, but DFS and the Justice of the Peace Courts are abiding by its terms.

C-4. **Out of State Runaways**

Out of State Runaways

Out-of-state runaways reported by the police are to be considered dependent children unless the minor child has proof of legal emancipation in another state.

C-5. **Medical Neglect: Religious Exemptions**

Medical Neglect

The Division will investigate reports of medical neglect where parents object to treatment on the basis of religious belief.

a. The caseworker will initiate an investigation to a report of medical neglect based on religious belief.

b. The Deputy Attorney General will be contacted regarding all reports alleging medical non-treatment, since it may be necessary for court action to intervene and provide medical treatment for a child's life-threatening condition.

c. The Division is not required to issue a finding of maltreatment against a parent who denies medical care based on the religious belief and practice of a recognized church (currently only the Church of Christ Scientist in Delaware).

C-6. **Home Alone**

Home Alone

When a report alleges that a parent/custodian/caretaker has left a child under the age of 12 alone or without adequate supervision, the Division staff shall immediately request that the appropriate police department assess the situation and contact the referring staff with their findings. Division staff should never enter any residence when the parent/ custodian or other adult household member is not present.

C-7. **Institutional Abuse/Neglect**

Institutional Abuse/Neglect

The Division of Family Services accepts and investigates reports alleging institutional abuse and institutional neglect. Institutional 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 the DSCYF, and all facilities which are operated by the DSCYF. License-exempt childcare facilities (preschools, schools, hospitals or church-operated babysitting/Sunday schools) are not included and reporters should be referred to the police.

C-8. **Child Sexual Abuse**

Child Sexual Abuse

The Division accepts and investigates reports alleging intrafamilial child sexual abuse, including older siblings/other relatives. The report will also be accepted when sexual abuse is alleged for other persons living in the household.

See Sexual Predator Act of 1996 in Law Enforcement and DOJ MOU

The Division screens reports to determine if a person meets the definition of a sexual predator, i.e. an adult 19 years or older with a victim less than 14 years of age, or an adult 10 years or older than the victim, when the victim is less than 16 years of age. For reports meeting the definition of a sexual predator, the Division has additional responsibilities, including tracking numbers and reporting to the appropriate police agency.

C-9. **Safe Arms for Babies**

Abandoned Baby

Delaware law permits a parent turn a baby up to 14 days old over to hospital emergency room staff instead of abandoning the baby. A parent may obtain information about Safe Arms for Babies by calling 1-800-262-9800. The Division of Family Services shall petition for legal custody of the baby and seek termination of parental rights within 30 days unless the parent seeks reunification.

C-10. **Requests for Information About Division Activity**

Request for Information

Division staff shall not divulge information about current or prior case activity over the telephone because there is no way to verify who is calling or that the party is entitled to the information (e.g., a person who was investigated and substantiated).

From Child Protective Services in another state: Division staff will request that the other state fax a signed consent to release information. If a signed consent is not available, Division staff will request that the other state agency fax their questions on agency letterhead. Division staff will respond to inquiries when a signed consent or agency letterhead is provided.

See MOU with Law Enforcement and DOJ

From law enforcement: When a law enforcement officer contacts the Report Line for information, the Report Line shall take the law enforcement officer's agency phone number and call the officer back with the information.

C-11. **Dependent Children Active with the Division of Prevention and Behavioral Health Services and the Division of Youth Rehabilitative Services**

Dependency-DPBHS/DYRS

The Division must accept reports from the Division of Prevention and Behavioral Health Services when a child has completed residential treatment and the parent/caretaker is physically/mentally incapacitated to care for the youth or the parent/caretaker refuses to allow the child to return home.

See Department Policy 209

The Division must accept reports made by the Division of Youth Rehabilitative Services for two groups of youth when the parent/caretaker is physically/mentally incapacitated to care for the youth or the parent/caretaker refuses to allow the child to return home.

1. Detained youth ages 13 and under
2. Youth in a DYRS Treatment Facility or Correctional Facility who cannot return home

when:

1. Justice of the Peace Court or Family Court determines that detention is not necessary, and/or
2. The parent/caretaker is physically/mentally incapacitated to care for the youth or the parent/caretaker refuses to allow the child to return home.

F-14. **Reports Alleging Abuse/Neglect by the Non-Custodial Parent in Investigation or Treatment**

When a report is made alleging abuse or neglect by the non-custodial parent of a child, the report should be made in the non-custodial parent's name. If the case is active in Investigation, the case should be assigned to the same caseworker investigating the custodial parent. If the case is active in Treatment, the case will be assigned to Investigation.

Investigation and Assessment: Case Decision Point #2

Investigation & Assessment

#2.1. **Determining Whether The Child Is Safe.**
#2.2. **Preparing a Safety Plan and/or Arranging An Initial Placement.**
#2.3. **Determining Maltreatment or Risk of Maltreatment.**
#2.4. **Will Family Receive Treatment?**

Purpose:

To immediately conduct an investigation and/or family assessment in response to reports of child abuse or neglect, and take necessary action to offer protective services to safeguard and enhance the welfare of an abused or neglected child, and to ensure that children who are alleged to be abused or neglected are screened or examined to assess their current physical well-being and to provide medical treatment when necessary.

The system shall coordinate community resources and provide assistance or services to children and families identified to be at risk, and to remedy child abuse and neglect.

Scope:

The Division is mandated to investigate reports of alleged abuse or neglect twenty-four (24) hours a day, seven (7) days a week.

Decisions:

During Initial Assessment five decisions will be made by the caseworker, in collaboration with the supervisor, based on the information gathered from the family (including children), reporter, and/or other persons who have information about the allegations and/or conditions of the family members. They are:

Is This Child Safe?

A. Is the child (or children) safe?

Is This Child Maltreated?

B. Is this child maltreated?

C. Do negative elements within the Child At Risk Field place the child at risk?

D. What actions should be taken at the time of investigation/assessment?

E. Does the DFS need to provide services for the family?

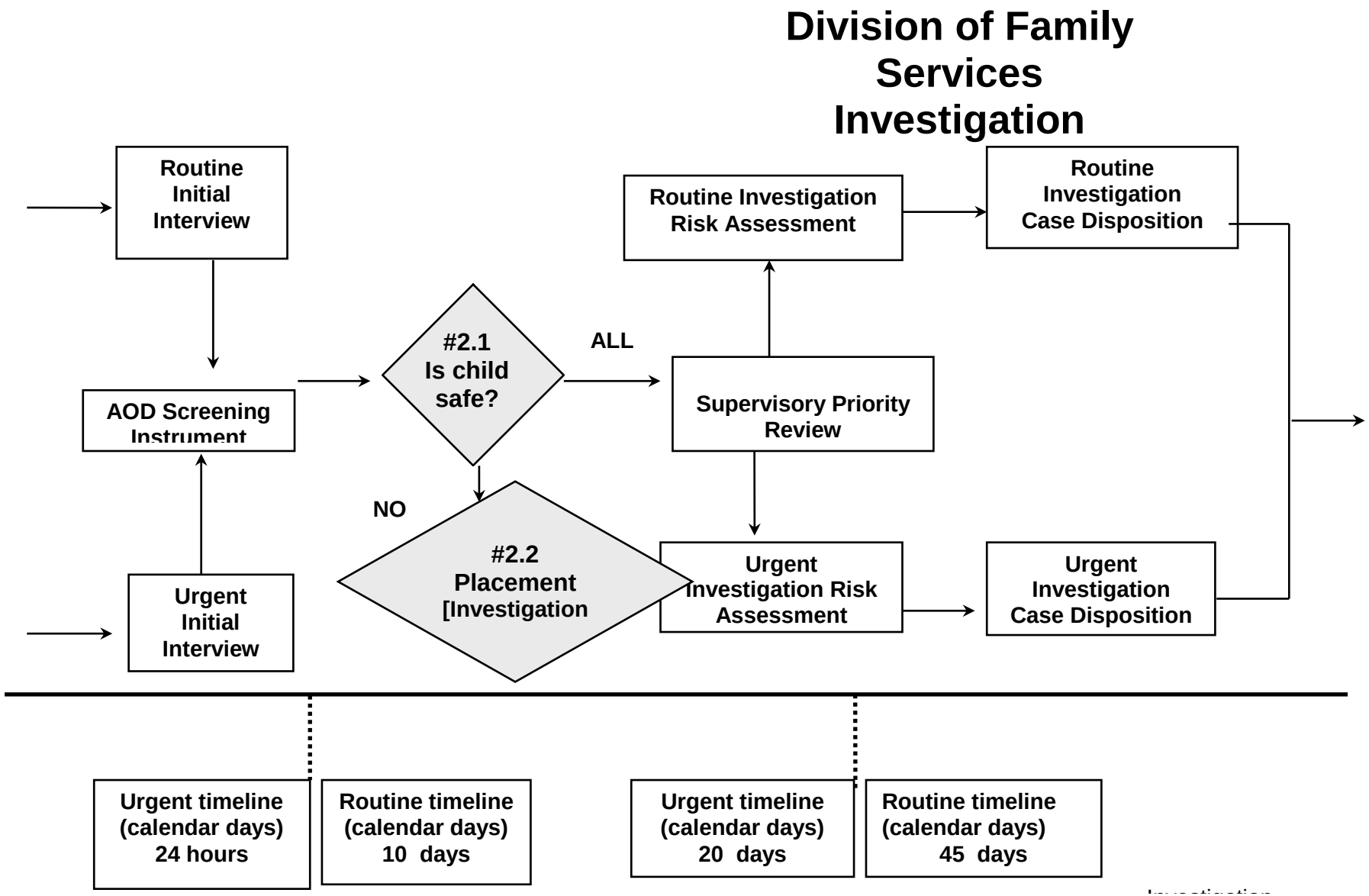
Is Initial Placement Required?

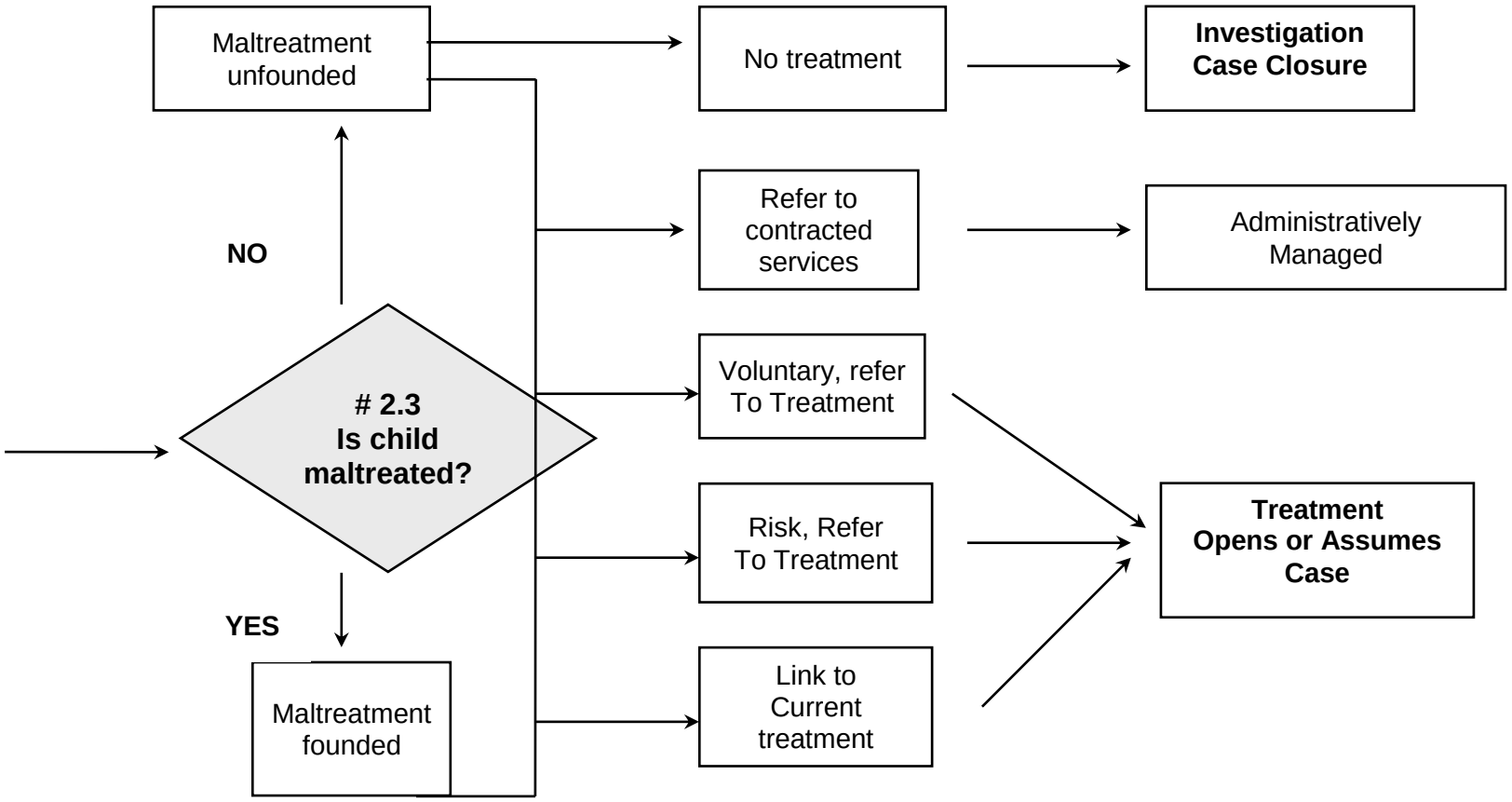
If at any point in the investigation/assessment process it is determined that the children are at significant risk of maltreatment (danger-loaded elements are present and interacting), immediate action will be taken to protect the children. If not, the investigation is downgraded to routine status.

Client Pathway

The Investigation Flow Chart illustrates the process, by which an investigation is conducted, the decisions that will be made for each situation and the resulting outcomes for each decision.

Client Flowchart (2 pages)




Maltreatment unfounded
No treatment
Investigation Case Closure
Refer to contracted services
Administratively Managed
NO
2.3 Is child maltreated?
Voluntary, refer To Treatment
Risk, Refer To Treatment
Treatment Opens or Assumes Case
YES
Maltreatment founded
Link to Current treatment

Critical Standards:

A. Investigation Protocol

A-1. The Division conducts civil investigations in which the standard of proof is a preponderance of the evidence.

A-2. Reports assigned for urgent response will have an investigation initiated within 24 hours, and a decision about maltreatment will be completed within 20 calendar days.

Timeframes for Response

A-3. Reports assigned for routine response will have an investigation initiated within 10 calendar days, and a decision about maltreatment will be completed within 45 calendar days.

A-4. A DELJIS search must be conducted before the caseworker responds to assess whether there are potential safety issues for the caseworker who will contact the family and to identify potential risk to the child.

See DELJIS Policy and User in Administrative Section

A-5. Federal law (CAPTA) requires that the Division notify every individual who is the subject of a child abuse and neglect investigation (the alleged perpetrator) of the allegations against him or her. In addition, the individual who is the subject of an investigation shall be given a copy of the Parent Handbook.

Refer to User Manual

A-6. All children in the home who are verbal are to be interviewed or observed if they are non-verbal to evaluate their condition.

A-7. All adults residing in the household with caretaking responsibilities for the children must be interviewed and individuality assessed for risk to the child(ren).

Assess All Children and Adults in the Home

A-8. A parent not residing in the household who has routine contact with the alleged victimized child(ren) must also be interviewed.

A-9. An adult caretaker (e.g., paramour, relative) not residing in the household who is alleged as a perpetrator in a report under investigation must be interviewed.

A-10. A Safety Assessment will be conducted for each new report accepted for investigation.

A-11. The investigation shall include a review of available historical information on FACTS, CYCIS, and DELJIS.

Determine Who Else Needs to be Contacted

A-12. All reports assigned for investigation must include a minimum of two collateral contacts. It is the responsibility of the caseworker to determine and select the appropriate collateral contacts, alone or in consultation with the supervisor, based on the allegations in the report and other factors learned about the family during the investigation. Collateral contacts are to be made during the course of an investigation (not at the conclusion of the investigation) to verify information obtained from the family and to obtain additional information to assist the caseworker in the decision-making process.

See Collateral Contact Chart in Investigation User Manual (Page 2-26)

When the investigation involves a case active in Treatment, the investigating caseworker will focus on collateral contacts relevant only to the child victim(s), unless it becomes necessary to interview collaterals relevant to all of the children. Also, the Treatment caseworker may be viewed as a collateral provided the caseworker has had routine contact with the child victim(s) and family.

Obtain Informed Consent

A-13. The Division of Family Services will request that appropriate consent forms be signed by the parent, custodian, guardian, or by the child over age 12 years for every case. These include the Consent to Obtain/Release Information Form, the Interagency Consent for Release of Information Form (for all children removed from the home).

Medical Examinations

A-14. The three primary reasons for obtaining a medical examination/ screening are to:

- Determine the child's immediate medical needs.
- Determine if there are any previous injuries consistent with physical abuse.
- Determine and document current injuries.

See Authorization for Medical Examination During Investigation Form in Forms Manual

Division staff shall obtain a medical examination or medical screening of a child based on the Medical Examination Protocol in the Investigation User Manual. Medical examinations shall be conducted by qualified medical staff (e.g., doctor). The protocol does not preclude Division staff from obtaining a medical examination for children over 8 if warranted. In addition, a supervisor has the option at any time to require that a child, regardless of the source or content of the report, be examined prior to the completion of an investigation.

Per 16 Del.C. § 906(b)(5), parental consent is not required provided the case is classified as an investigation and the Division Director or designee gives prior authorization for such examination to protect the health and safety of the child. In addition, consideration should be given to a dental examination for injuries involving the mouth or teeth.

A-15. Regardless of whether or not substance abuse or domestic violence is mentioned in the Hotline report, the investigation caseworker will assess the use of substances and the existence of domestic violence during their interviews and in completing the investigation safety and risk assessments.

Always Assess for Substance Abuse & Domestic Violence

A-16. The Division shall contact the appropriate law enforcement agency for all reports, which if true, would constitute a criminal violation against a child by a person responsible for their care, custody, and control. See the Joint Investigations with Police chart in the Investigation User Manual.

A-17. The Investigation caseworker shall assess whether any child from birth to age three appears to be developmentally disabled or delayed. A referral to Child Development Watch shall be made for such child regardless if the case will remain open for services or will be closed.

See Memoranda of Understanding for Part C and the Division of Public Health

A-18. When the Division determines that an incident of child abuse or neglect is substantiated, the alleged perpetrator will be informed of the investigation outcome verbally if possible and by certified mail, return receipt requested and First Class mail. The notification will inform the alleged perpetrator of the right to request a Substantiation Hearing in Family Court.

See Substantiation Hearing Policy for Investigation

B. Safety Assessment

B-1. The purpose of the safety assessment is to identify the present safety factors that (A) negatively impact the child and to (B) determine what immediate decisions need to be taken to protect the child.

B-2. Evaluating the safety of a child is a discrete function within DFS that is separate from validating the presence of child abuse or neglect and assessing and identifying risk of maltreatment.

Child Safety Model

B-3. Safety decisions address safety at home or at the current living arrangement, when possible, and include out-of-home care when in-home safety is not possible.

B-4. A child is deemed safe when consideration of available information leads to the conclusion that the child in his or her current living arrangement is not in immediate danger of serious harm, and no safety interventions are necessary.

Safety Assessment Timeframes

B-5. A child's safety shall be assessed:

a. At the time of the initial face to face contact with the identified victim and household caregivers; and

b. Within seven working days prior to returning a child home; and

c. Within thirty working days prior to case closure; and

d. Whenever circumstances suggest that the child's safety may be jeopardized.

B-6. Whenever a safety factor is identified during the safety assessment process, a Safety Plan is required with the family. The plan must be completed immediately upon the identification of a safety factor.

B-7. Information collected during the safety assessment will be documented in both Progress Notes and in the Safety Assessment. If parental substance abuse has been ruled out, this will be specifically documented in Progress Notes.

Reasonable Efforts to Prevent Placement

B-8. Reasonable efforts will be exercised through the provision of case management services and other appropriate services to meet the family's needs to prevent or eliminate the need for separation of the child from his family and/or to make it possible for the child to return to his family.

B-9. At no time should the Safety Plan be used as a tool to effect the placement of a child (for example, as a voluntary placement tool). The Division may only remove a child from the family's home and subsequently make arrangements for placement elsewhere when the

Division holds legal custody of the child. This does not preclude the family from initiating the recommendation that the child temporarily stay with a relative. Prior to the alternate living arrangement taking effect, the caseworker shall conduct or obtain a DELJIS search and FACTS search on the suggested alternate caregiver. Additionally, the caseworker shall assess a child's safety in the alternate living arrangement arranged by the parent/caregiver.

B-10. Placement of children shall occur only when necessary to protect the child and whenever possible, allow for prior planning and preparation for both the child and family. Emergency placement may be necessary to protect the child if:

a. It is determined that the child cannot be kept safe and may suffer serious or permanent physical or emotional damage if not placed immediately.

b. The child is abandoned.

B-11. Separation between parents and children is a serious event in the lives of those separated. When the Division determines that a child needs to be removed from the home, the Division must pursue legal intervention to protect the child from imminent danger. The caseworker will proceed with the appropriate legal petition.

Emergency Placements

SEE: Placement Policies (Case Decision #4: Placement)

Petitions for Custody

C. Risk Assessment	
C-1. Risk Management methodology is used by the Division to conduct a risk assessment during investigation. It is the process utilized to determine the possibility of future harm. C-2. Risk assessment is the process conducted by the Division in response to a report of child maltreatment for the following purposes: a. Identification of risk factors. b. Determination of level of risk to the child(ren). c. Need for continued involvement of this Division.	**Action for Child Protection Model**

D. Special Circumstances:

D-1. **Foreign Language**

Interpreters

When the family does not speak and/or understand English, the services of an interpreter will be utilized to assist the caseworker and family.

D-2. **Special Needs**

Special Needs

When an individual is disabled (e.g., speech, hearing), the Division will obtain sign language services to assist in the investigation.

D-3. **Client Lack of Cooperation**

Client Lack of Cooperation

a. Division staff will honor a client's refusal to allow entry to the client's residence.

b. Division staff will honor a client's refusal to be interviewed or a request to terminate the interview.

c. The Division should request from Family Court an order to obtain access to a child or children and the residence of such children to conduct an investigation when those responsible for the care, custody, and control of the child are not cooperating with the investigation. The Family Court shall have the authority to issue such orders based on probable cause and may enforce non-compliance of such an order.

D-4. **Temporary Emergency Protective Custody**

Temporary Emergency Protective Custody

a. Only a Division caseworker who is also an investigator may assume Temporary Emergency Protective Custody of a child at a school, day care facility, or child care facility up to a maximum of four (4) hours when the investigator reasonably suspects the child is in imminent danger of suffering serious physical harm or a threat to life.

b. The Division is not required to obtain verbal or written consent of the child's parents, guardian, or others legally responsible for his or her care to assume Temporary Emergency Protective Custody.

c. Temporary Emergency Protective Custody shall be invoked only when the investigator reasonably suspects the child's safety may be at imminent risk and waiting to file an ex parte petition for custody in Family Court will prolong the risk to the child. In addition, Temporary Emergency Protective Custody may be invoked to transport a child for medical examination services when it appears the abuse or neglect that has occurred could put the child in imminent danger of further harm.

d. A Division investigator is not permitted to invoke Temporary Emergency Protective Custody at any other location than a school, day care facility, or childcare facility at the time initially exercised.

D-5. **Institutional Abuse & Neglect**

Institutional Abuse & Neglect

a. The Division is 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. License-exempt childcare facilities (schools, hospitals or church operated babysitting/Sunday schools) are not included and those reporters should be referred to the police.

Refer to MOU with Law Enforcement and AG's Office

b. When an institutional abuse investigation of a foster home or child care home concludes in a finding of Level III or IV child abuse or neglect, the Institutional Abuse Investigator shall interview all potential child victims receiving services in the home that were not identified as victims in the report. If further investigation determines there was alleged abuse/neglect of children previously in the home, those children will also be interviewed.

c. When an institutional abuse investigation of an employee in a child care facility concludes in a finding of Level III or IV child abuse or neglect, a report shall be made by the Institutional Abuse Investigator and an intrafamilial investigation shall be conducted if the employee is a caretaker for a child in their own home.

D-6. **Investigation of Division Employee/Division Employee's Relative**

DFS Employee/ Relative Investigations

An intrafamilial abuse report made against a Division employee or the employee's relative will be investigated in a manner that is consistent with investigation policy. The Division employee shall be blocked from reading about the investigation on FACTS.

D-7. **Investigation of Division Employee – Physical/Sexual Abuse of a Client**

Reports that allege a Division employee physically or sexually abused a client shall be referred to IAIU (Institutional Abuse Investigation Unit) for investigation.

Department Employee Investigation

D-8. **Investigation of Department Employee/Relative of Department Employee**

An intrafamilial abuse report made against a Department employee or a relative of the Department employee will be investigated in a manner that is consistent with investigation policy. The Department employee shall be blocked from reading about the investigation on FACTS.

Prenatal Exposure To Substances

Refer to MOU with DPH for high risk infants planning criteria

D-9. **Prenatal Exposure to Substances**

A report alleging prenatal exposure requires an interdisciplinary meeting as described in the high risk infants planning criteria prior to the child's release from the hospital. Per the federal Child Abuse Prevention and Treatment Act (CAPTA), the Division is required to develop a "plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms."

Dependency – DCMH/DYRS

D.10 **Dependent Children Active with the Division of Child Mental Health or the Division of Youth Rehabilitative Services (or active with both Divisions)**

D-10.1 For children reported to be dependent by the Division of Child Mental Health or the Division of Youth Rehabilitative Services, the Division will conduct a complete investigation to assess if the child can be returned to the parents/caretakers or to determine if other family members are a resource. Special consideration should be given to gathering all available information regarding the child's mental health issues/needs, treatment history, and criminal history so that appropriate treatment, and if necessary, out-of-home placement services can be obtained for the child.

D-10.2. For youth reported to be dependent by the Division of Youth Rehabilitative Services, the Division will conduct a complete investigation to assess if the youth can be returned to the parents/caretakers or to determine if family members are a resource. Special consideration should be given to gathering all available information regarding the youth's criminal history and mental health history so that appropriate out-of-home placement services, if necessary, can be obtained.

Treatment for Children & Intact Families: Case Decision Point #3

Treatment for Children and Intact Families

3.1 Ensure Children Are Safe
3.2 Assess Family for Strengths and Needs
3.3 Develop Family Service Plan
3.4 Review Family Service Plan Quarterly
3.5 When Placement is Necessary
3.6 Assess Case for Closure

Purpose:

Child protective treatment services are planned short-term intervention services and should be as non-intrusive as possible.

These decision points follow the investigation and determine whether a family is in continuing need of treatment. It also governs the case management and case review process for families receiving treatment until the case is closed.

This policy also specifies a course of action for the caseworker when an investigation has determined that protective treatment services are necessary and the family/caretaker will not cooperate with treatment services.

Case closure is the Division's process for determining that a family no longer requires the services of the Division or that the Division is no longer in a position to provide services to the family.

Scope:

This applies to all families receiving treatment services following an investigation, whether the child remains in the home or has been removed from the home.
Whenever possible, treatment cases for children remaining at home should be closed within nine months of a treatment case being opened, if possible.

Decisions:

Are Treatment Services Required?

A. Complete Safety Assessment to determine if children are safe.

B. Complete the Family Assessment Form to determine the strengths and needs of the children.

C. Negotiate a Family Service Plan with the family members that outline the activities that all parties will undertake to resolve the problems that place the child at risk.

Creating the Family Service Plan

D. Determine when there is a need for emergency placement prevention services.

E. Prepare for placement and select an appropriate caregiver when the safety of the child requires removal from the home. These case decisions related to foster care will occur simultaneously with the treatment and case management decisions.

Preparing for Placement If Required

F. Continuously monitor the child's ongoing safety and the progress of all parties toward the Family Service Plan goals for each party.

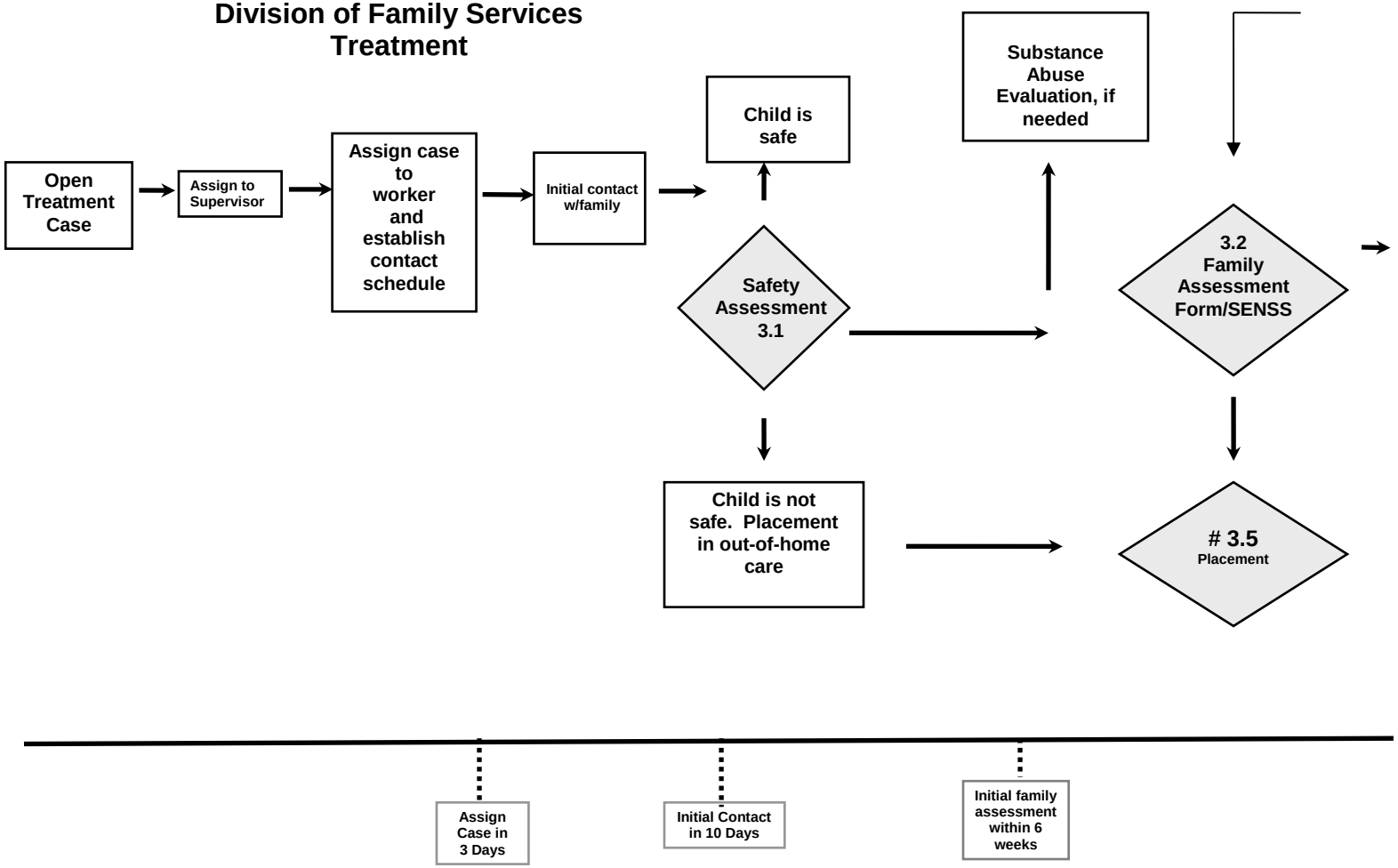
G. Determine when it is appropriate to close the case.

Monitoring the Parties' Progress

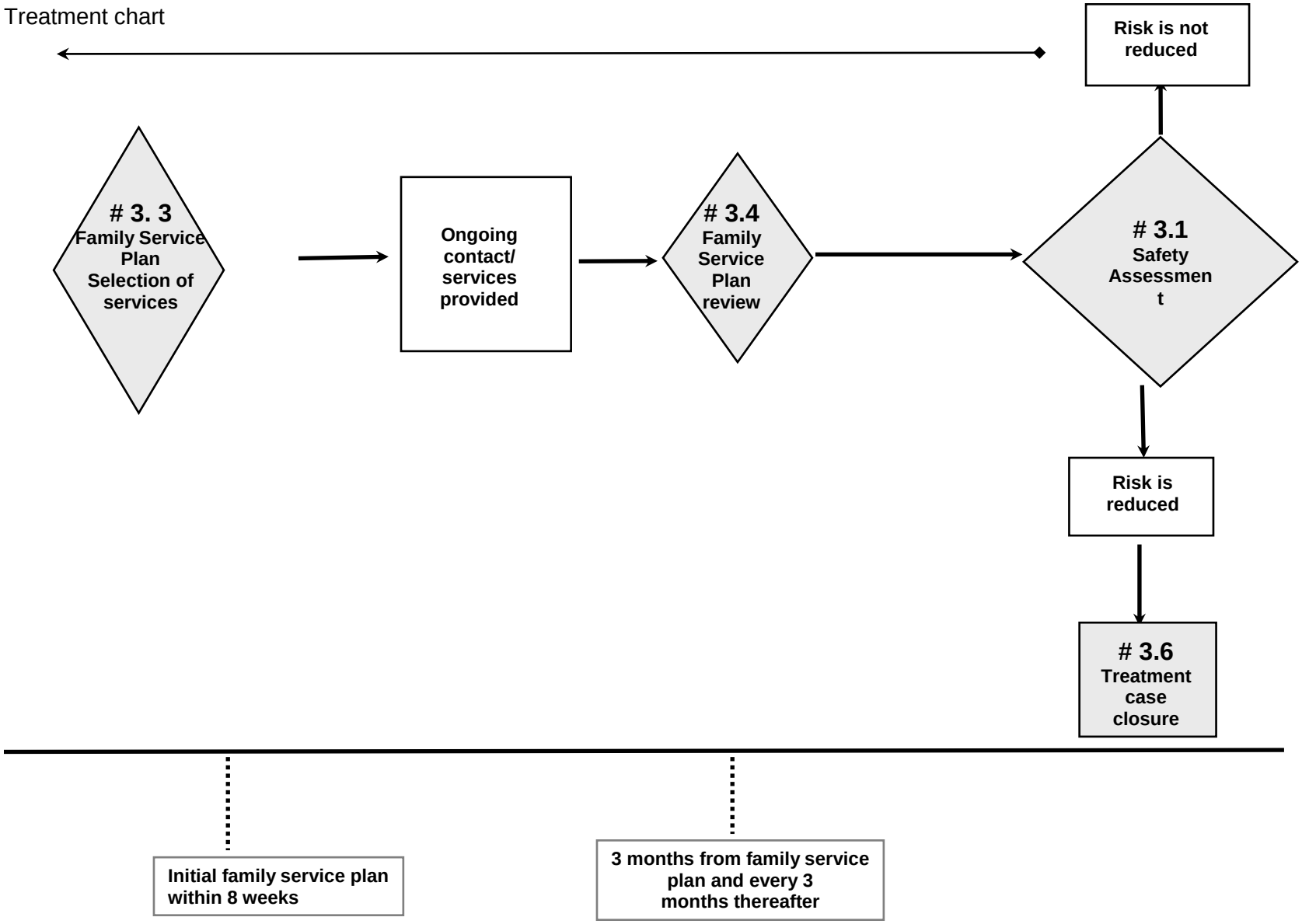
Client Pathway:

See the following chart.

Division of Family Services Treatment



Treatment chart



Treatment flowchart

A. Safety Planning

Child Safety Model

A-1. *Safety* addresses the child's *immediate and present* danger and the interventions currently needed to protect the child. Safety intervention addresses safety at home or at the current living arrangement, when possible, and includes out-of-home care when in-home safety is not possible.

A-2. A child is deemed safe when consideration of available information leads to the conclusion that the child in his or her current living arrangement is not in immediate danger of serious harm, and no safety interventions are necessary.

A-3. A child's safety shall be assessed:

a. At the time of the initial face-to-face contact with the identified victim and household caregivers unless the children have been removed from the home by DFS custody/out-of-home care prior to the case being transferred to treatment. The child(ren) MUST be seen in order to complete a Safety Assessment; and
b. Within seven (7) days prior to returning home; and
c. Within thirty (30) days prior to case closure (a Safety Assessment does NOT need to be completed prior to closing a case if there are NO children under the age of 18 residing in the home at the time of closure); and
d. Whenever circumstances suggest that the child's safety may be jeopardized for children residing in the home or visiting the home.

A-4. Whenever a safety factor is identified during the safety assessment process, the worker must:

- Justify why a safety plan/placement is not necessary;
- Develop a safety plan to address the safety factor; or
- Reflect that the child was placed in out-of-home care

Safety Assessment

A-5. The safety plan must be signed by the caseworker, the caretakers, and any individuals who have agreed to participate in the plan. It must be completed prior to the conclusion of the meeting.

A-6. An updated criminal background check must be completed at all points that a safety assessment is done.

A-7. Information collected during the Safety Assessment will be documented in both Treatment Notes and the Safety Assessment

A-8. Reasonable efforts will be exercised through the provision of case management services and other appropriate services to meet the family's needs to prevent or eliminate the need for separation of the child from his family and/or to make it possible for the child to return to his/her family.

A-9.	When the caseworker has determined a child will not be safe and the family refuses to sign a safety plan, the caseworker will petition for ex parte custody of the child.	
A-10.	At no time should the Safety Plan be used as a tool to effect placement of a child. DFS may only remove a child from the family's home and subsequently make arrangements for placement elsewhere if the Division holds legal custody of the child.	

B. Family Assessment	
B-1. Protective treatment services are planned short-term interventions. Assessment is the first step in identifying a family's strengths as well as areas of concern. It is necessary to complete a comprehensive assessment in order to develop a meaningful Family Service Plan. The process begins with the completion of the Safety Assessment, the Family Assessment, and the SENSS and culminates in service planning with the family. Once services are in place, the case review process is used to measure progress. At all points of service delivery including assessment, selection of services, service planning, and closure, the safety of the children is the primary focus.	**Planned, short term interventions**
B-2. The Family Assessment must be completed within the first six weeks of receiving a new case. The assessment should focus on all of the children in the home including any child living elsewhere under a safety plan and visiting the home, or in DFS custody and in out-of-home care and their adult caretakers. A Family Assessment must be completed for both parents for the child, even if one of the parents is not involved in the child's life. If, for some reason the Family Assessment Form cannot be completed within 6 weeks, the record must contain documentation explaining the circumstances which prevented its timely completion.	**Family Assessment Form**
B-3. The Family Assessment Form should focus on a family's strengths as well as concerns. Historical information should be gathered.	
B-4. The Family Assessment Form must be completed whenever there is a significant change in the family, i.e. birth of a child, marriage, paramour moves into or out of the home, children returning from out-of-home care, etc.	
B-5. The initial contact schedule cannot be changed until after the Family Assessment Form has been completed and should be based on the needs/risks in the family.	**Initial Contact Schedule**

C. Develop Family Service Plan

Focus on the parent's ability to keep the child safe

C-1. All families active with the Division have a right to a written Family Service Plan that clearly spells out goals and objectives in positive, measurable terms. Caseworkers must make attempts to develop written service plans with each parent for each child, including the non-residential parent. Case plans must be individualized for each parent and should take into account the parents relationship with their child. Caseworkers must involve the parent(s) in the development of the Family Service Plan and it must be written in language that the parent(s) can understand.

C-2. The Family Service Plan must include careful consideration of the extent of drug/alcohol use and the impact on the parent's ability to keep the children safe.

Developing a Family Service Plan

C-3. The Family Service Plan outlines the activities that the caseworker, client and others undertake to resolve the problems that place the children at risk. The plan is a direct outgrowth of the Family Assessment Form. At all points of service delivery including assessment, selection of services, case planning, and closure, the safety of the child(ren) is the primary focus.

C-4. In the case of an absent parent, the caseworker must clearly document all of their attempts to locate and engage the parent.

C-5. The DFS caseworker has responsibility for developing the Family Service Plans. The only exception is where another agency has assumed full responsibility for working with the families. The caseworker has responsibility for case planning with the caretakers of all children in the family unless a decision has been made and documented in the record that services to a portion of the family are no longer needed.

C-6.
C-7 The caseworker should document their discussion with the parents to develop a concurrent plan in the event that the family plan activities do not result in risk reduction of safety and the agency may consider foster care. The concurrent plan can include identification of alternate caregivers who the agency might access to care for the children and/or assist the parent in obtaining the services they need.

C-8. Each plan will include written information describing the appeal process and right to a Fair Hearing. The client will receive a copy of each critical decision and the notification must explain the right to appeal and the right to request a fair hearing.

SEE Appeals/Fair Hearings Policy

C-9. The caseworker shall attempt to have the client(s) sign the Family Service Plan. This does not necessarily indicate their agreement but that they have discussed and understand the Plan. If the client elects

See

	not to sign the Plan, the caseworker shall document this on the Plan, giving the reason. The client may prepare a written response for refusing to sign the plan which should be attached to the Family Service Plan.	***Administrative Section***
C-10	If a client is represented by an attorney, it is the client's responsibility to ensure that their attorney has reviewed the Family Service Plan prior to signing it.	
C-11	After the parent signs the case plan, they must be provided with a copy of their plan. They do not receive copies of the plan for the other parent of the child.	

D. Case Management

D-1. The case process for the case management decisions are as follows:

a. Complete Safety Assessment at first face-to-face contact.

b. Complete Family Assessment Form within the first 6 weeks of receiving a new treatment case.

c. Develop and implement the Family Service Plan.

d. Enlist the family system to help families change, and identify possible resources in a concurrent plan should child(ren) need to be place out of the home.

e. Arrange and coordinate services provided by agencies other than the Division of Family Services, ensuring that all Memoranda of Understanding are followed.

f. Maintain regular contact with all members of the family to ensure child safety based on the contact scheduled assigned by the supervisor.

g. Continue assessing safety of the children throughout the case process.

h. Conduct a Criminal History Background Check on all adults moving into the family household or when the client family changes their living situation and children are exposed to adults not previously checked in DELJIS. An updated criminal background check must be completed whenever a Safety Assessment is completed.

i. Provide casework counseling activities.

j. Complete regular Family Service Plan Reviews every 90 days with the child and family.

k. Consult regularly with the supervisor to evaluate case planning strategies and assess progress toward desired outcomes.

l. Identify possible relative/non-relative resources if a child needs to be placed or reunification is not possible.

m. Close cases as soon as appropriate.

Family Service Plans are reviewed every three months

D-2. The caseworker will ensure that Consent to Release/Obtain Information forms were signed by parents during the investigation phase of the case. They will ensure that all Consent to Release/Obtain Information forms are kept current since they expire every 6 months. Individual consent forms must be signed for every adult and child residing in the house. When parent/custodian refused to sign the consent to Obtain/Release of Information Form, the caseworker will contact the designated county Deputy Attorney General for legal advice. The caseworker will not pressure the parent/custodian to sign the consent.

SEE: Client Confidentiality Policy

D-3. A review of DELJIS to Conduct a Criminal Background History Check may be conducted to:

DELJIS

a. Assist the screening of reported information;

b. Verify criminal history information discussed by family members with Division staff

c. Locate a parent active with the Division when the whereabouts of the parent is unknown.

d. Provide the caseworker with updated information regarding criminal charges for individuals involved in the case.

Always assess for substance abuse

D-4. Because more than 50% of cases active in protective treatment list parental substance abuse as a risk contributor, treatment will ALWAYS include assessment of this risk factor by the social worker.

Client

D-5. If parental substance abuse is a serious risk, treatment services will in ineffective unless the problem in addressed. Where parental substance abuse is indicated, the primary focus of all initial treatment plans will be evaluation and treatment. If a client refuses to submit to an evaluation, this is a “red flag” and the caseworker must examine safety more closely. In all cases transferred from investigation where an infant was born prenatally exposed to drugs, a substance abuse evaluation must be completed.

D-6 As long as the family is open in DFS treatment services, a contact schedule must be in place to ensure periodic reviews by the worker with the family regarding progress towards the case plan goals and outcomes and to assess the safety of the children.

E. Quarterly Case Reviews

E-1. The Division is responsible for planning and meeting the child's needs while in out-of-home care. This plan for a Child in Care begins with the completion of PCIC Part II and must be completed for every child within 5 days of placement. The complete plan includes an assessment of the child's immediate needs and the agency's plan to address those needs.

E-2 While separated from the family, any positive relationships the child may have had with family members should be maintained if they are in the best interest of the child. The purpose of the parent/child visit is to:

a. Maintain family relationships

b. Maintain psychological ties between parents and children

c. Prepare for reunification

E-3. The Plan for a Child in Care consists of three parts and must be completed whenever DFS obtains custody of a child, REGARDLESS of the placement the child may be in:

a. Part II - Child Placement Plan – (In Care 5 to 30 Days) addresses circumstances surrounding the placement and the child's immediate needs. The PCIC II identifies the child's medical conditions and current medications, if any, health provider, and current school information including grade and educational classification. This must be completed in FACTS within five working days of the child's placement. DFS must complete a Child Service Plan, Part II within five (5) days regardless of whether the dependent youth is still residing in a YRS placement or a CMH facility.

b. Part III - Child Service Plan – (In care 30 days or more) addresses the child's needs while in placement and until permanency is achieved. The areas specifically addressed are medical, dental needs, educational/vocational needs, social/emotional needs, behavior management, preparation for independent living, court requirements, visitation, and activities to locate a permanent home. This must be completed within 30 days every time a child moves to a new placement. This plan must be updated annually. DFS must complete a Child Service Plan, Part III within 30 days regardless of whether the dependent youth is still residing in a YRS placement or CMH facility. For youth age 14 and older, the plan must be developed in consultation with the youth and, at the option of the youth, up to 2 members of the case planning team who are chosen by the youth and who are not a foster parent of, or caseworker to, the youth. The state may reject an individual selected by the youth to be a member of the case planning team at any time of the state believes it has good cause to believe

that the individual would not act in the youth's best interest. One individual selected by a youth to be a member of the youth's case planning team may be designated to be the youth's advisor and as necessary, advocate, with respect to the application of the reasonable and prudent parent standard to the youth.

F. Supervisory Reviews	
F. 1 Supervisory review is a methodology to ensure that services are appropriate to the needs of children and families. The supervisor reviews and evaluates casework at each decision point in the case (i.e. Assessment, Periodic Case Reviews, Case Closure). This review focuses on family needs and child safety and assists in identifying specific areas requiring additional actions. Supervisors should be aware, and take into account, the family's history with the Department of Services for Children, Youth and Their Families. The contents of the Supervisory Review must be captured in the Directed Case Conference at a minimum of quarterly. The Directed Case Conference should focus on why the family became active with DFS, any historical information, the whereabouts of the children, an assessment of the current safety, progress the family is making on their Family Service Plan, input from service provider's most recent contacts, and any next steps for either the caseworker or the family.	**Supervisory Reviews**

G. Custody Decisions

G-1. Separation between parents and children is a serious event in the lives of those separated. When the Division determines that a child needs to be removed from the home, the Division must pursue a legal intervention to protect the child from imminent danger. Once the Deputy Attorney General determines that sufficient ground exists to proceed with filing for custody, the caseworker will proceed with the appropriate legal petition.

Emergency Placements

G-2. Placement of children shall occur only when necessary to protect the child and whenever possible, allow for prior planning and preparation for both the child and family. Emergency placement may be necessary to protect the child if:

a. It is determined that the child cannot be kept safe and may suffer serious or permanent physical or emotional damage if not placed immediately.

b. The child is abandoned.

Selecting Placements

G-3. DFS must identify and provide notice to all grandparents and other adult relatives of a child within 30 days after the child is removed from his or her home. This will allow the adult relatives the opportunity to explore the possibility of becoming a placement resource for the child.

G-4. When it is determined that a child needs to be placed in out-of-home care, the child's age, relationship to parents and siblings, his physical, intellectual and emotional composition must be considered in selecting the most appropriate placement to meet his needs.

a. The least restrictive setting in close proximity to the parents or family must also be considered.

b. The Division will make every effort to keep siblings together.

c. Relative placement should always be explored and ruled out before considering placing the child in foster care or in the care of a non-relative resource.

G-5. At no time should a Safety Assessment be used as a tool to effect a placement. DFS may only remove a child from the family's home and subsequently make arrangements for placement elsewhere if the Division holds legal custody of the child.

G-6. A Safety Plan indicates a child will reside with a relative or DFS receives custody and intends on placing the child with a relative, the agency must complete a Home Safety Assessment.	**Relative Safety Assessment**
G-7. Once DFS obtains custody, if it appears that it may be necessary to make a life ending decision for the child, DFS will immediately consult the child's appointed GAL or CASA. If the child does not have an appointed CASA or GAL, DFS decisions will always be to continue the life of the child until one is appointed. A court order will be required to ensure all factors are considered before making a final life ending decision. Life ending decisions include "Do Not Resuscitate" orders or removal of life support	

H. **Concurrent Planning**

Concurrent Planning

H-1. Concurrent planning is an intentional alternative to planning for children and families. The goals of concurrent planning are to:

a. Engage families and relatives early in the planning process

b. Support safety and well-being of children and families.

c. Promote early permanency decisions for children.

d. Decrease length of time in foster care.

e. Reduce the number of moves children experience in foster care.

f. Increase voluntary relinquishment

g. Develop Family Service Plans with a sense of direction, measurable goals and shorter time frames.

h. Develop a network of foster parents and relatives willing to work with biological families and serve as permanency resources for children.

H-2. Concurrent planning occurs in all stages of service provision to families active in child protective services:

- For intact families, concurrent planning is the provision of rehabilitative services while exploring family resources for safety and support or for possible placement, if necessary.

- In all placement cases, relative and non-relative resources need to be identified as early in the placement episode as possible and especially if reunification appears unlikely.

- When the permanency committee has approved the decision to terminate parental rights, the child's caseworker shall identify, recruit, process and approve a qualified family for an adoption or other permanent plan while simultaneously petitioning the Court. DFS is still required to provide casework services to the family until the Family Court approves the goal of termination of Parental Rights.

- When the permanency committee has approved a permanency goal of relative custody, guardianship, long-term foster care, or independent living, the caseworker shall take whatever steps are necessary to implement the alternative goal while simultaneously preparing Court documents.

Successful concurrent planning

H-3. Successful concurrent planning depends on:

- Accurate, timely assessment of the cases of child abuse and neglect
- Appropriate, targeted provision of services
- Full disclosure to parents and all other parties concerned about concurrent planning efforts and the reasons
- Using time limits as motivation for change
- Clear, concise, written case plans and appropriate review of progress
- Documentation of all services provided and decisions made
- Early search for immediate and extended family, including non-custodial parents, maternal and paternal relatives
- Inclusive case planning and non-adversarial problem solving
- Periodic review of the concurrent plan activities and identified resources and document any changes.

Notice to Parent

H-4. The birth family shall be notified at the first Family Service Planning meeting following entry of the child into out-of-home care that there is a twelve (12) month limit to resolve the problem that brought their child into care Families should be advised that the caseworker will pursue the alternative permanency planning option if sufficient progress is not made on the Family Service Plan.

I. Case Closure	
I-1. Case closure is the Division's process for determining that a family no longer requires the services of the Division or that the Division is no longer in a position to provide services to the family.	**Case Closure**
I-2. Workers must complete a Safety Assessment within 7 days prior to closing the case. However, a Safety Assessment does NOT need to be completed prior to closing a case if there are NO children under the age of 18 residing in the home at the time of closure.	**Safety Assessment**
I-3. A detailed closing summary must include a summation of when and why the case was opened, services provided to the family, their compliance with the Family Service Plan, comments regarding any changes observed with the family, and a summary of the location and custodial status of each child in the home at the time of case closure. The summary should also include any areas of concern that the family refused to address. Finally, the summary should also state whether the case was closed successfully vs. unsuccessfully.	**Closing Summary**

J. Special Circumstances

J-1. **Interpreters**

Interpreters

When the family does not speak and/or understand English, the services of an interpreter will be utilized to assist the caseworker and family.

J-2. **Client Lack of Cooperation**

Client Lack of Cooperation

If at any point while the case is open for treatment services and the family refuses to cooperate, the caseworker must notify their supervisor immediately. If the family continues to be resistant after assistance from the supervisor, the worker must consult with the Deputy Attorney General to discuss possible legal alternatives such as filing for custody of the children. All statements to engage the client must be clearly documented.

J-3. **Transportation**

Transportation

The Division will assist parents/custodians with the transportation of a child to a Division referred service appointment when the parent/custodian is unable or unavailable to provide transportation. If a caseworker is transporting a child not in DFS custody to an appointment and the parent is not in the car, the worker must have a signed Consent to Transport form.

J-4. **Minor Mother/Baby**

Minor Mother/Baby

J-4-1. When a minor in substitute care gives birth, the baby may remain with the minor parent in substitute care under one of the following conditions:

a. Emergency petition for custody

b. Remaining in the minor mother's custody with special arrangements made for payment;

c. Through application for TANF for the baby (if the minor mother is not receiving IVE foster care benefits).

J-4-2. In cases where DFS has legal custody of both a minor mother and her child and they are not placed together in the same out-of-home setting, DFS will open up a second treatment case under the minor mother's name and assign a separate worker to the child to ensure that the minor mother's child is appropriately cared for and has adequate protection.

J-5. **Out-of-State Placements**

Out-of-State Placements

Out-of-state placements for children in the custody of the Division of Family Services will comply with all applicable laws through the Interstate Compact for the Placement of Children.

Prevent Placements

J-6 **Reasonable Efforts to Prevent Placement**

The Division of Family Services has established funds to provide emergency placement prevention services designed to promote family life. Families eligible for items or services from this fund are those in which the lack of specific basic necessities will cause placement of a child.

When a Child Must Leave the Home: Case Decision Point #4

Out-of-Home Placement

4.1 Foster Care/Is Initial Placement Appropriate? Is Child Safe?
4.2 Pursuing Resources for Children in Foster Care (Financial Resources)
4.3 Child Well-Being & Safety
4.4 What Is the Appropriate Permanency Goal? (Court Action)
4.5 Reunification Achieved/Is Child Safe? (Court Action)
4.6 Do Conditions Exist for Expedited TPR? (Court Action)

Purpose:

Separation between parents and children is a serious event in the lives of those separated. When the Division determines that a child needs to be removed from the home, the Division must pursue legal intervention to protect the child from imminent danger. Reasonable efforts will be exercised to prevent or eliminate the need for separation of the child from his family and/or to make it possible for the child to return to his family.

Scope:

Placement of children occurs only when necessary to protect the child. The Division must request legal custody for placement and planning for those children for whom abuse, neglect or dependency is being alleged and the Division has determined the child is not safe in their own home.

Decisions:

A. Determine if there are any appropriate relatives able and willing to care for the child.

B. If there aren't appropriate relatives, select the most appropriate foster placement to meet the child's needs. Children should always be placed in the least restrictive setting possible.

C. Develop and implement a plan that will meet the child's needs for well-being, and safety, via the Plan for Child in Care

D. Develop and implement the appropriate permanency goal.

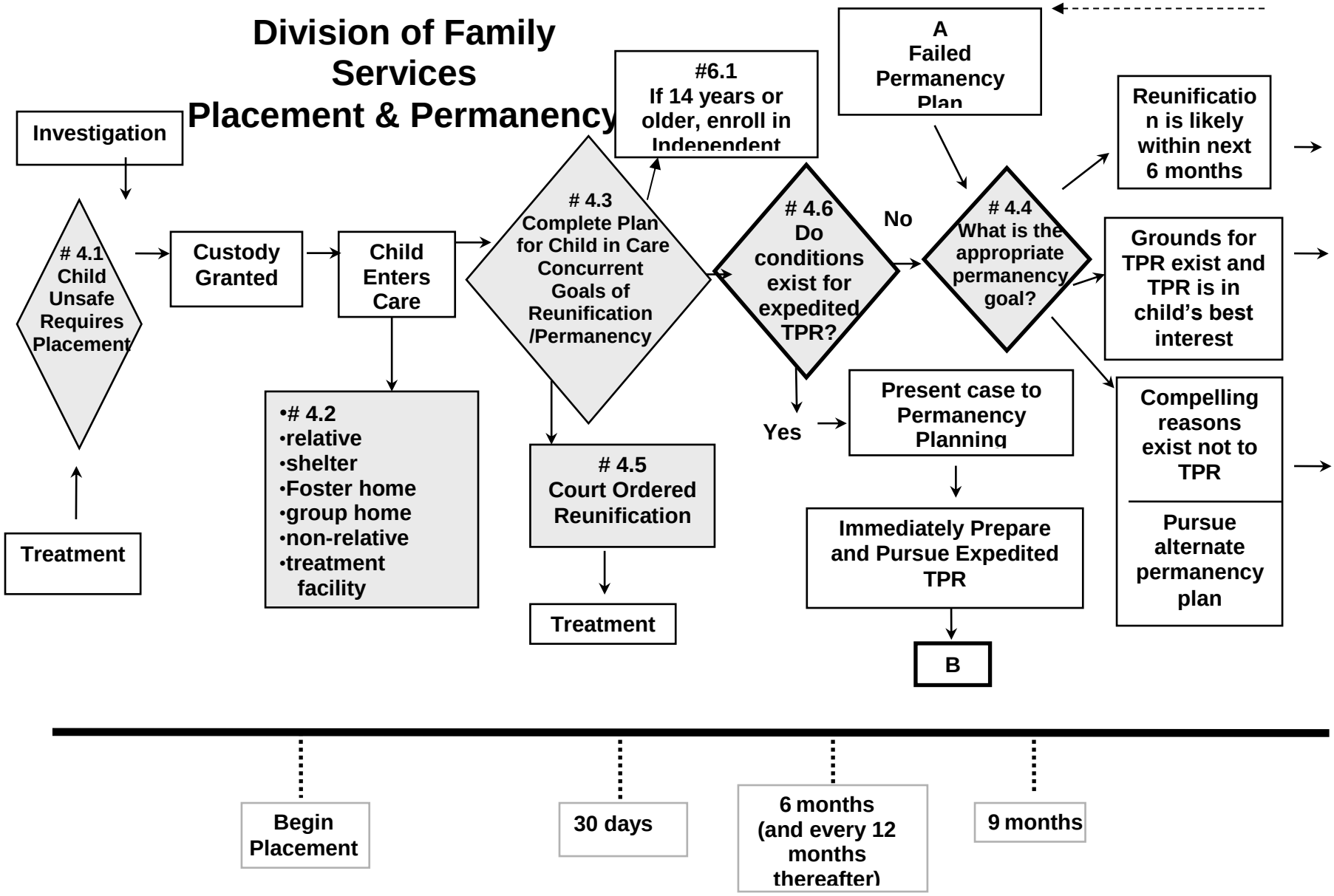
E. Determine if there is justification for expedited termination of parental rights (TPR).

F. Determine that a child should be returned home, and prepare for successful reunification.

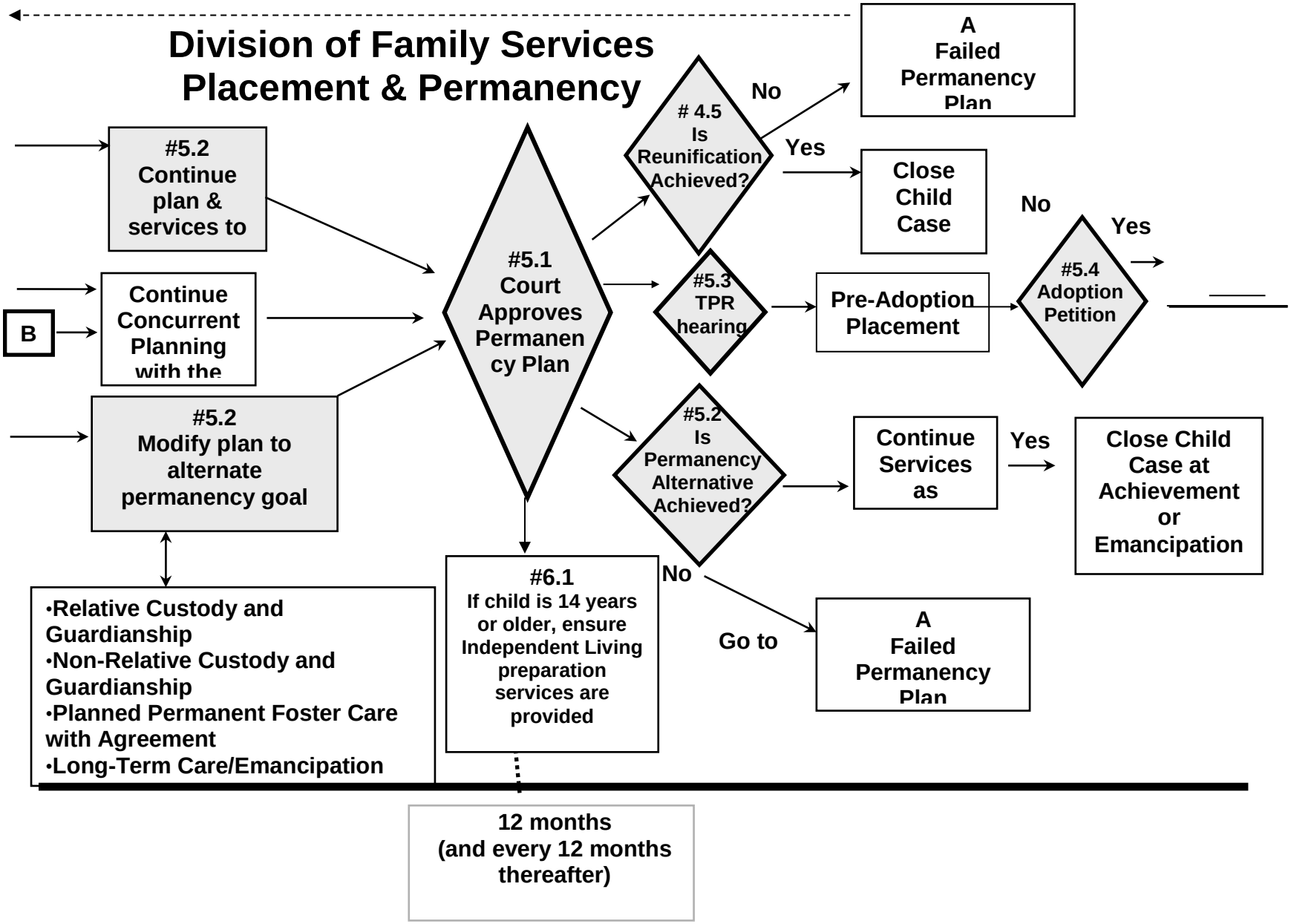
Client Pathway:

See chart

Placement & Permanency flowchart



Placement & Permanency flowchart


Division of Family Services
Placement & Permanency
#5.2 Continue plan & services to
B
Continue Concurrent Planning with the
#5.2 Modify plan to alternate permanency goal
•Relative Custody and Guardianship
•Non-Relative Custody and Guardianship
•Planned Permanent Foster Care with Agreement
•Long-Term Care/Emancipation
#5.1 Court Approves Permanency Plan
#6.1 If child is 14 years or older, ensure Independent Living preparation services are provided
12 months (and every 12 months thereafter)
4.5 Is Reunification Achieved?
No
A Failed Permanency Plan
Yes
Close Child Case
#5.3 TPR hearing
Pre-Adoption Placement
#5.4 Adoption Petition
No
Yes
#5.2 Is Permanency Alternative Achieved?
Continue Services as
Yes
Close Child Case at Achievement or Emancipation
No
Go to
A Failed Permanency Plan

Critical Standards:	
A. Placing a Child in Out-of-Home Care	
A-1. It is the policy of the Division of Family Services that placement of children, whenever possible, should allow for prior planning and preparation for both the child and family. Emergency placement may be necessary to protect the child when: a. It is determined that the child cannot be kept safe and may suffer serious or permanent physical or emotional damage if not placed immediately. b. The child is abandoned. c. Emergency medical care is required for a child in the care of DFS or emergency medical care is required due to medical neglect report.	**Preparation for Placement**
A-2. Consent to obtain and release information will be requested from and signed by the parent, custodian or guardian, for every case opened for initial assessment or treatment. The signed consent form will be shared with individuals from whom the Division is requesting information. A signed consent will be required when other parties, individuals or agencies request information from the Division. Consent forms are only valid for up to six (6) months. They must be reviewed regularly to ensure that they have not expired. If they have expired, new Consents will need to be signed by the parent.	**Obtain Consent** ***SEE: Confidentiality (Administration)***
A-3. Reasonable efforts will be exercised to meet the family's needs to prevent or eliminate the need for separation of the child from his family and/or to make it possible for the child to return to his family.	**Reasonable Efforts**
A-4. The Division is required to develop and implement a permanency plan for every child in placement for whom the Division has obtained legal custody.	
A-5. Out-of-state placements for children in the custody of the Division of Family Services will comply with all applicable laws through the Interstate Compact for Children.	***Out-of-State Placements***
A-6. When it is determined that a child needs to be placed in out-of-home care, the child's age, relationship to parents and siblings, his physical, intellectual and emotional composition must be considered in selecting the most appropriate placement to meet his needs.	**Selecting Placements**
A-7. The least restrictive setting in close proximity to the parents or family home must also be considered.	

A-8. Either prior to or within 30 days of removal from the home, DFS must identify and provide Notification to all grandparents and other adult relatives, as well as to the other parents of the child's siblings when the other parent has legal custody of such siblings. Such notification to grandparents and other adult relatives is required regardless of whether the sibling's parent(s) have a status of Termination of Parental Rights (Parental Rights were terminated). This will allow the adult relatives the opportunity to explore the possibility of becoming a placement resource for the child. If DFS determines that contact with adult relatives is harmful to the child's safety and/or well-being, the impact that continued contact will have on the child must be documented in the record before contact ceases.

A-9. In keeping with the Division's philosophy, relative homes will be the first considered. If relatives are unwilling or unsuitable for placement, DFS will consider non-relative placements next. Foster homes will be considered after all other relative and non-relative resources have been explored. If relative, non-relative and foster home placements have been explored and ruled out, then group care settings will be explored.

A-10. The Division will make every effort to keep siblings together.

Preparation for Placement

A-11. When it is determined that a child needs to be placed or replaced, the child, parent(s), relatives, foster family or group home will be adequately prepared for the placement including the reason for placement and the goals to be met during the placement period.

A-12. At the time a child is removed from a home, the caretaker at the home where the child is leaving must complete a Transfer Instruction Sheet, detailing the child's most recent health and education information. The caretaker completing the form keeps one copy of the form, the top copy is provided to the placement that will be receiving the child, and the third copy gets filed in the child's record. This protocol must be followed regardless of the home the child is being removed from or the home he/she is being placed into.

A-13. At the time a child is placed in an out-of-home setting, the Division social worker must take at least one photograph of the child for inclusion in the record. A new photograph of the child must be taken annually.

A-14. To provide the best possible care for a child, the caregiver for the child will be provided with the Division's Placement Packet at the time of placement. This includes the Transfer Instruction Sheet.

B. Family Visitation with the Child

B-1. **The purpose of the parent/child visit is to:**

a. Maintain family relationships.

b. Maintain psychological tie between parent and child.

c. Prepare for reunification.

B-2. In determining a visitation schedule, the caseworker will take into consideration the following maximum amounts of time that a child can tolerate before he begins to form a new psychological bond:

Age of Child	Amount of Time
Birth to 2 years	Several days
2-5 years	1 week – 2 months
6-10 years	2 months – 6 months
10-14 years	6 months – 1 year

Children beyond 14 years generally have an adult sense of time and can tolerate longer periods of separation.

B-3. The caseworker must request a hearing in Family Court to set visitation limits if the parent's conduct during visitation affects the child adversely. Any modification of court-ordered visitation must be requested and approved through Family Court.

B-4. Visitation between siblings must occur at least monthly unless such visits will be detrimental to the children. If that is the case, the caseworker must document in FACTS why sibling visitation is not occurring.

B-5. After Family Court approves the goal change to APPLA, and when in the best interest of the child, the DFS caseworker will facilitate regular contact between the youth and their family.

B-6. After Family Court approves the Division's recommendation to change the goal to TPR/Adoption, visitation between the child and family will be reduced to 2x/month unless directed otherwise by Family Court.

B-7. After the TPR petition is filed, visitation will occur monthly until the TPR is granted by Family Court.

B-8. If families visit sporadically or inconsistently throughout the life of the case and suddenly wish to increase visitation after the TPR petition has been filed in Family Court, the family should be directed to file a petition for visitation in Family Court.

B-9. If the family has legal representation and the subject of visitation comes up, the family's attorney should be contacting the Division of Family Services' Deputy Attorney General directly to discuss further.

Temporary Home Visit

B-10. There may be times when a child returns home for a brief period of time. If this home visit is only temporary and not the last stage in reunification, this home visit shall be considered a Temporary Home Visit.

C. Medical Consent and Health Care

C-1. Children need routine preventive medical and dental care as well as prompt, appropriate medical attention for illness or debilitating conditions. The Division caseworker is responsible for planning and meeting children's medical needs while children are in out-of-home care. The Division caseworker will make every attempt to utilize the family's health insurance coverage for the child by requesting the information from the family.

C-2. Unless parental rights have been terminated or legal guardianship transferred by the court, parents maintain the right to consent to any medical treatment, remain informed about their child's condition and wherever possible, participate in any medical decision making.
Therefore, the DFS caseworker and/or supervisor will make reasonable efforts to obtain consent of the parent, and to notify the child's legal representation (guardian ad litem or court-appointed special advocate), prior to obtaining medical care.

C-3. There are certain instances in which either the Regional Administrator or the DFS Director must authorize treatment. When those instances arise, the DFS caseworker and/or supervisor will complete the Medical and Mental Health Consent Checklist summarizing the information that was gathered and the steps that were taken which aided in the decision to provide consent. This Checklist will then be forwarded to the Regional Administrator or DFS Director for final approval. Instances in which the Medical and Mental Health Consent Checklist must be completed include:

a. When the parent disagrees with the proposed medical treatment

b. When the parent opposes the use of psychotropic medication

c. When consent is needed for serious, non-routine medical treatment, including surgery

d. When consent is needed for non-routine procedures, including surgery

e. Psychotropic medications with parental approval

f. When consent is needed for in-patient substance abuse treatment for children under the age of 12

g. Obtaining consent for treatment related to contagious, infectious or communicable diseases as well as obtaining birth control for children under the age of 12

C-4. Per Title 13, Section 2521(2) of the Delaware Code the Division of Family Services is statutorily granted certain powers and duties, including:

a. Consenting to medical care for the child

b. Consenting for medical examinations for the child

c. Consenting to medical treatment for the child, including surgical procedures

d. Consenting for mental health treatment, except in-patient psychiatric hospitalization

C-5. The Division cannot sign or consent for medical or mental health treatment required for a child in the following circumstances:

a. In-patient mental health/psychiatric admissions;

b. Involuntary substance abuse treatment;

c. In-patient substance abuse treatment (over 12 years of age);

d. Treatment related to contagious, infectious or communicable disease as well as obtaining birth control (12 years of age or older);

e. Life Ending Decisions, including “Do Not Resuscitate” orders or removal of life support.

C-6. The caseworker will contact the Attorney General for further direction in the above listed circumstances.

C-7. When a child in the custody of DFS is determined to need psychiatric treatment in a hospital setting, DFS does <u>not</u> have the authority to sign for the child’s admission. The only exceptions to this are:

a. Children for whom we hold parental rights.

b. Children over whom DFS holds custody where an <u>existing</u> court order specifically authorizes DFS to sign for psychiatric admission (the caseworker does not petition the court for this authority).

C-8. Early identification of children and families at risk of HIV disease is the key to life-saving care and prevention education. All children should be referred to their physician or the health clinic to determine whether the history and symptoms warrant testing for HIV. All children and families identified as high risk should be referred to a recognized center for testing of HIV and appropriate follow-up.

C-9. All tests for HIV shall be done in compliance with 16 Del. Code Chapter 12 which includes informed consent of the subject of the test or the subject's legal custodian.

C-10. The Division will share HIV testing results with the child's foster parent(s) or other care provider(s) for the purpose of day-to-day physical and medical care.

C-11. Informed consent to an HIV-related test shall consist of a voluntary agreement executed by the subject of the test or the subject's legal guardian. If the agreement is oral, the facts pertaining thereto must be documented by customary practice.

C-12. Per Del Code Title 13, Chapter 7, Section 710, states that a minor 12 years of age or over who professes to be either pregnant or afflicted with contagious, infectious, or communicable diseases or who professes to be exposed to the chance of becoming pregnant may give written consent , except for abortion, for any diagnostic, preventive (including birth control), lawful therapeutic procedures, medical or surgical care and treatment, including x-rays, by any licensed physician, hospital or public clinic, their qualified employees or agents while acting within the scope of their employment.

D. Completing the Placement Packet

D-1. The Division will investigate and pursue all resources that may be available to be used for a child's care. These resources may include Social Security benefits, Medicaid, and Title IV-E.

D-2. The caseworker will notify the Medicaid social worker and the DMSS Eligibility Unit by email that a child has entered out of home care on the day the child enters care. This will ensure a protective filing date for the start of the child's Medicaid coverage. It is the responsibility of DFS to obtain a birth certificate for every child that enters foster care if they were born in the United States.

D-3. If the Eligibility Unit determines that additional information is needed to verify a child's citizenship or identity, they will provide the caseworker with a list of documentation options that will satisfy either citizenship or identity.

D-4. The Division will pursue IV-E funding for all children entering out-of-home placement. This includes completion of the IV-E application in FACTS, including whether the child was deprived of the care and support of one or both parents (see Deprivation Definitions chart). After the IV-E application has been completed, the IV-E eligibility determination is performed by the eligibility unit in the Division of Management Services (DMSS).

D-5. Each child in placement will be assigned a Level of Care (LOC), based upon a description of the behavioral, emotional, physical and medical characteristics, and special placement needs of the child. This rating will identify the factors and reflect the anticipated degree of difficulty the caretaker will experience in caring for a child. The LOC survey must be completed at the time the decision to place is made and for all new placements. The LOC serves as a placement request to the foster care unit. The LOC is reviewed at the Plan for Child in Care review. There are four levels of care: minimal (0), mild (I), moderate (II), and intensive (III). The LOC should be completed yearly or when there have been significant changes in the child's circumstances. For all children with a goal changes to TPR/Adoption, a new LOC will be completed within 3 months after the change in goal and/or the child's case has been transferred to the Permanency Unit.

DEPRIVATION DEFINITIONS

Deprivation Terminology	Definition	DFS Documentation Required
Continued Absence from Home	Initial Determination Natural or Adoptive Parent not present in the home the child was removed from and does not provide for the child's support. If one or both of the parents is not in the home, it meets the criteria. Redetermination – PCIC III & IV Whereabouts of natural or adoptive parent(s) are unknown -When the nature of the absence is such as either to interrupt or to terminate the parent's functioning as provider of maintenance, physical care, or guidance for the child, and the known or indefinite duration of the absence precludes counting on the parent's performance of the function of planning for the present support or care of the child. NOTE: Child removed from relative: Relative home is reviewed for deprivation – "Continued absence" applies when one or both natural or adoptive parent(s) are not living in the relative household at the time of Redetermination.	Initial Determination -Court order documenting parent was absent from the home. -Documentation in client's file or FACTS that parent was not living in the home when the child was removed. -Other reliable source of documentation NOTE: Absence due to military active duty or seeking employment elsewhere does not meet "continued absence from the home". Redetermination – PCIC III & IV -Court order documenting parent(s) whereabouts are unknown. -Other reliable source Documentation in client's file or FACTS
Death of One Parent	Initial & Redetermination One natural or adoptive parent is deceased.	Initial & Redetermination Death certificate or Vital Statistics Record, obituary, legal document, other reliable source. Documentation in client's file or FACTS.
Death of Both Parents	Initial & Redetermination Both natural or adoptive parents are deceased.	Initial & Redetermination Death certificate or Vital Statistics Record, obituary, legal document, other reliable source. Documentation in client's file or FACTS.
Incapacity/Disability	Initial & Redetermination One or both natural or adoptive parents (residing in the home the child was removed from) are mentally or physically disabled and is substantially incapable of caring for the child. This does not include a birth parent that resides in a separate residence.	Initial & Redetermination Is parent receiving SSI? - Medical records - case notes (DFS worker witness account) - Social Security Award letter - -Verification of SSI Medicaid Eligibility (category 51)

		- Other reliable source Documentation in client's file or FACTS.
Unemployment/Underemployment of Principal Wage Earner	Initial & Redetermination The natural or adoptive parent (residing in the home the child was removed from) that is the principal wage earner is unemployed or underemployed & meets the following conditions: Principal wage earner must: - be unemployed or underemployed for at least 30 days prior to the day the petition for custody was initiated. -Not refuse employment without good cause -Must apply for unemployment -Earned at least $50.00 in at least 6 of any 13 quarter period that ends within 1 year prior to the month the petition for custody was initiated. Redetermination – PCIC III & IV The natural or adoptive parent (residing in the home the child was removed from) that is the principal wage earner is unemployed or underemployed & meets the following conditions: Principal wage earner must: - be unemployed or underemployed for at least 30 days. -Not refuse employment without good cause -Must apply for unemployment -Earned at least $50.00 in at least 6 of any 13 quarter period that ends within 1 year.	Initial & Redetermination Statement of wages; Earnings records, Dept. of Labor information showing little to no income; Statement from family/neighbors; statement from DFS investigation or treatment worker; or other reliable source documentation in client's file or FACTS.
Un-established Paternity	Initial & Redetermination Father of the child has not been identified/paternity in question	Initial & Redetermination -Paternity testing required documentation -court order stating father unknown -Paternity outcome pending -Mother states father is unknown -Other reliable source Documentation in client's file or FACTS.
Incarceration of One Parent	Initial & Redetermination One of the natural or adoptive parents is incarcerated (jailed).	Initial & Redetermination Statement from family members or neighbors; court documents or other reliable source.

		Documentation in client's file or FACTS.
Incarceration of Both Parents	Initial & Redetermination Both of the natural or adoptive parents are incarcerated (jailed).	Initial & Redetermination Statement from family members or neighbors; court documents; or other reliable source. Documentation in client's file or FACTS.
TPR	Initial & TPR Parental rights have been terminated by court order, must provide date of TPR in the provided box. TPR would require both parents. If one parent lives elsewhere and had the rights terminated previously, the child would be deprived under the Continued Absence from the Home selection above.	Initial & Redetermination Court papers showing TPR – must be dated and signed by a Judge. TPR must be scanned in FACTS or faxed to the Client Eligibility Unit.

E. Developing a Plan for the Child in Care

Placements of Five Days or Longer

E-1. The Division is responsible for planning and meeting the child's needs while in out-of-home care. This plan for a Child in Care begins with the completion of PCIC Part II and must be completed for every child within 5 days of placement. The complete plan includes an assessment of the child's needs and the agency's plan to address those needs.

Visitation: Maintaining Family Relationships

E-2. While separated from the family, any positive relationships the child may have had with family members should be maintained if they are in the best interest of the child. The purpose of the parent/child visit is to:

a. Maintain family relationships

b. Maintain psychological ties between parents and children

c. Prepare for reunification

E-3. The Plan for a Child in Care consists of three parts and must be completed whenever DFS obtains custody of a child, REGARDLESS of the placement the child may be in:

The Plan for a Child in Care

a. Part II - Child Placement Plan – (In Care 5 to 30 Days) addresses circumstances surrounding the placement and the child's immediate needs. The PCIC II identifies the child's medical conditions and current medications, if any, health provider, and current school information including grade and educational classification. This must be completed in FACTS within five working days of the child's placement. DFS must complete a Child Service Plan, Part II within five (5) days regardless of whether the dependent youth is still residing in a YRS placement or a CMH facility.

PCIC's for Youth in YRS Placements

b. Part III - Child Service Plan – (In care 30 days or more) addresses the child's needs while in placement and until permanency is achieved. The areas specifically addressed are medical, dental needs, educational/vocational needs, social/emotional needs, behavior management, preparation for independent living, court requirements, visitation, and activities to locate a permanent home. This must be completed within 30 days every time a child moves to a new placement. This plan must be updated annually. DFS must complete a Child Service Plan, Part III within 30 days regardless of whether the dependent youth is still residing in a YRS placement or CMH facility. For youth age 14 and older, the plan must be developed in consultation with the youth and, at the option of the youth, up to 2 members of the case planning team who are chosen by the youth and who are not a foster parent of, or caseworker to, the youth. The state may reject an individual selected by the youth to be a member of the case planning team at any time of the state believes it has good cause to believe that the individual would not

act in the youth's best interest. One individual selected by a youth to be a member of the youth's case planning team may be designated to be the youth's advisor and as necessary, advocate, with respect to the application of the reasonable and prudent parent standard to the youth.

c. If the youth is moving to a new placement, such as from detention to a foster home, the entire PCIC series must be completed according to the division's current timeframes. For example, a new PCIC II must be completed within 5 days of placement, followed 30 days later with the PCIC III.

d. Every time a PCIC III is completed, DFS must determine if the child is still deprived of the care and support of one or both parents. Deprivation is only determined in relation to a child's natural or adoptive parents. It is important to note that the reason for deprivation can change at redetermination.

e. For youth 14 years of age and older, the PCIC III must include a written description of the program and services which will help the youth prepare for the transition from foster care to successful adulthood.

Rights of Children in DFS Custody

f. All children in DSCYF custody who are in foster care as a result of abuse, neglect and dependency have rights under Delaware law. These rights shall be given and explained to children/youth in accordance with their age and developmental level. The rights document, called the Right of Children In DSCYF Custody, includes providing information as to why foster care is necessary, what can be expected in the foster home or residential home, assistance available to access education, medical, dental, mental health treatment, independent living services, visiting family and siblings, participating in planning meetings and court hearings.

The assigned DFS case worker must review the Rights of Youth in DSCYF Custody document in a developmentally appropriate manner with all school aged children upon their entry in foster care. Each child must sign the Rights of Youth in DSCYF Custody document and be given a copy of the document.
For all school aged children already in foster care, the assigned DFS caseworker must review the Rights of Youth in DSCYF Custody document in a developmentally appropriate manner with the child at the next available case planning meeting or during the development of this case plan. Each child must sign the Rights of Youth in DSCYF Custody document and be given a copy of the document.

For all children, aged 14 and older a copy of the signed Rights of Youth in DSCYF Custody document must be attached to the case plan and in such instances is considered a part of the plan.

g. Part IV – Child Service Plan Review documents progress in all the areas addressed in the Child Service Plan. It should address goals/objectives that were met, progress or problems in meeting goals, any new goals set, and strategies to achieve the goals. For youth age 14 and older, the review must be completed in consultation with the youth and, at the option of the youth, up to 2 members of the case planning team who are chosen by the youth and who are not a foster parent of, or caseworker to, the youth. The review should be completed at least every 6 months. The POC/ POS agency in specialized foster care or group care will complete the review every 3 months.

Special Educational Services

E-4 A child in Division out-of-home care who does not have a parent available and willing to advocate for special educational services is entitled to receive the services of an authorized Educational Surrogate Parent.

E-5 Until the Court terminates parental rights, parents must be included in the development and review of the Plan for Child in Care series. They must also be given the opportunity to review and sign all plans related to the child. Youth must always be included in the development and review of the Plan for Child in Care series.

F. Caseworker/Foster Child/Family Contact Schedule	
F-1. The family caseworker and the foster home coordinator work with foster families in a complementary manner to ensure that services provided to the family are comprehensive and appropriate. The Division will support foster parents to help them meet the needs of the child. Foster parents are service providers rather than clients. They are accepted by the agency on the basis of their willingness and ability to serve children by providing a normal family environment. They are part of the team helping the child and family.	**Role of the Family Caseworker**
F-2. The caseworker will maintain consistent, regular contact with children under the auspices of DFS and placed in out-of-home care. The purpose of this contact is to build relationships with the child, help bridge gaps between the child and the parent, assess safety of the child in their out-of-home setting, support the child in his out-of-home placement, and when age appropriate, engage the child in case plan and permanency planning.	**Contact Schedule for Children in Care**
F-3. Within five working days of a child's placement, the caseworker responsible for the child shall visit the child. This visit is important as it provides the child with continuity and lessens the child's sense of abandonment. Exceptions to this will be children placed after hours. These children will be contacted by the assigned worker on the next working day and visited within 5 working days of the contact. This visit shall occur in the foster home with one or both foster parents included.	**Initial Visit Following Placement**
F-4. For children in purchase of service foster homes, the caseworker must take part in the case planning meetings as required in the Policy on the Plan for Child In Care and see the child once every six months in the child's placement.	**Purchase of Service Foster Homes**
F-5. For youth in group care or residential treatment centers, the caseworker must attend all case planning reviews and visit the youth at least once per month. The majority of the visits must occur in the child's placement.	**Residential Treatment Centers**
F-6. Supervision of children in out-of-state placements will be the responsibility of the receiving state. However, the DFS worker must visit the child at least once every six months. In addition, the DFS worker must include a request for monthly in-home contacts by the receiving state in the ICPC Referral cover letter The ICPC Referral cover letter must also include a request for a summary of the monthly in-home contacts.	
F-7. Visits to children in out-of-state placements will be made in accordance with the Family Service Plan, but no less frequently than every 6 months. Exceptions to this would be children who are in joint funded out-of-state placements where either YRS or CMH is visiting or inter-state compact cases where the receiving state is visiting. Exceptions must be documented on the Family Service Plan.	**Out-of-State Placements**

F-8.	Children who are temporarily out of their placement either receiving mental health treatment in a psychiatric hospital or temporarily detained as a result of criminal charges need not be visited within five days; however, the caseworker must continue the contact schedule previously in place for that child.	**Children Temporarily Out of Placement**
F-9.	For children in alternative planned permanent living arrangements with a signed agreement, the caseworker will visit monthly as stated in the attached chart.	**APPLA**
F-10.	If DFS holds custody of a child but returns them to their own home for a trial reunification, the child must still be seen on a monthly basis. The majority of the contacts must be made in the child's home and the contact must be made confidentially.	**Trial Reunification**
F-11.	A summation of each contact between the child and the caseworker must be documented in a treatment note, including the worker's impression of the child's safety in their current placement.	**FACTS Documentation**
F-12.	While separated from the family, any positive relationships the child may have had with family members should be maintained if they are in the best interest of the child.	**Maintaining Family Connections**

FOSTER CARE CONTACTS

Placement Setting	Contact Frequency	Who is Responsible
Within 5 days of placement – All placement settings.	Child is visited in their placement. For children placed after hours, phone contact the next working day and visited within 5 working days of that contact. Visit must include one or both of the foster parents/caretakers.	DFS Caseworker
Ongoing Visits After Initial		
DSCYF or DFS Custody - In State Placement Setting		
• Relative/Non-Relative • DFS Foster Care/Pre-Adoptive Homes • Group Care • Ferris School/Detention • Hospitalization/RTC	Monthly contact. The majority of the monthly contacts must be in the child's current placement and completed confidentially.	DFS Caseworker or, with supervisory approval, another worker in the unit or the unit's Family Service Assistant. (Supervisor must note that approval in FACTS.)
Purchase of Care Placements		
• Foster Care Homes • Pre-Adoptive Homes	A) Monthly contact in child's residence and completed confidentially. B) Contact every six months in the child's residence and completed confidentially.	A) POC Worker B) DFS Caseworker
Out of State Placement Settings (ICPC)		
• DFS • Pre-Adoptive • Involving Other DSCYF Divisions (YRS/CMH)	A) Monthly contact in child's residence and completed confidentially. B) Contact every six months in the child's residence and completed confidentially.	A) POC Worker or Public CPS Agency Worker (monthly contact to be requested in the 100A). B) DFS Caseworker or, with supervisory approval, another worker in the unit or the unit's Family Service Assistant. (Supervisor must note that approval in FACTS.)
Non-DFS Placement within the State		
• DDDS placement	Monthly contact. The majority of the monthly contacts must be in the child's current placement and completed confidentially.	DFS Caseworker or, with supervisory approval, another worker in the unit or the unit's Family Service Assistant. (Supervisor must note that approval in FACTS.)
Trial Reunification		
• Returned home in DFS custody	Monthly contact until such time as the Court relinquishes custody. The majority of the monthly contacts must be in the child's residence and completed confidentially.	DFS Caseworker or, with supervisory approval, another worker in the unit or the unit's Family Service Assistant. (Supervisor must note that approval in FACTS.)

G. Case Management and Monitoring the Child in Care	
G-1. The Division will support foster parents to help them meet the needs of the child. Foster parents are service providers rather than clients. They are accepted by the agency on the basis of their willingness and ability to serve children by providing a normal family life. They are part of the team helping the child and family. The family caseworker and the Foster Home Coordinator work with foster families in a complementary manner to ensure that services provided to the family are comprehensive and appropriate.	
G-2. The family caseworker and the Foster Home Coordinator work with foster families in a complimentary manner to ensure that services provided to the family are comprehensive and appropriate.	
G-3. The family caseworker will keep the Foster Home Coordinator informed of any concerns about the care of the child, condition of the home, or significant changes in the home.	
G-4. If the plan is to remove the child from the foster home to another placement or to his own home, the caseworker must help the foster parents with the separation trauma that often accompanies such a move prior to the move.	

G-5. The caseworker must keep the parents informed of the child's adjustment and placement including the following:

a. His daily routine

b. Meaningful persons in his life while he has been away from home

c. Feelings about returning home

d. School adjustment and school-related problems that will need to be addressed when child returns home

e. Medical and dental needs that must be followed up after child returns home.

G-6. The Prudent Parent Standard encourages normalcy for children in foster care allowing them to participate in normal childhood activities. Children in foster care should experience the same age appropriate activities both in the family and in the community as children not in foster care. Parents have the opportunity to inform and be informed of decisions concerning their children's social, cultural and developmental activities. Supported by family court review, caregivers/foster parents will make decisions regarding a child's participation in activities based on what is in the best interest of the child in promoting cognitive, emotional, physical and behavioral growth. For older youth, especially those with APPLA as the goal, activities will encourage life skills and growth toward independent living. Decisions will be made reasonably and prudently such as those made for the family's birth children.

H. Transition from Placement		
H-1.	Transition from placement may occur when a child returns to his own home, is placed with relatives, is adopted, reaches the age of majority and chooses to live independently, is placed in another foster home or alternative living facility or is on extended runaway.	**Transition from Placement**
H-2.	When children move from placement to home or from one placement to another, the child and family will be provided with services to help make the transition as smooth as possible and to aid in successful placement.	
H-3.	When children move from one placement setting to another, a completed Transfer Instruction Sheet must be provided to the receiving caregiver. It is the responsibility of the child's previous placement to complete the form at the time the child is removed from their home.	
H-4.	Foster parents or agencies that request termination of a placement shall give the caseworker at least two-week notice and shall participate in planning for removal of the child from their home, except in emergency situations.	**Provider Request to Change Placement**

I. Trial Reunification	
I-1. A trial reunification is a placement setting that occurs when a child has been removed from their current foster care placement and returned to their parent/primary caretaker, for the purpose of reunification, but where the child is still in the legal custody of the Division of Family Services.	
I-2. The length of time a child may be on a trial reunification is dependent on whether there is a court order specifying a time period. If there is no court order, the trial reunification must not extend beyond six months from the date the child was removed from the foster care placement and returned to the parent/primary caretaker.	
I-3. Prior to the six-month time frame, the child must be removed from the trial reunification and either exited from care or a new court order must be obtained to continue custody with the Division of Family Services. The new court order must re-establish IV-E eligibility requirements.	
I-4. During the time the child is home for a trial reunification, the Division continues to hold supervisory responsibility of the child's safety and well-being.	**Supervisory Responsibility**
I-5. During the time a child is on a trial reunification, the caseworker must continue to make monthly contact with the child, the majority of which must occur in the home. During these monthly contacts, the caseworker must discuss safety and well-being issues with the child.	

J. Medical/Dental Records for Youth Exiting Care Age 18 or Older	
J.1 Section 475(5)(D) of the Social Security Act requires the Division of Family Services to provide health and education records to youth aging out of foster care. J.2. DFS must provide youth with an actual copy of the most recent, relevant health and education records that were used to complete the youth's Plan for Child in Care and/or Family Service Plan AND that are contained in the DFS record. This is in addition to providing the youth with a completed Transfer Instruction Sheet at the time of their exit from care. J-3. To the extent available and accessible, the health and education records of the youth should include: • The names and addresses of the youth's health and education providers; • The youth's grade level performance; • The youth's school records; • A record of the youth's immunizations; • The youth's known medical problems; • The youth's medications; • Any other relevant health and education information concerning the youth determined to be appropriate by the Division of Family Services J-4. The Division will not provide the youth with copies of any psychological or psychiatric evaluations. Instead, DFS will provide the youth the names, addresses and phone numbers of any professionals who may have completed a psychological or psychiatric evaluation on the youth so that they may obtain those reports directly from the provider. J-5. The Division of Family Services will not charge the youth for copies of their health and educational records.	

K. Special Circumstances	
K-1. Out-of-State Placements	
K-1.1. The Interstate Compact on the Placement of Children (ICPS) is a legally based agreement among all fifty states, the District of Columbia and the Virgin Islands that provides for the protection of children placed across state lines.	**Interstate Compact on the Placement of Children**
K-1.2. When a plan is made to send a child in the custody of the Division of Family Services to a placement outside Delaware, the caseworker and supervisor will comply with all procedures as identified in the Interstate Compact on the Placement of Children. K-1.3. The Division of Family Services has the statutory responsibility of following ICPC procedures. The ICPC includes all substitute care placements, foster family homes, group homes, residential care, and institutional care (except hospitals and boarding schools), all adoptive placements and all relative placements planned by the Division. All out of state placements for children in the custody of another agency must be approved by the Interstate Compact Office prior to the placement.	**Out-of-State Placements**
K-1.4. If the Division of Family Services is responsible for completing a home assessment on a family residing in Delaware, the home assessment MUST be completed within 30 calendar days.	
K-2. Changes That May Affect Placements	
K-2.1. The caseworker may request extension of foster care board and medical coverage when a youth in out-of home placement is making satisfactory educational progress and: 1) may complete his/her high school education within one school year of his or her eighteenth birthday, or 2) may complete a GED within one year of his or her eighteenth birthday. Students enrolled in a special education program are eligible for foster care board and medical coverage. K-2.2. If the placement disrupts due to the youth's behavior after the youth's 18th birthday, the Division is not legally responsible for re-placement. If the youth withdraws, disrupts or is failing to make educational progress, the Division will discontinue extended board services.	**Extending Foster Care Payments Beyond the 18th Birthday**

K-2.3. The caseworker will be notified as to whether their Board Extension Request is approved by the Regional Administrator.

K-2.4. Every effort should be made by the child's caseworker through the case planning process to assist youth to complete their education prior to their 18th birthday.

K-2.5. In no event shall an extension of foster care board and medical coverage continue beyond the latter of the youth's 19th birthday or the close of the school year in which the youth turns 19.

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K-2.6. The caseworker will be notified as to whether their Board Extension Request is approved by the Regional Administrator.

K-2.7. Every effort should be made by the child's caseworker through the case planning process to assist youth to complete their education prior to their 18th birthday.

K-2.8. There are occasions when it is effective to close the family case and open child only cases. This decision should be based on the best interest of children and families, safety of all children concerned and whether or not ongoing protective treatment services are needed.

a. All Children In Out-Of-Home Care with a Goal of Adoption or Long-Term Foster Care AND No Other Children in the Home: When the Permanency Committee recommends the goal of adoption and there are no other children in the home and Family Court approves the goal change, a child only adoption case will be created and whenever possible, transferred to the Permanency Unit. The family case will be closed.

b. All Children In Out-Of-Home Care with a Goal of Adoption AND Children Remain in the Home: when the Permanency Committee recommends the goal of adoption or alternative permanency planned living arrangement (APPLA) without agreement for children in care and there are other children remaining with the birth family, consideration should be given as to whether or not the family case should be closed.

c. All Children In Out-Of-Home Care with a Goal of Long Term Foster Care AND Children Remain in the Home: Generally, when the Permanency Committee approves the goal for children in care and protective treatment services need to be provided to the other children in the family, both the family

case and child case will continue with the caseworker. However, there may be cases where there is no expectation of ongoing contact between the birth family and the child in care. In these situations, with the approval of the Assistant Regional Administrator, a child only case can be opened and transferred to a permanency worker.

K-2.9. When children are in foster care, decisions to close family cases will generally be made at the Permanency Committee. In those situations where the Permanency Committee has recommended a goal other than return home and situations change, the supervisor may recommend to the Assistant Regional Administrator that the family case be closed.

K-2.10. When a child only case has been opened, the family case has been closed and complaint of child abuse or neglect is made concerning the intact family, it will be investigated per policy by an investigation unit and if necessary, transferred to a treatment unit for ongoing services. Assignment will be based on the best interests of the child and family. The Regional Administrator or Assistant Regional Administrator will make a determination to assign the case to the caseworker currently assigned to the children in foster care or to another worker.

Permanency Committee Role In Closing Family Cases

K-2.13. In situations where services are being provided to a family with children both at home and in alternative permanency planned living arrangement (APPLA), the caseworker and supervisor shall determine if it is necessary to continue to provide services to the children at home. If the Permanency Committee has recommended a goal change for the child(ren) in foster care as other than return home, and there is an indication of a reduction in risk in the intact family, the family case may be considered for closure.

K-3. Custody Decisions

Refer to “The Court Action” Section of the Policy Manual when:

1. A child cannot be maintained in the home or with family with a safety plan or
2. Family Court awards custody to the Division without the Division having first filed a petition for custody.

L. Required Case Reviews

L-1. **Child Placement Review Board**: The Child Placement Review Board fulfills part of the requirements established under Public Law 96-272, and assists the Division in maintaining eligibility for Federal funding. The Child Placement Review Board, an external citizen's review system, was created by legislation for the purpose of reviewing cases for children in foster care. The Division of Family Services is required to participate by law. The Division must follow the policy and procedure of the Child Placement Review Board and cooperate in the proceedings of the reviews. The Division of Family Services caseworker will ensure that the child's caregivers (relative, non-relative, or adoptive) are provided with a notice of the review and the right to be heard. Until such time that the court terminates parental rights, both parents of a child must be invited to attend the Child Placement Review.

Independent Case Reviews by the Child Placement Review Board

L-2. **Permanency Planning Committee:** When a child has not been reunited with his family within 9 months of entering foster care or has been in care for a total 9 out of 15 months, the case should be referred to the Permanency Committee for review of the permanency options for that particular child and a recommendation for change in goal. The recommendation will be presented to Family Court at the next scheduled Permanency Hearing.

In addition to reviewing cases meeting the criteria above, the Permanency Planning Committee should be reviewing a case any time there is a consideration of a goal change, regardless of the time that the child has been in care.

SEE: Case Decision #5: Permanency

L-3. **Permanency Hearing:** The Division will petition the Family Court for a Permanency Hearing within the required time frames. A permanency hearing must occur within 12 months of a child's placement and every 12 months thereafter, as long as the child remains continuously in placement. The Family Court will hold the initial hearing in the 11th month but no later than the 12th month of the child's placement and thereafter yearly. The Division of Family Services caseworker will ensure that the child's caregivers (relative, non-relative, or adoptive) are provided with a notice of the hearing and the right to be heard. Until such time that the court terminates parental rights, both parents of a child must be invited to attend the Permanency Hearing. The Permanency Hearing shall determine the permanency plan for the child that includes whether, and if applicable, when, the child will be returned to the parent, or placed for adoption and the State will file a petition for termination of parental rights, or referred to legal guardianship, or in the case of a child who has attained the age of 16 or older, placed in another planned permanent living arrangement. If a youth is placed in another planned permanent living arrangement, the State must document to the Court the compelling reasons why it would not be in the youth's best interest to return home, be referred for termination of parental rights, or be placed for adoption, with a fit and willing relative or with a legal guardian.

SEE:

Case Decision #5: Permanency

M. Driver's Licenses for Youth in Placement

M-1. Obtaining a driver's permit and license is considered a privilege for older youth in care and is part of their personal growth and acceptance of responsibility for taking care of their own needs. The Division of Family Services recognizes the importance of completing a driver education course and obtaining a driver's license for older youth in care. Completing driver education is necessary to develop the safe driving skills needed to obtain a driver's license. Access to education, employment, health care, and other community-based activities for older youth in care is dependent on access to transportation.

M-2. The process of driver education and licensing for Delaware youth in care should be a collaborative effort between the youth, the caseworker, the foster parents or group home staff, CASA or GAL and birth parent(s) if appropriate. Foster parents are encouraged to support youth in their transition to independence, including their efforts to obtain a driver's license.

M-3. Senate Bill 262 regarding youth in foster care obtaining their driver's license passed the 144th General Assembly June 2008. The Bill amends Title 21 by allowing a Division of Family Services caseworker to sign for a foster child to obtain a Delaware driver's license. The Bill also exempts the DFS caseworker from liability in the event that the foster child causes damages resulting from the foster child's negligence.

Permanency in Alternative Settings: Case Decision Point #5

Permanency

#5.1 - Court approves permanency plan (Court Action)
#5.2 - Placement for alternative permanency goal/Is child safe?
#5.3 - Termination of Parental Rights (Court Action)
#5.4 – Adoption Petition Approved (Court Action)
#5.5 – Adoption Placement Supervision/Case Closed/ Is child safe?

Purpose:

Permanency, as it relates to children, is the placement of a child with a family or caretaker in which it is believed that the child will remain until they reach adulthood. It is a resource that can meet the child's needs physically, emotionally, educationally, medically and psychologically. This resource is legally sanctioned by the court.

Scope:

Permanency options that exist for children are as follows and are listed in order of preference:

- Reunification with parents
- Custody and Guardianship with a relative/kinship caretaker
- TPR and Adoption
- Permanent Guardianship
- Guardianship with an approved non-relative caretaker
- Alternative Planned Permanent Living Arrangement (APPLA) with Agreement
- Alternative Planned Permanent Living Arrangement (APPLA)

Decisions:

A. Reunification with parents

B. Placement of the child with an appropriate adoptive family.

C. Creation of a new parent-child relationship through termination of parental rights and adoption

D. Approval of Permanent Guardianship

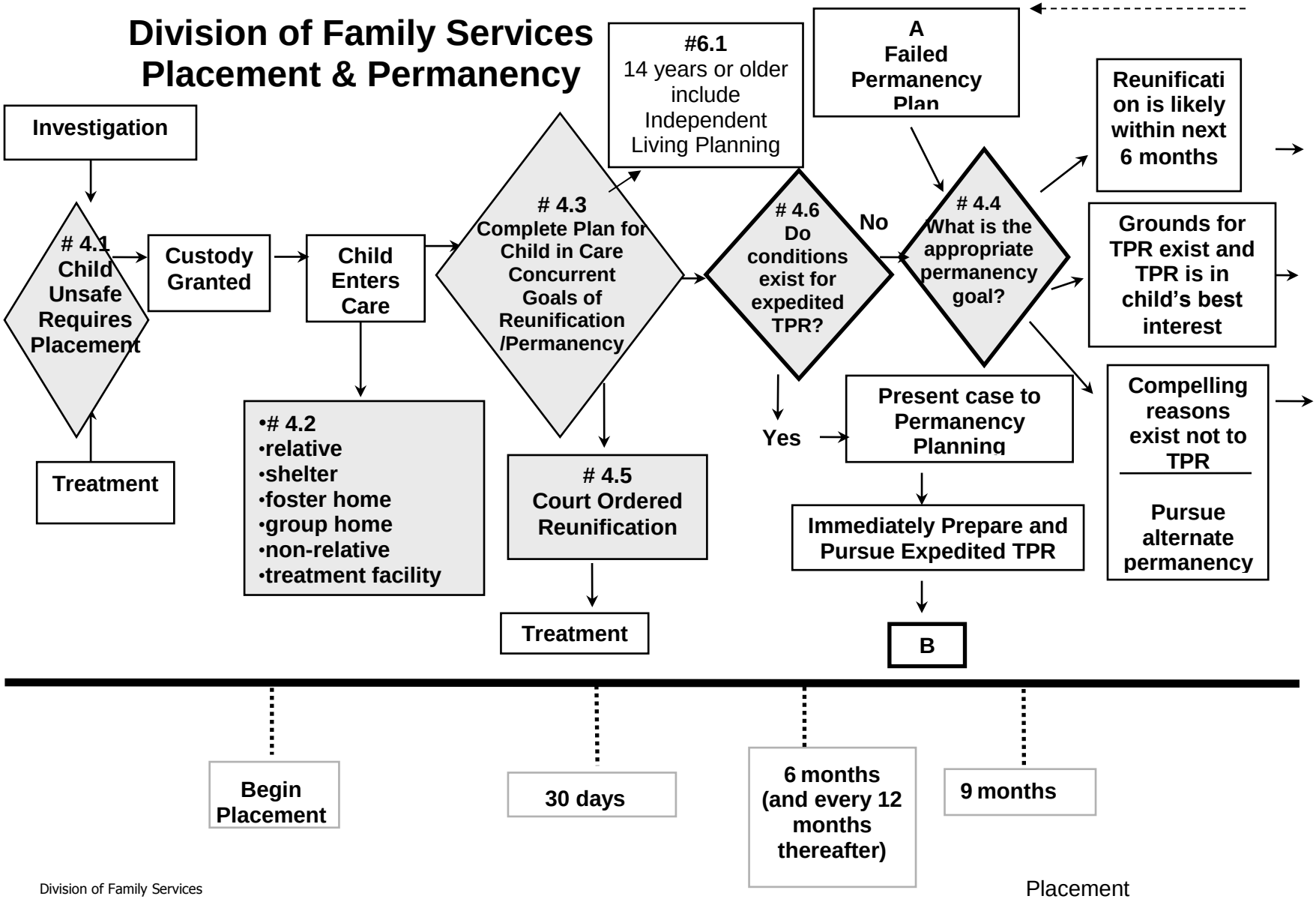
E. Transfer of legal custody and Guardianship

F. Alternative Planned Permanent Living Arrangements (APPLA)

Client Pathway:

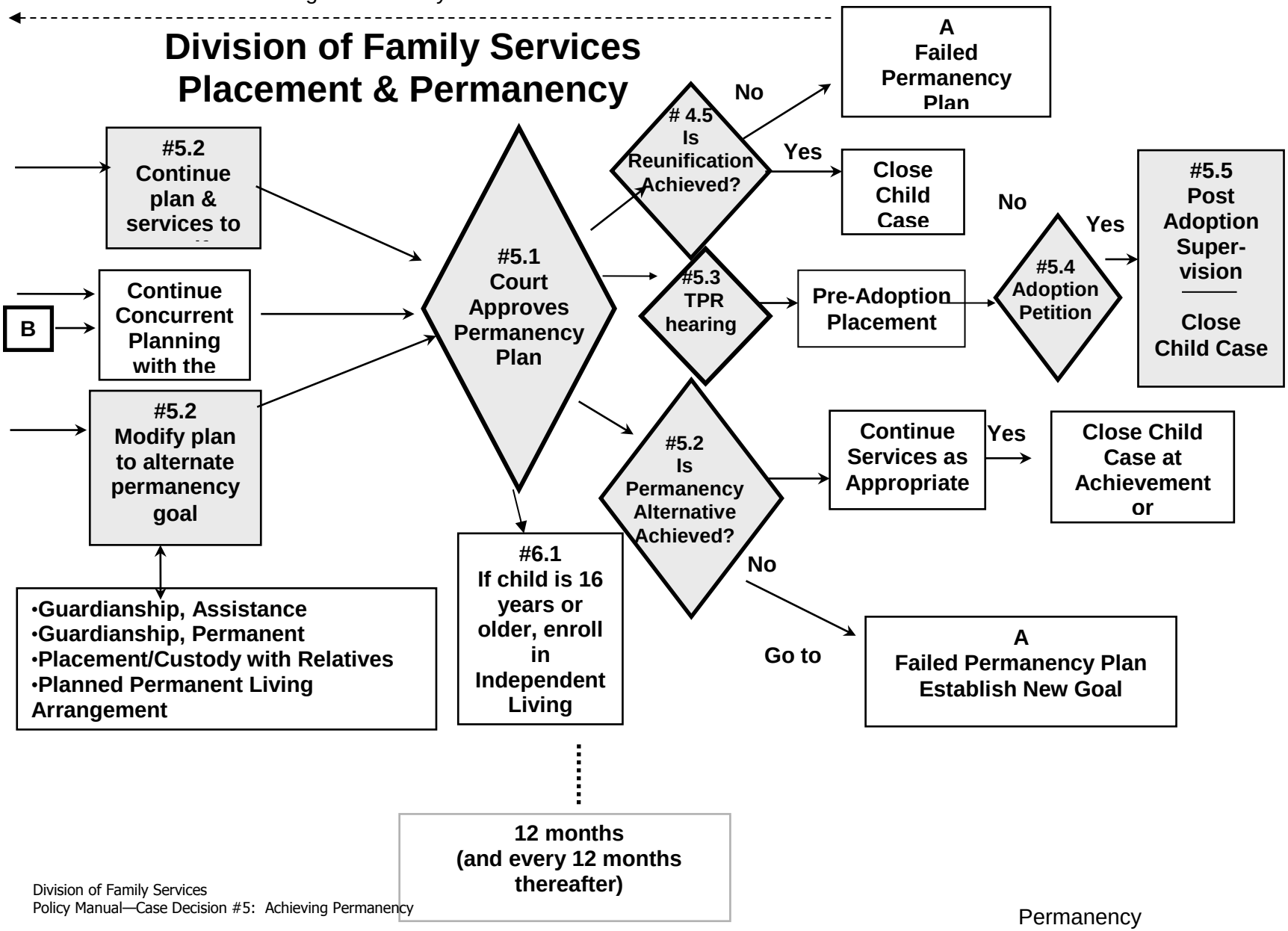
See Chart

Division of Family Services Placement & Permanency



Placement & Permanency flowchart

Division of Family Services Placement & Permanency



A. Permanency Planning Committee

A-1. Changing a child's permanency goal is an important and critical decision. All such goal changes are reviewed and approved by the Permanency Planning Committee (PPC). The PPC is a multi-disciplinary team designed to consider the best interests of the child and recommend guidance for case direction related to the child's permanency options.

A-2. Permanency options include the following:

- Reunification with parents
- Custody and guardianship with a fit and willing relative/kinship caretaker
- TPR and adoption
- Permanent Guardianship
- Guardianship with an approved non-relative caretaker
- Another Planned Permanent Living Arrangement (APPLA) with agreement – if this option is selected the case worker must discuss this with the child and the foster family prior to recommending a long term foster care arrangement/agreement.
- APPLA for children 16 or older – if this option is selected the case worker must discuss compelling reasons and why other more preferable options have been ruled out.

A-3. When adoption is the approved goal, the PPC will also review and approve the specific adoptive resource for the child.

A-4. The permanency option recommended by the PPC is the Divisions recommended goal for the child and will be presented to Family Court for judicial approval.

A-5. Case workers will comply with the ICPC process, Safe and Timely Interstate Placement Act, the Adam Walsh Child Protection and Safety Act of 2006 and Fostering Connections to Success and Increasing Adoptions Act (Oct. 2008) for any child placed out of the state of Delaware with a relative, kin, or adoptive family to whom the Compact or Act applies.

B. Termination of Parental Rights

B-1. When a child is placed in foster care, the caseworker will diligently work with the family to reduce the risk and achieve the case plan so that the child may return home as quickly as possible.

B-2. When a child has not been reunited with his family within 9 months of entering foster care or has been in care for a total of 9 out 15 months, the case will be referred to the Permanency Committee to review progress and to consider other permanency options.

Early Screening Tool

B-3. For certain children entering care, the case will be reviewed within one month of entering care, as it may be inappropriate to attempt reunification with the family. A TPR should be pursued expeditiously in the following situations:

- Child has been abandoned
- One or both parents have committed a felony crime against any child
- One or both parents has had a previous involuntary TPR of another child
- Voluntary relinquishment of parental rights for the purposes of adoption

Legal Grounds for TPR

B-4. If legal grounds exist to TPR as stated in 13 Del. C. § 11 and it is in the child's best interest to do so, the Permanency Committee will review the case and may recommend a goal change to TPR. This recommendation will be presented to court at the Permanency hearing or next scheduled court hearing.

B-5. Delaware Code requires a petitioner for termination of parental rights or adoption regarding a child less than I year of age to obtain a certificate of search of the registry if the father – child relationship has not been established (13 Del. C. § 8-421). When a search is requested, the Office of Vital Statistics completes the search and provides a certificate to the requestor. When the certificate is obtained, it should be filed with the court as an exhibit to the TPR petition.

B-6. The TPR petition should be filed expeditiously after consultation with the DAG and in accordance with the ASFA deadline. However, the TPR petition ***must*** be filed at the 15th month for children in care 15 out of 22 months. The TPR Social Report must be submitted at least 2 weeks prior to the first scheduled hearing or as required by Delaware Code Title 13.

B-7. If TPR and adoption is not in the best interest of the child, the Permanency Committee may approve alternative permanency options

specific to the individual case. TPR may be pursued, but is not required, in the following types of situations:

- The child is in the care of an approved relative, or
- The Division has not provided or did not have adequate resources and services available to fulfill the requirements of the case plan to facilitate reunification of the child; or
- There are one or more compelling reasons not to pursue TPR. The following is a list that is to be used as a guide in decision-making. However, each case decision needs to be made individually and based on specific factors of the case and the child's best interest.
    1. Parent(s) are making progress in treatment and/or care, complying with their case plan with the exception of successful completion within the next six months and there is an existing relationship between the child and the parent(s).
    2. The Division is working with relatives to develop a plan of custody and/or guardianship with an expectation that will be achieved within the next six months.
    3. The child is 12 years of age or older and has been diagnosed with a mental illness requiring long-term treatment, has serious delinquency charges or has a history of delinquent acts that would seriously hinder locating an adoptive resource.
    4. The child is 12 years of age or older, has a relationship with his family and does not wish to be adopted.
    5. The parent is in prison or is hospitalized and will be released within the next 6 months, the child has an existing relationship with the parent, and the parent will be able to assume parenting responsibilities upon release.

Compelling Reasons For Not Pursing A TPR

B-8. All recommendations by the Permanency Committee will be documented within 14 days of the meeting in the Permanency Committee Review event in FACTS.

C. Concurrent Planning	
C-1. The goals of the Concurrent Planning are: • To consider all options open to children and families • To support safety and well-being of children and families • To promote early permanency decisions for children • To decrease length of time in foster care • To reduce the number of moves children experience in foster care C-2. Concurrent Planning occurs in all stages of service provision to families active with the Division of Family Services. • For intact families, concurrent planning is the provision of rehabilitative services while exploring family resources for safety and support or for possible placement, if necessary • Once placement occurs, concurrent planning is used to explore other permanency options for children if they cannot return home • When petitioning Family Court for Termination of Parental Rights, concurrent planning consists of providing reasonable efforts to the family toward reunification while simultaneously providing child specific services to prepare the child for adoption • When a child has an approved goal of APPLA, concurrent planning involves a continual review of the resources in the youth's life for potential permanent placements and relationships. C-3. To facilitate the practice of concurrent planning when Permanency Committee has recommended a goal change to Termination of Parental Rights and Adoption, a child-only FACTS case is created. C-4. Case assignment occurs after the Permanency Committee has made a recommendation even if Family Court has not yet approved the goal change. Each region shall monitor compliance with case transfers and assignments within six weeks of the Permanency Committee recommendation. C-5. Case management duties shall be shared by the treatment worker and the permanency worker in accordance with the chart below. Sharing of duties shall remain in place until the Court relieves DFS of case planning responsibilities.	

	Treatment Worker		***Permanency Worker***
Visitation Supervision	Primary		50%, but no more than 2 visits per month
Visitation Coordination	Coordinates with parent(s) and the Permanency Worker		Permanency Worker will work with Treatment worker as far as the child and foster parent's schedule
Visitation Affidavit	Provides information to the Permanency Supervisor and worker		Permanency Worker and Supervisor will draft with information provided by the treatment worker.
Child Appointments	None, unless otherwise agreed upon.		100%
Parent Contact	All communication regarding the case plan and case direction will be handled by the treatment worker.		None, except when supervising visitation
Parent Transportation	100%		None, unless otherwise agreed upon.
Permanency Hearing	Will attend and be prepared to testify to all treatment planning activities.		Will attend and be prepared to testify to all child-related activities since assigned to the case.
PCICs	None, unless otherwise agreed upon.		100%
Case Plan Activities	100%		None, unless otherwise agreed upon
Placement Activities	None, unless otherwise agreed upon.		100%
CPRB	Will attend and be prepared to testify to all treatment planning activities.		Will attend and be prepared to testify to all child-related activities since assigned to the case.

D. Permanency Hearing (Family Court)	
D-1 The Permanency Hearing is held to determine the future status of a child. A child is considered to have entered foster care on the date the Division receives legal custody of the child. A permanency hearing must occur within 12 months of a child's placement and every 12 months thereafter, as long as the child remains continuously in placement. If age appropriate, the child should be invited to the Permanency Hearing. The Court will consider both in-state and out-of-state options for placement that are in the child's best interest. The Court's finding may include, but is not limited to, whether the child:	**Family Court Permanency Hearing** **SEE Court Action**
a. Can be returned to the parent and when. b. Should be continued in foster care for a specified period of time pending permanence. c. Should, because of the child's special need or circumstances, be continued in foster care on a permanent basis. d. Should be considered for legal guardianship or permanent guardianship. e. Should be TPRed. f. Should be placed for adoption. g. Has an appropriate independent living plan if age 14+.	**SEE Appeals/ Fair Hearings**
When a child is removed for his/her home, the judicial determination, as to whether reasonable efforts were made or were not required to prevent this removal, is made no later than 60 days from the date the child is removed from the home. The judicial determinations regarding contrary to the welfare, reasonable efforts to prevent removal, and reasonable efforts to finalize the permanency plan in effect, including judicial determinations that reasonable efforts are not required, are explicitly documented and made on a case-by-case basis and so stated in the court order and included in all subsequent court orders until permanency has been established.	**Reasonable Efforts**
D-2 A youth who has attained his eighteenth (18th) birthday, although continuing to be under the care and supervision of the Division of Family Services, may be exempt from a Permanency Hearing.	

E. Exploring Adoptive Resources

Safety, Permanency and Best Interests of the Child

E-1. When considering the most appropriate option for a child, the child's safety, permanence and best interest should be taken into account.

E-2. A child for whom DFS has approved the goal of TPR/Adoption needs the permanency of adoption as soon as an appropriate adoption resource can be identified. When no relative is appropriate or available for adoption and the foster home is not an adoptive resource, approved adoptive families will be sought from licensed and authorized adoption agencies.

E-3. The Division will strive to place a child with the best adoptive resource available in order to achieve permanency without undue delay. When the risk to achieving the termination of parental rights is minimal, a child may be placed with an adoptive family before the adjudication of parental rights.

E-4. Possible adoptive resources for a child must be explored at the time of the decision to change the plan to TPR/adoption. The decision to TPR may be made without the probability of adoption when TPR is still in the child's best interest, ". . .if a suitable adoption plan cannot be effected, for the purpose of providing for the care of the child by some other plan." (13 Del. C. §1103).

E-5. The permanency worker will explore adoptive resources for the child. Adoption resources may include the following: blood relatives, the current foster family, private agencies, and adoption exchanges and registries. All recruitment activities and findings will be discussed with the supervisor and documented in a separate FACTS treatment note labeled "Recruitment".

E-6. The permanency worker and supervisor will decide if remaining within the extended family would be in the child's best interest.

E-7. Although foster care is viewed as temporary care for a child until that child can achieve permanency either by returning home or by another option of permanency, viz., adoption, relative guardianship, independent living, the foster family may be considered as an adoptive resource for a child.

E-8. When a child has bonded with the family and the family is assessed to be a good permanent home for the child, the caseworker and foster home coordinator may approach the foster family about adoption. It is reasonable to expect that foster parents, who come into the foster care program because they want short-term commitment to a child, may decide not to become an adoptive resource for a child. The foster family's decision is to be respected and supported. A foster family will help the child transition from the foster home to an adoptive placement in order to minimize the trauma of moving to another family.

Adoption By Foster Family

E-9. Good social work practice dictates that every effort is made to identify appropriate adoptive resources for a child so that the child may find permanency as quickly as possible.

Explore Adoption Resources Immediately

E-10. The child will be listed on Deladopt once the Permanency Committee recommends a goal change to TPR/adoption, as long as no adoptive resource is available. The child may also be registered with regional and local exchanges. All children TPRd and in need of an adoptive resource shall be listed on the National Adoption Center website (www.adopt.org) and www.AdoptUsKids.org.

Deladopt

E-11. Children should be placed expeditiously with an appropriate adoptive family. The Division may not delay or deny the placement of a child for adoption based solely on the race, color, or national origin of the adoptive parent, or the child, involved. The cultural, ethnic, or racial background of the child and the capacity of the prospective adoptive parents to meet the needs of the child may be considered along with other factors used to determine the best placement for a particular child.

When the Goal Is Changed to Adoption

E-12. Children who are members of a sibling group are to be placed together whenever possible. Exceptions are made when it is determined that the children would be better separated in adoption. The child's DFS worker and supervisor should determine whether or not it is appropriate to place the siblings in separate adoptive homes based on their knowledge of the children's history, current and past behaviors, and knowledge of the children's special needs, safety issues and whether or not it is in the child's best interest. Generally, the Division will recruit for six months (or a specified time determined by worker and supervisor) for an adoptive resource for all siblings together before looking for separate adoptive placements.

Sibling Groups Placed Together

E-13. The Division will consult with the sibling's current therapist/counselor to help assess the degree of bonding and the benefit or harm that would be done in placing the siblings in separate adoptive placements. The Division may request a written report from the sibling's therapist/counselor as to their findings and recommendations regarding placement. The written report should contain detailed information such as when the therapy began, how long the child has been in therapy, details of the child's placement(s) while in foster care, how often the child visits with the siblings, whether the therapist has observed the siblings together, the basis for the therapists/counselors recommendations, etc. Depending upon the circumstances of the case and/or if the children are not currently under the care of a therapist/counselor, a formal psychological evaluation may be utilized to help access the degree of bonding and the benefit or harm that would be done in placing siblings in separate adoptive placements.

F. Pre-Placement Adoption Services	
F-1. A child for whom the Division holds parental rights may be placed with an adoptive family that is approved by a licensed or authorized agency with the criminal history record check as required by 31 Del. C. §309.	**Reasonable Efforts to Enhance the Adoptive Family Resources**
F-2. The home study must be approved prior to the placement and must be current during the period the child is placed in the pre-adoptive home until the adoption is finalized.	
F-3. Reasonable efforts will be exercised through the provision of case management services and other appropriate services and activities to enhance the location of an adoptive home or other permanent setting for a child.	
F-4. The Division will strive to place a child with the best adoptive resource available in order to achieve permanency without undue delay. When the risk to achieving the termination of parental rights is minimal, a child may be placed with an adoptive family before the adjudication of parental rights. Legal risk placements are the best option when a child must move from a foster family placement and TPR/adoption is the goal. It has been established that multiple moves disturbs a child's stability and impacts negatively upon emotional development.	**Preparing the Child and Adoptive Family**
F-5. Both the child and the family must be adequately prepared for the child's move into the family in order to achieve permanency in adoption.	
F-6. It is critical that adoptive placements endure so that the child does not have yet another rejection with which to deal. Careful matching and planning at the beginning is necessary to prevent the dissolution of the adoption years after it is legally finalized.	
F-7. When placing a child for adoption in a foster home or pre-adoptive home, there needs to be a 1 year waiting period prior to placing another child in that foster or adoptive home. If an exception is made, the reasons need to be discussed by the adoption worker, foster home coordinator, private agency worker, the foster or adoptive family or anyone else involved in this placement decision. The results of the discussion need to be documented in the DFS case record and foster home record, if applicable.	
F-8 The Division will comply with the ICPC process, Safe and Timely Interstate Placement Act and the Adam Walsh Child Protection and Safety Act of	

2006 for any child placed out of the State of Delaware with a relative or kin or an adoptive family to whom the Compact or Act applies.

F-9. Adam Walsh Child Protection and Safety Act Summary (Public Law 109-248):

1. States are required to complete background checks of prospective foster/adoptive parents and any other adults living in the home before approval of any foster or adoptive placement and to check national crime information databases and State child abuse registries.
2. States are required to check child abuse and neglect registries in each state the prospective foster/adoptive parents, and other adults living in the home, have resided in the proceeding five (5) years.

F-10. Safe and Timely Interstate Placement Act of Foster Children of 2006 (Public Law 109-239) Summary:

1. States are required to complete and report on foster and adoptive home studies requested by another State within 60 days.

   The State that requested the home study must accept the completed home study unless, within 14 days of receiving the report, the State determines that reliance on the report would be contrary to the child's welfare.

2. States would be awarded an incentive payment of $1,500.00 for each interstate home study completed within 30 days of the request.
3. States are required to make effective use of cross jurisdictional resources and eliminate legal barriers to timely adoptions.
4. States are required to consider in-state and out-of-state placement options in permanency hearings and if a child is already in an out-of-state placement, the hearing must determine if the placement continues to be appropriate and in the child's best interests.
5. The law increases the frequency of required case worker visits from 12 months to every 6 months for children in out-of-state foster care placements, and allows for a private agency under contract with either state to perform those visits.
6. States are required to include in case plans the most recent information available regarding health and educational records of the child.
7. The law clarifies the adoption and other permanency planning recruitment efforts to include the use of State, regional and national adoption exchanges and electronic exchange systems to facilitate orderly and timely in-state and interstate placements.

F-11. Removal of barriers to Interethnic Adoption:

1. The State cannot deny any person the opportunity to become an adoptive or foster parent, on the basis of race, color, or national origin of the person or of the child involved.

2. The State cannot delay or deny the placement of a child for adoption or into foster care, on the basis of race, color or national origin of the adoptive or foster parent or the child involved.

F-12. Inter-jurisdictional Adoptions:

The State will not delay or deny the placement of a child for adoption when an approved family is available outside of the jurisdiction with responsibility for handling the case of the child.

F-2. APPROVAL OF FOSTER/ADOPTION (FOST/ADOPT) HOMES

Goals of Foster/Adoption Homes

F-2-1. The goals of foster/adoption are:

- To minimize delays in identifying and approving DFS foster families to adopt foster children with a goal of TPR/Adoption.
- To streamline the adoption process for DFS foster families
- To minimize the number of moves a foster child must make.

Eligibility

F-2-2. The prospective adoptive parent or family must be a Division of Family Services approved foster parent.

Purpose

F-2-3. The purpose of the foster/adoption training is:

- To educate foster families so they can make an informed decision about adopting a child
- To teach acceptance of the child's history
- To help foster families identify their values and expectations as they relate to adoption
- To begin to know applicants so that recommendations can be made as to appropriate adoption selection
- To nurture a working relationship between the family and the agency

F-2-4. The goals of the adoption home study are:

- To educate foster/adoptive applicants and initiate the self-screening process
- To learn enough about the adoptive applicants so DFS can make an informed decision about them as adoptive parent(s) of a foster child(ren)
- To help the family explore values, expectations and motivations
- To help the family identify and highlight strengths and limitations
- To define, develop and strengthen the collaborative relationship between the family and the agency
- To document information learned and serve as a record of the foster/adoption process

F-2-5. The home study will be completed within three (3) months of the completion of the foster/adoption training, unless court ordered or under an ASFA deadline.

F-2-6. The foster parent will be assessed according to, but not limited to, home study criteria set forth in the Division of Family Services User manual and the DELACARE regulations from the Office of Child Care Licensing (OCCL) and the child placing agencies.

Home study Paperwork Requirements

F-2-7. Paperwork requirements for the home study are:

- Application for adoption, if not completed when the individual(s) became foster parents
- Updated home safety inspection by foster home coordinator
- Updated background checks/fingerprinting
- Physicals completed no more than one year prior to the completion of the home study
- Financial worksheet
- Autobiography
- References

F-2-8. For foster parents who want to adopt a foster child not placed in their home, the standard foster/adoption procedures shall be followed. In addition, collaborative work between the case worker and foster home coordinator will include discussing, assessing, updating, and presenting the foster family for consideration as an adoptive resource to the Permanency Committee.

F-2-9. If the foster family is unable to make the necessary steps towards the completion of their adoption home study within three (3) months, this will be documented in the child's case record and in the foster home record. Also, DFS will recruit for other adoptive resources at this time.

F-2-10. All efforts regarding the foster/adoption process should be documented in a FACTS treatment note labeled "Recruitment".

G. Required Case Reviews	
G-1 **Child Placement Review Board**: The Child Placement Review Board fulfills part of the requirements established under Public Law 96-272, and assists the Division in maintaining eligibility for Federal funding. The Child Placement Review Board, an external citizen's review system, was created by legislation for the purpose of reviewing cases for children in foster care. The Division of Family Services is required to participate by law. The Division must follow the policy and procedure of the Child Placement Review Board and cooperate in the proceedings of the reviews. The Division of Family Services caseworker will ensure that the child's caregivers (relative, non-relative, or adoptive) are provided with a notice of the review and the right to be heard.	**Independent Case Reviews by the Child Placement Review Board**

H. Adoption Placement Supervision	
H-1. Delaware law requires supervision of the family and child for a period of at least six months by the Department or licensed child placing agency. H-2. The monthly contacts with the child will be in the child's residence and will be completed confidentially. H-3. The contacts should address current issues related to the child, child's family, progress in achieving the permanency goal and to assess child safety at each contact.	**Post - Placement Supervision**

I. Adoption Petitions to the Court

Filing the Adoption Petition

I-1. When the period of adoption supervision has satisfied the requirements of the law, and all involved parties agree, the permanency worker will see that the adoption petition is filed in a timely manner and in accordance with the ASFA deadline.

I-2. All adoption petitions for children for whom the Division holds parental rights are to be filed in Family Court in Delaware and fulfill the requirements of 13 Del. C. Ch. 9 §906.

I-3. All adoption petitions shall have attached a social report that includes the requirements of §912.

I-4. If an updated criminal history is requested, the applicant will need to be fingerprinted again in order to obtain the current State and National arrest information.

I-5. The Adoption Assistance/Subsidy agreement must be completed and signed prior to filing the adoption petition.

SEE Court Action

J. Adoption Assistance/Subsidy

Special Needs Children

J-1. The purpose of the Adoption Assistance/Subsidy program is to reduce the barriers to adoption for children who are determined "special needs". The determination of "special needs" and the approval of the child for the assistance or subsidies must be done prior to the finalization of adoption.

J-2 Adoptive families are informed of the adoption tax credit at the time of the verbal request for information on adoption, the information is included in the packet sent to the inquiring families, and a statement is included in the initial adoption assistance /subsidy agreement sent to the family to sign and return to DFS.

J-3. The Division may provide adoption assistance/subsidy payments and Medicaid to approved adoptive families for children for whom the Division holds parental rights and are determined "special needs".

J-4. The determination that a child has special needs and will be difficult to place in adoption is based on one or more of the following factors:

a. Eight (8) years of age or over
b. Member of a minority race or ethnic culture
c. Member of a sibling group to be adopted by the same family
d. A diagnosed physical handicap or chronic disease requiring medical attention
e. A mental or emotional condition requiring treatment

J-5. The determination is done by the Adoption Assistance/Subsidy Specialist or the Adoption Program Manager or both.

J-6. Annually, adoptive families must complete a review for each adopted child and sign a new assistance/subsidy agreement. If residing in Delaware, an annual Medicaid application must also be signed.

J-7. A child may receive supports in the Adoption Assistance/Subsidy program until the individual is 18. With required/proper documentation, the case can be extended until the individual graduates' high school, receives a GED or equivalent, or attains age 21.

J-8. The Division of Family Services reserves the right to recoup misappropriated adoption assistance/subsidy payments.

J-1.A. Extended Adoption Assistance/Subsidy Stipend		
J-1.A-1 The adoptive parent may request extension of adoption subsidy stipend and medical coverage when a youth is making satisfactory educational progress and may complete their high school education within one school year of his or her eighteenth birthday or may complete a GED within six (6) months of his or her eighteenth birthday. J-1.A-2 When a youth reaches their eighteenth birthday, and withdraws, disrupts or is failing to make educational progress, the Division will discontinue extended board services. J-1.A-3 The adoptive parent will be notified as to whether their Board Extension Request is approved by the Adoption Assistance/Subsidy Specialist. J-1.A-4 Every effort should be made by the adoptive parent and the child's school to assist the youth to complete their education prior to their eighteenth birthday.		ssistance/ dy tipend
K. Guardianship		

K-1. Guardianship

Guardianship

a. When all efforts to reunify the family have been exhausted, all reasonable efforts to secure adoption of the child have been unsuccessful, or when it has been determined that adoption is not possible or in the best interest of the child, the next priorities for permanency are permanent guardianship and guardianship.

b. Permanent Guardianship – the permanent placement and transfer of legal guardianship and custody of a child to a Division approved foster parent or blood relative (Del. Code Title 13 Chapter 23). To be eligible for Permanent Guardianship, the following criteria must be met:

1. Statutory grounds for a TPR must exist.
2. Adoption is not possible or appropriate.
3. Permanent guardianship is in the child's best interest.
4. Only a blood relative or foster parent of the child may petition for permanent guardianship.
5. If the guardian is a foster parent, it requires:
   a. The child be at least 12 years old; or
   b. The foster parent is the guardian of one of the child's siblings; or
   c. The child suffers from a serious physical or mental disability and received benefits for same, which would not be available if TPR or adoption occurred.
6. If the guardian is a blood relative, there is no minimum age requirement for the child.

c. Any adult person or persons may petition Family Court for a guardianship order regarding a child not his, hers or theirs. The Division may recommend guardianship when reunification, custody and guardianship to a relative/kinship care taker, TPR and adoption and permanent guardianship are deemed inappropriate.

d. For children who are not in Division foster care, families will be referred to Family Court to petition for guardianship of that child. They will be directed to contact the Division of Health and Social Services (DHSS) to determine if they qualify for any public assistance and Medicaid for that child.

L. APPLA: Compelling Reasons

(APPLA stands for Another Planned Permanent Living Arrangement)

APPLA

L-1. Each child in foster care is required to have a permanency plan as part of their case plan specifying whether the goal is reunification, adoption, legal guardianship or placement with a relative.

L-2. When a child has not been reunited with his or her family within nine (9) months of entering foster care or has been in foster care for a total of 9 out of 15 months, the case will be referred to the Permanency Committee to review progress and/or to consider other permanency options.

L-3. When the child has been in care 15 out of 22 months, or when it is clear that reunification will not occur, a TPR petition must be filed in Court or compelling reasons for not filing a TPR petition must be documented in the case record.

L-4. If all of the other permanency options have been ruled out, APPLA may be used with clear documentation of compelling reasons to support the alternative placement.

L-5. APPLA describes the permanency status of children or youth in out of home care who are considered unlikely to be reunited with their families or achieve permanency through adoption or guardianship.

L-6. APPLA addresses the youth's placement or living situation. APPLA is not a permanency goal, but is a case plan designation for children in out of home care for whom there is no goal for placement.

L-7. Another planned permanent living arrangement (APPLA) is the least preferred permanency choice and should be selected cautiously <u>and only for children who are 16 years of age or older.</u> This permanency choice is most appropriate for children who are in a stable, committed, long-term placement where other permanency options (such as reunification, adoption, legal guardianship, or permanent placement with a fit and willing relative) have been ruled out and/or are not in the child's best interest. APPLA may be used as the case plan designation for children in out of home care for whom there is no specific goal for placement. This option requires clear documentation of compelling reasons to support alternative placement and the intensive, ongoing, unsuccessful efforts made by the agency.

L-8. In order for the permanency goal to be changed to APPLA, the case will be referred to the Permanency Committee, for discussion and a recommendation. Any subsequent goal change will be referred to the Permanency Committee for discussion and a recommendation.

L-9. The recommendation of the Permanency Committee will be presented to the Court at the Permanency hearing or next scheduled court hearing or review.

Compelling Reasons for Selecting APPLA

L-10. The caseworker must demonstrate to the Court's satisfaction there is a compelling reason why it would not be in the best interest of the child or youth to be placed (a) with a parent; (b) in an adoptive home; (c) with a legal guardian; (d) in a permanent placement with a fit and willing relative. Additionally, ASFA requires that the identified compelling reason(s) is documented in the case record and court orders.

L-11. The compelling reasons will be reviewed at a minimum annually before the annual permanency hearing at the court. The appropriateness of the APPLA case plan designation will be discussed quarterly between the DFS worker and supervisor and documented in the treatment directed case conference or permanency case conference tool.

On-Going Contacts With The Youth

L-12. The supervisor case conferences and annual permanency hearings or court reviews will continue to take place until the youth turns eighteen (18) and exits foster care.

L-13. After Family Court approves the designation of APPLA, and when it is in the best interest of the child, the DFS worker will facilitate regular contact between the youth and their parents and/or their extended family.

Parental Involvement

L-14. Until the Court terminates parental rights, parents must be included in the development and review of the Plan for Child in Care series. They must also be given the opportunity to review and sign all plans related to the child.

L-15. Until the court terminates parental rights, both parents for a child must be invited to attend the Child Placement Review, the Permanency Hearing or any other review or hearing conducted for a child while placed in foster care.

M. APPLA: Diligent Efforts

(APPLA stands for Another Planned Permanent Living Arrangement)

APPLA

M-1. Each child in foster care is required to have a permanency goal of reunification, adoption, legal guardianship or placement with a relative.

M-2. Specific activities and decisions must be made throughout the life of a case in order to demonstrate that diligent efforts have been made to achieve the most permanent outcome for a child.

M-3. Families should be advised that the case worker will pursue alternative permanency plans for children in foster care placement if sufficient progress is not made on the family case plan within 12 months of foster care placement or the child is not safe residing in the home of the parents or caretaker.

Diligent Efforts

M-4. In all placement cases, relative and non-relative resources need to be identified from the beginning of the case for when reunification is not possible.

M-5. Either prior to or within 30 days or removal from the home, DFS must exercise due diligence to identify and provide notice to all grandparents and other adult relatives of a child that has been removed from his or her home. This will allow the adult relatives the opportunity to explore the possibility of becoming a placement resource for the child.

M-6. Following the initial contact with these individuals, a standard form letter should be sent to each person or family member contacted. The letter should explain that the child will need on-going contact and support from them while in foster care, and provide suggestions regarding the way they can maintain involvement with the child. In addition, the letter should explain that should their personal situation change and they feel they can be a placement resource for the child, that they should contact the child's DFS worker. It should also be explained that the DFS worker will contact them every six (6) months to see if their situation has changed. Expressed interest in placement does not guarantee placement. Satisfactory criminal background checks (DELJIS, FACTS, DMV) must be completed.

M-7. If efforts to locate the identified potential resources using traditional means are unsuccessful, the case worker may consider utilizing *People Search* or mining the DFS case record for possible resources.

M-8. All efforts should be documented in the PCIC and/or Directed Case Conference.

M-9. When the child has been in care 15 out of 22 months, or when it is clear reunification will not occur, a termination of parental rights (TPR) petition must be filed or compelling reasons for not filing a TPR petition must be documented in the case. (See policy for APPLA: Compelling Reasons

M-10. During efforts to seek a more permanent placement, a placement may be identified that could be a long-term placement, but would require that the child remain in the custody of the state until they reach the age of majority.

M-11. In order to determine if this option is the most appropriate, the worker should do the following:

- Document efforts to exhaust all potential adoptive family recruitment efforts on behalf of this child.
- Identify the compelling reasons that exist to justify the decision to allow this child to remain in foster care until they reach the age of majority and why all the other permanency options have been ruled out.
- Clarify and explain the efforts and commitments made by DFS and the significant adults in the child's life to maintain on-going connections and involvement with this child.
- Establish the basis for their assertion that this placement will be permanent until the child ages out of foster care.
- Describe how siblings will actively participate in the life of the youth, if appropriate.

N. APPLA: Long Term Foster Care Agreement

(APPLA stands for Another Planned Permanent Living Arrangement)

Long Term Foster Care Agreement

N-1. The plan for permanent foster care should in most cases be formalized through a written agreement (Long Term Foster Care Agreement).

N-2. The written agreement should be developed by the case worker in the treatment unit and/or the private agency worker after the child and the foster family has lived together for at least six months and has developed a strong relationship to each other and is committed to the placement.

N-3. The written long term foster care agreement (LTFCA) is not a legally binding document. However, the agreement does provide the caregiver and the youth a commitment to the placement and each other.

N-4. Both biological/adoptive parents (if possible), the child, foster parents, the primary DFS caseworker, the DFS supervisor and any involved foster care agency shall take part in the development of the LTFCA.

N-5. The LTFCA must be signed and dated by the child, the caregiver, the DFS caseworker and the DFS supervisor. If the child is in a private agency foster home, that worker and supervisor must also sign the LTFCA.

N-6. The LTFCA shall include the following:

- Caregivers' rights and responsibilities to the youth until he/she reaches the age of eighteen or until he/she completes school as per the board extension agreement policy.
- Continuing responsibilities of The Division of Family Services and or the private agency.
- The goals for the youth in placement
- Terms under which the agreement can be terminated

N-7. Termination of the LTFCA can result when a child is adopted; returns home, reaches the age of majority, or when problems develop to such a degree that alternative placement is the only solution.

N-8. The DFS caseworker must document the reason for the youth's removal in the LOC and case progress notes in FACTS. The Division will assume further planning with the child and attempt to locate a placement for the youth that could become permanent.

N-9. There may be cases where APPLA is the appropriate designation for the youth but a long term foster care agreement cannot be negotiated or is not appropriate. In such cases, the DFS caseworker will:

- Advise all parties involved in the case why a LTFCA is not appropriate.
- Attempt to maintain the present placement and assist the child to attain self-sufficiency.
- Continue to re-evaluate the child's situation in an attempt to provide a more stable permanent plan. This shall be documented in the child's PCIC/supervisors case conference tool and in the court order, if applicable.

N-10. These cases shall be considered APPLA placement cases and shall be carried by the permanency unit. Caseworkers shall revisit the long term foster care agreement with the caregiver and youth once per year.

N-11. After Family Court approves the case plan designation to APPLA, and when it is in the best interest of the child, the DFS worker will facilitate regular contact between the youth and their parents and/or extended family.

N-12. Until the Court terminates parental rights, parents must be included in the development and review of the Plan for Child in Care series. They must also be given the opportunity to review and sign all plans related to the child.

N-13. Until the Court terminates parental rights, both parents for a child must be invited to attend the Child Placement Review, the Permanency Hearing or any other review or hearing conducted for a child while placed in foster care.

Independent Living Preparation: Case Decision #6

Independent Living Preparation

6.1 Eligibility and Referral
6.2 Assessment
6.3 Service Planning
6.4 Developmental Training
6.5 Transitional Living
6.6 After Care
6.7 Termination of Services

Purpose:

To prepare and assist foster care youth to make the transition from foster care to independent living.

Services are designed to promote self-sufficiency and responsible living for young adults.

Scope:

The Division will provide independent living (IL) services to assist youth age fourteen (14) and older who are in foster care, and youth who have exited foster care after their eighteenth (18) birthday but have not reached age twenty-one (21). Eligible youth and youth adults shall receive developmentally appropriate services to prepare them for independent living. Provision of these services must promote a Chafee Foster Care Independent Living goal, to include: educational progress; employment; maintenance of physical and mental health care; housing opportunities; the formation of supportive adult relationships; knowledge of, and access to community resources; the acquisition of skills to increase financial viability; and daily life skills. The Division is responsible for initiating and overseeing independent living services.

Decisions:

Case Decision #6 – Independent Living

1. Determine youth's eligibility for independent living services.
2. Refer youth to contracted independent living services provider.
3. Review and evaluate results of the Life Skills Assessment.
4. Develop personalized Independent Living Program Service plan.
5. Monitor and evaluate youth's proficiency/progress.
6. Refer youth to transitional living service providers.

Case Process

A. Eligibility For Independent Living Services

Eligibility

A-1. Every youth in DFS custody and in a foster care placement setting, age fourteen (14) and older, is eligible for services.

A-2. Youth who have aged out of foster care at age eighteen (18) and have not reached age twenty-one (21).

A-3. Youth who were adopted or placed under an assisted living or kinship guardianship agreement at age sixteen (16) and are less than age twenty-one (21).

A-4. Youth active with a contracted Independent Living service provider who returned home on trial reunification are eligible for IL services for 60 days.

A-5. Youth must participate directly in designing program activities that will prepare them for independent living. They must accept personal responsibility for engaging in and fully participating with all aspects of the IL service. Youth who are unwilling to participate or accept personal responsibility may have their IL services suspended (i.e. as in cases where the youth abandons the program).

A-6. Youth that turned age eighteen (18) on or after 7-1-2012 and are less than age twenty-one (21) that exited foster care due to reaching the age of majority or are otherwise eligible for independent living aftercare services are eligible to receive stipends through the Achieving Self Sufficiency and Independence though Supported Transition (ASSIST) Program.

B. **Initiate Independent Living Services**	
B-1. The DFS primary case manager will open an independent living case in FACTS on all youth age sixteen (16) and older who are in an out-of-home placement. The case manager will document services for youth younger than age sixteen (16) in the PCIC III. B-2. IL services will be provided by the contracted agency if a youth is in an out-of-state contracted placement. IL services will be documented in FACTS.	**Initiate Independent Living Services**

C. Basic Life Skills Assessments	
C-1. All youth in out-of-home placement, age fourteen (14) and older, shall be assessed for their ability to participate in services pertaining to life skills, education and vocation. C-2. Use of an assessment tool approved by the Independent Living Program Manager is required for youth age sixteen (16) and older. Results must be documented in the Independent Living Case. C-3. The DFS primary case manager will ensure an assessment is completed on youth ages fourteen through fifteen (14-15) and documented results in the FACTS case record.	**Basic Life Skills Assessment**

D. Completing an IL Service Plan	
D-1. Services and outcomes for youth between the ages of fourteen (14) and sixteen (16) shall be documented in the PCIC III and PCIC IV which will serve as their IL plan. Services and outcomes for youth age sixteen (16) or older shall be documented in the Independent Living Case. D-2. The IL plan for youth age sixteen (16) and older shall be developed with the youth, DFS primary case manager, IL service provider, foster parent(s) or caregiver, youth's parents/relatives if appropriate, mentors and significant individuals as requested by the youth within forty-five (45) days after referral. D-3. The plan shall be reviewed within age specific timeframe: • Ages fourteen (14) to fifteen (15) shall have their plan reviewed annually via the PCIC III or IV • Age sixteen (16) and older reviewed every six (6) months. D-4. Plans for youth shall be appropriate to the youth's level of education and functioning. Services for youth may include but are not limited to: the identification of vocational, educational, or specialized training needs with plans for assisting the youth in obtaining self-sufficiency and assistance in seeking and maintaining employment. D-5. Any youth who is age seventeen (17) or older shall have goals included in their Independent Living Plan that address transition to adulthood. D-6. Plans for youth approved for the ASSIST (Achieving Self Sufficiency and Independence though Supported Transition) Program must include details concerning financial literacy goals and skill development training which will improve the youth's ability to self-manage the ASSIST funds.	**Completing an IL Service Plan**

E. Basic Life Skills Development and Training	
E-1. Youth age fourteen (14) and older in foster care, youth adopted at age sixteen (16) and youth who "age out" of foster care shall receive special assistance and training that will help them achieve and reach their maximum potential. E-2. Youth age sixteen (16) and older who are not on track to graduate by the end of the school year of their eighteenth (18th) birthday shall be considered for alternative educational plans. E-3. The DFS case manager will ensure the youth receive training and support in the following: • Life Skills • Transitional Planning Meeting • Permanent Personal Connections • Social Activities • Education • Employment/Vocation • Health/Mental Health/Family Planning • Abuse, Neglect & Violence Awareness • Substance Abuse Awareness • Housing • Financial Management • Credit Management/Identity Theft Prevention • Obtaining a State ID • Obtaining Important Documents, Birth Certification, Social Security Card • Obtaining a Driver's License (see DFS Policy on Driver's License for Youth in Placement) E-4 An annual credit report will be obtained for each youth age 14 and older in foster care. The annual credit report will be reviewed with the youth and a copy given to the youth, with assistance given to the youth to rectify all inaccuracies found on the report.	**Basic Life Skills Development and Training**

F. Transition/Exit Conference and Planning

Transition/Exit Conference and Planning

F-1. A transitional planning meeting(Stairways To Encourage Personal Success – STEPS Meeting) shall be held within two (2) months after the youth reaches age seventeen (17) to develop a transitional plan that will assist the youth after he/she exits foster care.

F-2. An exit planning conference shall be conducted by the DFS case manager within 90 days prior to the child attaining the age of 18 to review the transitional plan and determine how the youth will meet their basic needs after exiting foster care. In the event that board extension has been approved, an additional exit conference/meeting shall occur at least 90 days prior to the planned date the youth will exit foster care, if the initial exit conference was held more than six (6) months prior.

F-3. At the exit planning conference, every youth will be educated on the importance of designating another individual to make health care treatment decisions on their behalf in the event that they become incapacitated and do not have, or do not want an authorized relative to make health care treatment decisions on their behalf. All youth will be provided directions regarding the process of executing a health care power of attorney document.

F-4. At the exit planning conference, every youth will receive information regarding their eligibility and the requirements of the ASSIST (Achieving Self Sufficiency and Independency Independence through Supported Transition) Program.

F-5. The Transition/Exit Plan will be documented in FACTS.

F-6. Upon discharge from foster care, all youth 18 or older who have been in foster care for at least six months will be provided with the following items: a certified copy of their birth certificate, social security card, identification card or driver's license, a copy of their medical records, health insurance information, available educational records, community resource list, credit report guide, a copy of the latest credit report and a copy of the ASSIST program brochure. These documents will also be provided, as available, to youth age 18 and older exiting foster care but in custody less than 6 months.

G. Transitional Housing Agreement	
G-1. Youth eligible for IL services are eligible for financial assistance for housing subject to available funding through the ASSIST (Achieving Self Sufficiency and Independence through Supported Transition) Program.	**Transitional Housing Agreement**
G-2. Youth who leave their out-of-home placement and are no longer in DFS custody prior to their eighteenth (18th) birthday are not eligible for housing assistance; with the exception of youth who were adopted or placed under an assisted guardianship agreement at age sixteen (16) and are less than age twenty-one (21) are eligible for housing assistance.	
G-3. Appropriate living arrangements include but are not limited to: Transitional Living Program (TLP), boarding houses, apartments, rental agreements with former foster parents and shared housing.	
G-4. Housing services may be terminated if the participant demonstrates an unwillingness or inability to meet the requirements of the program, service plan or the written terms of a housing agreement.	
G-5. Participants must be able to pay a predetermined amount toward rent, room and board payments.	

H. Independent Living Aftercare	
H-1. Youth between the ages of eighteen (18) and twenty-one (21) who aged-out of foster care shall receive voluntary support services and have the opportunity to continue learning and practicing independent living skills and activities. H-2. Youth who are deemed eligible for aftercare services are also eligible for financial assistance through the ASSIST (Achieving Self Sufficiency and Independence through Supported Transition) Program if they aged-out of foster care after 7-1-2012. H-3. Participants must have a current service plan. The plan shall be reviewed every six (6) months.	**Independent Living Aftercare**

	I. Termination of Independent Living Services	
I-1	Youth must participate directly in designing program activities that will prepare them for independent living. They must accept personal responsibility for engaging in and fully participating with all aspects of the IL service. Youth who are unwilling to participate or accept personal responsibility may have their IL services suspended (i.e. as in cases where the youth abandons the program).	**Termination of Independent Living Services**
I-2	IL services for youth who exit DFS custody prior to their eighteenth (18th) birthday will be terminated on the date of exit.	
I-3	Youth receiving ASSIST (Achieving Self Sufficiency and Independence though Supported Transition) funds whose IL services have been suspended or discontinued are also ineligible for ASSIST funds. Youth may appeal such decisions regarding termination from the ASSIST Program.	
I-4	IL services for young adults who aged out of foster care will terminate at age twenty-one (21) and the IL case in FACTS will be closed.	
I-5	If the young adult is participating in the Education and Training Voucher (ETV) Program, the case can remain open until the young adult reaches age twenty-three (23) or completes his/her education and training, whichever comes first.	

Administration

Administration

A. Substantiation Hearings (Pre 2/1/03 Incidents)
B. Appeal/Fair Hearings – Treatment, Foster Care, Adoption
C. Confidentiality
D. DELJIS
E. Locating Parents
F. Parental Substance Abuse
G. Petition for Substantiation/Removal from the Registry
H. Transportation
I. NCIC
J. Sex Trafficking Legislation

A. Substantiation Hearings (Pre 2/1/03 Incidents)

A-1. The Child Protection Registry shall only contain substantiated incidents of child abuse and neglect. Incidents occurring between August 1, 1994 and May 15, 2003 were reviewed and placed on one of four Levels. The individuals substantiated for those incidents were notified by letter. The Registry shall not include cases substantiated for dependency, parent/child conflict, adolescent problems, or cases opened for risk of child abuse and neglect.

A-2. For incidents that occurred prior to February 1, 2003, the Division's investigative staff shall comply with all Regulations for the Central Child Abuse Registry which became effective on April 1, 2002.

Due Process

A-3. At the conclusion of an investigation the Division shall send written notice, by certified mail, return receipt requested and by First Class U.S. mail to the person's last known address, of its intent to place the person on the Child Protection Registry for having committed child abuse or neglect, and shall advise the individual of the opportunity to request a Substantiation Hearing. The person can also be notified by personal delivery and accepting service of the notice in writing.

A-4. Each person the Division plans to enter on the Child Protection Registry shall receive his or her own investigation outcome letter. This includes married and unmarried partners when the Division intends to substantiate both parties.

A-5. Only the person (alleged perpetrator) who has been notified of the Division's intent to substantiate for having committed child abuse or neglect may request an appeal of the substantiation or early removal.

A-6. Individuals shall not be informed of the right to a Substantiation Hearing when the following conditions exist:

- A disqualifying factor* applies (e.g., criminal plea or conviction, adjudicated delinquent, substantiated for abuse or neglect at a civil court hearing or administrative court hearing) for the same incident investigated by the Division.
- The Division does not intend to substantiate child abuse or neglect.
- The Hotline reporter is not entitled to appeal the outcome of an investigation.

Exception: Attorney General's Probation is a current dismissal of the criminal charges in exchange for an admission by the defendant that he did some wrongful conduct. It is not a plea of guilty and the Division still needs to give the individual pending substantiation the opportunity for a Substantiation Hearing.

A-7. When an appellant indicates he or she will be represented by an attorney at a Substantiation Hearing, the Division will also request representation by a Regional Deputy Attorney General.

A-8. A Substantiation Hearing is not a public hearing. Hearings and evidence presented therein are strictly confidential. For incidents occurring prior to February 1, 2003, the Hearing Officer and the Division will ensure adherence to the Department's and the Division's confidentiality policies during the Substantiation Hearing process or subsequent judicial appeal process.

A-9. This policy does not apply to activities conducted by the Office of Child Care Licensing, which is governed by policy and procedures set forth in DELACARE regulations. The policy also does not apply to Division employees who are governed by the Merit System. However, the policy will apply if the employee has an active case with the Division. Additionally, when the appeal involves a case active with a Departmental contracted service provider, the contract managers for both agencies will be notified of the appeal to determine if activity by them is warranted. Finally, this policy does not apply to hearings or services provided by other agencies such as the Placement Review Board or Part C (Birth – Age 3 screening for the Division of Public Health Child Development Watch). Those service providers have other appeal processes in place.

A-10. Each regional office shall maintain a central file for Substantiation hearing audiotapes, fair hearing transcripts, and fair hearing evidence.

Early Removal form the Registry – Eligibility

A-11. An individual who has been entered on the Child Protection Registry for incidents occurring prior to February 1, 2003 will follow the procedures for Early Removal. A person who is entered on the Child Protection Registry at Child Protection Level II or Level III, and who has successfully completed a Division recommended Family Service Plan or Family Court ordered case plan may file a Petition

for Early Removal in Family Court prior to the expiration of the time designated for that level. Only a person who has successfully completed his or her case plan is eligible to petition for early removal. The petition must be filed in the county where the substantiation occurred.

B. Appeals/Fair Hearings – Treatment, Foster Care, Adoption	
B-1. A person directly impacted by a critical decision point shall be notified of the critical decision and the notification must explain the right to appeal and the right to request a Fair Hearing. The language shall be standard as follows: **RIGHT TO APPEAL/REQUEST A FAIR HEARING** *The Division of Family Services acknowledges and supports a party's right to appeal when that party is directly impacted by the following critical decision points: approval/disapproval, casework decision/case plan, and determination of eligibility. If you wish to appeal, please send a written request to the Substantiation Hearing Coordinator, 1825 Faulkland Road, Wilmington, DE 19805 no later than thirty calendar days of the date of this decision or notice. The request for an Appeal/Fair Hearing should explain the reason(s) for the request and the relief requested.* *Critical decisions involving custody, visitation, termination of parental rights, child support, or any case related issue pending or soon to be litigated or previously decided by Family Court, or another court or agency, may not be appealed. Those matters shall be decided by the Court.* *In any case where the Department or licensed agency refuses the request of any person that a child be placed with him/her for adoption, the decision of the Department or licensed agency in so refusing shall be final unless within 30 days after notice of refusal, the proposed adoptive parent shall appeal to the Family Court of the county in which the adoption is proposed (13 Del.C. 8905).*	**Appeal Statement**
B-2. The Appeal Hearing process will be initiated when the complainant's request involves one of three criteria (critical decision points) listed below: 1. Approval/disapproval 2. Casework decision/case plan 3. Determination of eligibility	**Appeal Criteria**
B-3. Critical decision points may include, but not be limited to, the following program areas. a. Protective Treatment 1. Content of the Family Service Plan, DSCYF Integrated Service Plan, or any interagency case plan (intact family). 2. Outcome of an investigation of a new CAN (Child Abuse/ Neglect) report (refer to policy on Substantiation Hearings). b. Foster Care	

	1. Child's Level of Care 2. Foster care provider disapproval 3. Foster home closure c. Adoption 1. Fost/Adopt and adoption home study disapproval 2. Adoption assistance/subsidy payments initiation/suspension 3. Special needs determination	
B-4.	Only individuals impacted by the critical decision may request an appeal hearing. Individuals are not eligible to appeal when: a. They are not related to the child; b. The child has not yet been placed in their home; or when c. The child has not been placed in their home for more than 6 months. B-5. Fair Hearings for Treatment, Foster Care, and Adoption are not governed by statute or regulation. Decisions by the Hearing Officer are final and cannot be appealed to Family Court.	
B-6.	A Hearing Officer does not have the statutory authority to subpoena witnesses or evidence regarding hearings for Treatment, Foster Care, and Adoption.	**No Appeal to Family Court**
B-7.	Case decisions involving custody, visitation, termination or parental rights, child support, or any case related issue pending or soon to be litigated or previously decided by Family Court, or another court or agency, may not be appealed using this policy.	
B-8.	This policy does not apply to activities conducted by the Office of Child Care Licensing, which is governed by policy and procedures set forth in DELACARE regulations. The policy also does not apply to Division employees who are governed by the Merit System. However, the policy will apply if the employee has an active case with the Division. Additionally, when the appeal involves a case active with a Departmental contracted service provider, the contract managers for both agencies will be notified of the appeal to determine if activity by them is warranted. Finally, this policy does not apply to hearings or services provided by other agencies such as the Placement Review Board or Part C (Birth - Age 3 screening for the Division of Public Health Child Development Watch). Those service providers have other appeal processes in place.	
B-9.	When an appellant indicates he or she will be represented by an attorney at the Fair Hearing, the Division will also request representation by a Regional Deputy Attorney General.	
B-10.	Each regional office shall maintain a central file for Fair Hearing audiotapes, fair hearing transcripts, and fair hearing evidence.	

C. Confidentiality	
C-1. In the course of performing its duties, the Division of Family Services shall be entitled to inspect and copy all records, which are maintained and controlled by the Department of Services for Children, Youth and Their Families, regarding any children in the care, supervision, protection or custody of the Department and the parents, guardians, caretakers or custodians of said children.	
C-2. Information about substance abuse treatment, sexually transmitted diseases and HIV/ AIDS is specially protected and cannot be released without a properly signed consent.	***Exception: See Case Decision #4***
a. Information about children in the custody of the Division can be shared on a need to know basis with foster families and medical personnel treating the child.	
C-3. Consent to obtain and release information will be requested from and signed by the parent, custodian, guardian for every case opened for initial assessment or treatment.	***ALL***
C-4. The signed consent form will be shared with individuals from whom the Division is requesting information.	
C-5. A signed consent from the parent, custodian, and guardian will be required when other parties, individuals or agencies request information from the Division.	
C-6. If case circumstances do not lend themselves to receiving a signed consent (parent cannot be located, parent refuses to sign a consent, child is in significant risk and information is needed immediately), the Division is permitted to request or release relevant information without a signed consent. The following are situations when information can be shared without a signed consent:	
a. When receiving a report of child abuse or neglect	
b. During the initial assessment period	
c. During the treatment period when communication is with a Federal, state or local governmental entity that is also responsible under the law to protect children from abuse or neglect (Attorney General's Office, Police, Family Court, Superior Court, Public Health)	***When No Consent Is Signed***

D. DELJIS

Confidentiality and Security of Criminal History Background Information

DELJIS Policy

D-1. Division staff with direct access to DELJIS must meet the appropriate security clearance, and shall only conduct background checks meeting the criteria specified.

D-2. Division staff with read-only access to DELJIS shall not conduct a search of DELJIS directly; however, they may read DELJIS computer screens retrieved by Division staff with direct access.

D-3. All Division staff with DELJIS information will read, sign and abide by DELJIS Directive #1 "Restrictions Regarding Dissemination and Use of Criminal History" that states that DELJIS information may only be shared with another employee of a criminal justice agency who also has access to DELJIS.

D-4. When any Division employee disseminates DELJIS information contrary to DELJIS Directive #1 or this policy, their employment with the Division will be terminated, without exception. This same employee may be prosecuted.

DELJIS Information Cannot Be Shared

D-5. Division staff may not share DELJIS information with anyone. Specifically, they shall not disseminate:

a. DELJIS information to any employee of the Division of Youth Rehabilitative Services (DYRS) or the Division of Child Mental Health (DCMH). (DYRS staff can access the information through their own staff. Also, DYRS and DCMH will be blocked from accessing the DFS FACTS Criminal Background Checks Finding screen);

b. DELJIS information to a foster parent, adoptive parent, or any Division contracted service provider;

c. DELJIS information in oral or written form to a Court Appointed Special Advocate (CASA) who may request this information from Family Court staff with direct access or to any member of the Child Placement Review Board;

d. Summarized information in the FACTS Background Check Findings function to a family or attorney representing a family active or previously active with DFS who makes a request to review their case record;

e. Or reference DELJIS information by electronic mail, including electronic mail to other criminal justice agencies with DELJIS access.

D-6. Division staff may not:

Printed Information Is Prohibited

a. Print hard copy records of DELJIS information from computer screens. This includes information from direct access screens or information summarized in the FACTS Background Check Findings function; nor

b. Maintain a handwritten record of DELJIS information in their personal working file or in a Division hard copy of the record.

D-7. A review of DELJIS to conduct a criminal background history check may be conducted to:

Background History Checks

a. Assist the screening of reported information.

b. Verify DE criminal history information discussed by family members with Division staff.

c. Locate a family active with the Division when the whereabouts of the family are unknown.

d. Confirm the existence of additional criminal activity or domestic violence since the case was opened in Investigation or Treatment.

e. Assess the potential safety issues for DFS staff going to the home.

D-8. A review of DELJIS *will* be conducted for:

Investigation

a. All adult and juvenile (age 13 years or older) household members who reside in a family that has been reported to the Division's Child Abuse Report Line and accepted for investigation. The household members do not have to be related.

b. Any adult or juvenile (age 13 years or older) who moves into the residence of a family currently active with the Division in Investigation, Treatment, or through the Interstate Compact.

c. All adult and juvenile (age 13 years or older) household members prior to placement when a relative or non-relative requests to become the caretaker for a child placed by the Division in out-of-home care (legal custody).

D-9. A review of DELJIS *may* be conducted:

a. On a party not residing in a household active with the Division when that party is significant (e.g., parent residing in a separate household, the paramour of the parent, a grandparent) in the overall dynamics of the household, and Division staff perceive that safety issues exist. The safety issues may be case related or personal.

D-10. All foster parent applicants are subject to a criminal background check under 31 Del.C. §309. All approved foster parents and children age 13 years or older living in the home will be subject to a DELJIS check every other year.

Foster Care

Forms Manual:

DELJIS Directive #1 "Restrictions Regarding Dissemination and Use of Criminal History Information"
Attachment B; "Criminal Justice Agency Listing for DFS"
Attachment C; "Frequently Asked Questions"

E. Locating Parents	
E-1. The Division will make every effort to locate missing parents of a child who is the subject of a child abuse report where there is concern for the child's safety and the child is at risk of placement or is being placed.	**Locating Parents**
E-2. Locating missing parents gives each parent an opportunity to plan for the child's safety and permanence.	**Policy**
E-3. This policy applies to both parents including the presumed father regardless of marital status or the legal (custodial) status of the child.	
E-4. The policy does not apply to parents for whom parental rights have already been terminated	
E-5. The locate activities and results must be documented in a FACTS Note.	

F. Parental Substance Abuse	
F-1. Because of the relationship between parental substance abuse and child abuse or neglect, the presence of substance abuse will always be assessed in determining safety and the need for protective services. When parental substance abuse is known or suspected, DFS will refer to a substance abuse treatment agency for evaluation and recommendations. Substance abuse is assumed to be present in all cases until such time that screening (either by DFS or a substance abuse treatment agency) specifically rules it out. This policy pertains to reports at any stage of activity with the Division, including those received by the report line, cases under investigation, open in treatment, or adoption.	**Parental Substance Abuse Policies**
F-2. When a child comes into foster care and parental substance abuse is a risk factor, the child will not be returned to the parent(s) until a substance abuse evaluation has been completed and DFS has received the recommendations.	
F-3. With the exception of infants exposed prenatally, the Division of Family Services will only accept reports for investigation where there is an allegation of abuse, neglect, or dependency in addition to parental substance abuse.	**Intake**
F-4. The Division of Family Services accepts for investigation all reports from medical facilities of infants exposed in utero to alcohol or drugs as evidenced by either the mother or infant testing positive for drugs at birth. The Division will not accept complaints of in utero exposure to alcohol or drugs during pregnancy, i.e. evidenced only by prenatal screenings. The response decision will be determined by careful consideration of the risk factors and danger loaded elements. Any report alleging prenatal exposure where the child is experiencing medical complications requires response prior to the child's release from the hospital.	
F-5. Regardless of whether or not substance abuse is mentioned in the Hotline report, the investigation caseworker will assess the use of substances during their interviews and in completing the investigation risk assessment.	**Investigations**
F-6. Safety planning must include careful consideration of the extent of drug/alcohol use and the impact on the parent's ability to keep the children safe.	

F-7. The primary focus of all services to the family is on the parent's ability to keep the children safe. Safety planning must include careful consideration of the extent of drug/alcohol use and the impact on the parent's ability to keep the children safe.

F-8. Information collected during the assessment process will be documented in both Treatment Notes and the Family Assessment Form. If parental substance abuse is not a risk factor, this will be specifically documented in Treatment Notes.

Treatment

F-9. When children are in out-of-home placement because of abuse/neglect related to parental substance abuse, six months documented treatment and recovery prior to return home is recommended, unless a substance abuse evaluation indicates that the use of drugs/alcohol is not a significant concern. Earlier return home may be considered if the client is succeeding in recovery and if a safety plan can be put into place that does not depend solely on the recovering parent. However, there will always be a minimum of 3 months of sobriety and a recommendation from the substance abuse treatment agency that the client is succeeding in recovery.

F-10. Toxicology screens may be useful in working with families affected by substance abuse and child abuse or neglect. It is important to remember that toxicology screens determine only whether or not a client has used a particular drug or alcohol during a specified time period. It does not determine whether a client uses drugs on a regular basis or what the effects on parenting are.

F-11. Release of alcohol/drug referral, diagnosis, or treatment information is strictly regulated in Federal statute. This information may not be shared outside a Division or Interdivisional Service Team except with informed consent to release signed by the client.

G. Petition for Substantiation/Removal from Registry (Post 2/1/03 Incidents)	
G-1. The Child Protection Registry shall only contain substantiated incidents of child abuse and neglect. The registry shall not include cases substantiated for dependency, parent/child conflict, adolescent problems, or cases opened for risk of child abuse and neglect. G-2. The Division's investigative staff shall comply with all Regulations Pursuant to 16 *DEL. C.* Ch. 9 for Designation of Substantiated Acts of Abuse or Neglect to Child Protection Levels and for Classifying Unsubstantiated Cases of Abuse or Neglect in the Division of Family Services' Internal Information System. G-3. At the conclusion of an investigation the Division shall send written notice, by certified mail, return receipt requested and by First Class U.S. mail to the person's last known address, of its intent to place the person on the Child Protection Registry for having committed child abuse or neglect, and shall advise the individual of the opportunity to request a hearing in Family Court. A Hearing Request form shall be included with each notice of intent to substantiate. G-4. Each person the Division intends to enter on the Child Protection Registry shall receive his or her own investigation outcome letter. This includes married and unmarried partners when the Division intends to substantiate both parties and minors. The letter will designate a Child Protection Level related to the risk of future harm and explain what that level means regarding employment in a health care facility, child care facility, and the Department of Services for Children, Youth and Their Families, as well as eligibility to become a foster or adoptive parent. G-5. Only the person (alleged perpetrator) who has been notified of the Division's intent to substantiate for having committed child abuse or neglect may request a hearing in Family Court. G-6. If the person (alleged perpetrator) who has been notified of the Division's intent to substantiate for having committed child abuse or neglect or their attorney, may request a hearing in Family Court. A timely request by letter shall also be accepted in lieu of the Hearing Request Form.	**Due Process**

G-7. The Division shall be represented by a Regional Deputy Attorney General in any hearing for which a petition requesting substantiation has been filed.

Criminal Charges Pending

G-8. The Division's duty to file a Petition for Substantiation is automatically stayed in any matter in which a criminal or delinquency proceeding involving the same incident of abuse or neglect is pending. If the criminal or delinquency proceedings result in a dismissal or acquittal, the Division shall file a Petition for Substantiation. If the criminal or delinquency proceedings result in a conviction (before or after the Division's investigation is concluded), the results are "final, binding, and determinative" regarding entry on the Child Protection Registry and the Division shall not file a Petition to Substantiate.

Criminal investigation, but no charges filed

G-9. If a criminal investigation is ongoing at the conclusion of the Division's investigation, but no charges have been filed, the Division shall file a Petition to Substantiate.

Dependency – No Abuse or Neglect

G-10. At the conclusion of an investigation where dependency has been substantiated but not abuse or neglect, the Division shall send written notice, by certified mail to the person's last known address. Since the substantiated person will not be entered on the Child Protection Registry, he or she will not be eligible for a hearing in Family Court. The Hearing Request Form shall not be included with the outcome letter. However, the person is eligible for a Fair hearing before a contracted hearing Officer when Family Court has not made a determination of dependency without abuse or neglect. (Refer to G-15.)

Dual petition - custody and substantiation

G-11. During an investigation in which the Division has filed a petition for custody as a result of an incident of abuse or neglect, when the Division knows that it intends to substantiate the same respondent(s) named in the custody petition, the Division shall request that the Deputy Attorney General amend the custody petition prior to the adjudicatory hearing to request a finding regarding substantiation and entry at one of the Child Protection Levels. By law, Family Court has the ability to make a determination about substantiation during a child welfare proceeding and a separate petition and hearing are not required.

Automatic Removal from the Registry

G-12. A person who is entered on the Child Protection Registry at Child Protection Level II or III will be automatically removed from the Registry, provided that person has not been substantiated for another incident of abuse or neglect while on the Registry. The Division shall notify the person of the removal.

Early Removal from the Registry - Eligibility

G-13. A person who is entered on the Child Protection Registry at Child Protection Level II or Level III, and who has successfully completed a Division recommended case plan or Family Court - ordered case plan may file a Petition for Early Removal prior to the expiration of the time designated for the level. Early removal is contingent on the successful completion of a case plan.

G-14. The Division's treatment staff shall send a letter at the conclusion of the Division's services notifying the substantiated person whether they have successfully completed their Division case plan.

G-15. Removal from the Child Protection Registry means only that the person's name has been removed from the Registry and may no longer be reported to employers. The person's name and all case information shall remain in the Division's internal information system (FACTS). The information in FACTS may be used for, but is not limited to, investigative and treatment purposes, historical searches, foster and adoptive parent decisions and reporting pursuant to 31 Del.C. §309, child care licensing decisions, and reporting to law enforcement authorities.

Who can Access Information on the Registry

G-16. Information about individuals entered on the Child Protection Registry is limited to:

- Division of Family Services' staff who have a need to know;
- Child care, health care, and public school employers upon request and with the written consent of the applicant or current employee to the Division's Criminal History Unit;
- Law enforcement or the Department of Justice during a criminal investigation; and
- The individual entered on the Child Protection Registry by written notification at the conclusion of an investigation or by letter upon written request of the individual.

H. Transportation	
H-1. The Division of Family Services believes it is a right and responsibility of a parent/custodian to provide for a child's basic needs. However, the Division will assist parents/custodians with the transportation of a child to a Division referred service appointment when the parent/custodian is unable or unavailable to provide transportation. The transportation assistance is intended for a specific purpose and to be limited in frequency. H-2. Division staff must have a Consent to Transport signed by the parent/custodian of a child to provide transportation for a child who is not accompanied by the parent/custodian and for whom legal custody/parental rights has not been obtained by the Division. H-3. Division staff will provide transportation assistance in a State vehicle; transportation in a personal vehicle is prohibited.	**See Forms Manual**

I. NCIC	

Authorization For Access to NCIC

The Adam Walsh Child Protection and Safety Act of 2006 authorized access to the National Crime Information Center (NCIC) records. Section 151 of the Act allows access to governmental social service agencies to be used only for investigating or responding to reports of child abuse, neglect or exploitation.

Confidentiality and Security

I-1. Division staff with direct access to NCIC shall only conduct background checks meeting the criteria specified in this policy for cases of abuse and neglect.

I-2. Division staff not trained and certified for direct access to NCIC shall not conduct a search of NCIC directly; however, they may view NCIC computer screens and printed information retrieved by Division staff that are trained and certified to use NCIC.

I-3. All Division staff accessing or viewing NCIC information must be fingerprinted pursuant to DELJIS policy. They must also read, sign and abide by DELJIS Directive #1 regarding the use of dissemination of criminal history record information and motor vehicle information.

I-4. When any Division employee disseminates criminal history record information contrary to DELJIS Directive #1 or this policy, the employee shall be subject to disciplinary action, including termination. This same employee may be prosecuted.

Release of Information

I-5. Division staff accessing NCIC are only permitted to disseminate NCIC information to another Family Service employee, provided that the employee is allowed access to the NCIC information. Refer to I-3 above for guidance.

Printed Information Must be Shredded

I-6. NCIC information shall be shredded after viewing. It shall not be maintained in case files or any other location.

Intake, Investigation and Treatment

I-7. A review of NCIC to search criminal history record information and motor vehicle information may be concluded to:

a. Assist the screening of reported information.

b. Verify criminal history information discussed by family members with Division staff.

c. Locate a family active with the Division when the whereabouts of the family are unknown.

d. Confirm the existence of additional criminal activity or domestic violence since the case was opened in Investigation or Treatment

e. Assess the potential safety issues for children in the home.

f. Assess the potential safety issues for DFS staff going to the home.

NCIC Acceptable Reviews

I-8. A review of NCIC may be conducted for cases of abuse and neglect on:

a. All adult and juvenile (age 13 years or older) household members who reside in a family that has been reported to the Division's Child Abuse Report Line and accepted fro investigation. The household members do not have to be related.

b. Any adult or juvenile (age 13 years or older) who moves into the residence of a family currently active with the Division in Investigation, Treatment, or through the Interstate Compact.

c. An individual not residing in a household active with the Division when that party is significant (e.g., parent residing in a separate household, the paramour of the parent, a grandparent) in the overall dynamics of the household, and Division staff perceive that safety issues exist. The safety issues may be case related or personal.

NCIC Unacceptable Reviews

I-9. A review of NCIC may only be conducted for cases of abuse and neglect, a review shall not be conducted for Emergency Placement Situations.

Section J. : Sex Trafficking Victims

The Division of Family Services will identify, report and provide services for suspected victims of sex trafficking for any child or youth over whom the Division has responsibility for placement, care, or supervision regardless of their place of residence. Youth and young adults receiving independent living services are included in this population. Youth who were adopted or exited foster care through guardianship after age 16 and receiving independent living services are also in this population.

The term "sex trafficking" means the recruitment, harboring, transportation, provision, obtaining of a person for the purpose of a commercial sex act or the exchange of goods, money or services for sex acts.

Court Action	Court
C.1 Petition for Custody Due to Abuse/Neglect **C.2 Permanency Hearings** **C.3 Court Hearings for Children in Custody** **C.4 Termination of Parental Rights** **C.5 Court Reports on Children Whose Parental Rights Have Been Transferred to the Department** **C.6 Petition for Adoption**	
A. Petition for Custody Due to Abuse/ Neglect	
A-1. If the caseworker, in consultation with the supervisor, determines that out-of-home placement is necessary, the caseworker will take appropriate legal action to obtain court ordered placement. If it is during normal work hours (8-4:30), the caseworker will consult with the Division Deputy Attorney General (DAG) prior to proceeding with the filing of a Dependency/Neglect Petition.	**Petition for Abuse/Neglect** **DAG Approval Required**
A-2. Once the DAG determines that sufficient grounds exist to proceed, the caseworker will determine if the child can be safe for up to 10 days via a safety plan.	**Preliminary Hearing Within 10 Days**
A-3. If the child is safe, the caseworker will then file the Dependency/ Neglect Petition for Custody on the same day. The petition must be signed by the DAG prior to filing. The Preliminary Protection Hearing will be scheduled within 10 days of the filing.	
A-4. The Dependency/Neglect Petition for Custody consists of the Petition form, the Custody Separate Statement and the Information Sheet. The caseworker will complete all information requested on the forms. The petition must include the facts that led the Division to determine the child at risk of harm, any actions or services provided to the family to reduce the risk of harm to the child and the parent's response to these actions or services.	**Contents of the Petition for Custody**
A-5. This documentation must comply with the Reasonable Efforts policy (see Decision Points 2 and 3).	
A-6. In the case of emergency, the reasons why the Division could not provide services to protect must be included.	
A-7. The caseworker will also complete an Affidavit That A Party's Address Is Unknown. This Affidavit must be signed by the caseworker either in front of the Clerk of the Court or the Attorney. The caseworker will place Parent Locator Ads in The News Journal if the address of one of the parents is unknown but thought to be in the general circulation area of The News Journal.	**Required Notifications**

a. The caseworker will complete the Memorandum to The News Journal and fax it to The News Journal at 324-5511.

b. The caseworker will forward a copy of the Memorandum to Client Payments and place a copy in the case record.

When a Child Is Abandoned

A-8. In dealing with an abandoned child, the caseworker will first attempt to contact the parent(s). If this fails, the worker will contact the police, explain the circumstances and request that the child be turned over to DFS. After any child is turned over to DFS by a peace officer, the caseworker will make every effort to locate the parent(s) or a relative of the child.

Locating the Parents

(See Case Decision # 2)

A-9. All efforts to locate parent(s) or relative(s) must be documented in a FACTS note. In the event that a parent or relative is not found, the caseworker may contact the On-Call Judicial Officer through the State Communications Center. In these cases of abandonment, the On-Call Judicial Officer should be contacted no later than 11:30 p.m. and not earlier than 9:00 a.m. DFS has the statutory authority to place these children while trying to locate the whereabouts of the parent(s) or relative(s).

A-10. The caseworker will notify the DAG the next working day of the outcome of any emergency petition. If the Division was awarded custody, the caseworker will review the details of the case with the DAG and begin preparation for the Probable Cause Hearing. A witness list request is forwarded to the caseworker by the DAG's secretary. The caseworker will complete the form and return it to the DAG's office within five working days.

When Child Can't Remain Safely in the Home

A-11. When it is determined that the child cannot be kept safe for 10 days or during the period of time it will take the Family Court to hold a Preliminary Protection Hearing, the caseworker will immediately file the Affidavit for Priority Scheduling or Ex Parte Order with the Dependency/Neglect Petition for Custody.

A-12. The Dependency/Neglect Petition for custody is a written statement of facts, signed under penalty of perjury, that the allegations in the Dependency/Neglect Petition for Custody are true and a request for relief in the form of ex parte custody. The Affidavit also must state what irreparable harm will result if relief is not granted prior to a normally scheduled hearing.

Contact the On-Call Judicial Officer

A-13. If the Family Court is not in session and the situation meets the criteria for emergency conditions, the caseworker then calls (regardless of the time) the State Communications Center number requesting contact with the On-Call Judicial officer. The caseworker shall provide a telephone number at which the worker can be reached by the On-Call Judicial Officer.

Obtain DAG Signature

A-14. The On-Call Judicial Officer will return the call, at which time the caseworker will read the petition and affidavit and request ex parte custody.

File Petition & Affidavit by Noon the Next Day

A-15. If granted, the assigned caseworker will file this petition, after obtaining the DAG's signature, and affidavit by 12:00 noon the next working day in the Family Court. If denied, the petition and related paperwork will be forwarded to the Report Line the next working day.

Emergency Custody (Ex Parte Order)

A-16. The Affidavit for Priority Scheduling will request relief in the form of emergency Ex Parte custody for the purposes of placement and planning. The caseworker will specifically state what harm will result if Ex Parte custody is not granted. The caseworker must sign the Affidavit either in front of the Clerk of the Court or the Attorney.

Police Are Requested to Remove the Child

A-17. An Ex Parte Custody Order may be issued by a Family Court Judge after review of a Dependency/Neglect Petition for Custody and Affidavit for expedited processing. The Emergency Custody Order provides the Division with the authority to temporarily separate children from their parents without the parent's consent. The order is often given without the presence of the parties and is called an Ex Parte Order. The order also specifies the date for the Probable Cause hearing.

A-18. After the Ex Parte Custody Order is issued, the caseworker will contact the police who will remove the child and subsequently turn the child over to the Division.

Preliminary Protection Hearing Reviews Emergency Removals for Continued Placement

A-19. A Preliminary Protection Hearing is scheduled by Family Court within 10 days of the ex parte custody order for the purpose of determining the need to continue custody with the Division. This hearing allows the Court to determine if the emergency removal of the child was proper, if there is probable cause to believe that the child would continue to be at significant risk if returned, and if the child is in a proper placement.

A-20. The caseworker who handled the placement, as well as the assigned caseworker, will attend the hearing and be prepared to testify about the facts alleged in the Dependency/Neglect Petition for Custody and Affidavit for Expedited Processing. Hearsay is permissible at this proceeding under Family Court Civil Rules.

Adjudicatory Hearing Determines:

A-21. The Family Court schedules the Adjudicatory Hearing within 30 days of the Preliminary Protection Hearing.

Whether Continued Custody is Appropriate

A-22. The Adjudicatory Hearing determines if continuation of custody is necessary or if a change in custody should be ordered. If the court determines that the child should return home, the DFS worker may submit the Family Service Plan so the Court can sanction the provision of services.

The Child Should be Returned Home

A-23. Prior to the Adjudicatory Hearing the caseworker must consult with the DAG regarding the status of the case. The caseworker must attend the hearing and be prepared to testify about the facts of the case, the Division's efforts to work with the family during the period of out-of-home placement, and the Division's plan to reunify the family. The caseworker must submit the Family Service Plan to the Family Court at this time. Witnesses are necessary, as hearsay is not permitted at this proceeding.

Approves the Family Services Plan for Services

A-24. The caseworker will also comply with the procedures for submitting Reasonable Efforts Information (See Decision Point #3).

Reasonable Effort/ Determinations

A-25. When a child is removed from his/her home, the court shall rule as to whether reasonable efforts were made or were not required to prevent this removal within 60 days of the removal date.

Caregiver Notice and Right to be Heard

A-26. The Division of Family Services caseworker will ensure that the child's caregivers (relative, non-relative and pre-adoptive caregivers) are provided timely notice of any judicial proceeding concerning the foster child in their care and of their right to be heard.

B. Court Ordered Custody Absent A Petition	
B-1. In some instances, Family Court may award custody to the Division of Family Services without the Division having first filed a petition for custody. When that occurs, the Division must file a petition by noon of the following working day.	
B-2. All other custody petition procedures identified in Section A of this policy must be followed.	

C. Permanency Hearings

Permanency Hearings

C-1. Permanency Hearings are held to determine the future status of a child. The hearings are held initially when a child has been in out-of-home care 11 months and yearly thereafter. The Court's finding may include, but is not limited to, whether the child:

a. Can be returned to the parent, and when.

b. Should be continued in foster care for a specified period of time pending permanence.

c. Should, because of the child's special need or circumstances, be continued in foster care on a permanent basis.

d. Should be considered for legal guardianship.

e. The agency should file a TPR petition.

f. Has an appropriate independent living plan if age 14+.

Required Within 12 Months of Placement

C-2. The Division will petition the Family Court for a Permanency Hearing within the required time frame. A permanency hearing must occur within 12 months of a child's placement and every 12 months thereafter, as long as the child remains continuously in placement. The Family Court will hold the initial hearing in the 11th month but no later than the 12th month of the child's placement and thereafter yearly.

C-3. In the event that the Division seeks to change the goal for the child, a motion needs to be filed at least 30 days prior to the permanency hearing. The motion shall notify all parties and the court of a proposed change of goal. The motion shall set forth the grounds for the proposed modification and proposed goal for the child (court rules effective 12/1/02). The Division of Family Services caseworker will ensure that the child's caregivers (relative, non-relative, or adoptive) are provided with a notice of the hearing and the right to be heard.

C-4. Division staff will participate in Permanency Hearings, including preparation and submission of required materials, attendance at reviews and other communication related to the reviews.

C-5. The following types of cases may be exempt from a Permanency Hearing.

a. A youth who has attained his eighteenth (18th) birthday, although continuing to be under the care and supervision of the Division of Family Services

Deadline for Filing Documents

C-6. All the required paperwork must be submitted to either the Family Court or OCM by the 20th of the month, six weeks prior to the hearing month.

Voluntary Dismissal of Civil Petition

C-7. If, for some reason, after filing a petition for the hearing, a hearing is no longer needed (i.e., child went home) the caseworker will consult with the DFS Deputy Attorney General (DAG), complete the Voluntary Dismissal of Civil Petition and submit it to the DAG. The DAG will file the Dismissal with the Family Court as soon as possible. The caseworker will provide a copy of the Voluntary Dismissal of Civil Petition to the OCM.

C-8 The caseworker will notify all participants that the hearing has been canceled.

C-9 The worker will forward the following to the Family Court and the DFS DAG at least 30 calendar days prior to the review:

a. Current Plan for Child In Care, Part II, III, & IV

b. Current Family Service Plan with family

c. Current Family Service Plan Review

Prepare the Child & Family

C-10. The caseworker shall prepare the child/family for the hearing.

C-11. The caseworker and/or the supervisor shall attend the hearing and be prepared to give testimony concerning the history of the case and current status and efforts toward reunification and/or permanency.

Disposition Issued

C-12 Family Court will issue and forward a disposition to the caseworker who will file it in the legal section of the record. This information will be entered into the Case Review Hearing Event in FACTS.

Appealing the Court Decision

C-13 If the caseworker and supervisor are not in agreement with the disposition, a meeting will be held with the Regional Administrator or Assistant Regional Administrator who in conjunction with the DAG, may decide to appeal the decision within fifteen (15) days of the date of the court decision.

D. Court Hearings for Children In Custody

Court Hearings for Children in Custody

D-1. Any arrest or referral to the Court of a child in the custody of the Division of Family Services shall be immediately made known to the caseworker active with the case.

D-2. The Division will ensure any child in Department custody who has acquired criminal charges has legal representation.

Request a Public Defender

D-3. To avoid the potential for a conflict of interest, the caseworker will request assistance from the Public Defender's Office.

Notify Parents and Foster Parents

Caseworker Participates in Hearing

D-4. The caseworker will furnish the Court with all pertinent information and will appear with the child for all Court hearings. However, the DFS caseworker will NOT stand as loco parentis for delinquency charges against children. The DFS caseworker must assume a neutral position regarding any charges the youth may have incurred. At no time should the DFS caseworker be providing any legal advice, direction, or guidance to the youth. All legal advice must come from the youth's attorney.

D-5. If the caseworker is unable to attend the hearing, either a representative of the Division will appear with the child or the caseworker will request representation by the Department's Family Court Liaison.

D-6. The caseworker shall, whenever possible, notify the child's parents of the court hearing and if appropriate, encourage the parent to attend.

D-7. The caseworker will encourage foster parents or caretakers of the child to be a part of any court procedure relating to the child.

Arrangements for Children Living With a Parent

D-8. In situations where the child remains in the legal custody of the Division of Family Services but is living with a parent, the above procedure will be followed. In addition, the caseworker will notify the parents of the court hearing.

D-9. The Division, by allowing the child to remain in his own home, holds the parent accountable for the child and expects the parent to exercise his rights and responsibilities as a parent, including appearing at the court hearing. However, if the parents are not able or willing to transport the child, the caseworker will provide or arrange for transportation.

E. Termination of Parental Rights

Petition for Termination of Parental Rights

E-1. The petition for Termination of Parental Rights will be filed in accordance with 13 Del. C. Ch.11 §1105 within three months of the Permanency Committee recommendation, or within 60 days after a judicial determination that reasonable efforts to reunify the child and family are not required, or unless otherwise directed by Family Court.

E-2. The Termination of Parental Rights petition and social report will be prepared by the assigned caseworker. In Purchase of Service cases, the private agency social worker may be assigned to prepare the petition and social report.

Permanency Committee Designates the Timeframe and Responsible Caseworker

E-3. At the time the Permanency Committee (see Decision Point #4) decides to petition for the termination of parental rights, the committee will designate the person who will prepare the petition and social report and set a time frame for it to be completed.

E-4. The caseworker will prepare the case to transfer to the designated staff person if other than himself by the time frame established at the Permanency Committee meeting. If the private agency is charged with the preparation of the social report, the caseworker will track the progress of the preparation.

Social Report Required

E-5. The petition and social report will be reviewed by the supervisor, county director, and DAG

Review of Petition and Social Report

E-6. The caseworker will submit the final version of the petition and social report to the county director for approval and signature.

Filed by the DAG in Family Court

E-7. In any case in which a petition for the termination of parental rights has been filed and the Department is a party to the proceeding, there shall be attached to the petition a social report or filed at least 7 days prior to the scheduled hearing.

E-8. The petition and social report will be forwarded to the DAG to file in Family Court.

Contents of the Petition

E-9. The petition will state the following:

a. Name and place of residence of the agency.

b. Name, sex, date of birth and place of birth of the child.

c. Relationship of the petitioner to the child or the fact that no such relationship exists.

d. The name and address of the mother and the name and address of the father or presumed father.

e. Where the name and address of the father is not provided, a statement with an affidavit from the mother attached to the petition that:

- the mother knows the name of the biological father but is unwilling to disclose his name; or
- the mother does not know the name of the biological father; or
- the mother knows the name of the biological father and has provided it, but that she has never known his address; and
- the mother's husband, if she was married at the time of the child's conception and birth, is not the child's biological father.

If the mother is unavailable or refuses to provide the requisite affidavit, the petition shall set forth such information as required by this paragraph as is known to the petitioner.

Describe the Grounds for Termination of Parental Rights

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

g. The grounds for termination of parental rights (include all appropriate);

h. The name and address of the Department to which parental rights are requested to be transferred.

E-10. If either the name or address of the parent or parents is not included, the petition shall furnish detailed information concerning the efforts made to locate the parent or parents to enable the Court to determine what further steps, if any, should be taken.

Describe:

Efforts to Locate the Parents

E-11. Include in the petition a statement that petitioner has explored the possibility of placement of the child with blood relatives, and the results of such efforts; and

Relative Placements Explored

E-12. A statement outlining what other placement efforts have been taken, if any.

E-13. The assigned caseworker shall ensure the following consents are included, in accordance with Del. C. Ch. 11 §1106: On grounds of voluntary consent, consents are obtained from:

a. The mother of the child;

b. The father and any presumed father of the child; provided that:

Include Required Voluntary Consents

1). The consent of an alleged biological father or presumed father need not contain an admission of paternity. In the event the alleged biological father or presumed father denies paternity, an affidavit to that effect signed by him shall be attached to the petition in lieu of a consent.

2). In the event that the mother was married at the time of the child's conception or birth but her husband at that times is not the biological father of the child, a notarized statement of the husband that he is not the biological father of the child shall be prima facie proof thereof in the absence of evidence to the contrary. If such a notarized statement of the legal husband cannot be obtained, a notice of hearing shall be sent to him as provided in 13 Del. C. Ch. 11 §1107.

3). In the event of a petition containing statements described above, the Court may, following consideration of the social report, dispense with the requirement of the father's consent when it is deemed in the child's best interest. This follows a hearing in which it is established on the record that the mother and father of the child have not been living together as husband and wife openly and that they have not done so nor married since the birth of the child,

c. One parent, if the other is deceased.

d. Any other person or persons or organization holding parental rights.

e. One parent alone if the termination of the other parent's rights is being sought on involuntary grounds.

When the Parent is Less Than 18

E-14. If the person in whom the right to consent exists is under the age of 18, this fact shall not be a bar to the giving of consent nor render the consent invalid when given.

Consent By the Receiving Organization

E-15. Every petition shall be accompanied by a formal written consent executed by the organization to which parental rights are requested to be transferred.

Consent for Infants When Parent Waives Right to Hearing

E-16. When a petition for the termination of parental rights is filed by a licensed agency and the child is an infant, the person or persons or organization holding parental rights wish to waive their right to any and all notice of hearing or right to appear at such hearing, the petition shall be accompanied by a notarized statement to this effect executed by the person/persons or organization holding parental rights.

Participation in

E-17. The caseworker will attend the hearing on the date scheduled with any other staff that is deemed necessary to testify.

E-18. The caseworker will advise the program manager adoption services as to the progress of the petition through Family Court including the date the petition is filed, the date Family Court schedules the hearing, any continuances, date of rescheduling, and appeal status, if any.	**Court Hearing**

F. Court Reports on Children Whose Parental Rights Have Been Transferred to the Department	
F-1. After the issuance of an order terminating the existing parental rights and transferring them to the Department or a licensed agency, the agency shall attempt to promptly place the child for adoption.	**Court Reports on Children Whose Parental Rights Have Been Transferred to the Department**
F-2. Once the Court has transferred parental rights from the parents to the Department/Division, the caseworker will submit to the Court a brief report on the progress of establishing permanency for the child.	
F-3. The report will be submitted to the Court in the county in which parental rights were terminated. The report is due no later than each six (6) month anniversary of the date of the order terminating parental rights until the child is finalized in adoption or the individual reaches age 18.	**Report to the Court Every Six Months**
F-4. The agency shall advise the Court in writing of the status of the child stating the reasons for the delay in placement or adoption. The Court may, after notice, hold a hearing to determine if any further action is required in the best interest of the child.	
F-5. The Adoption Services Program Manager will maintain a list of all the children for whom the Department/Division holds parental rights.	
F-6. The first of each month, the adoption services manager will send each county director an updated list of these children, designating those children for whom reports need to be filed that month and those for whom reports will need to be filed the following month.	
F-7. The county director will assign a staff member to alert the caseworker for these children to the upcoming report.	
F-8. The caseworker will prepare the report for the Court in the prescribed format. The supervisor will review it and will submit it to the county director for review and sign-off.	
F-9. Reports will no longer be submitted after the finalization of adoption. For those youngsters for whom adoption is never realized, reports will cease after the 18th birthday even for those who remain in DFS services.	**Reports Terminate After Adoption Is Finalized**

G. Petition for Adoption

Petition for Adoption

Legal Authority

G-1. 13 Del. C. Ch. 9 □906 defines the contents of the petition for adoption of a minor child in Delaware, □907 addresses the required consents, and 912 details the required social report.

G-2. 13 Del. C. Ch. 9 □902 (d) provides the legal base for the Division to file adoption petitions for children who are placed with adoptive families out of state.

G-3. 31 Del. C. Ch. 3 is the legal base for the Interstate Compact on the Placement of Children.

Petitions Include:

G-4. All adoption petitions for children for whom the Department/Division holds parental rights are to be filed in Family Court in Delaware and fulfill the requirements of 13 Del. C. Ch. 9 □906 as follows:

a. The name, address and marital status of the petitioner or petitioners.

b. The sex and date of birth of the child whose adoption is sought.

c. The relationship of the petitioner to the child.

d. The name of the organization legally qualified to consent to the adoption and the basis for the existence in such organization of the right to so consent.

e. The date of the child's placement in the adoptive home.

f. The name to be assumed by the child upon adoption.

g. Deals with stepparent/relative adoptions.

h. In the case of a child being brought into this state from another state, proof of compliance with all requirements of ICPC.

Preparing to File the Petition

G-5. When the period of adoption supervision has satisfied the requirements of the law, the caseworker will see that the adoption petition is filed in a timely manner.

G-6. The caseworker will obtain certified copies of the child's birth certificate, the termination of parental rights order and parent's death certificate, as appropriate.

G-7. The caseworker will contact the adoption assistance/subsidy specialist to verify that the approvals are in place for the Adoption Assistance/Subsidy program and that the agreements are duly signed before the petition is filed.

G-8. The caseworker will obtain from the adoptive parents signed consents to the adoption and the filing fee. The private agency social worker will obtain the same and forward to the caseworker.

G-9. After execution of the petition by the petitioner or petitioners, there shall be attached so as to preserve the confidential nature of the information contained therein, the following:

a. The birth certificate of the child.

b. The legal name of the child whose adoption is being sought.

c. All required consents, or facts justifying the absence of consent, or a certified copy of the Court order terminating parental rights.

Required Consents to the Proposed Adoption

G-10. All petitions shall have attached thereto affidavits of the petitioners stating the amount of the service fee charged by all agencies and any other expenses paid by the adopting family in the adoption process, and as required in 907.

Children 14 and Over Must Also Consent

G-11. A petition for adoption shall contain a consent to the proposed adoption. The consent shall be in writing, notarized and attached to the petition as an exhibit.

G-12. A written consent to adoption, duly acknowledged, must be given by any child 14 years of age or over unless the Court, upon further investigation or inquiry, deems it to be in the best interest of the child that such consent be waived. Such consent, when obtained, shall be attached to the petition as an exhibit thereto and as required in 908.

Consent by the Department With Current Parental Rights

G-13. The consent to the adoption shall be granted by the Department in whom parental rights are vested.

G-14. The caseworker will write the social report or see that the private agency social worker submits the social report. The social report will be reviewed by the supervisor and submitted to the county director for approval.

Required Social Report

G-15. All adoption petitions shall have attached a social report that includes the following requirements of 912:

a. Information regarding the child, its background, its eligibility for adoption;

b. Information regarding the adoptive parent or parents, and the proposed adoptive home;

c. Information regarding the physical and mental condition of the child

d. Information regarding the suitability of the placement

e. A statement as to whether all requirements of the chapter have been complied with; f. A recommendation. G-16. All adoption petitions are to have a completed Adoption Data Sheet attached to the social report. G-17. The county director will sign the consent to the adoption. G-18. The petition will be submitted to the DAG to file in court.	**DAG Submits Adoption Petition to the Court**

Definitions

A

Abandoned: Shall be interpreted as referring to any child who has not received reasonable and consistent financial support from their parent, has not had regular communication with or contact with their parent, and for whom their parent has not manifested an ability and willingness to exercise parental responsibilities. This applies to an infant, as defined below, if the condition exists upon the filing of a petition. It applies to children when the conditions have existed for a period of six months.

Abandoned shall also be interpreted as referring to a single act of placing an infant in a circumstance which presents substantial risk of injury or death. Examples of this would be placing an infant in a trash can, leaving an infant in a train or bus station, or leaving the infant where exposure to the weather could result in death.

Abandoned Child: A minor who has not attained six months of age at the time a petition for termination of parental rights (TPR) has been filed or a minor who has attained six month of age at the time a TPR has been filed, and for whom the respondent, for a period of six consecutive months immediately preceding the filing of the petition, and for whom the respondent has failed to:

- Make reasonable and consistent payments, in accordance with respondent's financial means, for support of the minor; and
- Visit regularly with the minor; and
- Manifest the ability and willingness to exercise parental responsibilities if, during this time, the minor was not in the physical custody of the other parent.

Abandoned shall also be interpreted as referring to a single act of placing an infant in a situation which presents substantial risk of injury or death.

Abridged Assessment: An investigation which terminates at the point that the reported allegations are blatantly incorrect or false (e.g., no children reside in the home).

Abuse: Per 16 Del.C. §902 (1): 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 Title 11, emotional abuse, torture, criminally negligent treatment, sexual abuse, exploitation, maltreatment or mistreatment.

Adequate supervision: Guidance by an adult who meets basic needs and protects a child on a temporary or permanent basis; may be provided on a temporary basis by a child age 12 or older who is physically and intellectually capable.

Adjudicatory Hearing: Hearing scheduled by the court within 30 days of the Preliminary Protection order. This hearing determines if continuation of custody is necessary, if a change in custody should be ordered; if the child should remain in the home; if the child should be returned to the home and/or to approve the case plan when the Court sanctions the provision of services.

Adoption: The creation of a new legal parent-child relationship. The previously held parental rights over a child must be terminated prior to an adoption being finalized.

Adoption Assistance: Refers to the federally funded program that is available for "special needs" children who qualify either by being determined IV E in foster care or are eligible for SSI.

Adoption petition: Is the legal document that is filed in Family Court and meets the requirements of Del. C. Ch. 9 §906.

Adoption registry: Means a listing of the children for whom adoptive families are needed and can also include a database of families who are approved for adoption by a licensed or authorized agency.

Adoption Subsidy: Refers to the state-funded program that is available for children for whom the Department holds parental rights/custody and who are determined "special needs."

- **Boarding Subsidy:** Is that adoption subsidy program that provides monthly payments equivalent to the standard foster care rate for the age of a child for families who are eligible.

- **Medical/psychological subsidy:** Is that adoption subsidy program that can pay or reimburse adoptive parents for expenses they incur in providing needed treatment for a child's identified problems.

Affidavit for Emergency Hearing: A written statement of facts signed under penalty of perjury that the allegations in the Dependency/Neglect Petition for Custody are true and a request for relief in the form of emergency ex parte custody. The affidavit also must state what irreparable harm will result if relief is not granted prior to a normally scheduled hearing.

Affidavit for Expedited Processing: A written statement of facts signed under penalty of perjury that the allegations in the Dependency/Neglect Petition for Custody are true and a request for relief in the form of ex parte custody. The Affidavit also must state what irreparable harm will result if relief is not granted prior to a normally scheduled hearing.

After Hours Emergencies: Emergencies exist when 1) the child is at imminent risk of harm and is in need of protection; 2) emergency medical care is required for a child in the care of DCPS or emergency medical care is required due to medical neglect report.

Agency observation: Perceptions of conditions, abilities, and actions made by the staff of DCPS whether in working with the foster parents over time, or in the process of evaluating a new home for approval, which support a conclusion about the foster parent(s) capacity to provide adequate child care.

Alternate Planned Permanent Living Arrangement: This term was adopted because far too many children are given the permanency goal of long-term foster care which is not a permanent living situation for a child.

Anchors: Standardized descriptions of a specific level of functioning, perception, emotion or some other aspect of an element being considered. The anchor assures that the same description is being applied in judging case data

Annual Review: Yearly assessment of the foster family's service to children, of changes in the foster family, of the foster family's strengths and needs, and of recommendations for training, and their ability to continue as approved foster parents.

Anonymous Reporter: A person who reports suspected child abuse or neglect and who declines to give personal identification information (e.g., name and phone number).

Authorized agency: Means any agency duly approved, certified, recognized or licensed by the proper authority of any other state in which that agency is located to place children for adoption.

Automobile insurance: A valid policy in the State of Delaware shall include at least the minimum liability and bodily injury coverage required by law in the State of Delaware.

Board: Foster care maintenance payments to foster parents and residential care facilities for the day to day care of children places with them by the Division of Family Services.

B

Caretaker: The adult(s) responsible for the care of a child (age birth to 18 years) includes foster parents, relatives or institutional staff. An employee or volunteer, whether compensated or uncompensated, in an out-of-home care setting who is responsible for the child's welfare, a person who legally or voluntarily assumes the care, custody, maintenance or support of the child, and any other staff person in an out-of-home care setting regardless of whether or not the person is responsible for the care or supervision of the child. These are generally persons residing in the home of the child.

C

Case Review: Process whereby the Treatment Caseworker examines the progress and/or problems in achieving the outcome, goals, or services identified in the Case Plan.

Case Reviewer: Administrator/senior management level staff person

Case Management: The activities and resources the caseworker purposefully uses to help the child and parent change, control and manage their lives including both direct services provided by the caseworker and services arranged by the caseworker using other professionals, paraprofessionals and volunteers as necessary in accomplishing the desired outcomes. Case Management consists of the following components:

- Diagnostic Profile
- Case planning
- Service delivery/implementation of the Case Plan
- Case Plan Review
- Case Closure

Chancery Court: Court of equity

Child Abuse and Neglect: The physical injury by other than accidental means, injury resulting in a mental or emotional condition which is a result of abuse or neglect, negligent treatment, sexual abuse, maltreatment, mistreatment, non-treatment, exploitation or abandonment, of a child under the age of 18 (16 Del. C., Ch. 9 §902)

The child abuse and neglect descriptors in the statute are described under “exploitation”, “maltreatment”, and “mandated reporter”.

Child in Placement: A child is considered in placement if he or she is not living with a legal parent, and the Division of Family Services has planning responsibility for the child through one of the following mechanisms:

1. Voluntary Consent for Placement from the child's custodian, parent or guardian
2. Judicial Consent for Placement
3. Legal Custody awarded by Family Court

The home of a relative caretaker is considered to be a placement if one of the above legal conditions is met. If the parent withdraws the consent to placement and places the child with the relative on his or her own authority, the child is not considered to be in placement.

Child Placement Review Board: An external citizen review body appointed by the governor to impartially review cases of children in placement to assure that children are receiving appropriate care and services.

Child Protection Registry: Means a collection of information as described in Subchapter II of 16 Del.C., Chapter 9 about persons who have been

substantiated for abuse and neglect as provided in Subchapter II or who were substantiated after August 1, 1994. The persons shall have been responsible for the care, custody, and control of the child as defined in 16 Del.C. §902 (12). Substantiation may be made through civil or criminal judicial proceedings or through civil administrative decision or proceedings where the burden of proof is at a minimum a preponderance of the evidence.

Child Welfare Proceeding: As defined in 16 Del.C. § 902 means any Family Court proceeding and subsequent appeal there from involving custody, visitation, guardianship, termination or parental rights, adoption, other related petitions that involve a dependent, neglected, or abused child or a child at risk of the same as determined by the Family Court.

Closure: Refers to the termination of service to a family, which has been active in Treatment.

Clothing and Incidentals: Clothing and miscellaneous expenses by or on behalf of a child in the custody of the Division of family Services.

Clothing Allowance -- Initial: An allotment of money provide to the care provider to purchase necessary clothing for a child entering placement for the first time. The rate is established by age group, is equal to three monthly clothing allowances, and is outlined on the substitute payment schedule.

Clothing Allowance -- Emergency: When an emergency exists, it may be necessary to request a supplemental clothing allowance for a child. For instance, a fire in the caregivers home, a sporadic height or weight gain or loss, a child on runaway losing his clothing, re-entry into care and not eligible for an initial clothing allowance, etc.

Collateral contact: A source which is used to collect new information or to verify or refute information shared by the family (alleged perpetrators or victims) of a report of child abuse, neglect, or dependency.

Concurrent Planning: Working towards family reunification while at the same time establishing an alternative permanency plan, or concurrent multiple plan rather than sequential planning efforts to create permanence for children.

Consent to Obtain/Release Information: Written, informed consent by a parent, custodian, or guardian which enables the Division to obtain and/or release information about the child, parent or family.

Consent for Placement -- Judicial: Authorization (consent) by a Magistrate of a Justice of the Peace court for placement of a child by the Division of Family Services.

Consent for Placement -- Voluntary: A form signed voluntarily by the child's custodian giving the Division of Family Services permission to place the child.

Consent to Transport: A form signed by the parent/custodian giving consent to the Division of Family Services to provide transportation in a State vehicle for a child who is not in the Division's custody or accompanied by the parent/custodian

Consequences: A result produced by some action; positive consequences reinforce or increase an action or behavior; negative consequences decrease an action or behavior. Natural consequences are those which occur without the parent doing anything; logical consequences are directly connected to the behavior but imposed by the parent; unrelated consequences are imposed by the parent but have no connection with the behavior or action.

Court: Shall mean the Family Court of the State of Delaware.

Court Appointed Special Advocate (CASA): Appointed by a Family Court judge to serve as a guardian ad litem, to represent the best interests of the child in all child welfare proceedings; provide independent, factual information to the Family Court regarding the case; conduct an independent investigation of the circumstances surrounding a case; have access to all records regarding the child and his or her family maintained by the Division; ascertain the wishes of the child and make the child's wishes known to the Court. If the CASA concludes that the child's wishes differ from the position of the CASA, he/she will notify the Court of the conflict.

Criminal History Record Information: Per 11 Del.C §8602 (2): "…Information collected by criminal justice agencies on individuals consisting of identifiable descriptions and notations of arrests, detentions, indictments, information or other formal charges, and any disposition arising there from, sentencing, correctional supervision and release. The term does not include identification information such as fingerprint records to the extent that such information does not indicate involvement of the individual in the criminal justice system."

Criminal Justice Information System [Delaware] (DELJIS): A compiled, automated history of an individual's criminal record from 1972 to the present; also known as CJIS (Criminal Justice Information System)

Custody and Guardianship with a Relative/Kinship Caretaker: The placement and transfer of legal custody and guardianship of a child to a Division approved relative.

Custody and Guardianship with an Approved Non-Relative Caretaker: The placement and transfer of legal guardianship and custody of a child to a Division approved non-relative caretaker.

Daniel Assessment: A computerized basic life skills assessment, completed by the youth with supervision and assistance from the IL service provider

Danger Loaded Element: An individual factor, which in and of itself,

causes concern for the safety of a child

DAST: The Delaware Administration for Specialized Transportation provides transportation to eligible individuals (e.g., blind, handicapped).

Deladopt: Is the monthly listing of children in Delaware who need or who may need adoptive homes.

Department: Means the Department of Services for Children, Youth, and Their Families

Dependency/Neglect Petition for custody: A civil pleading filed to initiate a custody matter in Family Court, setting forth the alleged grounds for the Court to take jurisdiction of the case and intervene as appropriate. The Division usually requests custody for placement and planning for those children for whom abuse, neglect or dependency is being alleged and the Division has determined the child is not safe in his own home.

Dependent Child: A child under the age of 18 who does not have parental care because of the death, hospitalization, incarceration, residential treatment of the parent or because of the parent's inability to care for the child through no fault of the parent. Dependency does not include situations in which the parent will not provide care for the child; this is included under child maltreatment.

Discipline: Teaching children what they need to know in order to become responsible adults and setting limits for their safety and the comfort of others until they are able to control their own behavior. Discipline must be administered in ways that preserve the child's self respect and respect for the parent.

Domestic Violence: Per 10 Del.C. §1041: Means abuse perpetrated by one member against another member of the following protected classes:

a. Family as that term is defined in 10 Del.C. §901(a), regardless, however, of the state of residence of the parties; or
b. Former spouses, a man and a woman co-habitating together with or without a child of either or both, or a man and a woman living separate and apart with a child in common.

Driver's license: A valid license to operate a motor vehicle in the State of Delaware.

Educational Surrogate Parent: Person authorized to serve in lieu of a parent to ensure that a child eligible for and needing special education services receives those services and that they are appropriate. The Education Surrogate Parent signs all individual education plans and advocates for further needed services.

Emancipation: Reunification has been ruled out but a permanent home, such as an adoptive home or planned permanent foster care home, has not yet been identified; or the child has behaviors that require long term residential care and treatment; or the child exhibits behaviors that hinder the ability to locate a permanent home. Once a child reaches age 14, services should include those that support self-sufficiency and independence for when child reaches majority.

Emancipated Minor: While there is no law to emancipate minors in the State of Delaware, the Division will respect the laws of other states which provide for the emancipation of minors or which define the age of adulthood differently, in its decision to provide services to youth from other States who are in the State of Delaware as non-residents

Emergency Assistance: Financial assistance to AFDC families in response to a result of a circumstance or combination of circumstances which require immediate action to avoid the destitution of a child or situations in which a child has been removed from the home or is at risk of such removal as determined by the Department.

Emergency Foster Care: Short-term out of home placement usually less than 7 days, but not more than 30 days, for use exclusively by the after hours 2nd and 3rd shifts, for children ages 0 to 12 years who are new to foster care placement.

Emergency Medical Treatment: Injuries or illnesses requiring immediate medical treatment.

Emergency Placement: Unplanned placement of a child in out-of-home care due to imminent risk of harm to the child.

Emergency Placement Prevention Services: These are tangible, concrete services and/or items to enable families to meet the basic needs of their children and families.

Erroneous Report: A report in which the information about child maltreatment is false AND there are no obvious indicators of abuse or neglect in the initial contact(s) with the child and/or family

Ex Parte Custody Order: An order issued by a Family Court Judge after review of a Dependency/Neglect Petition for Custody and Affidavit for expedited processing. The Emergency Custody Order provides the Division with the authority to temporarily separate children from their parents without the parent's consent. The order is often given without the presence of the parties and is called an Ex Parte Order. The order also specifies the date for the Preliminary Protection hearing.

Exploitation: Behavior of a parent or caretaker toward a child which is an unethical use of one's position for one's own advantage, which results in harm or risk to the safety of a child; the term is frequently used in sexual abuse cases

Extra-familial abuse and neglect: Child abuse and neglect perpetrated by a person who is not a parent, custodian, relative, or a person acting in a caretaker role (e.g., paramour of the parent); for example, abuse by a school teacher, scout leader, religious leader (e.g., minister/priest/or rabbi)

IV-E: Refers to a federal funding source for which some children in foster care may be eligible that matches the state dollars for foster care payments 50/50. The IV-E eligibility specialist in the Division of Management Support Services is responsible for the determination of eligibility.

Family Assessment Form: Practice-based tool to help social workers assess a family's strengths and concerns at the beginning of service, to develop individualized Family Service Plans, to monitor family progress, and to assess outcomes for individual families.

Family Group Decision Making: This decision making model is also known as family unity meetings, family decision-making, and family group conferences. Regardless of the name, FGDM includes collaborative meetings between families and child welfare professionals to resolve child protection concerns. Some models use FGDM at major decision points such as determining the need for protective treatment services and the need for out-of-home placement. Almost all models use it to help families plan for placement and find resources within the family. The meetings involve immediate as well as extended family members and associated professionals (counselors, therapists, attorneys, etc.). Persons such as godparents, close family friends are invited. Generally, family members decide who should be invited to the meeting. The offender is included and if age appropriate, the child is invited to attend. Often, an objective person with group and negotiation skills facilitates the meeting. For purposes of this policy, FGDM shall mean meetings to help families plan for placement and find resources within the family.

Family Service Plan: A document which outlines the activities that the caseworker, client and others undertake to resolve the problems which place the children at risk. The Family Service Plan is a direct outgrowth of the Family Assessment Form. It includes a statement of an overall goal for the family with specific actions and steps needed to resolve presenting problems. A client's progress towards resolving identified problem areas is assessed via verbal communication, first hand observations, reports from service providers, self-reporting, and other documentation provided by the family.

Family Strengths: Positive aspects of the family with respect to a child's safety, which tend to balance or off-set existing safety influences, that should be considered in the development of any safety responses.

Father: Means the biological, legal or adoptive male parent of the child.

Foster Family Agreement (FFA): A written agreement between the foster parent(s) and the Division which enumerates the obligation of each party in the placement process.

Foster Family Evaluation Report: The report on the foster parent applicant consisting of the application, the foster home coordinator's written evaluation, references, and supporting documentation.

Foster Family Recruitment: Methods of public education which informs citizens of the services provided by foster parents and the foster care system, and which enlist interest in foster parenting.

Foster Home (DFS): A home evaluated, trained and approved by the DFS Regional Administrator for the purpose of providing food, clothing, shelter, nurturance and supervision for child(ren) on a temporary basis.

Foster Home Coordinator: Staff responsible for recruitment, training, approval, matching and maintenance of foster homes

G

Guardian ad litem: Appointed by a Family Court judge to represent the best interests of the child in all child welfare proceedings, whether or not that reflects the wishes of the child; provide independent, factual information to the Family Court regarding the case; conduct an independent investigation of the circumstances surrounding a case; have access to all records regarding the child and his or her family maintained by the Division; ascertain the wishes of the child and make the child's wishes known to the Court. If the guardian concludes that the child's wishes differ from the position of the guardian, he/she will notify the Court of the conflict. May be an attorney or a Court Appointed Special Guardian (CASA).

Guardianship: Legal care and management of the person of a child during his/her minority awarded to an adult by the Family Court.

Guardianship Over the Person: When the person (ward) is a minor, mentally incompetent or physically infirmed, guardianship allows the guardian to consent to anything the ward would otherwise be able to consent to with respect to their person. A petition for guardianship may be filed in Chancery Court or in the Family Court.

H

Guardianship Over Property: The Court of Chancery shall have the power to appoint guardians for person or property of any disabled resident of this state, a guardian of the Delaware property of any non-resident disabled person owning property located in this state, and a guardian of the person of any non-resident disabled person brought into this state for care. (Title 12 Chapter 39 Del. Code)

Independent Party: A Department Family Court Liaison or the Family Court Administrative Coordinator.

I

Infant: Means any child who is less than six (6) months of age.

Informed consent: To an HIV-related test shall consist of a voluntary agreement executed by the subject of the test or the subject's legal guardian. If the agreement is oral, the facts pertaining thereto must be

documented by customary practice. Informed consent shall consist of at least the following:

1) An explanation of the test, including its purpose, potential uses, limitations and the meaning of its results;
2) An explanation of the procedure to be followed, including that the test is voluntary, that consent may be withdrawn and the extent and limitations of the manner in which the results will be confidential;
3) An explanation of the nature of AIDS and other manifestations of HIV infection and the relationship between the test result and those diseases; and
4) Information about behaviors known to pose risks for transmission of HIV infections

Incidental Costs: Miscellaneous expenditures by or on behalf of a child in the custody of the Division of Family Services

Independent Living Aftercare: Services provided to former foster care recipients who left foster care after age 18 but have not reached age 18, this includes referral, assessment, planning, skill building and transitional living

Independent Living Program: Program services and supervision to prepare youth to live independently after exiting foster care. The program seeks to ensure the success for transition of youth from out-of-home care to adulthood. It assists them in planning for their future and in enhancing their individual strengths and abilities through a matrix of services and activities.

Independent Living Service Plan: Documents the services and goals identified as necessary for the youth to achieve the transition to independence

Independence Living Service Provider: A contracted agency that provides independent living services to eligible youth in the Department's care.

Initial Assessment Worker: As used in this directive, it primarily refers to caseworkers assigned to Initial Assessment units; however, it may also refer to a treatment caseworker who is performing an Initial Assessment function, i.e. assessing a new report on a case active with the worker

Institutional abuse and neglect: Abuse or neglect occurring in an out-of-home care setting such as a group home, a foster home which is part of the program of a licensed child care agency, residential child care facilities, shelters, day care homes, day care centers, correctional and detention facilities, day treatment programs, all facilities which provide services to children in the custody of the State, and all facilities which are operated by the Department of Services for Children, Youth and Their Families; schools, hospitals or church operated babysitting/Sunday schools are not included.

Intake: The Division's process at the front-end of the system to:

1) Gather and organize information for decision making,
2) Assess the significance of information
3) Support decisions related to report acceptance and response time.

Intake Caseworker: The Intake Caseworker, as used in this directive, includes the individual assigned to the Report Line or who is responsible for receiving reports. During the normal work day there are several persons assigned to this function, throughout the State; during the second and third shift, and on weekends and holidays, members of the unit will fulfill this function.

Internal Information System: Means the Family and Child Tracking System (FACTS) used by the Department of Services for Children, Youth and Their Families to document case activity.

Interstate Compact on the Placement of Children: Cooperative agreement between states to provide children with the maximum opportunity to be placed in a suitable environment and with persons or institutions having appropriate qualifications and facilities to provide a necessary and desirable degree and type of care. The agreement also allows each state to have information necessary to comply with all regulations and to make further placement decisions.

1. **Sending State:** State, agency, or person which sends, brings, or causes to be sent or brought any child to another state.
2. **Receiving State:** State to which a child is sent, brought or caused to be sent or brought for placement.

Involuntary admission: The admission of a child or youth to a psychiatric hospital made by a psychiatric or medical doctor without the signed consent of the youth's parent or legal guardian. (An involuntary admission does not relate to the youth's willingness to be hospitalized).

J

Judicial Officer: A Family Court Judge, Commissioner, or Master.

Justice of the Peace Court: Court with jurisdiction over civil cases in which the amount of the controversy does not exceed $1,500. Justice of the Peace Courts may hear certain misdemeanors, and most motor vehicle cases and my act as committing Magistrates for all crimes. When Family court is closed, a Magistrate of this court is authorized to issue a judicial consent for the placement of a child.

K

Kin: Means any person related to the child by marriage, by religious ties (godparent), or by long-term family friendship who would be considered part of the extended family.

L

Lack of cooperation: Occurs when a parent or caretaker, without apparent good cause, does not keep two or more scheduled appointments or postpones two or more appointments with the caseworker; refuses to allow the caseworker entry to the household; refuses to allow the caseworker to

interview self or the children; refuses to respond to the caseworker's phone messages, letters, or notes left at the home.

Least Restrictive Environment: Setting which is most family like. For example, a foster home is less restrictive than a group home.

Legal risk: Means placing a child with an adoption resource prior to the child being legally free for adoption through the termination of parental rights.

Legally free: Means that there has been a prior termination or transfer of parental rights by judicial order.

Level of Care: The form used every time a child is placed or replaced to determine the degree of difficulty in caring for a child by a caretaker.

Liability insurance: A valid policy in the State of Delaware provided through a group policy secured by the Delaware State Foster Parent Association or by an individual policy secured by the foster parent, which provides comparable coverage. The insurance policy shall include:

(1) Protection against a suit by the natural parents or guardians of a child in care;
(2) Protection from claims for bodily injury or property damage to the person or property of another because of an act of a child in care;
(3) Personal injury liability coverage for such things as libel, slander, false arrest, wrongful conviction and alienation of the affection of a child in care from his/her parent;
(4) Incidental malpractice liability coverage for failure to provide needed medical care, therapy, diet or other special needs of a child in care; and
(5) Property damage insurance for damage to the foster parent's property caused by a child in care.

Licensed agency: Means any agency granted a license by the Department to place children for adoption.

Maltreatment: Behavior of a parent or caretaker toward a child which results in harm or risk to the safety of a child; it is synonymous with child abuse and neglect.

M

Managed Care: Encompasses a broad range of health care organizational arrangements that are intended to redefine health care needs to maximize resources and to reduce costs. Managed care increases coordination and access to appropriate primary health care services.

Mandated Reporter: All persons are required by statute to report child abuse and neglect, however, a mandated reporter will be regarded in this policy as a person employed in the medical, educational or human services fields.

Match: Means the selection of an adoptive family for a given child from the

interested families with approved adoption home studies.

Medicaid: Government financed medical insurance program for low-income children, adults, elderly, and disabled people. Foster children are also eligible for Medicaid. Medicaid covers the cost of most medical services.

Medical examination: Thorough physical examination, diagnosis, and inquiry provided by a Board certified medical doctor.

Medical screening: Physical examination and inquiry made by a registered nurse or physician's assistant to identify areas of concern and provide treatment of a less serious nature. The medical examination or medical screening should be obtained as soon as possible after the alleged occurrence of the injury. At all times, a child with a visible injury (e.g. bruises) is to be examined/screened while the injury is evident.

Mental and Emotional Stability: Reliability, resistance to sudden change or deterioration in the ability to function in society, and in relationships with others; ability to withstand and cope with the normal stresses of living; absence of mental disorders.

Mentally incompetent: Shall be interpreted as referring to a parent who is unable to discharge parental responsibilities by reason of mental illness, psychopathology, mental retardation or mental deficiency.

Mistreatment: Term is synonymous with maltreatment.

Neglect: Per 16 Del.C §902(11): 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, surgical, or any other care necessary for the child's well-being.

Non-compliance: Occurs when a parent or caretaker, without apparent good cause, does not follow through with an activity as agreed upon with the caseworker during an investigation; the activity will generally help the caseworker to further assess the condition of the child (e.g., medical examination).

Nurturing Care: Care which is nourishing, strengthening, supportive, encouraging and contributes to the well-being and development of the child.

Open case: A child abuse and neglect report assigned for initial assessment or any family/child case active with the Division of Family Services.

Origin of Problem: Cause of behaviors, which negatively impact on risk and safety of children. Treatment services must be directed at causes rather than symptoms if behaviors are to be changed.

Old Age, Survivors, Disability Insurance (OASDI): Benefits paid to

survivors/dependents of a deceased, disabled or old-age parent if the parent had earned enough credits while working.

Out-of-Home Care: A child is considered in out-of-home care if he or she is not living with a legal parent, and the Division of Family Services has planning responsibility for the child through one of the following mechanisms:

1. Judicial Consent for Placement
2. Legal Custody awarded by Family Court

The home of a relative caretaker is considered to be a placement if one of the above legal conditions is met.

Out-of-Home Care Setting: 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 the DSCYF, and all facilities which are operated by the DSCYF. License-exempt child- care facilities (preschools, schools, hospitals or church operated babysitting/Sunday schools) are not included and those reported should be referred to the police.

Outcome: The result to be achieved that will reduce risk to the child.

Out of State Placement: All children in the custody of the Division of Family Services being placed out of state with relatives, foster parents, residential treatment, or any other placement other than hospitalization or for educational purposes

Parent: The biological, adoptive, or stepparent of a child between the ages of birth to 18 years.

P

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

Permanency: As it relates to children, is the placement of a child with a family or caretaker in which it is believed that the child will remain until they reach adulthood. It is a resource that can meet the child's needs physically, emotionally, educationally, medically and psychologically. This resource is legally sanctioned by the court.

Permanency Committee: Is that group in each regional office which is scheduled to meet at least once a month to review cases of children in care, to make a recommendation to change the goal of the child from reunification with parents to another permanency option and to approve an adoptive family or caretaker for the child.

Permanency Hearing: A special hearing to determine the future status of a child. The hearings are held initially when a child has been in out-of-home care 11 months and yearly thereafter. The Court's finding may include, but is not limited to, whether the child:

- Can be returned to the parent; should be continued in foster care for a specified period of time pending permanence.
- Should be placed for adoption.
- Should, because of the child's special need or circumstances, be continued in foster care on a permanent basis.
- Should be considered for legal guardianship the agency should file a TPR petition.
- Has an appropriate independent living plan if age 16+.

Phone Log: A chronological listing of each telephone call made to the Report Line; the list of telephone calls shall include, but not be limited to, child abuse and neglect reports, information and referral requests and inquiries.

Physical Abuse: Per 16 Del.C. §902 (1): "Any physical injury to a child, by those responsible for the care, custody, and control of the child, through unjustified force as defined in 11 Del.C. §468 (1), emotional abuse, torture, criminally negligent treatment, sexual abuse, exploitation, maltreatment, or mistreatment"

Physical Environment: Conditions surrounding the safety appearance, maintenance, fire safety, health and sanitation of the foster home.

Placement: Placing a child includes any of the following activities: the selection of an approved family for the child; the arrangement for the child's move into an adoptive home; or the relocation of the child with an adoptive family.

A child is considered in placement if he or she is not living with a legal parent, and the Division of Family Services has planning responsibility for the child through the following mechanisms:

1) Legal custody awarded by Family Court.

Planned Permanent Foster Care with Agreement: Reunification has been ruled out and the child's foster family has agreed to provide long term foster care via a signed long-term foster care agreement. Once a child reaches age 14, services should include those that support self-sufficiency and independence for when the child reaches majority.

Preliminary Protection Hearing: Hearing scheduled within 10 days of the filing of a Dependency/Neglect Petition of Custody for the purpose of determining the placement of a child pending adjudication. An interim temporary order for custody will be issued.

Preliminary Protection Hearing: Hearing scheduled within 10 days of the ex parte custody order for the purpose of determining the need to continue custody with the Division. This hearing allows the Court to determine if the emergency removal of the child was proper, if there is probable cause to believe that the child would continue to be at significant risk if returned, and if the child is in a proper placement.

Preponderance of the Evidence: Is a standard of proof that is met when a party's evidence indicates that the fact "is more likely than not" what the party alleges it to be. Evidence which, as a whole, shows the fact to be proved is more probable than not.

Presumed father: Means any man who is assumed to be the father of a child in accordance with 13 Del. C. Ch. 8 based on the fact that he is married to the mother at the time of birth, was married to the mother at the time of conception or birth, there was an attempt to marry either before or after the birth of the child, he acknowledges his paternity under oath in Family Court, he agrees to be named on the birth certificate to be the father, or he receives the child into his home and openly holds out that this is his natural child.

Punishment: To cause someone to suffer for his/her offense.

Purchase of Care (POC): Foster home placement or residential group placement purchased for a child by the Division of Family Services from a private agency by contract (contract provider).

Purchase of Service (POS): A supportive service such as counseling for a family or child purchased by the Division of Family Services from a private agency by contract (contract provider).

Q

Qualifiers: Qualifiers describe various dimensions of a Child At Risk Field in its entirety, which provide understanding about the nature and character of the field, such as how well formed and well established it is.

R

Reasonable Efforts to Prevent Placement or Reunify Families: A service provided to a family with the expectant result of improving family functioning and preventing family separation or facilitating family reunification. Services may include but are not limited to diagnostics, counseling and therapy, parent aide, family preservation, alcohol and other drugs counseling, referral to economic services (AFDC, food stamps, Medicaid) or other services which may be appropriate to meet the family's needs and prevent family separation.

Reasonable Efforts to Find an Adoptive Home or other Permanent Living Arrangements: Activities that enhance the Division's ability to locate permanent home for children. Activities may include but are not limited to placing the child on adoption exchanges, searching outside the jurisdiction, consideration of relatives and persons with existing relationships with the child as a resource, prompt review of prospective adoptive parents, timely home studies of foster parents or relative interested in adoption, competed adoption subsidy arrangements, and timely arrangements with

specialized adoption agencies.

Recognized church: The Church of Christ Science is the only church which meets this definition.

Regulator Body: As usual in policy, agency/section responsible for administration/oversight of facility providing out-of-home care for children; e.g., Office of Child Care Licensing (OCCL), foster care program manager, Division Director/designee of state-operated facility for children.

Relative: Per 10 Del.C. §901 (13): Means any person within the immediate family, and any grandparent, aunt, uncle, or first cousin; amended to include an adult individual who is by marriage, blood, or adoption the child's great grandparent, step grandparent, great uncle or aunt, half brother or sister, step brother or sister, step parent, step uncle or aunt or first cousin once removed.

Removal from Placement: May occur when a child returns to his own home, is placed with relatives, is adopted, reaches the age of majority and chooses to live independently, is placed in another foster home or alternative living facility or is on extended runaway.

Report: All allegation or complaint of child abuse, neglect or dependency

Report Line: A telephone line that receives calls alleging child abuse/neglect or dependency 24 hours per day, 365 days per year. The Division of Family Services' Report Line toll-free telephone number is 1-800-292-9582.

Reporter: A person who calls the Division of Family Services to register a complaint alleging child abuse, neglect or dependency.

Respite Care: Provision of occasional, short-term care (i.e., 1-14 days), to offer relief from the stress, pressure, and demands of caring for a child with special needs on a daily basis.

Respite Home Agreement: A written agreement between the respite provider and the Division which enumerates the responsibilities of each party in the provision of respite care services.

Responsible: Having the capacity to make ethical decisions; competent, reliable, dependable.

Risk Factors: Specific behaviors or conditions which indicate or contribute to the likelihood of maltreatment.

Safety: A child is deemed safe when consideration of available information leads to the conclusion that the child in his or her current living arrangement is not in immediate danger of serious harm, and no safety interventions are necessary.

Safety addresses the child's immediate and present danger and the interventions currently needed to protect the child. Safety interventions addresses safety at home or at the current living arrangement, when possible, and includes out-of-home care when in-home safety is not possible.

Safety Influences: The most predictive negative conditions which may endanger children who are at risk of maltreatment.

Safety Plan: A written plan of action that identifies the factors jeopardizing the child's safety, the necessary activities needed to control those factors, and the parties responsible for each activity. The implementation of single or multiple safety responses intended to control safety influences, which if unattended, may endanger a child/children.

Safety Responses: Single or multiple actions, which when applied to the family situation in sufficient amounts, will control the influences that negatively affect the child's safety and well-being.

Serious Injury: A non-accidental injury to a child

1) That appears to have an assignable cause originating with the parent/caretaker and requires hospitalization; or
2) Life-threatening neglect requiring hospitalization; or
3) Any injury requiring hospitalization to a child in DFS custody or to a child placed by DFS in out-of-home care.

Service Documentation: Recording of service activities related to their occurrence, effectiveness and client response.

Sexual Predator: The Sexual Predators Law of 1996 increased penalties for adults who have sexual relations with minors. A sexual predator is defined as follows:

1) An adult 19 years or older and the victim is less than 14 years of age, or
2) An adult 10 years or older than the victim and the victim is less than 16 years of age.

Sibling: Two or more individuals who share one or both parents in common. Within the context of meeting Federal Title IV-E requirements to notify adult relatives of a child's entry into foster care, the individual would have been considered a sibling of the child but for a termination or other disruption of parental rights, such as a death of a parent.

Significant Event: (SEE: Treatment Note).

Social Report: Means the document filed with a TPR petition that includes information about the child and the child's family and details the work of the Division in the case and the reasons for the action.

Special Incident: An event or situation impacting a child and/or family reported to or active with the Division of Family Services that is likely to come to the attention of the media (e.g., newspaper, radio, television); special incidents may include, but are not limited to, the following types:

- Domestic violence incidents (excluding child abuse) involving weapons and/or serious physical injury requiring medical treatment and/or police involvement;
- Catastrophic events (e.g., house fires, devastating acts of nature);
- Case disputes resulting in threats by parties outside the Division to contact the media;
- An incident involving a contracted resource provider which is likely to come to the attention of the media, particularly when the incident relates to a child or family active with the Division

Special Investigator: A Division of Family Services employee who performs abuse and neglect investigations, and possesses additional qualifications and authority as defined by 29 Del. C. §9016. Special investigators …shall have the power to make arrests and serve writs anywhere in the State of Delaware.

Special Needs: The determination that a child will be difficult to place in adoption based on one or more of the following factors:

- 8 years of age or over
- Member of a minority race or ethnic culture
- Member of a sibling group to be adopted by one family
- A diagnosed physical handicap or chronic disease requiring medical attention
- Mental or emotional condition requiring treatment

SSI (Supplemental Security Income): Is a program of the Social Security Administration which provides monthly payments to children with physical or mental impairment. Children receiving payments in this program receive the Medicaid card in the state of residence.

Substance abuse: The use of alcohol, prescription or illicit drugs in such a fashion that it impacts on or impairs an individual in a physical, psychological, behavioral or social manner. If the Division determines from its investigation that it is more likely than not that the abuse or neglect occurred, it shall substantiate the abuse or neglect.

Substantiated Person: Means a person who has been substantiated as having committed child abuse or neglect and has been entered on the Child Protection Registry.

Substantiation: As defined in 16 Del.C means a finding by a preponderance of the evidence that child abuse or neglect has occurred. The finding is made after an investigation by the Division of Family Services. In addition, substantiation may occur through a civil child welfare

proceeding, a criminal judicial proceeding, or failure to request an appeal of the Division's intent to substantiate within the specified time frame.

Substantiation Hearing: Means a hearing held by a judicial officer to determine whether or not an individual committed child abuse or neglect.

Temporary Leave: The child is absent from the placement, and the plan is for the child to return to that placement. Temporary Leave may occur when a child is hospitalized, on runaway, or on an extended family visit. Temporary leave may also result when a foster parents' own family or the serious illness of a foster parent's own family member are two examples of unplanned emergencies.

T

Termination of Parental Rights (TPR): The permanent and legal severing of all rights and responsibilities of a parent over a child. The relationship is legally ended so that child can be adopted.

Tracking System: A method of monitoring the required home visits made by a foster home coordinator to a foster parent.

Training - Formal: A planned presentation by designated person(s) on a specific topic in a group setting at a time and place arranged by a sponsoring organization, such as (but not limited to): DSCYF; DFS; colleges/universities; community parent education organizations; Foster Parent Associations.

Training - Informal: A planned learning activity, approved by the DFS Foster Home Coordinator, on a specific topic for an individual or a group which does not have a sponsoring organization. Such training may include (but not be limited to): reading a relevant book, article, self-instructional pamphlet; watching a television documentary or educational video; or participation in informal discussion groups; consultation with professionals.

Treatment Note: Information which is important to record as a FACTS Treatment Note, such as:

1. Significant contacts with family, including caseworker's observations. All face to face contact with family members must be documented;
2. New information that alters the complexion of the case, e.g. Changes in client circumstances, behavior, health, cooperation, new people in the home or family;
3. Significant observations made by clients/others involved in the case, including reports from contracted service providers and others;
4. Referrals for contracted services and waiting lists
5. Supervisory case direction and/or major decisions.

Visit: Face-to-face contact with a consumer in a home or an office of the Division or Contractor.

V

Volatile Combination: Existence of 2 or more danger loaded elements, which together create additional concern for the safety of a child.

Placement Resources

Placement Resources

P.1 Does the foster family meet the critical standards for approval of foster home providers?
P.2 Are foster home services comprehensive and appropriate?
P.3 Is the coordination between treatment caseworkers and Foster Home Coordinators effective in utilizing foster families as members of the treatment team?

Purpose:

A. To delineate standards for foster and respite homes to meet the need to assure the safety and well-being of children in the custody of the Division who are placed in out-of-home care resources.

B. Approval of any Delaware foster home by the Division of Family Services shall be granted in accordance with the Delacare: Requirements for Child Placing Agencies issued by the Office of Child Care Licensing Administrator, Department of Services for Children, Youth and Their Families

C. To establish the Division's role in the recruitment, approval, monitoring and support of foster caregivers.

D. Levels of Care (LOC) are established to reimburse caretakers based on the number of issues and degree of special needs of the child.

E. It is the Division of Family Services' desire to provide planned relief to caretakers from the daily stress, demands, and pressures of caring for a child with special needs

F. The Division supports and seeks permanency for every child.

Scope:

Any Delaware foster home selected for placement of a child in the custody of the Division of Family Services must be a foster home approved by the Division's Foster Home Coordinator Supervisor and the Assistant Regional Administrator, or by an agency of the state acting under a cooperative agreement with the Division, or by a private child placing agency licensed by the State of Delaware.

The Division will support foster parents to help them meet the needs of the child. Foster parents are service providers rather than clients or State Employees. They are accepted by the agency on the basis of their willingness and ability to serve children by providing a normal family life. They are part of the team helping the child and family. All foster care providers are monitored and supported by the Foster Home Coordinators.

Decisions:

1. Does the foster family meet the critical standards for approval of foster home providers?

2. Are foster home services comprehensive and appropriate?

3. Is the coordination between treatment case workers and foster care coordinators effective in utilizing foster families as members of the treatment team?

Critical Standards:

A. Recruitment of Foster Family Homes	
A-1. The Division of Family Services shall actively recruit prospective foster families and participate in the Department's foster family recruitment activities in order to approve and retain the number and types of foster home resources necessary to place children and youth who require family foster care. A-2. Foster family recruitment shall emphasize the temporary nature of foster family care, the role of the foster parents as members of the service delivery team, and the job of foster parents in providing a valuable community service.	**Recruitment**

B. Approval of Foster Family Homes

Critical Standards for Approval of Foster Homes

B-1. Approval of the home shall be granted by the Regional Administrator or Assistant Regional Administrator upon written documentation that the applicant satisfactorily meets the following critical standards:

a. Has demonstrated skills that meet the Mutual Selection Family Assessment Criteria, which include;

- Protecting and nurturing children
- Meeting developmental needs and addressing developmental delays
- Supporting relationships between children and their families
- Working as part of the professional team
- Connecting children to safe, nurturing relationships intended to last a lifetime.

b. A written application

c. Medical reports

d. Written references

e. Review of Family Court records

f. Original background check via fingerprinting

g. Requirements of Adam Walsh Child Protection and Safety Act of 10/1/06

h. Child abuse registry check

i. An information waiver has been obtained

j. School reference reports on family's own children

k. Completion of foster parent training

l. Completion of required family interviews (three)

m. Completion of the physical environment safety check

n. Review of affiliations with other child placing agencies

o. Submission of a signed confidentiality pledge for foster parents

B-2. Documentation that all of the Division's requirements for a foster family evaluation have been satisfied shall be certified by a Division Foster Home Coordinator and the Coordinator's Supervisor.

B-3. The Division will give applications for prospective foster families prompt consideration in order to assure that children in need of foster home

placements may be placed in suitable homes in the most timely fashion possible.

Provisional Approval

B-4. Provisional approval of a foster care home prior to placement of a child may be granted upon documentation that provisional approval of a foster home is in the best interest of a child needing immediate placement.

B-5. Provisional approval by the Program Manager for a term not to exceed three months may be granted only upon written documentation of the Foster Home Coordinator and Supervisor that the applicant meets the Division's qualifications and that the requirements for provisional home approval have been met. All requirements except completion of PRIDE training must be met to grant provisional approval.

C. Financial Support for Foster Family Homes	
C-1. All approved foster parents will be assigned a level (0-5) based on their skills, training, and the specialized services they provide. Each child in placement will be assigned a LOC rating (0-5) based on the number of issues and degree of special needs. The child's LOC determines the amount of the LOC supplement to the foster care board payment made to an approved foster parent leveled minimally at the corresponding level that the child needs. Adjustments to the LOC supplement can be made at the discretion of the Foster Care Program Manager or designee. The LOC rating is also used to generate system-wide data; the LOC form itself may also be used as a summary source of information about a child. Foster care board payments shall be paid only on behalf of a child who is placed in approved foster family homes and who is in the legal custody of the Division of Family Services.	**Board Payment for Foster Care**
C-2. Each child in placement will be assigned a level of Care (LOC) rating. The LOC determines the amount of the LOC supplement to the foster care board payment made to an approved caretaker.	
C-3. Board payments may be made to provisionally approved homes. Retroactive payments up to three months may be made as of the date of the applicants' submission of a written application, including self assessments.	
C-4. The caseworker and the caregivers are responsible for the quantity and quality of the clothes of a child in out-of-home care. Each child should have an adequate clothing supply.	
C-5. All foster parents upon approval must fill out an IRS W-9 Form. The form is required by the Delaware Division of Accounting for tracking expenditures and must be filled out prior to the issuance of any payment.	***IRS W-9 Form Requirement***

D. Monitoring and Supporting Foster Families

Foster Parents Are Service Providers and Integral to the Team

D-1. The Division will support foster parents to help them meet the needs of the child. Foster parents are service providers rather than clients. They are accepted by the agency on the basis of their willingness and ability to serve children by providing a normal family life. They are part of the team helping the child and family. The family caseworker and the Foster Home Coordinator work with foster families in a collaborative manner to ensure that services provided to the family are comprehensive and appropriate.

Supervision, Monitoring & Technical Assistance

D-2. Supervision, monitoring, and technical assistance will be provided to foster families to assure appropriate care of foster children, access to supportive services as necessary and continued compliance with agency policies.

D-3. Routine communication and assistance through regular contact will be provided to foster parents to help them understand and adjust to their role as foster parents and to further understand the impact of fostering on their own families.

Home Visits Quarterly

D-4. The Foster Home Coordinator will visit all foster families at a minimum of quarterly. Visits will be suspended for those foster families who do not have a child in their home during the previous quarter. These foster families will be contacted by phone but visited as soon as a child is placed.

D-5. All foster families who have been approved for one year or less will be visited every other month if children are placed in the home.

Five Day Visit

D-6. The Foster Home Coordinator will visit each foster family within 5 working days of a new child placement. The purpose of the visit is to determine how both the child and foster family are adjusting to each other and to offer support as necessary.

D-7. At least one visit per year will be unannounced.

Annual In-Service Training

D-8. Foster parent in-service training requirements are outlined on the Foster Care Model.

D-9. During the first year of fostering, foster parents complete Module One (12 hours), Love and Logic (12 hours) and First Aid/CPR.

Quality of Care Complaints

D-10. Foster Home Coordinator will contact foster family to inform them a quality of care complaint has been received and to make arrangements to meet with the foster family within 5 working days of receipt of a complaint. After the third quality of care complaint against a foster family DFS will conduct an administrative review of the foster home irrespective of previous complaint outcome.

Reporting Arrest or Child Abuse Complaints

D-11. After the first year, each person involved in a parenting role in a foster home shall complete at least five (5) hours of in-service training annually. Foster parents shall assume responsibility for participating in formal or informal training, which will enhance their knowledge, skill and abilities to perform their role as foster parents.	
D-12. Annual reviews must be done on all foster families and completed 30 days prior to the annual review date. Annual reviews must have a start and end date and the signature of the Foster Home Coordinator, the Foster Parent and the Supervisor to be valid. Foster parents in good standing will receive a certificate of approval for the following year from the date of the signed annual review.	**Annual Review – Certificate, Signatures and Date**
D-13. All children placed in out-of-home care will have their picture taken within 72 hours of placement. The initial photo will be taken by the investigative worker or worker responsible for the child's initial placement. This photo will be kept in the child's file and an updated photo will be taken annually as long as the child remains in care.	**Children's Photo**
D-14. Prior to the placement of any child in a foster home, a Foster Home Safety Assessment must be completed. The purpose is to ensure that the identified child for placement and all other children who are currently in the home are without a foreseen safety risk.	**Foster Home Safety Assessment**

E. Respite Care	
E-1. It is the Division of Family Services' desire to provide planned relief to caretakers from the daily stress, demands, and pressures of caring for a child with special needs. Children active with DFS who are not in foster care are also eligible for respite care. Eligible days are determined by the child's level of care per the Delaware Foster Care Model.	***Respite Care***
E-2. Respite will be requested in 24-hour blocks of time up to 30 days each year. If a caretaker chooses to use less than 24 hours of time, it will still count as a 24-hour block of time. Respite days are based on a child's LOC.	
E-3. Any approved foster home is automatically approved to provide respite care. A provider is approved by the Division's Foster Home Coordinator and the Assistant Regional Administrator or by an agency of the state acting under a cooperative agreement with the Division or by a private child-placing agency licensed by the State of Delaware.	
E-4. Exceptions to the policy on Respite Home Approval may be granted to relatives, neighbors, and friends who have already provided quality short-term care to a specific child upon documentation that it is in the best interest of the child and family to continue using this provider for respite services. However, these respite providers may not provide respite services to any additional children unless they become approved through the regular approval process. Respite payments will be paid to the approved provider who will be responsible to reimburse the respite provider.	***Exceptions***
E-5. Respite care payments shall be paid only on behalf of children who have received respite services by an approved respite provider. Respite care arrangements must be prior approved by the caseworker. The respite care providers will be reimbursed for their services based on the established respite care rate. Respite care will be reimbursed upon submission of the Respite Care Bill for Services.	***Payment for Respite Care***
E-6. Respite only providers are required to have 13 training hours (see user manual) to be approved. In addition they must meet all other foster care requirements.	***Approval for Respite Only***

F. Emergency Foster Care	
F-1. Emergency Foster Care: Designated emergency foster homes are used for emergency and new placements, where there is substantiated abuse/ neglect/ dependency present and the children are at risk.	**Emergency Foster Care**

G. Documenting Approval of Foster Homes	
G-1. Critical standards are required for the foster family to be approved. The Foster Home Coordinator will submit to the Regional Administrator or Assistant Regional Administrator documentation that the standards have been met.	**Emergency Foster Care**

H. Assessing Non-Approved Relatives/Non-Relatives	
H-1. Investigation, Treatment, Permanency and Foster Care staff will work together to complete the Home Safety Assessment. The program (Investigation, Treatment or Permanency) placing the child will be responsible for completing the initial home visit with the proposed caregiver and completing the appropriate Home Safety Assessment form. Following completion of the initial Home Safety Assessment, a foster home coordinator will follow up with the relative or non-relative provider for a second home visit to explain all of the options available to the placement resource. H-2. There are times when children are placed with non-approved relatives or non-approved non-relatives. In these cases a visit by a foster home coordinator must take place within five business days to inform the resource provider about possible options they have to care for the child. (see User Manual)	**Options for Non-Approved Resources**

I. Department Employees As Foster Family or Respite Provider Approval Standards	
I-1. Section 33 of House Bill 250, the FY 2008 Budget Act, makes provisions for State employees to become foster parents. It states that State employees may contract to provide foster care or respite care for individuals with fees paid for by the State with three provisions: 1. Provided further that the employee does so at other than assigned work hours, and 2. These individuals are not permitted to participate in the review or disposition of any mater related to foster and/or respite care in which they have or may have a personal or private interest, and 3. They may not be monitored or reviewed by other State employees who are more junior or related to them. Accordingly, the rules for inclusion of Department employees as foster care resources are revised, consistent with these requirements, and are defined in the user manual.	**Department Employees Who Foster**

J. Foster Youth Drivers

Delaware License

J-1. Obtaining a driver's permit and license is considered a privilege for older youth in care and is part of their personal growth and acceptance of responsibility for taking care of their own needs. The Department of Services for Children, Youth and Their Families, Division of Family Services recognizes the importance of completing a driver education course and obtaining a driver's license. Prior to obtaining their driver's license, youth must meet all requirements as outlined by Delaware Division of Motor Vehicles, Graduated Driver License, including a blue certificate as proof of COMPLETING a certified Delaware Driver Education course. Completing a driver education course is necessary to develop the safe driving skills needed to obtain a driver's license. Access to education, employment, health care, and other community-based activities for older youth in care is dependent on access to transportation.

J-2. The process of driver education and licensing for Delaware youth in care should be collaborative effort between the youth, caseworker, foster parents, group home staff, and birth parent(s), if appropriate. Consistent policy and procedures will enable caseworkers and care providers across the state to guide youth through this important life skill acquisition and better prepare youth for integrating into their community. This is particularly important in light of the additional challenges and complications arising from the increased number of youth exiting care at 18.

J-3. Requests for sponsoring youth in the custody of the Division of Family Services, sixteen and seventeen (16-17) years of age, to drive a car and to secure a driver's permit and/or a driver's license, are to be carefully evaluated by the caseworker in conjunction with the youth, foster care provider or caretaker, and parent to determine if the youth is a responsible individual.

J-4. Youth must meet all requirements as outlined by Delaware Division of Motor Vehicles, Graduated Driver's License, including a blue certificate as proof of a certified Delaware Driver Education Course.

J-5. The youth's caseworker, supervisor, and the regional administrator may deny the youth's request for driver education, interrupt the driver education and licensing process, or revoke the youth's license at any time due to circumstances and conditions as outlined in User Manual, Placement: Case Decision Point #4, M-4.

Ownership

J-6. No youth under the age of 18 may own a motor vehicle in their own name. However, a youth in care under the age of 18 may operate a motor vehicle if it is owned under the name of a responsible adult and they are allowing the youth to use the vehicle. The vehicle must be properly insured according to the law initially as verified by the youth's consequences of such violations will be the responsibility of the youth.

K. Prudent Foster Caregiver Standards	
K-1. The Prudent Parent Standard encourages normalcy for children in foster care in allowing them to participate in normal childhood activities. Children in foster care should experience the same age appropriate activities both in the family and in the community as children not in foster care. Parents have the opportunity to inform and be informed of decisions concerning their children's social, cultural and developmental activities. Supported by family court review, caregivers/foster parents will make decisions regarding a child's participation in activities based on what is in the best interest of the child in promoting cognitive, emotional, physical and behavioral growth. For older youth, especially those with APPLA as the goal, activities will encourage life skills and growth toward independent living. Decisions shall be made reasonably and prudently such as those made for the family's birth children.	

Statutes – Federal & State

State Statutes

Child Protection Services

Abuse of Children

Subsection 901 states that "It is the intent of the General Assembly that the primary purpose of the child welfare policy of this State shall be to ensure the best interest and safety of the child including preserving the family whenever the safety of the child is not jeopardized. To that end it is the purpose of this chapter to provide comprehensive protective services for abused and neglected children by mandating reports of such abuse and neglect be made to the appropriate authorities and by requiring the child protection system to seek and promote the safety of children who are the subject of such reports of abuse or neglect by conducting investigations or family assessments and providing necessary services."

Subsection 901-2: Comprehensive protective services are to be provided (for abused and neglected children in the state) "in an effort to prevent further abuse or neglect and to assist those children and their parents or those persons legally responsible for them, in their own home, to aid in overcoming the problems leading to abuse and neglect, thereby strengthening parental care and supervision and enhancing such children's welfare and preserving family life whenever feasible."

Subsection 902A establishes procedures for notification of individuals accused of substantiated allegations of abuse or neglect that they are registered in the central registry. This section also establishes an appeal process and administrative expungement.

Mandatory Reporting

Subsection 903 describes reporting requirements. "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 in good faith suspects child abuse or neglect shall make a report in accordance with § 904 of this title".

Subsection 904: Any report required to be made under this chapter shall be made to the Division of Family Services. . . An immediate oral report shall be made by telephone or otherwise.

Protective Investigations

Subsection 905: The Division "shall immediately investigate and take necessary action and shall offer protective services toward preventing further child abuse or neglect…, safeguarding and enhancing the welfare of the abused or neglected person and preserving family life whenever possible."

a) "In performing any of these duties, the Division may utilize the facilities of any state or private agency…"

b) "The Division shall establish in each county a registry of child protection for the purpose of maintaining a registry of information concerning each case of abuse and neglect required to be reported in said county by this chapter. The files shall be confidential subject to the rules and regulations adopted by the Division."

c) "The Division shall keep in the manner prescribed and on forms furnished by it such information as shall be necessary in order to maintain a statewide central registry of all reports made in the State."

Subsection 906 (a): The child protection system shall seek to promote the safety of children and the integrity and preservation of their families by conducting investigations and/or family assessments in response to reports of child abuse or neglect. The system shall endeavor to coordinate community resources and provide assistance or services to children and families identified to be at risk, and to prevent and remedy child abuse and neglect".

Subsection 906 (5) authorizes the Division "to secure a medical examination of a child, with or 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 provided that such case is classified as an investigation pursuant to subsection 906(b)3 of this chapter and the Director or the Director's designee gives prior authorization for such examination upon finding that such examination is necessary to protect the health and safety of the child."

Subsection 906(6) "The investigation shall include, but not be limited to, the nature, extent, and cause of the abuse or neglect, collection of evidence, the identity of the alleged perpetrator, the names and condition of the other children and adults in the home, the home environment, the relationship of the subject child to the parents or other persons responsible for the child's

care, any indication of incidents of physical violence against any other household or family member, background checks on all adults in the home, and the gathering of pertinent information…" and "In performing any of these duties, the Division may utilize the facilities of any state or private agency…"

Subsection 906 (b)(3) and (4) define the criminal code sections related to child abuse that require joint investigations by the Division of Family Services and the appropriate law enforcement agency.

Subsection 907: "No child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall for that reason alone be considered a neglected child for purposes of this chapter."

Subsection 908 (a) anyone participating in good faith in the making of a report or notifying police officers pursuant to this chapter, performing a medical examination without the consent of those responsible for the care, custody and control of a child pursuant to § 906(b)(5) of this title, or exercising emergency protective custody in compliance with § 907 of this title, shall have immunity from any liability, civil or criminal, that might otherwise exist, and such immunity shall extend to participation in any judicial proceeding 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 § 906(b)(3) of this title".

Subsection 910 states that "The Division shall have the authority to request from Family Court an order to obtain access to a child or children and the residence of such children in furtherance of an investigation…where those responsible for the care, custody, and control of the child are not cooperating with the investigation. The Family Court shall have the authority to issue such orders based on probable cause and may enforce non-compliance of such an order…"

10 Del. C. 10 §901 "Dependent child . . . may include a child who has been placed in a non-related home on a permanent basis without the consent and approval of the Division of Family Services or any agency licensed thereby to place children in a non-related home . . . "

10 Del. C. Ch. 9 §1003, any person having knowledge of a child within the State who appears to be neglected, dependent, or delinquent, may file with the Clerk of the Court a petition in writing setting forth the facts verified by affidavit.

10 Del. C. Ch. 9 §1004, A peace officer may take into custody a child he believes to be dependent, neglected or delinquent. Any peace officer having taken such a child into custody shall immediately notify the child's custodian citing the reasons therefore. If the custodian refuses to accept the child or cannot be located or cannot provide adequate care for the child, the peace officer shall: (1) When the child is not charged with a delinquent act,

immediately contact the Division of Family Services of the Department of Services for Children, Youth and Their Families, who shall be responsible for further pursuing the whereabouts of the custodian or providing shelter and care for the child in a shelter home, foster home, group home, private agency home or other appropriate facility for children. The child shall not be placed in the same facility or institution for children charged with or found to be delinquent. After making every reasonable effort to locate the custodian, The Division of Family Services of the Department of Services for Children, Youth and Their Families may release the child to the child's custodian or forthwith file with the Court a petition for custody alleging dependency or neglect.

10 Del. C. Ch. 50 authorizes psychiatrists licensed in Delaware to certify upon examination of a person, that the person suffers from a disease or condition that requires treatment in a mental hospital.

11 Del.C., Chapter 86 authorizes the **Delaware Criminal Justice Information System (DELJIS)** and discusses the management of the system.

DELJIS

Subsection 8602(2): **Criminal History Record:** "…information collected by criminal justice agencies on individuals consisting of identifiable descriptions and notations of arrests, detentions, indictments, information or other formal charges, and any disposition arising there from; sentencing, correctional supervision and release. The term does not include identification information such as fingerprint records to the extent that such information does not indicate involvement of the individual in the criminal justice system."

11 Del C., Section 9002(10) strengths the existing crime of Endangering the Welfare of a Child by clarifying that it is applicable to persons who commit crimes of domestic violence which are witnesses by a juvenile family member, or who operate a vehicle or watercraft while under the influence of drugs or alcohol, and while a child is a passenger, or who commit any drug offense in a dwelling knowing that a child is present in the home. The Act also makes Violent Crime Compensation Fund monies available to children who reside in a home in which domestic violence has occurred, ensuring that they will have access to psychological counseling when it is necessary for their well-being.

12 Del. C. Ch. 39 provides the legal framework for guardianship.

Legal Framework for Custody

13 Del.C. Ch. 7 provides the legal framework for custody and limits those who can "consent to the performance upon or for any minor by... any hospital..." to "the parent or guardian of such minor..."

13 Del. C. Ch. 9 §904 requires that the adoptive placement is supervised by the Department or a licensed agency and §913 requires that the adoptive placement has been supervised for a period of 6 months by the Department or licensed agency, except that on recommendation of the Department or licensed agency, a petition may be filed at any time after six months supervision.

Adoption Services

13 Del. C Sec. 927 and 16 Del. C., Section 3126(a) permits parents who have adopted a child in a foreign country to obtain a certificate of foreign birth from the Bureau of Vital Statistics by filing the foreign adoption degree and other documents with Family Court, where a judicial officer would review the filing. The judicial officer, if appropriate, will issue an order certifying the validity of the decree. The order would then be used to obtain a certificate of foreign birth from the Bureau of Vital Statistics.

This does not apply to adoptions by proxy.

Delacare Regulations for Child Placing Agencies # 205 requires the agency to provide services to the adoptive parents after the adoptive child has been placed with them.

Termination of Parental Rights

13 Del. C., Ch. 11 provides the legal framework for the termination of parental rights for those children who need permanency, which include voluntary relinquishment, abandonment, mental incompetence, crimes against children, failure to plan and previous involuntary termination of parental rights, and requires that the Division furnish detailed information concerning the efforts made to locate the parent or parents.

Amendments to the section in 2000 clarified grounds for immediate TPR, abandonment, and protects the rights of parents who have filed paternity actions or actions to have the right to contact the child. This brings the statutes into compliance with the Adoption and Safe Family Act.

Permanent Guardianship

13 Del. C., Ch. 23 Permanent Guardianships for children is intended to create a relationship between a child and caretaker which is permanent and self-sustaining, and which creates a permanent family for a child without complete severance of the biological bond.

Informed Consent for HIV Testing

16 Del C §1202: Informed consent to an HIV-related test shall consist of a voluntary agreement executed by the subject of the test or the subject's legal guardian. If the agreement is oral, the facts pertaining thereto must be documented by customary practice. Informed consent shall consist of at least the following:

1) An explanation of the test, including its purpose, potential uses, limitations and the meaning of its results;

2) An explanation of the procedure to be followed, including that the test is voluntary, that consent may be withdrawn and the extent and limitations of the manner in which the results will be confidential;

3) An explanation of the nature of AIDS and other manifestations of HIV infection and the relationship between the test result and those diseases; and

4) Information about behaviors known to pose risks for transmission of HIV infections

Medical Insurance Coverage

18 Del.C, Section 3339 states "No individual policy, contract, or certificate issued thereunder, of health insurance which provides medical coverage for a child and which (1) covers a child who resides in this State, or (2) is delivered or issued for delivery within the State, shall limit medial insurance coverage for any child referred by the Division of Family Services or law enforcement agency for suspected child abuse or neglect; including requiring referral by a primary physician."

Access to Records

29 Del. C. Ch. 90 regarding the Department of Services for Children, Youth, and their Families states that:

1. In the course of performing its duties, the Department of Services for Children, Youth, and their Families shall be entitled to inspect and copy all records regarding any children in the care, supervision, protection or custody of the Department and the parents, guardians, caretakers or custodians of said children which are maintained and controlled by the Department of Health and Social Services.

2. The Department shall have the discretion to release any information from its records to public and private agencies if it determines that such a release will serve the best interest of a child.

3. In releasing the aforementioned information, the Department and the Department of Health and Social Services and their employees shall have immunity from any civil or criminal liability.

29 Del C, Sec. 9006A: clarifies the role of a guardian ad litem as a full party in child welfare proceedings and appeals, brings Delaware into substantial compliance with the federal Child Abuse Prevention and Treatment Act, which mandates guardian ad litem representation of children in foster care.

31, Del. C. Ch. 3 §303, the Division of Family Services may maintain homes or other agencies for the care of dependent or neglected minor children. . .

DelaCare

DELACARE: Requirements for Child Placing Agencies

#102: Foster parent training and mutual review.

#103: An agency shall have a written policy on acceptable behavior management. . .This policy will stress positive concepts of child management and motivation, rather than punitive measures. The

agency shall prohibit . . . punishments including any type of physical hitting or any type of physical punishment inflicted in any manner upon the body.

#138: Foster parent(s) shall be a married couple, an unmarried couple or a single person with a stable living arrangement.

#139: Foster Parents shall be at least 21 years of age and may be over 65 years of age if agency observation establishes the ability of the foster parent(s) to provide adequate care.

#142: Foster parents shall have sufficient income to meet their needs and ensure the security and stability of the household independent of foster care maintenance payments.

#156: States that foster parent(s) will participate in an annual mutual review with the Agency to evaluate the strengths and weaknesses of the foster home and of the relationships of Agency representatives with foster parent(s).

#172-178: Physical Environment - requirements that address the safety, appearance, maintenance, fire safety, health, and sanitation of foster homes

§304, the Division of Family Services shall exercise such duties...for the care, custody, board and placement of dependent and neglected children.

...If in the judgment of the Division payments are necessary, proper and expedient for the board of the child, such payments may be continued for children who were dependent or neglected but who have been legally adopted or whose guardianship has been granted to the individual caretaker by the Family Court of the State of Delaware.

Interstate Compact on the Placement of Children

§381, no agency shall send, bring or cause to be sent or brought into any other party state any child for placement in foster care or as preliminary to a possible adoption unless the sending agency shall comply with each and every requirement set forth in this article and with the applicable laws of the receiving state governing the placement of children therein. Prior to sending any child...to a receiving state for placement in foster care. . ., the sending agency shall furnish. . the receiving state written notice of the intention. . .
Delaware became a party to the Interstate Compact on the Placement of Children on June 30, 1974.

Federal Statutes

Title II, §1102 states a person is guilty of endangering the welfare of a child when: “the person commits the offense of Driving under Influence… or the offense of Operating a Vessel or Boat under the Influence…and during the commission of the offense knowingly permits a child less than 18 year of age to be a passenger…”

Sec 472(a) of the Social Security Act: The Title IV-E Foster Care Program -- Foster Care Maintenance payments may be made only on behalf of a child in

a foster family home or a child care institution. A foster family home is licensed by the state in which it is situated or has been approved, by the agency of such state having responsibility for licensing homes of this type, as meeting the standards established for such licensing.

Section 472(a)(1) of the Social Security Act, provides that foster care maintenance payments may be made on behalf of children who were removed from the home of a specified relative pursuant to a voluntary placement agreement, or as the result of a judicial determination to the effect that continuation therein would be contrary to the welfare of the child and (effective October 1993) that reasonable efforts have been made to prevent removal of the child or to reunify the child with his/her family.

Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980, mandates that each child in out-of-home care has a case plan designed to achieve placement in the least restrictive setting available consistent with the best interests and special needs of the child.

CAPTA

Child Abuse Prevention and Treatment Act

The **Child Abuse Prevention and Treatment Act** (Public Law 100-294) as amended mandates that a state must enact laws which provide for the reporting and investigating of known or suspected child abuse and neglect. The federal definition of negligent treatment or maltreatment includes the failure to provide medical care. Under the federal regulations, a state may or may not declare a parent who withholds adequate medical treatment from a child for religious reasons alone to be neglectful; however, any exemption from the definition of neglect may not interfere with the mandatory reporting, investigating and treating provisions of the law including those children for whom medical treatment is withheld on the basis of religious belief.

ASFA

PL 105-89, **Adoption and Safe Families Act** of 1997, requires that States provide permanency for children who are removed from their families and for whom return home is not feasible in a timely fashion. The federal Child Abuse Prevention and Treatment Act, revised October 1996, and the Adoption and Safe Families Act of 1997 identify safety and permanence for children as a priority for states and further clarifies situations in which reunification does not have to be pursued and sets timelines for states to provide permanency to children.

Adoption And Safe Families Act

PL 105-89, Adoption and Safe Families Act of 1997 mandates that the Division provides that reasonable efforts be made (A) prior to the placement of a child in foster care, to prevent or eliminate the need for removal of the child from his home, and (B) to make it possible for the child to return safely to his home; and that these efforts be determined to be reasonable by a court of competent jurisdiction. If continuation of reasonable efforts is determined to be inconsistent with the permanency plan, reasonable efforts shall be made in a timely manner in accordance with the permanency plan. Title 13, Section 1101 & 1103, defines abandonment for purposes of termination of parental rights. It also redefines conviction of a felony as a ground for termination of parental rights and revises the grounds for failure to plan.

The Adoption and Safe Families Act introduces concurrent planning language: "reasonable efforts to place a child for adoption…. May be made concurrently with reasonable efforts to prevent placement and/or reunify…."

The Adoption and Safe Families Act of 1997 requires that each child in foster care under the supervision of the State be reviewed in a permanency hearing in a family or juvenile court no later than 12 months after the original placement to determine the future status of the child. Subsequent hearings must occur at 12-month intervals thereafter if a child continuously remains in placement. These hearings assist the Division in moving a child toward permanence and in maintaining eligibility for federal funding.

The Child Abuse and Prevention Act (PL 104-235) was amended on October 3, 1996, and the law requires each State grantee to "require the cooperation of State law enforcement officials, court of competent jurisdiction, and appropriate State agencies providing human services in the investigation, assessment, prosecution, and treatment of child abuse or neglect" (Section, 106, 2(A) (vii)).

MEPA

PL 103-382**, Multiethnic Placement Act** of 1994. This Act prohibits the use of a child's or foster/adoptive parent's race, color, or national origin to delay or deny the child's placement. It also requires diligent efforts to expand the number of racially and ethnically diverse foster and adoptive parents.

Confidentiality

There are numerous federal statutes and regulations governing **confidentiality of client information** including: Alcohol and Drug Abuse (42 U.S.C.§290ee-3, 42 U.S.C. § 290dd-3, 42 C.F.R. part 2); Computer Matching and Privacy Prevention Act (5 U.S.C. §552a); Early Intervention Program for Infants and Toddlers (Part H of the Education of the Handicapped Act) (20 U.S.C. §1480(2), 34 C.F.R. §303.460); Family Education Rights and Privacy Act ("Buckley Amendment") (20 U.S.C. §1232(g), 34 C.F.R. Part 99); Child Abuse Prevention and Treatment Act [42 U.S.C. §5101 et.seq., 42 C.F.R. §1340.14(l)]; Foster Care and Adoption Assistance Act [42 U.S.C. §672(a)(8)]; Freedom of Information Act (5 U.S.C. §552); Maternal and Child Services Block Grant (42 C.F.R. §51.a.6); Medicaid Program (42 U.S.C. §1396(a)(7), 42 C.F.R. §431.300); Privacy Act (5 U.S.C. §552a); Runaway and Homeless Youth (42 U.S.C. §5731); Special Education (Part B of the Education of the Handicapped Act) (20 U.S.C. §1412(2)(D), 34 C.F.R. §300.560-300.576); Youthful Offender Act (18 U.S.C. §5038).

AODA Confidentiality

42 C.F.R. Part 2 states that "Except under certain limited conditions, Federal confidentiality regulations prohibit the disclosure of records or other information concerning any patient in a Federally assisted alcohol or drug abuse program. This prohibition of unauthorized disclosure applies whether or not the person seeking information already has the information, has other means of obtaining it, enjoys official status, has obtained a subpoena or warrant, or is authorized by State Law. Any State provision that would permit or require a disclosure prohibited by the Federal rules is invalid."

Disability Determination for SSI

In 1990, the Social Security Administration settled a class action lawsuit known as Zebley, which changed the way in which the Administration determines disability for children. Children who have a parent eligible for OASDI benefits are also eligible for benefits. The termination of parental rights on a birth or legal parent does not disqualify the child from benefits unless the child has been subsequently finalized in adoption.

Delaware State Supreme Court Decisions

In the Matter of Burns. Del. Supr., 519 A. 2d 638 (1986) requires an independent third party signature on a voluntary Consent to Placement when the parent is a minor.

Safe and Timely Interstate Placement of Foster Children Act of 2006

Safe and Timely Interstate Placement of Foster Children Act of 2006 (P.L. 109-239) Public Law 109-239 creates new rules for the ICPC, including a Title IV-E State Plan requirement to conduct and report the results of the number of requested home studies completed with 60 days. The law also provides incentive payments for completed home studies within 30 days through FFY2010 and requires caseworker visits every 6 months. This law provides for caregivers to receive notice of and the right to be heard in all legal proceedings regarding a child in their care. Case plans are to include the most recent medical/educational records; copies are to be given to foster care providers at placement and records are given to youth exiting foster care at age 18 at no charge. Caregivers, youth, and agencies may participate in legal proceedings without interstate travel. Courts and child placing agencies are required to cooperate across state jurisdictions.

Adam Walsh Child Protection and Safety Act of 2006

Adam Walsh Child Protection and Safety Act of 2006 expands sex offender registration, strengthens penalties for crimes against children, authorizes regional taskforces to combat sexual exploitation of children on the Internet, creates a national child abuse registry and creates new requirements for background checks for foster and adoptive parents. Foster and adoptive parents must have criminal history checks in all states of residence during the past five years.

Memoranda of Understanding (MOUs) and Interagency Agreements	**MOU**
A. MOU - DSCYF, DOJ and Police Depts. i. Sexual Predator Act & MOU ii. Institutional Abuse iii. Children's Advocacy Center iv. Agency Liaisons – DSCYF & Police B. MOU - Dept. of Public Instruction/ Public School Districts & DSCYF-DFS C. Interagency Agreement - Delaware Early Intervention System --- Part H D. MOU - DSCYF, DHSS, Div of. Developmental Disabilities E. MOU - DSCYF, DFS, and Dept. of Corrections F. MOA - DFS, DHSS-Div. Of SAMH, and DHSS-Div. Of Social Services G. Guidelines for Implementation of MOA between DSCYF, DFS and DHSS, DSAMH and DHSS, DSS H. MOU - DFS and Dover Air Force Base I. MOU—Interagency Collaboration to Reduce Truancy – DOE/Public Schools, DSCYF and Justice of the Peace Court J. MOA—DSCYF and DCSE	

MEMORANDUM OF UNDERSTANDING

Between

DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

●

DEPARTMENT OF JUSTICE

●

DELAWARE POLICE DEPARTMENTS

PROCEDURAL AGREEMENT FOR THE INVESTIGATION OF AND COLLABORATIVE INTERVENTION ON CHILD ABUSE/NEGLECT

MEMORANDUM OF UNDERSTANDING

DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

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DEPARTMENT OF JUSTICE

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DELAWARE POLICE DEPARTMENTS

The Department of Services for Children, Youth and Their Families, the undersigned Delaware Police Departments, and the Department of Justice wish to improve the services which they provide to children and their families. We are committed to interagency cooperation in an effort to protect children, reduce intervention trauma for the child and the family, and assist the child and family during the investigation, prosecution, and treatment.

This Memorandum seeks to define and clarify the roles and expectations of each department, to set standards for interagency cooperation, and to establish guidelines for collaborative intervention, cross reporting, information sharing, training, and problem resolution.

We further agree to distribute a complete copy of the Memorandum of Understanding to our respective employees. This Memorandum of Understanding shall be effective from the date of signature of all parties.

_____ _____

Thomas P. Eichler
Secretary
Department of Services for Children,
Youth and Their Families

Date

_____ _____

M. Jane Brady
Attorney General
Department of Justice

Date

I. AUTHORITY/RESPONSIBILITIES OF DIVISION OF FAMILY SERVICES (DFS):

A. The case worker has the legal responsibility to:

1. Protect children from abuse, neglect, or dependency (31 Del. C. Section 301-397).

2. Receive all reports/complaints of known or reasonably suspected child abuse, neglect, or dependency.

a. Alcohol or other drug use, in and of itself, is not child abuse or neglect. The Division will only become involved in substance abuse cases when child abuse or neglect is suspected and reported.

3. Investigate all reports accepted by the Division. The Division shall contact the appropriate law enforcement agency. This contact will occur upon receipt of any report requiring an investigation, which, if true, would constitute violations against a child by those responsible for the care, custody, and control of the child. This contact will occur pursuant to any of the following provisions of Title 11 of the Delaware Code: §603, §604, §611, §612, §613, §621, §625, §626, §627, §631, §632, §633, §634, §635, §636, §645, §763, §765, §766, §767, §768, §769, §770, §771, §772, §773, §774, §775, §776, §777, §778, §779, §780, §782, §783, §783A, § 791, §1100, §1101, §1102, §1106, §1107, §1108, §1109, §1110, §1111, and §1259.

4. Determine if abuse, neglect, or a condition of dependency has occurred or is likely to occur.

5. Determine who abused or neglected the child.

6. Determine to what extent the child is at risk.

7. Determine what services can best meet the needs of the child/family.

II. THE ROLE OF THE DIVISION OF FAMILY SERVICES TO RECEIVE REPORTS AND TO REPORT TO THE APPROPRIATE POLICE DEPARTMENT.

A. The Division receives reports in the following manner:

1. Telephone

a. In-state and regional reports:

- 24 hours a day, 7 days a week through the established toll-free Report Line number (1-800-292-

9582)

b. Out-of-State reports:

- 24 hours a day through the Division of Family Services New Castle County number (302-577-6550)

2. In person to:

a. County Division Offices

3. Written Report

B. Information needed when receiving reports:

1 That the alleged victim is a child under the age of 18.

2 That the alleged victim is being abused or neglected or is at risk of abuse/neglect by the child's parents, guardian, custodian, or other person responsible for his care.

3 The name and home address of the child AND the name of the parent, guardian, or custodian must be provided.

4 When and where the alleged abuse, neglect, or dependency occurred.

5 The reporting person's perception of the danger/risk of the situation, including whether weapons are present.

6 As much identifying information as the person making the report is able to provide, including:

a. The age of the child.
b. The names and ages of other children in the home and/or the family.
c. The nature and extent of the abuse, neglect, or dependency of the child, including any know information of possible previous abuse or neglect.
d. All available information, which might aid in establishing the cause and seriousness of the injury.
e. All information about the person or persons responsible for the abuse and/or neglect, including mental illness, pending criminal charges, use of illegal substances and/or abuse of legal substances.
f. Anonymous complaints are accepted, but the social worker should try to obtain the reporting person's telephone number, name, and address in case further detail is needed.

C. Information needed when receiving reports of **extra-familial** abuse:

1 The caseworker will assist the reporting person by determining the immediate risk to the

alleged victim.

2 The caseworker will request that the reporting person call the Police Emergency 911 number.

3 The caseworker must immediately telephone 911 when the report of extrafamilial abuse indicated that a crime involving serious physical or sexual abuse has been committed. The caseworker will provide the police with the information obtained from the reporting person.

4 Some reports may be applicable to the Sexual Predator Act of 1996. Please refer to the 12/10/96 Memorandum of Understanding between the Department of Justice, Department of Health and Social Services, Department of Services for Children, Youth and Their Families, Department of Education, and law enforcement agencies (See Appendix A).

D. To ensure the safety of the child and the preservation of evidence, the police must be notified in accordance with the provision of this Memorandum.

1 In situations, which need to be reported to the police immediately in accordance with the Child Protection Act of 1997, DFS may contact the police by calling 911 or the appropriate department as listed in the appendix.

2 The police must be called for the following violations of Title 11 of the Delaware Code: §603, §604, §611, §612, §613, §621, §625, §625, §626, §627, §631, §632, §633, §634, §635, §636, §645, §763, §765, §766, §767, §768, §769, §770, §771, §772, §773, §774, §775, §776, §777, §778, §779, §780, §782, §783, §783A, §791, §1100, §1101, §1102, §1106, §1107, §1108, §1109, §1110, §1111, and §1259.

E. Cases of **ABUSE/NEGLECT** which must be reported to the police immediately:

1 If the child ahs died or may die as a result of suspected or substantiated abuse or neglect;

2 During an emergency in progress. This includes children under the age of 12 left without adult supervision;

3 If the injury or risk of injury is serious;

4 If medical/hospital personnel report that a child has been hospitalized with a life-threatening condition and abuse or neglect is suspected;

5 If medical/hospital personnel report that a child has been hospitalized or treated and abuse or bizarre discipline is suspected;

6 If any physical injury sustained by a child involved the use of a weapon or

dangerous instrument;

7 Neglect, which may include but is not limited to malnutrition, serious medical neglect, or abandonment;

8 Abduction or parental abduction of any child who is in the temporary or permanent custody of the Division.

F. Cases of **INTRA-FAMILIAL SEXUAL ABUSE** which must be reported to the police immediately:

1 During an emergency situation or immediate risk to the child;

2 If intercourse or attempted intercourse has occurred within the past 72 hours;

3 If any reported sexual abuse has been investigated and validated;

4 In any situation in which the offender may still have access to the child.

G. Cases of **ABUSE/NEGLECT** which must be reported to police as soon as possible:

1 All misdemeanor physical abuse or neglect cases.

2 All intra-familial sexual abuse cases not described in section F above.

III. DIVISION OF FAMILY SERVICES CONSULTAION AND INFORMATION SHARING WITH POLICE, DEPARTMENT OF JUSTICE AND CHILDREN'S ADVOCACY CENTER

A. Circumstances in which the DFS case worker may want to contact the police, the Department of Justice, or the Children's Advocacy Center:

1 To determine whether a crime has been committed;

2 To discuss and/or determine if a pattern of abuse, neglect, or dependency exists;

3 To determine if police involvement is necessary (see police or Deputy Attorney General assigned in your county);

4 For consultation in physical or sexual abuse or neglect cases (see criminal division Deputy Attorney General in your county);

5 With questions concerning civil litigation (see civil division Deputy Attorney General in your county);

6 If the caseworker thinks that there is a safety issue, he/she may call 911 and ask for police assistance. The 911 Centers will assign these calls as high priority;

7 If the caseworker thinks that there may be resistance of removal of children despite judicial approval, he/she may call 911;

8 If the caseworker has been denied access to the home and there is reason to believe that the child is in immediate danger, he/she may call 911;

9 To determine whether a case would be appropriate for an interview and medical examination at the Children's Advocacy Center.

B. Division of Family Services should provide, to the extend possible, the following information to the police:

- The date of incident;
- The time of incident;
- The location of incident;
- The date the information was received by DFS;
- The name of victim
- The age and address of victim
- The name and address of hospital
- Any weapons in the home or involved in the incident;
- The nature of the allegations or injury;
- The identify of the alleged perpetrator;
- Any prior involvement by DFS;
- The name, address, and telephone number of the reporting person;
- The telephone numbers of all persons involved with the family (when possible)

C. Information the Division of Family Services will provide when the police are the referral source:

1. DFS must notify the police of the outcome of an investigation within five (5) days of completion of the investigation. DFS will indicate if the report was substantiated, what maltreatment occurred and if DFS will continue to provide services.

D. Information the Division of Family Services will provide in joint investigations with police in cases where the police are not the referral source:

1. DFS will provide to police a copy of the notification of the DFS investigation disposition for all jointly investigated cases. In most cases this will occur within 45 days.

IV. MANDATE/AUTHORITY OF LAW ENFORCEMENT:

A. To uphold all federal and state laws and municipals and local ordinances:

B. To report cases of suspected child abuse, neglect, and dependency (16 Del.C. §903);

C. "A peace officer may take into custody a child he believes to be dependent, neglected, or delinquent (10 Del. C. §933).

- To follow the duties outline in 10 Del. C. §933 for notifying the child's custodian and the Division of Family Services;

D. To respond to calls for service;

E. To conduct criminal investigations based on departmental policies;

F. To assess probable cause and effect an arrest where appropriate.

V. POLICE CONTACT WITH THE DFS REPORT LINE

A. Police must call the Division immediately:

1. In all cases of child deaths in which abuse or neglect is suspected (See attached Institutional Abuse policy in Appendix B);

2. In all cases of suspected intra-familial sexual abuse which have been directly reported to police;

3. In all cases of physical injury to a child in which abuse or neglect is suspected, including reckless injury;

4. In all cases of physical injury or threat thereof to a child which occurs during a domestic violence situation;

5. In all cases of abandonment or serious neglect;

6. In all cases where the child's primary caretaker is under the influence of legal or illegal substance(s) and is unable to care for the child;

7. In all cases where the child is a runaway or is dependant is at the police facility. The police will first advise the parents that the parents are responsible for the care of the child. The police will then notify DFS if the parents are unable to take custody of the child. The Division is to respond to these reports as urgent (2-hour response at the maximum).

8. In all cases in which the child's primary caretaker dies (murder, suicide, or unexplained death) unless there is another parent or relative present or available to care for the child;

B. Police must call the Division as soon as possible:

1. In all cases of neglect which are reported directly to the police;

2. In all cases in which the child is a witness to a felony-level domestic violence incident;
3. In all cases in which the child is exposed to chronic misdemeanor-level domestic violence incidents which are known to law enforcement;

4. In all cases in which the child is being transported by a parent or caretaker who is under the influence of alcohol or a legal or illegal substance when;

   a. Enforcement action has been taken, and

   b. Safe care for the child has been secured.

VI. APPROPRIATE CASES FOR REFERRAL TO THE CHILDREN'S ADVOCACY CENTER

A. All cases where serious physical abuse or sexual abuse against a child has been alleged or that child has witnessed severe domestic violence should be referred to the Center for Scheduling of an interview or medical exam based upon the case needs. Participating agencies may also request an interview on unsubstantiated or suspicious cases when it is felt that the services of the Center will be of assistance.

B. It is recognized that there will be cases, which, because of the acuteness of the act or risk to the victim, will have to be handled immediately by the responsible agencies. Those cases where the victim is at risk to be further abused by the perpetrator because he/she is still in the residence, or where the victim has been recently assaulted and there is the presence of physical evidence are cases, which may have to be handled immediately by the investigating agencies. All other cases should be scheduled through the Center. It is strongly recommended that those agencies make contact with the Child Advocacy Center to ascertain if either the Center or its medical staff is available to assist in those cases.

See Appendix C for Child Advocacy Center Procedures.

VII. COLLABORATIVE INTERVENTION

A. In cases of Physical Abuse and Neglect

1. In all cases in which a child is hospitalized and abuse/neglect is suspected, it is the caseworker's responsibility to obtain as much information as possible from the family, according to DFS Risk Management standards, even though the police have been called to conduct an investigation.

2. All initial reports of serious physical abuse cases will be handled as felony investigations by the investigating police department in accordance with their department policy.

3. When any department has received a report of serous physical abuse, communications between the departments should begin as quickly as possible.

4. When the Children's Advocacy Center has been utilized, a Multidisciplinary Case Review is available.

   a. The Multi-disciplinary case review is that part of the process when all of the

investigation agencies can pool their individual expertise, share facts and observations, make decisions about the case, and encourage the sharing of information and discussion regarding each agency's role with the family.

5. In all felony cases:

   a. The assigned officer will inform the DFS caseworker when an arrest has been made. Every attempt should be made to reach the caseworker directly; however, if all attempts fail, a call should be place to the DFS liaison (as described in Section X of this document) and the liaison can relay the information to the caseworker.

   b. If the police decide not to arrest and DFS is involved in the case, the assigned officer will notify the DFS caseworker. If attempts to reach the caseworker fail, a call should be placed to the DFS liaison, and the liaison can relay the information to the worker.

   c. When an arrest has been made, the assigned officer will contact the Department of Justice within 72 hours to schedule an intake. The intake shall occur within five (5) days. If possible, the assigned police officer will notify the DFS caseworker of the intake date, and the DFS caseworker may attend the intake appointment at the Department of Justice.

   d. The Department of Justice will evaluate the intake cases and assign a Victim/Witness Social Worker.

   e. The DFS caseworker is responsible for notifying the assigned officer or police liaison, if necessary, and the assigned Deputy Attorney General or Victim/Witness social worker of any changes in the family situation (living arrangements, intimidation or harassment of the victim, etc.) which are pertinent to the case.

   f. The assigned officer and the DFS caseworker will work closely with the Department of Justice during the prosecutorial process.

   g. The Department of Justice shall keep the DFS worker well informed of the case status and all major case decisions. The Department of Justice shall notify the DFS worker of the disposition of the criminal charge(s) and the specifics of any sentencing order that is rendered.

6. In all misdemeanor cases:

   a. The assigned officer will inform the DFS case worker via the DFS Report Line when an arrest has been made or warrant is issued. The information will be relayed to the worker via the DFS Report Line staff.

   b. If the police decide not to arrest and DFS is involved in the case, the assigned

officer will notify the DFS caseworker via the DFS Report Line. The information will be relayed to the worker via the DFS Report Line staff.

c. The police and DFS are encouraged to consult with the Department of Justice in cases where an arrest has been made, a warrant has been issued or if it is uncertain if probable cause exists but a crime is suspect.

d. The DFS caseworker is responsible for notifying the assigned officer or police liaison, if necessary, and the assigned Deputy Attorney General or Victim/Witness caseworker of any changes in the family situation (living arrangements, intimidation or harassment of the victim, etc.) which are pertinent to the case.

e. The assigned officer and the DFS caseworker will work closely with the Department of Justice during the prosecutorial process.

B. In cases of Sexual Abuse

1. Child Sexual Abuse is given priority status and communication between the departments and should begin as quickly as possible.

2. Role of the Division of Family Services:

a. A DFS caseworker will be assigned immediately and, based on the risk to the child and recency of occurrence; a response time will be assigned.

b. Upon initial disclosure by the victim and/or reporting person, the assigned DFS caseworker will notify the police of the allegation. The caseworker and police will determine whether the case would be appropriate for an interview and medical exam at the Children's Advocacy Center.

c. The DFS caseworker shall not confront or interview the offender regarding the allegations.

d. The caseworker's role is to determine whether the non-offending parent is capable of protecting he child (i.e. keeping the offender away) and whether the non-offending parent is capable of providing support for the child. If the child may be in danger, the caseworker will file for emergency custody.

e. Whenever possible, the DFS caseworker may attend the intake appointment at the Department of Justice. The DFS caseworker should call the rape unit paralegal in New Castle County or the assigned paralegal in Kent or Sussex county at the Department to verify the date and time.

f. The DFS caseworker is responsible for notifying the investigating officer and the assigned Deputy Attorney General or Victim/Witness social worker of any

changes in the family situation that are pertinent to the case, including:

A. Closure of case;
- Change of living arrangement;
- Suspect's return to the home;
- Intimidation/harassment of the victim or witnesses.

3. Role of the appropriate Police Department

a. The Police Department will immediately assign an officer to the case;

b. The assigned officer needs to obtain sufficient information from the victim, the DFS caseworker, and others involved with the case I order to make a determination on investigative procedures. Pertinent information includes:

- Location of incident;
- Description of the suspect;
- Availability of physical evidence;

- Names of potential witnesses.

c. Arrangements will be made for police to interview the victim and DFS caseworker. Whenever possible, the assigned officer and the caseworker will jointly participate in the in-depth interview of the child. Prior to the joint interview, the officer and the worker will establish interview guidelines, designate the lead interviewer, and determine whether the Children's Advocacy Center is the appropriate site for the interview.

d. The assigned officer will report any pertinent information to the DFS caseworker, including any decision on the officer's part to not proceed with a criminal investigation.

e. If the offender is arrested, the arresting officer shall request no contact with the victim or any child, as per 11 Del. C. §2108(b), as a specific condition of bail, or no contact during commitment, and/or any other conditions that may be necessary to protect the victim and any other members of the community.

f. When an arrest has been made, the assigned officer will contact the Department of Justice within 72 hours of the arrest to schedule an intake appointment. The intake will occur within 5 days. If possible, the officer shall inform the DFS caseworker of the date, time, and location of the intake appointment.

4. Role of the Department of Justice

a. A Deputy Attorney General will evaluate the intake cases.

b. A Department of Justice Victim/Witness Services Social Worker will be assigned to the case and will schedule any necessary appointments for the victim to meet

with the Deputy Attorney General.

c. The Department of Justice shall keep the DFS caseworker informed of case status and all major case decisions, including the disposition of criminal charges and the specifics of any sentencing order that is rendered.

5. Role of Division of Family Services, Police Departments, Department of Justice, and the Children's Advocacy Center

a. After the initial interviewing process, all agencies involved will discuss how they will proceed.

b. The following tasks need to be accomplished:

The DFS caseworker and the officer need to decide how to proceed on both the social assessment of the family (Family Services) and the criminal investigation (law enforcement), i.e. photographs/evidence considerations, the roles of various professionals involved.

- A safe living arrangement for the child is to be arranged by the DFS caseworker.
- A medical examination needs to be done immediately if the offense occurred within the previous 72 hours. If beyond the 72 hours, consideration should be given to scheduling a medical evaluation and forensic interview at the Children's Advocacy Center.
- The assigned officer will inform the Family Services case worker when an arrest has been made for felony and misdemeanor sexual offense cases.

c. The assigned officer and the DFS case worker will work closely with the Department of Justice during the prosecutorial process.

C. Institutional Abuse Investigations

1. See specific guidelines in Appendix B.

D. Suspected/Substantiated Child Abuse/Neglect Deaths

1. Information received by either the police or the DFS which indicates that a child has died or may die as the result of suspected or substantiated abuse and/or neglect or an unexplained and/or suspicious child death is given priority status and requires and immediate response.

2. Neither department should assume that the other department has been notified.

3. Upon notification that a child has died or may die as a result of suspected or substantiated abuse/neglect, the department which received the initial report should immediately inform the other department of the receipt of such notification.

4. See Collaborative Procedures outlined under Physical Abuse/Neglect in all felony cases.

VIII. SHARING OF INFORMATION

A. The Division of Family Services, the police, and the Department of Justice agree to exchange client service information on families and children when this information is needed to assist an investigation involving a DFS client.

B. The following policies and procedures are to be followed regarding sharing information contained in client records:

1. A subpoena is <u>not</u> needed unless the information requested is protected by statute (Status of alcohol/drug treatment, STD, and HIV are protected and require a court order for release.)

2. The requesting department should contact the other department to make arrangements for obtaining information.

   a. If the information can be obtained verbally;

   b. If the information can be obtained by telephone;

   c. If a specific officer, caseworker, or Deputy Attorney General is needed;

   d. If copies are needed, copies of which reports or records;

   e. If copies are needed, to whom they should be mailed.

3. Records and reports may be reviewed at the DFS office, the police department, or the Department of Justice, and duplication of any necessary material is permitted at that time.

   a. Call in advance to ensure that the reports are available.

4. Original records and reports are not permitted to be mailed from one office to another.

C. Policies and Procedures regarding the Initial Crime Report

1. If the DFS caseworker is present when the police complete an Initial Crime Report and the caseworker wants a copy of the report, the caseworker should as the officer and a copy may be provided at that time.

2. When the DFS caseworker does not have a copy of the Initial Crime Report and needs one, the caseworker shall contact the investigating officer or the Records department of the investigating agency. The investigating officer or Records department will forward a copy of the report to the caseworker as soon as possible. IF the caseworker has not received the copy within two weeks, the DFS liaison should intervene.

3. Police will provide DFS with copies of their initial reports as soon as possible for all joint investigations. In most cases, police will be able to complete their investigations and notify DFS of the disposition within 30 days.

4. The DFS caseworker shall not provide copies of, or disclose the contents of, any police reports, except to the civil division Deputy Attorney General assigned to represent DFS. The DFS social worker shall immediately refer subpoenas or any other requests for information to:

   a. Civil division Deputy Attorney General assigned to DFS, and
   b. Notify the criminal division Deputy Attorney General assigned to the case.

IX. TRAINING

A. It is recognized that, in order for this Memorandum of Understanding to be effective, Training by representatives of each department is crucial. Each department is committed to providing cross-departmental training and to the provision of knowledgeable instructor in the respective fields.

B. Police, DFS and the Department of Justice will continue their joint raining and will continue to discuss some of the practical issues around joint investigation, coordination of police/case worker schedules for joint interviewing, protocols for involving the police prior to interviewing parents (particularly when children are interviewed at school).

C. Training is to be conducted at least once a year, and can be provided as often as may be necessary.

D. Training may include the following:

   1. Knowledge about and appreciation for other’s duties and responsibilities;

   2. Recognition, identification, and referral of abused, neglected, and dependent children;

   3. Policies and procedures regarding this agreement;

4. Delaware criminal statutes;

5. Table of organization of each department
   a. Organizational structure and function

6. Mandatory Reporting law;

7. Prosecutorial process;

8. Division of Family Services after-hours response, policy, and procedure.

9. The role and use of the Children's Advocacy Center.

X. AGENCY LIAISIONS

A. DFS and police will appoint liaisons who will be responsible for receiving investigation results and navigating any roadblocks that are preventing or delaying collaborative efforts.

B. DFS and police agency liaisons are listed in Appendix D.

XI. PROCEDURAL REVIEW TEAM

A. Upon signing this agreement, an MOU Review Team will be formed to ensure the following:

1. Case coordination;

2. Integration of planning and service delivery;

3. Discussion of individual cases in which problems have arisen in the implementation of this agreement;

4. Review and improve the guidelines as set forth in this Memorandum.

5. Consideration of the expansion of the Children's Advocacy Center model.

B. The Review Team will be comprised of appointed representatives from:

1. Police Departments;

2. The Division of Family Services;

3. The Department of Justice.

DESIGNATED PHONE NUMBERS AND INSTRUCTIONS FOR CONTACTING THE DEPARTMENT OF JUSTICE, OFFICE OF THE ATTORNEY GENERAL

New Castle County Criminal Division – 577-8500

- For consultation on sexual abuse cases ask for a Deputy in the Rape Response Unit. If a Deputy is not available, ask for the social worker in the Rape Response Unit.

- For a consultation on physical abuse or neglect cases, ask for the Deputy supervising the Domestic Violence Unit. If that person is unavailable, ask for any other Domestic Violence Deputy or social worker.

- If the above-named personnel are not available for consultation, ask for the Director of Victim/Witness Services.

New Castle County Civil Division – 577-8400

- For consultation on civil litigation, ask for the Deputy assigned to represent the Division of Family Services.

Kent County (Civil and Criminal Divisions) – 739-4211

- For consultation on sexual/physical abuse or neglect cases, ask for the Deputy supervising the Kent County Office.

- If the supervising Deputy is not available, ask for the social worker in Victim/Witness Services.

- For consultation regarding civil litigation, ask for the Deputy assigned to represent the Division of Family Services.

Sussex County (Civil and Criminal Division) – 856-5352

- For consultation on sexual/physical abuse or neglect cases, ask for the Deputy supervising the Sussex County Office.

- If the supervising Deputy is not available, ask for the social worker in Victim/Witness Services.

- For consultation regarding the civil litigation, as for the Deputy assigned to represent the Division of Family Services.

NEW CASTLE COUNTY

The Memorandum indicated when to contact the police through 911. Whenever the Memorandum specifies contacting the "appropriate police department", the following phone numbers are to be used:

Wilmington Department of Police – Call the officers in the Detective Division and request to speak to the Child Abuse Investigator at 571-4460 or 571-4462. If the child abuse officers are not available, then call 654-5151 to report the complaint.

New Castle County Police Department – Call the officers in the Family Services Squad at 571-7924 or 571-7615.

Delaware State Police – Call the Detective Division at Troop #2 at 323-4411/4412. To report a complaint after 4:00 p.m. or on weekends, call 911.

Newark Police Department – Call the officer in charge of Youth Services at 366-7111 to report the incident.

New Castle City Police Department – Call 322-9800.

Elsmere Police Department – Call 998-1173.

Newport Police Department – Call 995-1411.

KENT COUNTY

Camden-Wyoming Police Department – Contact 697-2881.

Capital Police Department – Contact 739-3200.

Clayton Police Department – Contact 653-8186.

Delaware State Police – Contact Troop #3 – Youth Aid Division at 697-2106.

Dover Police Department – Contact the Criminal Investigations Unit at 736-7133.

Dover Air Force Base – Contact Office of Special Investigations at 677-6924.

Felton Police Department – Contact 284-9365.

Frederica Police Department – Contact 335-5417.

Harrington Police Department – Contact 398-4495.

Milford Police Department – Contact 422-8081

Smyrna Police Department – Contact 653-9217.

SUSSEX COUNTY

The Memorandum indicated when to contact the police through 911. Whenever the Memorandum specifies contacting the "appropriate police department", the following phone numbers are to be used:

Bethany Beach Police Department – 539-1000

Blades Police Department – 629-7329

Bethel Police Department – 875-0454

Bridgeville Police Department – 337-8302

Delaware State Police – Troop 5, Bridgeville – 856-5334
Troop 4, Georgetown – 856850
Troop 7, Lewes – 856-5480

Delmar Police Department – (410) 896-3132

Dewey Beach Police Department – 227-1110

Ellendale Police Department – 422-3584

Fenwick Island Police Department – 539-2000

Frankford Police Department – 732-3119

Frederica Police Department – 335-5417

Georgetown Police Department – 856-6613

Greenwood Police Department – 349-4822

Laurel Police Department – 875-2244

Lewes Police Department – 875-2244

Milford Police Department – 422-8081

Millsboro Police Department – 934-8174

Milton Police Department – 684-8547

Ocean View Police Department – 539-9797

Rehoboth Police Department – 227-2577

Seaford Police Department – 629-6644

Selbyville Police Department – 436-5085

South Bethany Police Department – 539-3653

Division of Family Services

Report Line

Local and Regional: 1-800-292-9582 **Out of State**: (302) 577-6550

New Castle County

Elwyn Office: 321 East 11th Street
Wilmington, DE 19801
577-3824 FAX: 577-7793

University Plaza: University Plaza – Cambridge Building
263 Chapman Road
Newark, DE 19702
451-2800 FAX: 451-2821

NCC Police Headquarters 3601 N. DuPont Highway
New Castle, DE 19720
577-5509 FAX: 577-5515

Kent County

Barratt Building 821 Silver Lake Boulevard Dover, DE 19904
739-4800 FAX: 739-6236

Sussex County

Georgetown: 546 South Bedford Street
Georgetown, DE 19947
856-5450 FAX: 856-5062

Pyle: Rt. 2, P. O. Box 281-1
Frankford, DE 19945
732-9501 FAX: 732-5485

Seaford: 350 Virginia Avenue
Seaford, DE 19973
628-2024 FAX: 628-2041

Milford: 11-13 Church Avenue
Milford, DE 19963
422-1400 FAX: 422-1519

The Children's Advocacy Center of Delaware

Children's Advocacy Center
duPont Hospital for Children
1600 Rockland Road
P. O. Box 269
Wilmington, DE 19899
651-4566
FAX: 651-4569

Appendix A

Sexual Predator Act and MOU

DELAWARE STATE SENATE

138TH GENERAL ASSEMBLY

SENATE BILL NO. 345

AS AMENDED BY

SENATE AMENDMENT NO.1

AN ACT TO AMEND TITLE 11 OF THE DELAWARE CODE RELATING TO UNLAWFUL SEXUAL INTERCOURSE.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE: WHEREAS, illicit sexual activity between adult males and teenage girls is contributing to the high teenage pregnancy rates in Delaware and the nation; and

WHEREAS, roughly 12 percent of all babies born in this state are born by teenage girls, and WHEREAS, from 1991-1993 there were 609 babies in Delaware by girls 16½ years old or less, and WHEREAS, nationally, 39percent of 15-year old mothers report the fathers of their babies are 20 years old or older, and

WHEREAS, many of these adult males are repeat offenders who have fathered more than one child by different teenage mothers, yet accepted little or no responsibility for their actions of for the support of their children, and

WHEREAS, in the United States, one in every 16 girls between the ages of 15 and 19 years has a child. In Delaware, approximately one in every eight children are born to a teenage mother, and WHEREAS, $69 million

was spent on the consequences of teen pregnancy in Delaware in 1993, and

WHEREAS, society can no longer ignore or disregard statutory rape and the consequent increase in teenage pregnancies. The laws prohibiting adults from having sexual relations with persons under the age of 16 years must be more vigorously enforced; and

WHEREAS, adult males who have sexual intercourse with minor girls must be held accountable for their conduct and must be required to accept responsibility under current law for their actions; and

WHEREAS, the State should impose more sever sanctions when the adult male is significantly older than the victim, and

WHEREAS, our state agencies and schools must recognize these cases as child abuse and make appropriate referrals to law enforcement; and

WHEREAS, it is the intent of the General Assembly to enhance the penalty for statutory rape when an adult is 10 years or older than the victim or when the victim is under the age of 14 and to make certain our current law prohibiting sexual intercourse with minor children by adults is rigorously enforced.

NOW THERFORE;

BE IT ENACTED BY THE GENERAL ASSEMBLY:

Section 1. This Act shall be referred to as the "Sexual Predator Act of 1996."

Section 3. Amend §773, Title 11, Delaware Code, by deleting "." in subsection 2 and inserting "; or" and by inserting as new subsection (3) following:

"(3) The victim is less than 16 years of age and the person is 10 years or older and is not otherwise subject to prosecution under §775."

Section 4. Amend §775, Title 11, Delaware Code by inserting after the words "Class C. Felony" as found in the Title of said section the words "; Class B Felony" and by inserting the section after the words "Class C Felony" and before the "." the words "unless the person is guilty pursuant to subsection (3) of this section in which case Unlawful Sexual Intercourse in the third degree is a Class B Felony. Notwithstanding any provisions to the contrary, in cases where

acts in violation of this section have resulted in the birth of a child who is in the custody and care of the victim or the victim's legal guardian, the court shall order that the Defendant, as a condition of any

probation imposed pursuant to a conviction under this section, timely pay any child support ordered by the Family Court for such child."

Section 5. The Attorney General's Office, the Department of Health and Social Services, the Department of Services to Children, Youth and Their Families, the Department of Public Instruction and law enforcement agencies statewide will establish a cooperative agreement, specifying the various roles each agency will play in making certain our laws governing unlawful sexual intercourse with minors are rigorously enforced. The Department of Public Safety, with cooperation from the above referenced agencies, shall report to the Governor and the General Assembly on enforcement efforts pursuant to this Act by June 1, 1998.

MEMORANDUM OF UNDERSTANDING FOR THE STATE OF DELAWARE

Between

DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DEPARTMENT OF PUBLIC INSTRUCTION

DEPARTMENT OF PUBLIC SAFETY

DEPARTMENT OF JUSTICE

Blades Police Department
Police Department
Camden-Wyoming Police Department
Capital Police Department
D.N.R.E.C. Div. Of Parks and Recreation
Delaware River and Bay Authority
Delaware State Police
Delmar Police Department
Dover Air Force Base
Dover Police Department
Elsmere Police Department
Felton Police Department
Fenwick Island Police Department
Georgetown Police Department
Greenwood Police Department
Harrington Police Department Bridgeville
Laurel Police Department
Lewes Police Department
Milford Police Department
Millsboro Police Department
New Castle City Police Department
New Castle County Police Department
Newark Police Department
Newport Police Department
Rehoboth Police Department
Seaford Police Department
Smyrna Police Department
South Bethany Police Department
University of Delaware
Wilmington Department of Police

PROCEDURAL AGREEMENT FOR THE REPORTING AND INVESTIGATION OF VIOLATIONS OF THE SEXUAL PREDATOR ACT OF 1996

December 1996

MEMORANDUM OF UNDERSTANDING

DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DEPARTMENT OF PUBLIC INSTRUCTION

DEPARTMENT OF JUSTICE

DELAWARE POLICE DEPARTMENTS

The Department of Services for Children, Youth and Their Families, the Department of Health and Social Services, the Department of Public Instruction, the Department of Justice and the undersigned Delaware Police Departments, wish to improve the services which they provide to children and their families. We are committed to interagency cooperation in an effort to protect children, reduce intervention trauma for the child and the family, and assist the child and family during the investigation, prosecution and treatment.

This memorandum seeks to define and clarify the roles and expectations of each department, to set standards for interagency cooperation and to establish guidelines for collaborative intervention, cross reporting, information sharing, training and problem resolution.

We further agree to distribute a complete copy of the Memorandum of Understanding to our respective employees. This Memorandum of Understanding shall be effective from the date of signature of all parties.

_____
Thomas R. Carper Date
Governor

_____
M. Jane Brady Date
Attorney General
Department of Justice

_____
Michael C. Ferguson Date
Acting Superintendent
Department of Public Instruction

_____
Carmen R. Nazario Date
Secretary
Department of Health and Social Services

_____
Karen L. Johnson Date
Secretary
Department of Public Safety

_____
Thomas P. Eichler Date
Secretary
Department of Services for Children, Youth and Their Families

MEMORANDUM OF UNDERSTANDING

The Sexual Predator Act of 1996, Senate Bill 346, was signed into law by Governor Thomas R. Carper on August 1, 1996. In recognition of the fact that illicit sexual activity between adult males and teenage girls is contributing to the high teenage pregnancy rates in Delaware and the nation, this legislation is intended to combat teen pregnancy by imposing more severe criminal sanctions on adult males who are significantly older than their victims and holding them financially accountable when children are born as a result of violations of this law.

This legislation and the cooperative agreement required by it are part of a multi-faceted effort to combat teenage pregnancy and reform welfare in Delaware. All too often, older men prey on young, vulnerable girls. Nationally, two-thirds of the births to teenage mothers are fathered by men 20 and older. In three recent years, over 600 babies were born in Delaware to girls under 16½ years of age. As they are encouraged to postpone sexual activity, the State has an obligation to do all it can to prevent young girls from being exploited by adults. By creating a cooperative effort among schools, social service agencies and law enforcement to target this crime, Delaware has one more weapon in the fight against teenage pregnancy.

The Sexual Predator Act of 1996 requires the Attorney General's Office, the Department of Health and Social Services, the Department of Services to Children, Youth and Their Families, the Department of Public Instruction and law enforcement agencies statewide to establish a cooperative agreement, specifying the various roles each agency will play in making certain our laws governing unlawful sexual intercourse with minors are rigorously enforced. Senate Bill 346 also requires the Department of Public Safety, with cooperation from the above referenced agencies, to report to the Governor and the General Assemble on enforcement efforts pursuant to this Act by June 1, 1998.

SPECIFIC PROVISIONS OF THE LAW

This law increases penalties for adults who have sexual relations with a minor 10 or more years younger, as well as persons who have sexual intercourse with minors under the age of 14. Specifically, the Sexual Predator Act of 1996 doubles the penalty for this class of statutory rape by elevating it from a Class C felony, with a penalty of 0-10 years, to a Class B felony, with a penalty of 2-20 years, if:

- The victim is younger than 16 years of age and the predator is 10 or more years older than the victim; or
- The victim is younger than 14 years of age and the predator is 19 years or older.

The Sexual Predator Act of 1996 also required that in the case of any conviction of a violation of this law which results in the birth of a child who is in the custody and care of the victim or the victim's legal guardians, the court shall order, as a condition of any probation imposed, that the defendant timely pay any child support ordered by Family Court.

ROLES AND RESPONSIBILITIES

I. Division of Family Services, Department of Children, Youth and Their Families

The Division of Family Services shall:

- expand its role to accept reports of sexual predators, regardless of their relationship with the victim;
- when reports are made to DFS which meet the definitions of sexual predator, regardless of whether it is intra-familial or extra-familial, immediately report the situation, along with all information collected in the intake process, to the police by the 911 system;
- participate in joint investigations with law enforcement on all intra-familial sexual predator reports received and reported to the police;
- assist in developing an education document(s) about the legislation; and
- work in partnership with other signatories to this Memorandum of Understanding to ensure appropriate practice of this law.

II. Department of Health and Social Services

The Department of Health and Social Services shall:

- publish, through the Bureau of Vital Statistics, a monthly report of all births to young women under 16 years of age, to be distributed to the Division of Family Services and the Division of Child Support Enforcement for informational, investigative and/or child support enforcement purposes;
- assume responsibility for the collection of child support payments from the non-custodial parent;
- provide relevant information concerning cases involving sexual predators to the Division of Family Services, however, the use of such information shall be limited to the purpose of prevention, investigation and prosecution of violations under the Sexual Predator Act of 1996;
- collaborate with other signatories to this Memorandum of Understanding to identify and target at-risk clients;
- assist in developing an education document(s) about the legislation; and
- work in partnership with other signatories to this Memorandum of Understanding to ensure appropriate practice of this law.

III. Department of Public Instruction

The Department of Public Instruction shall:

- assist in developing an education document(s) about the legislation;
- assist in the dissemination of information about the legislation to parents and the community;
- notify school personnel (specifically principals, counselors, nurses and those identified as liaisons to DFS) of their responsibilities for reporting under this legislation;
- work with the Division of Public Health to notify School Based Wellness Center personnel regarding their responsibility for reporting; and
- work in partnership with other signatories to this Memorandum of Understanding to ensure appropriate practice of this law.

IV. Law Enforcement/Department of Justice

Law Enforcement Agencies statewide and the Department of Justice will vigorously enforce the Sexual Predator Act of 1996 as follows:

- Law Enforcement Agencies shall receive reports of a sexual assault pertaining to the new sexual predator legislation. This information can be brought to their attention via several sources, such as schools, uniform personnel, relatives of alleged victims, or the 911 emergency communication system;
- In all cases, the agency conducting the investigation shall contact the Division of Family Services if they have not already been contacted and provide them with key information;
- All incidents shall be investigated by an assigned investigator and then referred to the Attorney General's Office by means of a scheduled intake for further processing and data collection;
- The Attorney General's Office will periodically provide any available data on reports on these incidents to the Division of Family Services and shall work in partnership with other signatories to this Memorandum of Understanding to ensure appropriate practice of this law.

V. Department of Public Safety

In addition to its law enforcement role and responsibilities, the Department of Public Safety shall:

- report to the Governor and the General Assembly on enforcement efforts pursuant to the Sexual Predator Act of 1996 by June 1, 1998, with the cooperation of the other signatories to this Memorandum of Understanding; and
- work in partnership with other signatories to this Memorandum of Understanding to ensure appropriate practice of this law.

KEY INFORMATION TO BE PROVIDED TO THE DIVISION OF FAMILY SERVICES

All sexual predator reports made to the Division of Family Services from the community and form employees of law enforcement agencies, school districts, the Department of Public Instruction, and the Department of Health and Social Services shall include the following key information:

- name, age, and home address of the child;
- name, approximate age, and home address of the predator;
- name and home address of the parent, guardian, or custodian;
- time and location of reported abuse; and
- as much of the following as is known by or available to the reporter;
- nature and extent of situation; and
- other information about the predator, such as mental illness, pending criminal charges, substance abuse.

The monthly report of the Bureau of Vital Statistics shall include such official birth information as it regularly records.

Appendix B

Institutional Abuse

INSTITUTIONAL ABUSE

1. The Institutional Abuse Investigation Unit (IAU) is the specialized unit within the Division of Family Services, Office of Children's Services, responsible for the investigation of incidents/injuries which reportedly occur in out-of-home care settings. The following are the operational definitions specific to the Institutional Abuse Investigation Unit:

    a. **Out-of-home care setting** – 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 which a reported incident involves a child(ren) in the custody of the DSCYF, and care facilities which are operated by the DFSCY. License-exempt child care facilities (preschools, schools, hospitals or church operated baby-sitting/Sunday schools) are not included and those reporters should be referred to the police.

b. **Institutional Abuse** – Child abuse/neglect in an out-of-home setting.

2. Responsibilities of the IAIU

a. To accept and screen all reported injuries and allegations of abuse/neglect which occur in out-of-home care.

b. To investigate all reports which meet the criteria for institutional abuse investigation.

c. To immediately attempt to contact the appropriate police department to report all incidents where there is suspected criminal activity.

d. To coordinate with the assigned detective/officer to a prompt, joint (if possible) interview with the alleged victim(s) when criminal activity is suspected.

e. To refrain from interviewing the alleged perpetrator in an active criminal investigation without permission form the criminal investigation, with the understanding that the safety of children in care is a top priority.

f. To immediately report all allegations of sexual abuse to the appropriate police department to determine what, if any, police involvement there will be.

g. To complete a timely investigation, regardless of any delay in a criminal investigation.

h. To make every effort to be available to interview victims and perpetrators with the criminal investigator.

i. To assist in the criminal investigation and share all information gathered with the criminal investigator.

j. To cooperate with all attempts to prosecute alleged perpetrator.

3. Responsibilities of the Appropriate Police Department

a. To immediately report the following to the Child Abuse Report Line (1-800-292-9582) whenever they are suspected to have occurred in an out-of-home care setting:

- Death of any individual
- Sexual abuse of any child
- Physical injury of any child being cared for in an out-of-home case setting

b. To report within 24 hours the following to the Child Abuse Report Line (1-800-2929582) whenever it is suspected that they have occurred in an out-of-home care setting or have involved a child care provider:

- Drug/alcohol arrest
- Domestic violence
- DUI
- Serious traffic violations where children in care are at risk
- Disaster (flood, fire, etc.)
- Other safety issues which present potential risk to children in care

c. To attempt to arrange to conduct an initial interview with the alleged victim in conjunction with the IAIU investigator. If this is not possible, the criminal investigator will attempt to obtain information needed by the IAIU investigator.

d. To make available upon request all information deemed relevant by the IAIU investigator.

e. To maintain contact with the IAIU and share developments in the criminal investigation.

f. To inform the IAIU investigator of an impeding suspect interview and attempt to gather information needed by the IAIU investigator.
   - Joint interviews may be appropriate in some out-of-care investigations

4. Responsibilities of the Department of Justice

a. To notify the IAIU of all plans to pursue prosecution attempts of those cases involving out-of-home care provider.

b. To notify the IAIU of the results of prosecution attempts of those cases involving out-of-home care.

Appendix C

Children's Advocacy Center

CHILDREN'S ADVOCACY CENTER OF DELAWARE, INC.

Children's Advocacy Center
duPont Hospital for Children
1600 Rockland Road
P. O. Box 269
Wilmington, DE 19899
651-4566
FAX: 651-4569

A. MISSION

The mission of the Center is to reduce the devastating long-term effects that abuse has on children, families, and society through coordinated multidisciplinary interventions in a child focused setting.

B. SERVICES PROVIDED

The Center is designed to serve children suspected of being seriously physically abused, sexually abused or exposed to severe domestic violence. The Center provides service area, which may be accessed by any Agency responsible for the investigation of abuse to children. Services are:

- Scheduling and conducting forensic interviews of identified victims
- Providing space for interviews and providing technical and professional assistance
- Scheduling medical services in non-acute cases
- Coordinating medical follow-up services
- Scheduling cases for multidisciplinary case review

C. HOURS OF OPERATION

The Center will attempt to maintain flexible hours of operation to allow for scheduling of interviews at times convenient to clients, as well as professionals. Referrals may be called in at 651-4566. Those agencies requesting immediate services of the CAC Forensic Interviewer or the Center facility should page staff at 1-800-557-3579 or 1-800383-0541.

D. REFERRALS FOR CAC SERVICES

Referrals can be made by those agencies, which are mandated by law to investigate allegations of child abuse or neglect i.e. Police, Division of Family Services or the Attorney General's Office.

When the Center receives a request for services from anyone else, where child abuse or neglect is suspect, the Center will routinely refer that caller to the appropriate authority to report their concerns. The Center's staff will make every effort to receive sufficient information regarding suspected child abuse and also make contact with the proper agency and make the referral.

E. SCHEDULING OF THE FORENSIC INTERVIEW

When an agency investigating child abuse determines the Center's Forensic Interviewer or its facilities will be needed or it is a non-urgent case appropriated for the CAC, they will contact the Center to schedule an interview for the victim(s).

The referral agency will need to identify the emergent need of the case resulting in the Center's scheduling the interview within the following two time frames.

- Emergency interviews will be scheduled within two (2) working days, or when staff and the Center are reasonably available. The Center will give priority to urgent cases in the duPont Hospital Emergency Room when requested by any of the agencies for either assistance in conducting the interview or use of the facility.
- Routine interviews will be scheduled within ten (10) working days. It should be noted that it has been agreed upon by the major police agencies, DFS, and the Center to attempt and schedule all non-urgent interviews one week in advance so all the involved disciplines will be able to adjust their schedules and attend the interview. The referring agency should contact their counterpart agency to coordinate a convenient scheduling time for both agencies before calling the CAC, i.e. are both agencies available in the morning or afternoon?

The Administrative Assistant will need to schedule the interview time with the referring agency and any other agency representatives required to be present and a part of the "team". In order to minimize the number of multiple interviews, while assessing prosecutorial needs by the criminal justice system, the police, Division of Family Services, and Attorney General's office are strongly recommended to participate in any and all interviews.

The Children's Advocacy Center will be properly equipped to audio/video tape all interviews. If the police are present for the interview and the interview confirms this is a criminal investigation, all tapes will be turned over to the investigating officer present. DFS may request a copy of the tape from the police agency. If the police are not present, the tapes will be turned over to the Division of Family Services worker present who will then have to assess whether to keep custody of the tape or turn it over to the proper police agency. All tapes will be handled as evidence. It will be noted on the CAC case file whom the tapes were released to. No copies of the tapes will be maintained by the CAC.

F. CASES APPROPRIATE FOR THE CENTER

All cases where serious physical abuse, sexual abuse or severe domestic violence has been alleged will be referred to the Center for scheduling. Participating agencies may also request an interview on unsubstantiated or suspicious cases when it is felt the services of the Center will be of assistance.

It is recognized there will be cases, which because of the recency of the act or risk to the victim will have to be handled immediately by the responsible agencies. Those cases where the victim is at risk to be further abused by the perpetrator because he/she is still in the residence, or where the victim has been recently assaulted and there is the presence of physical evidence are cases, which may have to be handled immediately by the investigating agencies. All other cases should be scheduled through the Center. It is strongly recommended that those agencies make contact with the CAC to ascertain if either the Center or it's medical staff are available to assist in those cases.

The Center's Forensic Interviewer will be available to work with children up to the age of eighteen. Special emphasis is being place on children twelve (12) and under and/or children with special needs. Special needs may include, but is not limited to, hearing impaired, non-English primary language (required interpreter), and physically or socially challenged children.

G. NTERVIEW

Prior to the interview, the Center's Forensic Interviewer and all other participants, the "team" of professional, will meet to review the needs of the child and strategize how to approach the interview i.e. who should take the lead in interviewing. A review of the allegations will also

be discussed to enable the interviewer to focus on the appropriate allegations i.e. type of sexual act, suspect, etc. It is expected that anyone doing an interview at the Children's Advocacy Center will be well trained with a minimum of six months experience conducting sexual abuse investigations.

During the interview, the person conducting the interview may take occasional breaks to confer with the viewing professionals in the adjoining room. The audio/visual tapes will remain running during those breaks.

H. POST-INTERVIEW MEETING

A post interview meeting will be held at the conclusion of the interview. The prosecutor will lead the meeting. The purpose of the meeting is for the team to:

- Review the information gleaned during the interview and assess whether more questioning is necessary, at that time.
- Decide if another interview appears necessary. If it is determined that a follow-up interview is necessary, efforts will be made to schedule it at the Center.
- Encourage the sharing of information and discussion regarding each agency's role with the family and victim.
- Set a date for a multidisciplinary case review. The review will be scheduled as a teleconference within thirty days of the initial interview. Reminders will be sent out approximately one week prior to the case review date. It is the responsibility to the "team" members to notify the Center of any alternate telephone numbers to reach them for the conference or if the date and time are not convenient because of other commitments such as court, etc. All those present for the post interview meeting will be involved in the multidisciplinary case review.
- Upon completion of the post interview meeting, the CAC staff involved in the review will write a brief factual summary of the review for case tracking and statistical purposes.

I. MULTIDISCIPLINARY CASE REVIEW

The multidisciplinary case review is that part of the process when all of the investigative agencies can pool their individual expertise, share facts and observations, make decisions about the case and encourage the sharing of information and discussion regarding each agencies role with a family.

In addition, the multidisciplinary review:

- Provides for ongoing individual and team training
- Provides an opportunity for new agency personnel to become familiar with the other disciplines involved with abused children and their families
- Promotes formal and informal communication among all responsible agencies
- Allows each team member to retain their agency identification/authority and become

familiar with the other systems involved with abused children and their families

- Helps prevent cases from “falling through the cracks” in the system and enables team members to identify gaps in resources and conflicts in service provisions
- Enables the team to understand the results of the child interview, the results of the medical examination, the results of the criminal investigation and then to discuss, plan, and monitor the progress of the investigation
- Make informed recommendations regarding continuing investigative needs and the safety of the victims
- Contribute to decisions regarding treatment needs of victims and their families, as well as identifying know available service provider
- Consider child development issues relevant to the child

J. WITNESSES/DEFENDANTS/SUSPECTS

Interviews of witnesses may be conducted at the Center using the following guidelines:

- The witness is the reporting person and accompanies the victim to the Center
- Interviewing the witness, in a expeditious manner, will assist with the victim interview
- The witness may also be a victim
- A child who is a witness to serious domestic violence or homicide
- The witness is a young child and it is determined that the forensic interview is in the child’s best interest
- Interviewing a witness does not interfere with the normal operation of the Center and the Center’s ability to assist victims

Sibling interviews may be conducted at the Center if:

- There is information that leads one to believe the sibling could also have been victimized by the perpetrator
- Information exists that suggests the sibling witnessed the abuse and is likely traumatized by the event
- An interview of the child at another facility would like be intimidating or otherwise uncomfortable
- The sibling is already present at the Center and opportunity exists to conduct an interview
- The age of the child indicates that a forensic interviewer should be utilized
- If an interview had already begun, and it is learned through this questioning that the victim may also be a suspect or defendant in another criminal proceeding, the forensic interviewer should continue the interview helping the child remain focused on their own victimization. At the conclusion of the interview, the team should review the information and consider any other actions necessary. The Attorney General’s office should be consulted.

Delaware police agencies or DFS may be requested by agencies outsid3e of the State of Delaware to conduct courtesy interviews. The police or DFS may choose to utilize the

services of the Center to coordinate these interviews. The Attorney General's office may request to utilize the Center's facilities when interviewing witnesses. They may utilize their own qualified staff or may request assistance from the Center's interviewer.

K. MEDICAL SERVICES

The medical component of the Center is intended to address the physical health needs of the victims, as well as offer emotional support for the victim's condition and still address the evidentiary needs of the various disciplines where appropriate.

1. Acute or Urgent Cases
   Acute cases of suspected abuse (i.e. occurring within the last 72 hours) require immediate medical examinations. Any child that is suspected of being physically or sexually abused within the last 72 hours should be referred to the duPont Hospital for Children Emergency Room. Any female patient who is post-menses (physically capable of becoming pregnant) and is suspected of being sexually assaulted or abused in a manner which could result in pregnancy, should be referred to the nearest Emergency Room trained to conduct such exams.

2. Non-Acute Cases
   When a child is suspected of being physically or sexually abused more than 72 hours prior, the child may be scheduled for a physical through the Center. The Center will assess whether the concerns appear associated with a suspicion if abuse and whether the case has been referred to DFS or the police. The Center will make every effort to obtain the necessary protocol information i.e. victim's name, parent's name, suspect, etc. The Center will call DFS or the appropriate police agency when obtaining sufficient information to confirm the report was made. No examination will be conducted pending the intervention and recommendation of that agency.

   As a general rule, the medical staff will not conduct an examination of the child until the interview has been conducted on verbal children. There may be situations where the medical needs of the child take priority over waiting for the interview. The Center Director, medical staff and the referring agency will evaluate those situations.

   The Center's medical staff will utilize it's own information release form to forward copies of the report to the primary caretaker, if requested, as well as other medical providers, investigative or persons identified on the release.

APPENDIX D

Agency Liaisons

Police Department	**Liaison**
Bethany Beach	Chief Clifford M. Graviet
Blades	Chief Paul Viehman
Bridgeville	Chief Handley J. Orr
Camden-Wyoming	Detective Brian Allen
Capitol	William A. Dudley
Cheswold	Chief George L. Bryan
Clayton	Officer Terri Bloodsworth
Dagsboro	Chief William A. Dudley
Delaware City	Chief Dan Tjaden
Delaware River and Bay	Sgt. Dean Campbell
Delaware State Police	Sgt. Douglas J. Salter
Delmar	Chief Harold Saylor
DNREC (Fish & Wildlife)	Major James Graybeal
DNREC (Parks & Recognition)	Chief Gregory L. Wilson
Dewey Beach	Lt. Gordon Elliot
Ellendale	Acting Chief Gary C. Allen
Elsmere	Sgt. Laura Giles
Felton	Officer Brian Darling
Fenwick Island	Major William Manning
Frederica	Chief Ralph W. Holm
Georgetown	Chief William S. Topping
Greenwood	Chief Otas E. Cephas
Harrington	Sgt. Terry Helsel
Laurel	Officer Dawn Hefflefinger
Lewes	Chief Ronald Gooch
Milford	Sgt. Kenny Brown
Millsboro	Chief Leon R. McCabe
Milton	Officer Harry Litten
New Castle City	Chief Scott W. Rees, III
New Castle County	Major Joseph Bryant
Newark	Lieutenant William Wikers
Newport	Chief Michael Capriglione
Ocean View	Officer Kristen H. Miller
Rehoboth Beach	Detective Keith Banks
Seaford	Sgt. Gary Morris
Selbyville	Chief Ward Collins, Jr.
Smyrna	Sgt. Robert Wilson
South Bethany	Lt. Linda O'Malley
Wilmington	Captain Nancy Dietz

DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

Kent County	Carla Benson-Green
New Castle County	Sue Radecki
Sussex County	Susan Taylor-Walls

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 Services for Children, Youth and Their Families — Date

_____

State Superintendent of Public Instruction — Date

_____

Director, Division of Family Services — Date

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:

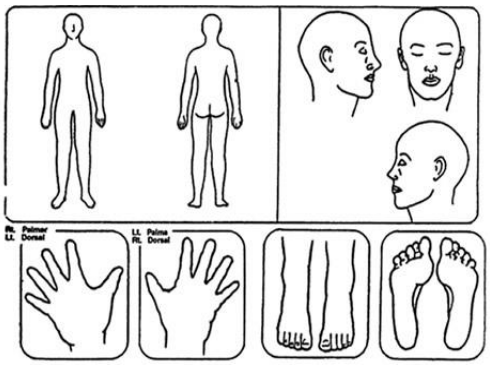
Foreign language spoken: #'s_____ Specify type: _____
Disabilities: #'s _____ Specify type: _____
Document No .: 37-06-10-99-10-01

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 _____Notification of Police
_____ X-Rays _____Notification of Medical Examiner
_____Photographs _____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:_____

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

Health & Social Services

Yes	No	
_____	_____	Division of Mental Retardation
_____	_____	Division of Public Health
_____	_____	Division of Social Services
_____	_____	Division of Alcoholism, Drug Abuse, and Mental Health
_____	_____	Division of State Service Centers
_____	_____	Division of Management Services (Birth-to-Three Program)
_____	_____	Division for the Visually Impaired

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

Yes	No	
_____	_____	Division of Child Mental Health Services
_____	_____	Division of Family Services
_____	_____	Division of Youth Rehabilitative Services
_____	_____	Division of Management Services/ Education Program

Department of Public Instruction

Yes	No	
_____	_____	Local School District(s) _____ District Name(s)

Department of Labor

Yes	No	
_____	_____	Division of Employment & Training
_____	_____	Division of Vocational Rehabilitation

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 ☐ an ☐

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 Date 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

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

Denise Coleman
Dover Air Force Base

Edith P. Vincent
Department of Public Instruction

Cheryl Stallman
Criminal Justice Council

Deborah Lutz
Christina School District

Karen Deleeuw
Division of Public Health

Debbi Reed
Delaware State Police

Lynn Shreve
Family Court, CASA Program

Michael Peyser
Division of Family Services

Dianne Glenn
Dover Police

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

Tanya Gwyn
Capital School District

Kitty Rehrig
Brandywine School District

Joanne Kassees
Delawarians United to Prevent Child Abuse

Linda Weinman
Child Inc.

Nancy Panico
Department of Public Safety

Pat Hemphill
West Dover Elementary School

Carol Minor
Caesar Rodney High School

Joseph H. Birch
W.B. Simpson Elementary School

Dr. Beverly Rennie
John Bassett Moore Middle School

Dr. Marie Hutton
John Bassett Moore Middle School

Janice Tigani
Attorney's General Office

*Subcommittee of the Interagency Coordinating Council and Abuse Intervention Committee

Interagency Agreement for the Delaware Early Intervention System Under Part H of the Individuals with Disabilities Education Act

DATE: July 9, 1996

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Signatures

_____ _____

Thomas P. Eichler, Secretary
Department of Services for Children, Youth and Their Families
(DSCYF)

Date

_____ _____

Michael C. Ferguson, Acting Superintendent
Department of Instruction
(DPI)

Date

_____ _____

Carmen R. Nazario, Secretary
Department of Health & Social Services
(DHSS)

Date

Purpose Statement

The purpose of this agreement is to ensure collaboration in the continuation of a statewide, comprehensive, coordinated, multidisciplinary, and interagency service delivery system for infants and toddlers with disabilities and/or developmental delays who are eligible under Part H of the Individuals with Disabilities Education Act (IDEA). Part H of IDEA, which is administered by Delaware Health and Social Services, provides funding and management to support a statewide, comprehensive, coordinated system of early intervention services for infants and toddlers with disabilities and/or developmental delays and their families. The operation of Part H Birth to Three Program is carried out by Child Development Watch (CDW). This system is designed to ensure the availability and accessibility of early intervention services for all eligible children and their families.

The Interagency Resource Management Committee (IRMC) has been established by the state legislature to oversee several federal and state supported programs for young children at-risk, including the Part H Birth to Three Program. Members of the IRM are the Secretaries of Health and Social Services and Services for Children, Youth and Their Families, the State Superintendent, the State Budget Director and the Controller General.

The agencies involved in this agreement are: The Department of Health and Social Services (DHSS) – including the Division of Public Health (DPH), the Division of Management Services (DMS), the Division of Mental Retardation (DMR), the Division of the Visually Impaired (DVI), and the Division of Social Services (DSS) Medicaid Programs; the Department of Public Instruction (DPI); and the Department of Services for Children, Youth and Their Families (DSCYF) – including the Division of Family Services (DFS) and the Division of Child Mental Health (DCMH).

This agreement specifies the roles and responsibilities of the participating agencies and provided guidance for its continuation. All parties to this agreement are referred to as agencies. Each agency was represented on the Interagency Agreement Task Force. The membership of the task force is included in Appendix A.

State departments have authority to manage the provision of services through contracts, grants, policies and procedures, or regulations. It is the intent of this agreement to ensure the following:

1. The continuation of an interactive, cooperative relationship at the State level which results in effective and efficient services and supports for eligible infants, toddlers and their families, and minimizes duplication of such services and supports.

2. Cooperative fiscal planning which will maximize utilization of available funds in providing services and supports to the eligible population of infants and toddlers with disabilities and/or developmental delays and their families.

Intended Outcomes

It is agreed that the potential benefits from cooperation among the State departments include the following:

1. Availability of services for children and families;

2. Maximum utilization of funds and resources;

3. Increased coordination among Departments in order to minimize unnecessary duplication of effort.

4. Increased collaboration with respect to shared expertise and planning based upon priorities, resources and concerns identified by the families of eligible infants and toddlers;

5. Increase ease of access for families seeking services and supports form multiple systems; and

6. Increased satisfaction of families with respect to early intervention services and supports.

Vision to Guide Program Implementation

The Mission of this statewide effort is to enhance the development of infants and toddlers with disabilities and developmental delays, and to enhance the capacity and abilities of their families to meet the special needs of these young people.

A comprehensive, coordinated early intervention system that empowers families and makes available resources to enable their children to reach their maximum potential would provide long-term benefits to the children, their families and the Delaware community. Such an effort reflects the national and state goal that all children start school ready to learn.

Principals of the program:

- **Family-centered focus** – Delaware has a commitment to strengthening and supporting families. As the primary influence in the child's life and the most knowledgeable source of information about the needs of the child and family, family members should be included in each step of service design and delivery. A key function of service providers is to enhance and build the capacity of the family to meet their own needs. Furthermore, the program must be sensitive to the family's right to privacy and to multi-cultural differences.

- **Integration of services** – The needs of infants and toddlers and their families require the perspectives of various disciplines; thus, services should be planned using a collaborative, multidisciplinary, interagency approach. Existing services and programs, both public and private, should be supported with appropriate linkages promoted.

- **Universal application** – Families of infants and toddlers with disabilities or developmental

delays in all areas of the State should receive comprehensive, multidisciplinary assessments of their young children, ages birth through 36 months, and have access to all necessary early intervention services.

- **Cost effectiveness** – The system should maximize the use of third party payment, and avoid duplication of effort. When appropriate, families are expected to pay for the cost of services based on their ability to do so.

- **High quality services** – Services should be provided at the highest standards of quality, with providers being required to meet appropriate licensing and credentialing guidelines.

Authority

The responsibilities and objective delineated in this agreement are derived from the following federal legislation, which required collaboration with other related federal and state initiatives: □

- ☞ Part B and Part H of the Individuals with Disabilities Education Act (IDEA); □
- ☞ Public Law 100-146, The Developmental Disabilities Assistance and Bill of Rights Act; □
- ☞ Title XIX, Medicaid, of the Social Security Act; □
- ☞ Title V, Maternal and Child Health Block Grant, of the Social Security Act; □
- ☞ Title IV, Child Welfare, of the Social Security Act; □
- ☞ The WIC Program – The Women, Infants and Children's *Special Supplement Nutrition* Program;
- ☞ The Child Care and Development Block Grant and the Child Welfare At-Risk Child Care Program, both enacted under OBRA'90; □
- ☞ The Head Start Act; and
- ☞ The Americans with Disabilities Act of 1990.

Mutual Objectives

It is agreed that each agency will support the attainment of the following mutual objectives:

1. To coordinate the provision of services and to ensure the availability of all necessary services to eligible children and their families;

2. To participated in the IFSP (Individualized Family Service Plan) process as needed for children and families with whom the agencies are involved;
3. To participated in and provide information, on a timely basis, to the state ISIS (Integrated Service Information System) data system, and to supply data on Part H eligible children so that accurate and unduplicated counts can be given to the U.S. Department of Education.

4. To participated in the design and provision of cooperative interagency and multidisciplinary training opportunities for parents and service providers;

5. To provide appropriate information to the Birth to Three Central Directory of services;

6. To collaborate on and participated in Birth to Three public awareness activities;

7. To include parents as active participants in policy development, program development and service provision for their child with disabilities;

8. To provide early intervention services in accordance with Delaware Child Development Watch Policies and Procedures and Child Development Watch Standards;

9. To support participation in and representation on the State Interagency Coordinating Council, committees and task forces by their appropriate staff; and to consider the recommendations of the ICC;

10. To develop and support joint budget requests to the state legislature to ensure the maximum utilization of existing resources and to assist in securing additional state resources as needed;

11. To follow the procedural safeguards developed for the Part H Birth to Three Program under Part H of IDEA;

12. To share information in accordance with confidentiality requi8rements and in accordance with the Delaware state interagency agreement related to confidentiality;

13. To support development and use of appropriate interagency forms and procedures; and

14. To collaborate on the development of policies to ensure that traditionally underserved groups including minority, low-income, and rural families are meaningfully involved in the continued planning and implementation of the Birth to Three Program and that these families have access within their geographic areas to culturally sensitive services.

Agency Responsibilities

The ultimate responsibility for the Part H Birth to Three Program rests with the lead agency, the Department of Health and Social Services with the advice and assistance of Delaware's Interagency Coordinating Council. However, each agency agrees to continue existing

responsibilities already under their agency and to participate in the overall coordination and implementation of services. The following narratives describe the specific roles and responsibilities currently held by each agency.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Services in the Division of Management Services

The Division of Management Services is the administrative office for the Part H Birth to Three Program under IDEA (Individuals with Disabilities Education Act). This office provides funding, coordination of training, technical assistance and management to support to the statewide, comprehensive, coordinated system of early intervention services for infants and toddlers with disabilities and/or developmental delays and their families. This office responsible for developing and coordinating resource materials, public awareness information and activities, maintaining federal guidelines and securing federal and state funding.

Services in the Division of Mental Retardation

The Division of Mental Retardation offers services as part of Child Development Watch to any child, birth to three and their family, who is at extremely high risk for developmental delay or with an established condition, as outlined in the Memorandum of Understanding approved between DMR, DMS and DPH. These services, provided by Developmental Nurse Specialists, include services coordination, neuro-developmental assessment, intervention for developmental and/or medical problems, and facilitation of the role of parents as primary advocate and teacher for their child. The Developmental Nurse Specialists also serve as consultants to other service coordinators, physicians, and public and private agencies.

Respite

The Division of Mental Retardation (DMR) offers respite services to families who have a child with mental retardation residing in the home.

Respite means a specific period of relief from the care of a family member with mental retardation. Usually, this is done in the home of an approved DMR respite provider. The respite can also be done in the family home. There may be a limit to the number of days per year that a family may utilize these services.

Residential Services

Under the Omnibus Budget Reconciliation Act of 1987 (OBRA), the Division of Mental Retardation will work with a family who is referring a child for long term care outside the home. DMR is responsible for determining if the child is eligible for placement, could benefit from specialized services and is nursing home appropriate. DMR would provide case management, which advocates for services the child, needs and coordinates the services the child receives. For children under three, the OBRA case manager and the Child Development Watch service coordinator work together to provide services.

Services in the Division of Social Services Medicaid Program

Delaware Medicaid pays for medically necessary services that are ordered by a physician for persons determined to meet the Medicaid eligibility requirements. Services for which reimbursement is available are those, which are approved in the State Plan for Medial Assistance. These services may be provided as part of the basic package of the Diamond State Health Plan (Medicaid managed care), or they may be provided through the Medicaid fee-forservice system.

Under the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT), reimbursement for non-state plan covered services may be obtained if the services are medically necessary, are the result of an EPSDT screen, and are allowable under Section 1905(a) of the Social Security Act. Reimbursement may require prior authorization from a managed care organization or from the Medicaid Program.

Medicaid eligibility determinations are made by the Division of Social Services and, in the case of Supplement Security Income (SSI) recipients, the Social Security Administration. Recipients are eligible as “categorically needy”. Medicaid will not pay for care or services rendered before the beginning date of eligibility or after the end date of eligibility.

By Federal regulation, Medicaid is the payer of last resort. If a recipient has access to other health insurance, that payment source must be utilized before Medicaid reimbursement can be made. The existence of Part H funds notwithstanding, Medicaid is obligated to pay for allowable services covered through the EPSDT Program.

Medicaid is required to establish interagency collaborative activities with related agencies and programs in order to address the goals of:

- Containing costs and improving services by reducing service overlaps or duplications, and closing gaps in the availability of services

- Focusing services on specific population groups or geographic areas in need of special attention; and

- Defining the scope of the programs in relation to each other.

Agencies and programs with which Medicaid is required to coordinate include Title V programs, state agencies responsible for administering health services and vocational rehabilitation services, Head Start, WIC, school health programs (including IDEA), and social services programs under Title XX. Linkages with these programs may be made via managed care organizations or directly with the Medicaid Program.

Federal regulations permit Medicaid to pay for services provided to Medicaid beneficiaries under Title V and for those Medicaid allowable services covered in an IEP or an IFSP. Medicaid allowable services covered in an IEP or an IFSP. Medicaid allowable services prescribed in an IFSP are

deemed to be medically necessary when authorized by the Primary Care Physician of a child eligible for the Child Development Watch program.

Services in the Division for the Visually Impaired

The Division for the Visually Impaired provides diagnostic, educational, service coordination and social work services for infants suspected or diagnosed of having severe visual impairment. Upon referral, the Division for the Visually Impaired collects medical information, conducts functional visual evaluations, and services as the multi-disciplinary team to determine eligibility for Local Education Agencies and the Division for the Visual Impaired services.

Other services provided to infants birth to three include:

- Direct educational intervention such as visual stimulation, instruction in self-help skills, tactile stimulation, and pre-Braille;
- Family counseling relative to the visual handicap;
- Orientation and mobility on a pre-skill level; and
- Parent training in areas related to developmental skills and blindness.

Services in the Division of Public Health

The Division of Public Health is the official health agency of the state with a broad mandate to assure and protect the health of Delaware citizens. This mission is carried out through health surveillance, planning, policy and standard setting, program evaluation and health care system development to assure adequate service accessibility. Public Health partners with primary care providers and community health care providers such as community health centers to augment the continuity and comprehensiveness of the community services and to enhance the early case finding/outreach and prevention aspects of the services. Public Health directly provides clinical services related to infectious disease screening, diagnosis, treatment, contact tracing and service coordination for all citizens regardless of income or insurance status (i.e., Tuberculosis). It also acts as an alternative source of community based care for sensitive services for which some individuals seek health care outside of the traditional private sector or separate from their medical home (i.e. family planning, HIV counseling and testing.) DPH also services as providers of Smart Start services and enhanced care for children under Delaware's Diamond State Health Plan (Medicaid managed care), via direct contract with the Managed Care Organizations. Personal health and population based preventive services are primarily delivered at multi-services state service centers strategically located throughout the state. DPH coordinates with primary care providers for any aspects of medical or clinical care that it provides. Many DPH services are offered through collaborative arrangements with other public and private health care providers such as the Medical Center of Delaware and A.I. duPont Institute.

Child Health Services: DPH provides routine well-child care, age appropriate screening and immunizations to uninsured and underinsured children through state service center clinics and other special immunization activities. Billing for these services is based on a sliding scale fee; no one will be refused service due to inability to pay. Children who are covered by Medicaid and other third party insurers are encouraged to obtain this service through their primary care provider. This service also includes health education and parenting education and is one component of Child Find under the Birth to Three Program.

Child Development Watch: The Division of Public Health has the operational responsibility for Child Development Watch, which screens, assesses, determines Part H eligibility, provides services coordination and ensures completion and implementation for the Individualized Family Service Plan (IFSP). It works collaboratively with the Medical Center of Delaware and A.I. duPont Institute. In addition to DPH personnel, team members include staff from the Division of Mental Retardation (DHSS), Division of Family Services (DSCYF), and Department of Public Instruction. Each child's primary care physician is also a full member of the team. Special Supplemental Nutrition Program for Women, Infants and Children (WIC): This is a food and nutrition education program that benefits infants, children up to age five and pregnant and breastfeeding, and post-partum women with low to moderate incomes. WIC provides nutrition education, nutritious foods, and referrals to other health care programs. Program eligibility criteria include: age, income, and nutrition risk such as anemia, inadequate diet or abnormal weight.

Children's Specialty Services: DPH offers diagnostic and short-term treatment services for some special needs for children especially in Kent and Sussex Counties where geographic access is limited. These services include neurology, cardiac, genetics, audiology, and ophthalmology. The genetic services include genetic counseling for the family and special formulas for children with inborn errors of metabolism such as PKU. DPH participates as part of the cleft palate/oralfacial clinical team in conjunction with A.I. duPont Institute. The oral facial clinic covers orthodontic treatment if needed.

Public Health Nurse Home Visit Services: Public Health Nurses provide home based nursing evaluations, health education, family support and service coordination to families at high risk for poor health status including mothers with high risk pregnancies (SMART START PROGRAM) and families with at risk children. All families referred are eligible within the limits of service capacity. Medicaid is billed when available. At some sites the team may include medical social workers, child development specialists, psychology consultation, and nutrition consultation.

The Home Visiting Program: This program offers all first-time parents an initial postpartum/newborn home health nurse visit linked to continuing parent education and support services as needed and available. The program is administered by DPH and became available statewide on October 1, 1995. Parents enroll in this program when they sign consent after delivery. DPH has contractual arrangements with home care agencies to reimburse for visits to uninsured or underinsured families. Families with insurance may receive this visit as a benefit of their coverage. The Public Health Community Services Team also provides home visiting services to high-risk families enrolled in the program. The following agencies partner with DPH and offer ongoing parent education and support to interested families: CHILD, Inc., Delawareans United to Prevent Child Abuse, Family and Children Services of DE, Inc., Parents as Teachers, and Perinatal Association. In addition to home visits,

DPH provided coordination for families enrolled in the program through tracking of information, networking with partner agencies, and conducting parent satisfaction interviews.

Lead Poisoning Prevention Services: The Childhood Lead Poisoning Prevention Act required health care providers to order screening of all children at or around 12 months of age and for children who are at high risk for lead poisoning. As a component of EPSDT, all children (up to five years of age) using Child Health Clinics or WIC are offered lead screening. A home visit is made when a child is first identified with an elevated blood lead level. The purpose of the home visits is to conduct a family assessment and develop a care plan. An individualized care plan includes the following: detailed education pertaining to lead poisoning, nutrition counseling, other referrals if indicated and collaboration with the child's primary health care provider. Home visits are conducted by a team of Public Health Nurses, Licensed Practical Nurses, Social Services Specialists, and Environmental Health Specialists.

Preschool Diagnostic and Developmental Nursery: The Preschool Diagnostic Developmental Nursery (PDDN) provides early intervention services o infants and toddlers, age birth to three, and their families under the direction of Child Development Watch. Service delivery reflects a multidisciplinary team approach, and includes services such as special instruction, physical therapy, speech therapy, social work, and consultation services. Services are carried out in small group settings; however, goals and objectives are individualized to meet the developmental needs of each child as well as the needs of the entire family.

DEPARTMENT OF PUBLIC INSTRUCTION

The Delaware Department of Public Instruction is the lead agency for ensuring the provision of special education and related services consistent with the Individuals with Disabilities Education Act (IDEA) for children with disabilities, ages three through twenty-one and those children birth to three who are visually impaired, deaf and hard of hearing, deaf blind and/or autistic.

Consistent with Federal and State Law and the Delaware Administrative Manual: Programs for Exceptional Children, The Delaware Department of Public Instruction has the following responsibilities regarding services for infants, toddlers and their families, ages birth to three:

- facilitating the development of a comprehensive statewide service system for children birth to kindergarten and their families through the leadership and collaborative efforts of the 619 Coordinator and the Part H Coordinator.

- assuring the Child Find System, including public awareness, screening and evaluation for those children who are visually impaired, deaf and hard of hearing, deaf blind and/or autistic.

- assuring the provision of a free appropriate education to children birth to three who are visually impaired, deaf and hard of hearing, deaf blind and/or autistic.

- assuring the implementation of policies and procedures for a smooth transition of children form Child Development Watch to Preschool Programs (3-5 years).

- monitoring Local Education Agency (LEA) programs and State Operated Programs serving children with disabilities.
- participating in interagency collaborative efforts to ensure a comprehensive statewide service system for young children with disabilities and their families.

DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

The Department of Services for Children, Youth and Their Families (DSCYF) provides comprehensive services to abused, neglected, dependent, delinquent, and mentally ill or emotionally disturbed children, youth, and their families. Through its prevention and outreach efforts, the Department attempts to identify families at risk of developing such problems and provides supportive services to reduce that risk.

DSCYF includes four divisions: Family Services, Child Mental Health Services, Youth Rehabilitative Services, and Management Services. Services, which are currently provided to client groups, which would potentially or actually include children covered by the Birth to Three Program, are described below. Most of these services, however, are accessible only to clients who meet eligibility criteria, which are determined by law, by availability of funding, or by program definitions. None of these services are available to children who do not meet these criteria.

Services in the Division of Family Services

- Investigation of complaints of abuse, neglect, and dependency, including risk assessment

- Treatment services to support the family and reduce risk when a complaint is founded

- Family preservation services to prevent placement of the child

- Foster care services when the child cannot remain in the care of her/his family

- Prevention services including activities in four child care centers (funded through a time limited federal grant)

- Reunification services to reunite families and children after foster care

- Termination of Parental Rights/Adoption services for children who cannot return home

- Support of training for child care providers through the Office of Child Care Licensing

Services in the Division of Child Mental Health Services

- Full range of mental health and substance abuse evaluation and treatment for which eligibility criteria apply

- Mental health consultation to Head Start programs statewide and many child care providers

INTERAGENCY RESOURCE MANAGEMENT COMMITTEE

The Interagency Resource Management Committee (IRMC) has the responsibility to consult and advise the lead agency in setting program eligibility standards and to allocate state funds for the Part H Birth to Three Program. The IRMC may advise on the use of other funds specifically designated for the program.

Financial Matters

According to 34 CRD 303.124, Part H Federal funds are to be used to supplement and increase the level of State and local funds expended, and in no case to supplant or replace State and local funds. In addition, medical or other assistance available under Title V or Title XIX of the Social Security Act cannot be reduced nor can eligibility under these programs be altered. Except as provided in 34 CRD 303.527, Birth to Three funds may not be used to satisfy a commitment for services that would otherwise have been paid for from other public or private sources but for the enactment of Part H. Accordingly, agencies agree to ensure the continued provision of available resources to deliver early intervention services and supports to eligible infants and toddlers and their families.

Maximum use will be made of all third parties funding sources, including Medicaid. State planning efforts will continue to support and facilitate such financing arrangements. Determination of specific agency responsibility for the provision of entitled services under Part H is based upon the provisions of this agreement and individual agency's eligibility criteria. The Department of Health and Social Services, as lead agency for Birth to Three, is ultimately responsible for ensuring the availability of services to which an eligible child and family are entitled including the provision of a multidisciplinary evaluation and assessment and service coordination, the development of the Individualized Family Services Plan (IFSP) and the availability of services included in the IFSP.

Children eligible under Part H who are also eligible for a free appropriate public education (FAPE) under Part B of IDEA will receive services in accordance with Child Development Watch Policies and Procedures. This includes children who are visually impaired, deaf and hard of hearing, deaf blind and/or autistic according to the Delaware Administrative Manual: Programs for Exceptional Children.

The DPH and DMS staff will work to enroll service providers who agree to provide services to eligible children and families, to implement Child Development Watch Policies and Procedures, and whenever possible, to encourage providers to participate in the Medicaid managed care provider network. Through this process, Delaware will ensure that early intervention services under Part H are

available throughout the state either through public agencies or through vendor agreements and contractual arrangements with public and private providers.

Fees

All screening, Child Find, evaluation and service coordination activities must be available at no cost to the family. Fees are also not charged for staff time related to the development of the Individualized Family Service Plan (IFSP) or the provision of procedural safeguards. Fees may be charged for other services in accordance with sliding payment schedules under federal or state statute. For those children also eligible for a Free Appropriate Public Education (FAPE) under DPI, FAPE Services remain available at no cost.

Provision of Services Under Part H

All agencies agree to collaborate in the provision of services to eligible children and their families. Services are only provided with parental consent and are provided in a family-focused manner with emphasis on the concerns, priorities and resources of the family.

The programmatic flow chart in Appendix B portrays the delivery of services under Part H. It is the intent of the agencies involved to move toward the provision of a seamless system of services for eligible children from birth through entry into kindergarten characterized by continuation of services and minimal disruption or burden to the family.

Individualized Family Service Plan (IFSP) and Direct Services

All early intervention services included in the IFSP must be made available to eligible children and families. A child and family will have s service coordinator who assists the family to access the process from referral to Child Development Watch, through the development of the IFSP and with the receipt of services. Definitions of services are included in the Part H Public Law and Federal Regulations. Services may be provided by state or local agencies in accordance with each agency's eligibility requirements and availability of resources. This is in accordance with the provisions of this agreement. Some services are made available through contractual vendor arrangements with public and private providers. The lead agency, the Department of Health and Social Services, remains ultimately responsible for building and ensuring capacity and availability of early intervention services among public and private providers under Part H.

Child Find and Service Coordination

Assurance of System

The Department of Public Instruction and the Department of Health and Social Services are jointly responsible for the Child Find system as defined in the IDEA. Given the parallel requirements under Part B and Part H of the IDEA, the lead agency for Part H (DHSS) and the lead agency for Part B

(DPI) accept joint responsibility as described for ensuring the location, identification and evaluation of all infants and toddlers potentially eligible under Part H or Part B. These two state agencies remain ultimately responsible for Child Find.

The Department of Public Instruction assumes responsibility for Child Find activities for those children who are visually impaired, deaf or hard of hearing, deaf blind and/or autistic as described in the State Plan and Administrative Manual: Programs for Exceptional Children. The Department of Health and Social Services assumes responsibility for Child Find activities for all other children birth to three. In addition, agencies agree to provide information to Child Development Watch through the Division of Public Health, which serves as the central point of contact for the Birth to Three system.

Operation of System

The Child Find system will be cooperatively operated through Child Development Watch and Local Education Agencies. Public Awareness information is disseminated routinely to LEAs concerning services in Child Development Watch. Referrals are commonly made between Child Development Watch and LEAs.

Potentially eligible infants and toddlers are referred to Central Intake in Child Development Watch. Upon referral, a service coordinator is appointed to assist the family through the completion of the multi-disciplinary evaluation and assessment, and upon determination of eligibility, the development and implementation of the IFSP.

Liaison staff from signatory agencies agrees to participate with the families in the interagency Child Development Watch team process through which Child Find is conducted and the service coordinator assigned. Any child believed to be potentially Part H eligible will have a multidisciplinary assessment provided as needed. Parents of these potentially eligible children will be requested to sign a Part H/CDW Consent Form. An IFSP will be developed and implemented for all eligible children. These activities are coordinated through the Child Development Watch interagency team. The makeup of the interagency teams is agreed upon by the agencies and corroborated through the shared allocation of positions and resources. The Part H Birth to Three Program provides additional administrative and fiscal support. Existing obligations have been used as the basis for the following explanations of shared Part H responsibilities.

The Division of Mental Retardation participates in all Child Development Watch activities including referrals, multidisciplinary assessments and service coordination for children particularly those with severe conditions. They also provide consultation in their area of expertise to other team members.

The Department of Public Instruction participates in all Child Development Watch in the hiring and supervision of liaisons between DPI, the schools and Child Development Watch to ensure that transition form CDW to Public School Programs is provided. These individuals will also serve as service coordinators for some children in Child Development Watch. Children

who are visually impaired, deaf and hard of hearing, deaf blind and/or autistic and eligible for FAPE under part B, are eligible for Child Find.

The Division of Family Services employs liaisons between DSCYF and Child Development Watch to ensure that all DFS children potentially eligible for Part H services are referred to the program for assessment and early intervention services, in addition to those services, which they receive through DFS. These liaisons will also service as service coordinators for some children who are in DFS care.

The Division for the Visually Impaired participates in the Interagency team, and provides service coordination for children for whom visual impairment is the primary disability. DVI also determines eligibility as part of the Multidisciplinary Team process for all visually impaired children.

The Division of Public Health is responsible for the operations of the Child Development Watch (CDW) teams which includes management of monetary and personnel resources of the teams. In addition to clinic management, it provides service coordination and ensures Child Find for all potentially eligible children. It provides screening activities for those children who are uninsured or underinsured through well child clinics at state service centers. Other screenings are provided by primary care physicians or by other agencies service potentially eligible children. All screening activities under the Birth to Three Program must meet EPSDT standards.

The Integrated Service Information System (ISIS) is the data system for the Part H Birth to Three Program. Information regarding screening, assessments, and services for all children referred to Child Development Watch will be entered into ISIS on a timely basis.

Transition

All Part H early intervention and Part B preschool providers will follow the Child Development Watch Policies and Procedures Manual related to the transition necessary when a child turns age three years. This process is designed to ensure that there is minimal disruption or burden to the family in the provision of services for a child during this time. All transition activities will be in keeping with the goal of providing a seamless system of services for children birth through entry into kindergarten. Every effort will be made by Child Development Watch to work with families to ensure the availability of appropriate services for any children that exit Child Development Watch and are determined not to be eligible for Part B preschool services.

In order to allow maximum time for all necessary planning activities related to transition, the service coordinator under Child Development Watch for a particular child, believed to be potentially Part B eligible will refer that child to the local education agency, with parental permission, at least 90 days prior to the child’s third birthday. This can occur anytime as early as 180 days prior to the child’s birthday depending on the point in the calendar year when a child will turn three years.

Following the transition referral, service coordinators and local education agency staff will work with the family to develop and implement a transition plan in accordance with CDW Policies and Procedures. Evaluations and assessments that have been completed for Part H purposes within the past 6 months do not have to be repeated unless it is determined appropriate for that child and family.

All Part B eligible children are entitled to receive services in accordance with their Part B IEP/IFSP as of their third birthday. However, in order to ensure a transition that is appropriate for the child and family, there may be different points of entry into the Part B system. The following apply:

- The responsibility for children who become three years of age during the time between January 1 and April 30 (inclusive) will transfer from Part H to Part B on the child's third birthday;

- At the parent's request and based upon the IFSP, children determined eligible for Part B who turn three year of age between May 1 and August 31 (inclusive) may continue to receive services through Part H through August 31 of that year, and

- At the parent's request, Part H eligible children who become three between September 1 and December 31 (inclusive), and are determined eligible for Part B services, may receive services through Part B beginning September 1 of that school year.

Supervision, Monitoring and Evaluation

Supervision and Monitoring

The Department of Health and Social Services as the lead agency is responsible for ensuring that programs and activities receiving assistance under Part H are administered, supervised, and monitored in accordance with Part H regulations. DHSS will carry out this by planning and implementing supervision and monitoring activities through an interagency approach with strong linkages to current activities.

Since most agencies have compliance and monitoring systems already in place, Part H compliance issues will be addressed wherever possible through already operative systems. The agencies have agreed to participate in the interagency system that focuses on providing identified services, training, technical assistance, planning, supervision and monitoring activities, which coordinate with existing compliance, and monitoring in their agencies. The overall organization and performance of Part H supervision and monitoring will be the responsibility of the Birth to Three management staff in the lead agency.

Evaluation

Under the direction of the IRMC, an interagency evaluation process is being developed by the University of Delaware, University Affiliated Program (UDUAP). This process will be used as one component of the evaluation and monitoring to be conducted for the Birth to Three Program. All agencies in this interagency agreement agree to use the IRMC evaluation process whenever appropriate.

Personnel Development

A Comprehensive System of Personnel Development (CSPD) is a component of both the Department of Health and Social Services Birth to Three Program Plan and the Department of Public Instruction's (SEA) State Plan for activities and responsibilities under the IDEA. A single CSPD committee, appointed by the State Superintendent for Education, exists in Delaware to facilitate a number of activities, which support the following:

- Provide for adequate and appropriate pre and in-service training
- Include procedures to ensure an adequate supply of personnel
- Provide for acquiring and disseminating significant information derived from research and demonstration projects.

The Training Administrator for the Part H Birth to Three Program will serve on the committee to ensure that the training needs, personnel development and promising practices associated with the Birth to Three program are adequately addressed. Interagency collaboration and joint planning are supported and endorsed by the CSPD Bylaws.

Due Process Hearing

The Department of Public Instruction and the Department of Health and Social Services agree that there will be a single due process system to support all children covered by the IDEA. Responsibility for training hearing officers is a joint responsibility using the training process developed through the Department of Public Instruction.

Mediation

The Department of Public Instruction and the Department of Health and Social Services agree that joint responsibility will be taken for the development of a mediation system. The Department of Public Instruction has taken the lead in initiating the training in conflict resolution and mediation skills. Child Development watch and other staff under Part H has been and will continue to be included in all aspects of training.

Educational Surrogate Parents

Guidelines for the appointment of an "Educational Surrogate Parent" will be the same for children eligible for services under Part H and Part B of the IDEA. Those guidelines are outlined in the Department of Public Instruction's Administrative Manual: Programs for Exceptional Children, Child Development Watch Policies and Procedures Manual and the Part H Procedural Safeguards.

Procedures to Resolve Disputes Regarding Program and Fiscal Issues

1. All attempts shall be made to resolve disputes at the lowest possible level, and each agency will use its own dispute resolution procedures to resolve disputes.

2. Disputes that cannot be resolved at the program or agency level shall be referred to the appropriate agency's Division Director's of the Department of Services for Children, Youth and Families; Department of Health and Social Services and/or appropriate Team Leaders of the Department of Public Instruction. Those individuals or their designees will together review the issue and make a determination as to how the dispute should be resolved. This decision shall be shared in writing with the parties involved in the dispute within thirty business days of receipt of the request for a determination.
3. If the dispute cannot be resolved as described in #2 above, the dispute shall be referred in writing to the appropriate agency's Cabinet level State Superintendent and/or Secretaries or their designees. Their joint decision shall be shared in writing with the parties involved in the dispute within thirty business days of the referral to them.

4. If the dispute can not be resolved as described in #3 above, the dispute shall be referred in writing to the three signatories of this agreement; the Secretaries of the Department of Services for Children, Youth and Their Families and the Department of Health and Social Services; and the State Superintendent of the Department of Public Instruction. Their joint decision shall be shared in writing with the parties involved in the dispute within thirty business days of the referral to them.

5. During pendency when disputes are under consideration, the lead agency shall: (a) assign financial responsibility to an agency or will see that services are paid for in accord with "payor of last resort" provision; (b) reassign financial responsibility upon the resolution of a dispute if the lead agency determines the original assignment of financial responsibility was inappropriate; and (c) make arrangements for reimbursement of expenditures incurred by the agency originally assigned responsibility.

6. The lead agency is ultimately responsible for dispute resolution. To the extent necessary to ensure compliance with its actions, the lead agency will refer dispute resolutions to the Governor and will implement procedures to ensure that timely services are provided pending resolution of disputes.

Reauthorization Schedule and Negotiation Procedures

This Interagency Agreement shall be effective immediately upon the written signatures of all parties and will remain in effect until a new agreement is signed. This Agreement shall be reviewed annually and reauthorized at least every five years by the Department of Public Instruction, the Department of Health and Social Services, and the Department of Services for Children, Youth and Their Families. Renegotiation of any portion of this Agreement may occur at any time for good cause, upon the written request of any of the participating Departments.

APPENDIX A

INTERAGENCY TASK FORCE

Gwen Angalet
Executive Assistant
Division of Management Services (DSCYF)

Linda Barnett, Ph.D.
Manager for Program Coordination, Development and Evaluation
Division of Management Services (DHSS)

Martha Brooks, Ed. D.
Education Associate and Team Leader
Exceptional Children Team (DPI)

Trevia Brooks
Asst. Part H Coordinator
Division of Management Services (DHSS)

Nancy W. Colley
Nursing Program Administrator
Division of Mental Retardation (DHSS)

Rosanne Griff-Cabelli
Part H Coordinator
Division of Management Services (DHSS)

Jerry Icenogle
Chairman, Interagency Coordinating Council
Sr. Vice-President of Administration
Blue Cross/Blue Shield

William Love
Director
Division of Mental Retardation (DHSS)

Dave Michalik
EPSDT Administrator
Division of Social Services (DHSS)

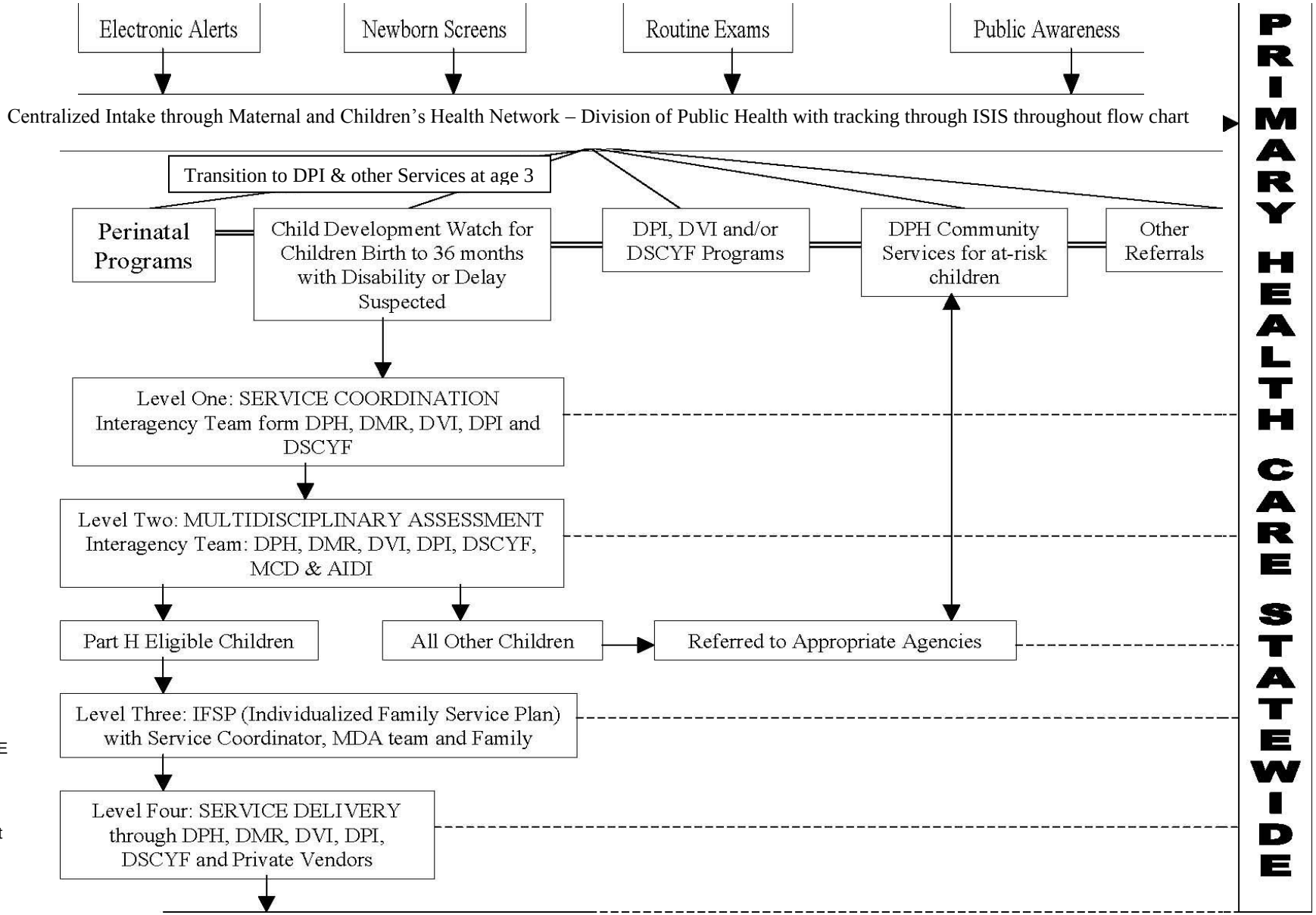
Joan Powell
Early Intervention Service Director
Division of Public Health (DHSS)

Martha Toomey
Education Specialist
Early Childhood IDEA 619 Coordinator (DPI)

Nancy Wilson, Ph.D.
Education Associate
IRMC Policy Coordinator (DPI)

Lynne Young
Education Supervisor
Division for the Visually Impaired (DHSS)

Part H Model Flow Chart within Delaware Health Network



DPH = Div. Of Public Health
DPI = Dept. of Public Instruction
DMR = Div. Mental Health
DSCYF – Dept. of Services for Children, Youth & Their Families
DVI = Div. For the Visually Impaired
ISIS = Integrated Service Information System
AIDI = A.I duPont Institue
MCD – Medical Center of DE
MDA= Multi-Disciplinary Assessment

MEMORANDUM OF UNDERSTANDING
BETWEEN
THE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
THE DIVISION OF FAMILY SERVICES AND
DIVISION OF MANAGEMENT SUPPORT SERVICES

AND

DELAWARE HEALTH AND SOCIAL SERVICES
THE DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

I. PURPOSE

This cooperative agreement represents an understanding between the Department of Services for Children, Youth, and Their Families, The Division of Family Services (DFS), the Division of Management Support Services (DMSS), and the Delaware Health and Social Services, The Division of Developmental Disabilities Services, concerning children and their families served by DFS and DDDS where mental retardation is suspected or is present. **The purpose of this agreement is to delineate the responsibilities of the respective agencies in the three areas: 1.) Joint planning and services for intact families, 2.) Residential placement of DFS children in DDDS homes and respite care, 3.) Developmental assessments of younger children ages 0-3.**

This agreement is proposed and executed with the greatest spirit of cooperation and desire for ensuring the safety and welfare of children. Both agencies recognize that certain steps of identified actions may be altered based on the specific needs of each child.

II. AUTHORITY AND RESPONSIBILITIES

A. Authority

1. Division of Family Services

As required by Title 16 Del. C. Ch. 9 901, the Division of Family Services shall …take necessary action and shall offer protective social services toward preventing further child abuse and neglect …, safeguarding and enhancing the welfare of the abused or neglected person…

The Division utilizes the Family Assessment Form to provide Case Management services, including family service planning, service delivery, case review and case closure.

As required by Title 31 Del. C. Ch.3 304, DFS shall exercise such duties as shall be necessary, proper and expedient for the supervision, care, custody, board and placement of dependent and neglected children.

2. Division of Developmental Disabilities Services – as required by Title 29 Del. C. Ch. 9 Sub Section §7909A. The Division provides supports for individuals with developmental disabilities and their families, which enable them to make informed choices that lead to an improved quality of life and meaningful participation in their communities.

   The DDDS acknowledges that persons with developmental disabilities share the same basic rights as all citizens. The DDDS shall facilitate the exercise and protection of such.

B. Responsibilities

1. **Joint planning and services:** When DFS is involved with a child or family because of child abuse, neglect, and/or dependency and any of the individuals have or appear to have developmental disabilities, the following activities will occur:

   a. The DFS caseworker from the appropriate region (Attachment 1) will call the corresponding Community Developmental Disabilities Program Regional Program Director (RPD). By the end of the working day, the RPD or designee will determine the status of the adult individual relative to DDDS. The information will be reported to DFS within 24 hours.

   b. If the adult individual is an open case with DDDS, the DFS caseworker and DDDS caseworker will develop a strategy to provide the most appropriate service to the family, including defining parameters of responsibility. The plan of intervention will include immediate action as well as any follow-up deemed mutually necessary. The appropriate DDDS staff shall assist DFS in developing a service plan to reduce risk to children in the home while accommodating the special learning and support needs of the parent. DDDS will offer family support services to individuals with developmental disabilities in the community. A joint service plan shall be developed and signed, outlining the responsibilities of each agency. DDDS and DFS shall convene on a quarterly basis to discuss progress and ongoing problems within the family.

   c. If an adult individual does not have an open case with DDDS but developmental disabilities are suspected, the DFS case worker will complete the Tool for Identifying Individuals with Developmental Disabilities (Attachment 2). If the results of the screening tool indicates that the individual has developmental disabilities, then the procedure outlined in 1.b. (above) of this agreement will be initiated. DDDS will assist the family and DFS prior to the client's eligibility for DDDS services is determined. Within the first 90 days, the adult individual must formally apply for DDDS services and be found eligible. If the individual needs assistance in completing the intake forms and

obtaining the needed information, the DDDS worker will help the individual complete the necessary forms.

- Both DDDS and DFS will cooperate to minimize separation of parents with mental retardation from their children, as long as the safety of the child can be ensured.

- The Association for Rights of Citizens with Mental Retardation of Delaware (Arc) can be utilized by DFS/DDDS as referral agent to help support the family.

- The DDDS intake process is normally completed within 90 days. If the individual is found eligible for DDDS services, services will continue as needed. DDDS services are voluntary and will be offered to the family as long as the family is willing to accept them.

d. If the individual is receiving services from DDDS and the DDDS worker becomes aware of the abuse or neglect of children, the DDDS worker will immediately report it to DFS by calling 1-800-292-9582 (Attachment 3). All social service personnel are mandated reporters and are required to report all known or suspected child abuse, neglect, or dependency.

- DFS uses the Risk Management Methodology to determine both the response time to begin the investigation and the determination of whether the children are at risk. DFS will complete the investigation within 45 calendar days and determine the need for ongoing services to the child and family.

- DFS and DDDS will work together to develop the most appropriate treatment plan for the family as noted in 1.a. (above).

2. **Residential placement of DFS children in DDDS homes and respite care:** When DFS is involved with a family because of child abuse, neglect and/or dependency and the child has developmental disabilities and is placed in DDDS foster homes the following activities will occur:

In order to receive residential services, the individual must be deemed as urgent on the DDDS registry and meet the definition for urgent. Urgent is defined as homeless with health and safety issues.

a. The DFS worker will do the following:

- Complete the DDDS profile application and submit to DDDS intake, including all pertinent requested records.
- Accompany the child to the placement and move their belongings.
- Provide the DDDS worker and provider with information about the child.
- Provide a copy of the custody order and Consent to Treatment Form.
- Enroll the child in school, and attend IEP meetings.
- Develop the Plan for Child in Care within 30 days of placement. DDDS, the provider, and the child's family (if appropriate) should participate in the planning.
- Provide services as needed to the child's family in an effort to reach permanency for the child.
- Attend Child Placement Review Board (CPRB) meetings and Permanency hearings.
- Obtain an Educational Surrogate Parent if needed.

- Enter the child in placement in FACTS (non-contract provider, no pay).
- Handle all medical consents.
- Facilitate applications for public benefits (e.g. Medicaid, SSI, Child Support, etc.)
- Help with special funding issues.
- Make funeral arrangements with help from DDDS.
- Work with DDDS case manager to address issues and concerns.
- A year in advance, work with DDDS case manager to determine the need for upcoming guardianship needs at age 18.

b. The DDDS worker will do the following:

- Complete all DDDS residential paperwork and Medicaid waiver packet in coordination with the DFS worker.

- Meet the DFS worker and child at initial placement.
- Visit the home every month.
- Visit the school quarterly and attend IEP meetings.
- Oversee, with the nurse consultant and provider, that child's medical appointments are kept:
    - specialists as needed
    - dental services
    - immunizations up to date
    - annual physicals
- Attend CPRB meetings and Permanency Hearings.
- Conduct an annual Individualized Program Plan and/or Essential Lifestyle Plan and forward copy to DFS.
- Liaison with Medicaid for specialized equipment; contact DFS for funding as appropriate.
- Keep DFS informed of concerns and changes in placement.
- Complete all DDDS paperwork:
    - Annual home compliance check and contract signatures
    - Quarterly reports
    - Quarterly RN reports
    - Make respite arrangements.
    - Work with the DFS worker to address issues and concerns
- A year in advance, work with DFS worker to determine the need for upcoming guardianship needs at age of 18.

c. Fiscal responsibility for Residential Placements

- *DDDS will be representative payee for SSI and Social Security to the extent consistent with applicable law.
- DFS will facilitate this process if the DSCYF Department is the payee.
- DDDS will pay Difficulty of Care up to Level 3 DDDS. If additional funding is needed for the placement, it will be negotiated between DDDS and DFS.
- DDDS and DMSS will designate a contact person(s) for all issues related to payments. (Attachment 1)
- DDDS, at the beginning of the fiscal year, will submit an annual cost projection for each child residing in a DDDS foster home, followed by an intergovernmental voucher

that lists the name of the child and the annual projected cost of care attributed to DFS.

- Upon receipt of the IGV, DMSS Client Payments will promptly process payment to DDDS.
- DMSS client payments will notify DDDS Director of Client Benefits quarterly of all child support payments received on children who are jointly served.

d. Respite

When respite occurs with DDDS providers:

- A DDDS respite agreement will be signed before the respite takes place unless an emergency placement is authorized by a DDDS administrator.
- A customary funding split will be in effect: DFS - $20/day; DDDS – remainder.
- Funding shall be shared in accordance with the established formula, which is reviewed annually.
- DDDS Respite Coordinator shall submit a DFS FACTS Registration Form for each DDDS Respite Provider and submit it to the DFS Foster Care Manager to facilitate payment (Attachment 4).
- DFS makes respite payments directly to the provider.

When respite placement exceeds DDDS Level 3 or requires placement other than foster families:

- DFS and DDDS representatives will jointly review the case, possible placements, and determine placement resources.
- Determine which agency will be the lead agency to follow up on the details of arranging the placement.
- If DDDS does not have a provider, DFS has the option of approving an appropriate provider to provide respite, as would any other family active with DDDS.

3. **Developmental assessments of young children ages 0-3:** When a child age 0-3 in the custody of DFS is suspected of or has developmental delays and the parents are not available to initiate Part C services, the following will occur:

a. The DFS worker will do the following:

- Complete the DDDS Early Intervention Program Referral form (Attachment 5) and submit to the Early Intervention Program office.
- The DFS worker will sign the appropriate consent forms.
- Inform the DDDS worker to whom to release the developmental assessment information.
- If appropriate, initiate referral for an educational surrogate parent.

b. The DDDS Developmental Nurse Specialist will do the following:

- Schedule a developmental assessment with the care provided within 30 days.
- Inform the DFS worker when the developmental assessment is scheduled.
- Perform an age-appropriate developmental assessment.
- Provide a copy of the completed developmental assessment to the DFS worker.
- Facilitate provision of intervention services to meet the developmental assessment

recommendations.
- Refer the child for additional services as needed or requested by DFS and inform the DFS worker of referrals.
- Development of a Part C Individualized Family Service Plan in a timely manner.

DFS and DDDS will coordinate case management responsibilities based on the needs of the child.

III. CONFIDENTIALITY

The Division of Family Services and the Division of Developmental Disabilities agree to exchange client/family information on families and children served by either Division in instances where information exchange is in the best interest of families or children needing or requesting services for either Division. (29 Del. C. §9016) It is understood that information exchanged by either Division shall be restricted to client/family record reports and documents clearly pertinent to the family's and/or child's needs or problems. Further, any information exchanged shall only be used to facilitate efficient and timely evaluation, the provision of services and/or resolution of patient/client needs. Each Division assures that the confidential character of exchanged information will be preserved and, under no circumstances, will exchanged information be shared with any agency, program or person not party to this agreement without the express written consent of the family or by the authority of Family Court.

No information in any form can be exchanged about drug or alcohol abuse treatment or sexually transmitted disease information without specific written consent for this information. Information about HIV testing or HIV status can only be shared with a specific consent or if the Division of Family Services holds legal custody of that child.

Problem Resolution

If issues come up that can't be resolved by the people working directly with the child, the supervisors should attempt to resolve the issues. If resolutions cannot be made at that point, the liaisons should be contacted to assist in resolving the issues.

This agreement is proposed and executed with the greatest spirit of cooperation and desire for client-centered activities. All agencies recognize that certain steps of the identified actions may be altered based on specific client/consumer needs.

Attachment 1 of this agreement is a list of the names and telephone numbers of the staff described in this Memorandum of Understanding. Attachment 2 is the Tool for Identifying Individuals with Developmental Disabilities. Attachment 3 is the Child Abuse/Neglect Mandatory Reporting Form

This Memorandum of Understanding will be reviewed annually.

_____
Carlyse Giddins, Director
Division of Family Services

_____
Marianne Smith, Director
Division of Developmental Disabilities Services

_____
Henry Smith, Director
Division of Management Support Services

_____
Cari DeSantis, Secretary
Department of Services for Children,
Youth and Their Families

_____
Vincent P. Meconi, Secretary
Department of Health and Social Services

DIVISION OF FAMILY SERVICES

1. Administration of the Memorandum

A. Each agency has identified a liaison to address interagency issues

DDDS - Meghan Morgan
Social Work/Case Mgr. Supervisor
(302) 934-8031 x 336

DFS – Malisa Knox
Foster Care Administrator
(302) 633-2643

DMS – Theresa Stafford
Sr. Accountant, Client Payments
Barley Mill Plaza, Building 18
4417 Lancaster Pike
Wilmington, DE
(302) 892-4532

DDDS – Flossie Ford
Client Benefits Accountant, Fiscal Unit
Jesse Cooper Building
Federal and Water Street
Dover, DE 19901
(302) 739-3202

2. New Castle County

DFS

Elwyn Office
321 East 11th Street
Suite 300
Wilmington, DE 19802
(302) 577-3824 Fax: (302) 577-7793
Contact: Laura Guie
Assistant Regional Director

University Plaza
University Plaza – Cambridge Building
263 Chapman Road
Newark, DE 19702
(302) 451-2800 Fax: (302) 451-2821
Contact: Dave Desmond
Assistant Regional Director

DDDS

Early Intervention Program
2055 Limestone Rd
Suite 215
Wilmington, De 19808
(302) 995-8576 Fax: (302) 995-8363
Contact: Nancy Colley
Sr. Social Service Administrator

University Plaza
University Plaza – Stockton Building
Chapman Road
Newark, DE 19702
(302) 369-2180 Fax: (302) 368-6596
Contact: Tom Barlow
Regional Administrator Family Support

3. Kent County

Barratt Building
Barratt Building
821 Silver Lake Boulevard
Suite 200
Dover, DE 19904

Barratt Building
Barratt Building
820 Silver Lake Boulevard
Bldg. 842 Suite 150
Dover, DE 19904

(302) 739-4800 Fax: (302) 739-6236
Contact: Diana Fraker
Assistant Regional Director

(302) 739-5524 Fax: (302) 739-5535
Contact: Starr Fioca
Regional Administrator

4. <u>Sussex County</u>

Georgetown
546 South Bedford Street
Georgetown, DE 19947
(302) 856-5450 Fax: (302) 856-5062
Contact: Susan Taylor-Walls
Assistant Regional Administrator

Georgetown
Community Services–McMullen Building
Rt. 6 Box 1000
Georgetown, DE 19947
302-934-8031x346 Fax:(302) 934-6193
Contact: Carey Hocker
Regional Administrator

Pyle
Rt. 2, P.O. Box 281-1
Frankford, DE 19945
(302) 732-9501 Fax: (302) 732-5486
Contact: Susan Taylor-Walls
Assistant Regional Administrator

Seaford
350 Virginia Avenue
Seaford, DE 19973
(302) 628-2024 Fax: (302) 628-
Contact: Susan Taylor-Walls
Assistant Regional Administrator

Milford
11-13 Church Avenue
Milford, DE 19963
(032) 422-1400 Fax: (302) 422-1519
Contact: Susan Taylor-Walls
Assistant Regional Administrator

5. <u>To report Child Abuse or Neglect</u>:

New Castle County 3601 N. Dupont Highway New Castle, DE 19720
1 (800) 292-9582

Kent County Barrett Building 821 Silver Lake Boulevard, Suite 200
Dover, DE 19904
(302) 739-4800 (Normal business hours) 1 (800) 292-9582

Sussex County Georgetown Service Center 546 South Bedford Street
Georgetown, DE 19947
(302) 856-5450 (Normal business hours) 1 (800) 292-9582

MEMORANDUM OF UNDERSTANDING
BETWEEN
THE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES, DIVISION OF FAMILY SERVICES AND THE DEPARTMENT OF CORRECTION

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

_____
Director, Division of Family Services Date

MEMORANDUM OF UNDERSTANDING BETWEEN THE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES, DIVISION OF FAMILY SERVICES AND THE DEPARTMENT OF CORRECTION

I. INTRODUCTION

A. PURPOSE

This Memorandum of Understanding (MOU) between the Department of Services for Children, Youth and Their Families (DSCYF), Division of Family Services (DFS) and the Department of Correction (DOC), Bureau of Prisons and Bureau of Community Corrections has been jointly developed for the purpose of improving services to child and families. Sharing appropriate information allows DFS to fully investigate complaints of child abuse or neglect, intervene appropriately when necessary, and provide services to families experiencing child abuse and neglect. It allows DOC to provide appropriate services to offenders, develop supervision and aftercare plans and located offenders who have absconded from supervision.

B. THE DIVISION OF FAMILY SERVICES

The mission of the Division of Family Services is to promote child well-being by protecting children and strengthening families and communities.

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

- The safety of the child is the first priority of DFS
- DFS believes that most children are best cared for in their family setting and will offer services to assist in strengthening the family
- Minimally adequate care standards are used in assessing a child's safety
- DFS intervention shall be the least intrusive possible
- DFS has the legal and professional obligation to protect the client's right to confidentiality of information
- When placement away from the family necessary, efforts should be made to place children with relatives
- Parents retain the right and responsibility to make major decisions (e.g., medical) regarding their children while in out-of-home care

C. THE DEPARTMENT OF CORRECTION, BUREAU OF PRISONS AND BUREAU OF COMMUNITY CORRECTIONS

The mission for the Department of Correction is to provide programs, policies and services, which is at all times place public safety as our top priority whether the offender is in prison or supervised in the community.
The Department commits to provide safe and humane services, programs and facilities and enhancing long-term public safety by holding offender accountable for their behavior after release. The Department also supports the full recognition of victims' rights; and recognizes the value of human resources as represented by employees, volunteers, offenders, their families and community members. One of the key objectives of the Department is to promote the department vision of holding every offender fully accountable to themselves, to their families, to their victims, to their neighbors and to the larger community.

II. ROLES AND RESPONSIBILITIES

A. 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. While the law permits DFS to request the other agencies assist in the investigation, the major investigative responsibility rests with DFS.

DFS has the responsibility to:

- Protect children from abuse, neglect, or dependency
- Receive and investigate all reports of known or reasonable suspected child abuse, neglect, or dependency
- Determine if abuse, neglect, or dependency has occurred or is likely to occur
- Determine what services can best meet the needs of the child/family

B. DOC has the responsibility to:

Pertaining to Title 16, Chapter 9 SS903, all divisions/bureaus within the Department of Corrections are mandated reporters. SS903 states that "Any physicians, 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 SS904 of this title".

SS904 states "Any report required to be made under this chapter shall be made to the 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 Family Services…".

SS906 mandates that "Anyone participating in good faith in the making of a report pursuant to 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 proceeding resulting from such report".

III. OPERATING PROCEDURES

A. Each agency will operate according to its own mandates and policies.

B. Exchange of Information between Agencies:

The Department of Correction

1. By law, offender information is confidential and cannot be released except to the Court or a court representative. A release of information form signed by the offender does not supercede the law. However, certain information is available to the public from the Department of Correction. This information includes:

   Pre-Trail Status:

   - Whether or not a person has been detained and if so, in what facility
   - Current charges for which a person has been detained
   - The name of the victim

- Name of the arresting agency
- Conditions of bail if a person has been released

Persons Sentences and Incarcerated:

- Specific offense for sentence being served
- Scheduled release date

Persons on Probation or Parole Supervision:

- Whether or not a person is under the supervision of Adult Probation and Parole
- Charge(s) for which a person is under the supervision of Adult Probation and Parole
- Length of supervision
- Level of supervision
- Name of supervising officer
- Basic terms of supervision
- Court ordered terms of supervision
- Current address of the client

2. To assist in the sharing of information, the Department of Correction has provided a list of contact people for each correctional institution and community corrections facility (Appendix A).

3. The Department of Correction also publishes information in the newspaper each week of people who will be transferred to work release and those sex offenders who will be released and their address.

The Division of Family Services

1. The Division of Family Services is generally prohibited from sharing information about abuse and neglect investigations and case status without a release if information. If the Department of Correction has a signed, valid release of information form, the Division of Family Services will cooperate by sharing appropriate information that personnel from the Department of Correction need to know, including:

   - Investigations resulting in or contributing to criminal charges being brought against another offender currently supervised by Adult Probation and Parole
   - Conditions of the case plan between the client and the Division of Family Services
   - Compliance with the case plan
   - Interventions that impact on the conditions of bail or probation, such as Protection From Abuse orders, etc.

2. Without a valid, signed release of information form, the Division of Family Services will share the following information:

   - Knowledge of the whereabouts of any person known to have escaped from a correctional institution, community corrections center or has absconded from probation or parole supervision
   - Knowledge of weapons in the home by persons prohibited
   - Knowledge of the whereabouts of any person for who there is an outstanding warrant or capias
   - Knowledge of violation of the terms of probation supervision or conditions of release

3. To assist in the sharing of information, the Division of Family Services has provided a list of contact people in each institution (Appendix B).

VI. ADMINISTRATION OF THE MEMORANDUM

A. Each agency has identified a liaison to address interagency issues not resolvable by the on-site supervisors:

Department of Correction	Debbi Craig	739-5601
Division of Family Services	Candace Charkow	633-2601

B. Both agencies commit to the development of joint in-service training efforts.

HELPFUL TERMS

1. **Child Abuse and Neglect** – The physical injury by other than accidental means, injury resulting in a mental or emotional condition which is a result of abuse or neglect, negligent treatment, sexual abuse, maltreatment, mistreatment, nontreatment, exploitation or abandonment, of a child under the age of 18. (16 Del.C. Ch. 9)

2. **Maltreatment** – Behavior of a parent or caretaker toward a child which results in harm or risk to the safety of the child; it is synonymous with child abuse and neglect.

3. **Minimally Adequate Care** – The point below which a family setting is inadequate for the care of a particular child, and therefore, the child is at risk of maltreatment.

4. **Warrant** – A legal document issued by the Board of Parole authorizing the arrest and detention of a parolee believed to have violated the conditions of parole.

5. **Capias** – A legal document issued by the Court authorizing the arrest and detention of an offender for violation of the conditions of supervision or failure to appear for a scheduled court hearing.

6. **Levels of Supervision** – The five levels of supervision available within the Department of Correction. The highest level, Level V, is total incarceration. Level IV, is quasi-incarceration which includes half-way houses, residential substance abuse treatment and home confinement. Level III is intensive supervision. Level II is standard supervision. Level 1, known as administrative supervision is the lowest level. The level of supervision determines the number of times the probation/parole officer must make contact with the offender both in the office and in the community.

APPENDIX A

DEPARTMENT OF CORRECTION
CONTACT PERSON LISTING

CORRECTIONAL INSTITUTIONS

Multi-Purpose Criminal Justice Ctr. (Gander Hill) 301 E. 12th Street Wilmington, DE 19801	Contact Person: Frances Cockroft Telephone: 429-7712
Baylor Women's Correctional Institution 660 Baylor Boulevard New Castle, DE 19720	Contact Person: Faith Levy Telephone: 577-3004
Webb Correctional Institution Greenbank Road Wilmington, DE 19808	Contact Person: Thomas L. Carroll Telephone: 995-8614
Delaware Correctional Center Landing Road DE 19977	Contact Person: Jon Zimmerman Smyrna Telephone: 653-9261 ext. 331 Smyrna,
Morris Correctional Institution Water Street Dover, DE 19901	Contact Person: Thomas L. Carroll 300 Telephone: 739-4758
Sussex Correctional Institution Route 113 Georgetown, DE 19947	Contact Person: William Post Telephone: 856-5615

WORK RELEASE FACILITIES:

Plummer Community Correctional Center 38 Todds Lane Wilmington, DE 19801	Contact Person: Phil Morgan Telephone: 577-3039
Sussex Work Release Center Route 113 Georgetown, DE 19947	Contact Person: Bob George Telephone: 856-5790

APPENDIX A-2

PROBATION AND PAROLE OFFICES

Wilmington Office 1601 N. Pine Street Wilmington, DE 19801	Contact Person: Karl Hines Telephone: 577-3443
New Castle Office Churchman's Industrial Park 26 Parkway Circle New Castle, DE 19720	Contact Person: Mike McFarland Telephone: 323-6050
Dover Office 511 Maple Parkway Dover, DE 19901	Contact Person: Ken Brandon Telephone: 739-5387
Georgetown Office Georgetown Service Center Route 113 Georgetown, DE 19947	Contact Person: Larry Grantham Telephone: 856-5243
Seaford Office State Service Center Seaford, DE 19973	Contact Person: Larry Grantham Shipley Telephone: 856-5243

APPENDIX B

DIVISION OF FAMILY SERVICES

New Castle County
Region 1 – Elwyn
321 E. 11th Street
Wilmington, DE 19801

Contact Person:
Telephone: 577-3824 ext.

New Castle County
Region 2 – University Plaza
Cambridge Building
263 Chapman Road
Newark, DE 19702

Contact Person: David Desmond
Telephone: 451-2800 ext. 3333

Kent County
James Williams Service Center
805 River Road
Dover, DE 19901

Contact Person: Ione Truesdale
Telephone: 739-4800

Sussex County
Georgetown State Service Center
546 S. Bedford Road
Georgetown, DE 19947

Contact Person: Diana Fraker
Telephone: 856-5450

MEMORANDUM OF AGREEMENT
BETWEEN

THE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES,
DIVISION OF FAMILY SERVICES

AND

THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF ALCOHOLISM, DRUG ABUSE AND MENTAL HEALTH

AND

THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES,
THE DIVISION OF SOCIAL SERVICES

_____	_____
Thomas P. Eichler, Secretary Department of Services for Children, Youth and Their Families	Gregg C. Sylvester, MD, Secretary Department of Health and Social Services
_____	_____
Date	Date

MEMORANDUM OF AGREEMENT

BETWEEN

THE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES, DIVISION OF FAMILY SERVICE

AND

THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISON OF ALCOHOLISM, DRUG ABUSE AND MENTAL HEALTH

AND

THE DIVISON OF SOCIAL SERVICES

1. INTRODUCTION

1. Purpose

This Memorandum of Agreement (MOA) between the Department of Services for Children, Youth and Their Families, Division of Family Services (DFS) and the Department of Health and Social Services, Division of Alcoholism, Drug Abuse and Mental Health and the Division of Social Services has been jointly developed for the purpose of improving services to children and families.

Nationally and in Delaware, 50 to 80% of the families served in child protective services are negatively affected by alcohol or other drugs. Parental substance abuse and addiction, in and of itself, is not child abuse or neglect. However, parenting responsibilities are often severely affected by abuse and addiction. Depending on the effects of the type of drug used, parents may be unavailable to attend to their children's basic needs. Children may be left alone physically while the parent obtains and uses substances. Money, which is needed for food, shelter and other necessities, may be spent on substances. Children in substance abusing families are more likely to experience frequent moves and homelessness. They are often exposed to criminal activity including domestic violence. Because parents who abuse substances may have poor impulse control, children are more likely to be abused or neglected. All use of alcohol and illicit drugs during pregnancy should be viewed as high-risk behavior. Such behaviors often bring substance-abusing parents to the attention of the Division of Family Services.

The Division of Family Services (DFS) depends on substance abuse treatment agencies to accurately assess whether drug and alcohol use is problematic, determine the appropriate level of treatment, and assist the adult in entering treatment. Treatment Providers under contract with the Division of Social Services (DSS) and the Division of Alcohol, Drug Abuse and Mental Health (DADAMH) receive referrals from DFS. These referrals will be given priority by DSS and DADAMH providers. Collaboration and coordination of services will protect children and facilitate recover of addicted persons.

The purpose of this Memorandum of Agreement is to ensure timely, appropriate evaluations and treatment for those clients active with DFS who are seeking services through Medicaid Managed Care or DADAMH funded treatment services. This MOA establishes a uniform method of referral for substance abuse evaluation and treatment, facilitates timely evaluations and recommendations for treatment, assists clients in entering the appropriate level of treatment, and encourages pertinent communication and collaboration between DFS, DSS, DADAMH and their substance abuse treatment providers. It is intended to cover services provided by Medicaid treatment providers, Medicaid Managed Care providers, and providers of the Division of Alcoholism, Drug Abuse and Mental Health.

2. The Department of Services for Children, Youth and Their Families, Division of Family Services

The mission of the Division of Family Services is to promote child well-being by protecting the family and strengthening families and communities.

3. The Department of Health and Social Services, Division of Alcoholism, Drug Abuse and Mental Health

The mission of the Division of Alcoholism, Drug Abuse and Mental Health is to improve the quality of life for adults having mental illness, alcoholism, drug addiction, or gambling addiction by promoting their health and well-being, fostering their self-sufficiency, and protecting those who are at risk.

4. The Department of Health and Social Services, Division of Social Services

The mission of the Division of Social Services is to provide an integrated system of opportunities that enable low-income individuals and families to develop self-sufficiency and achieve and maintain independence.

II. Roles and Responsibilities

DFS, DSS and DADAMH have complementary roles and responsibilities in working with families in the community.

Title 16, Chapter 9 of the Delaware Code provides specific authority and responsibility for the protection of children to DFS. DFS has the responsibility to:

- Protect children from abuse, neglect, or dependency
- Receive and investigate all reports of known or reasonably suspected child abuse, neglect, or dependency
- Determine if abuse, neglect, or dependency has occurred or is likely to occur
- Determine what services can best meet the needs of the child/family

All employees of DSS and DADAMH as well as their contracted providers are mandated reporters. Title 16, Chapter 9, §903 states that “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".

§906 mandates that "Anyone participating in good faith in the making of a report pursuant to 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 proceeding resulting from such report."

III. Collaboration and Coordination

Effective collaboration is necessary to provide quality services to families served by DFS, DADAMH and DSS. The following process has been developed to facilitate coordination of services:

A. The Division of Family Services will:

1. Determine if parental substance abuse is a likely risk factor. If indicated, DFS will obtain agreement from the client to participate in a substance abuse evaluation.

2. If the client has Medicaid, DFS will call the managed care organization (MCO) to request authorization for the client to receive a substance abuse evaluation. Once authorized, DFS will call the treatment provider directly to obtain an appointment.

   If the client does not have Medicaid or private insurance, DFS will call the treatment provider directly to obtain an appointment.

3. DFS will provide information about known or suspected use of substances. DFS will provide information about medical problems, prenatally exposed infants, criminal charges related to substance abuse, environmental factors, care of children and their opinion about level of treatment. DFS will provide the caseworker's name, phone number and the supervisor's name and phone number as a point of contact.

4. The DFS caseworker will fax a release of information form specific to information requested about substance abuse. The release will conform to all federal drug and alcohol confidentiality regulations.

5. When the motivation of the client is in question, DFS will provide transportation to the first appointment.

B. Division of Social Services and/or Medicaid Managed Care Organizations, Division of Alcoholism, Drug Abuse and Mental Health will ensure that:

1. All referrals from DFS will be considered priority referrals. The initial appointment will be scheduled to occur within 72 hours of referral.

2. The involuntary status of DFS is considered when determine the appropriate level of treatment. DFS clients referred to substance abuse treatment are usually involuntary clients who have not willingly entered substance abuse treatment.

They may be unable to take full advantage of outpatient treatment prior to entering inpatient treatment.

C. Substance Abuse Treatment Agencies Under Contract to DADAMH, DSS or Medicaid Managed Care Organizations acting as agents of DFS will:

1. Speak to the DFS worker prior to the completion of the evaluation to gather information necessary to decide on a level of treatment.

2. Perform at least one urine screen during evaluation. Urine screens will be used as clinically appropriate during treatment.

3. Notify DFS within 48 hours if the client does not participate in the scheduled evaluation.

4. Send DFS written notification of treatment recommendations within two (2) weeks of the completion of the evaluation. Verbal notification will be available within 24 hours and will be provided if requested by DFS.

5. Give DFS periodic written or verbal progress reports. The report will be focused on participation in treatment, efforts in recovery and results of urine screens.

6. Ensure that communication between agencies is completed within the parameters of 42 C.F.R.

D. Confidentiality

<u>The Division of Family Services</u>

The Division of Family Services is generally prohibited from sharing information about abuse and neglect investigations and case status without a release of information. If DFS has a signed, valid release of information form, DFS will cooperate by sharing appropriate information and coordinating services for mutual clients.

<u>The Division of Social Services and the Division of Alcoholism, Drug Abuse and Mental Health</u>

The Division of Social Services and the Division of Alcoholism, Drug Abuse and Mental Health are prohibited from sharing information about clients without a release of information. If DADAMH, DSS, and/or Medicaid Managed Care Organizations (acting as agents for DSS) has a signed, valid release of information, they will cooperate by sharing appropriate information and coordinating services for mutual clients.

VI. Administration of the Memorandum

A. Each agency had identified a liaison to address interagency issues not resolvable by the on-site supervisors:

Division of Social Services	Cindy Miller	577-4880 x 129
Division of Family Services	Candace Charkow	633-2601
Division of Alcoholism, Drug Abuse and Mental Health	Renata Henry	577-4460

B. All agencies commit to the development of joint in-service training efforts.

C. This Memorandum will be reviewed by all parties on or before 12/31/99.

D. Attached is a list of telephone numbers and contact persons for the Medicaid Managed Care Organizations.

Attachment 1

HELPFUL TERMS

1. **Substance Abuse:** The use of alcohol, prescription or illicit drugs in such a fashion that it impacts on or impairs an individual in a physical, psychological, behavioral or social manner.

2. **Child Abuse and Neglect:** The physical injury by other than accidental means, injury resulting in a mental or emotional condition which is a result of abuse or neglect, negligent treatment, sexual abuse, maltreatment, mistreatment, nontreatment, exploitation or abandonment, of a child under the age of 18. (16 Del.C. Ch.9)

3. **Maltreatment:** Behavior of a parent or caretaker toward a child which results in harm or risk to the safety of the child; it is synonymous with child abuse and neglect.

4. **Minimally Adequate Care:** The point below which a family setting is inadequate for the care of a particular child, and therefore, the child is at risk of maltreatment.

Attachment 2

Medicaid Managed Care Organizations

AmeriHealth
Greensprings
1-800-809-9954
ask for Care Manager for Delaware Medicaid

Delawarecare/Principal Health Care
American Psych Systems
1-800-752-7242
Mary Herbers – x 3229
Salonie Turner – x 3540

First State Health Plan
Dawn Reed – (302) 576-7741 or
Marlene Brown – (302) 576-7742

CLIENT CONSENT FOR RELEASE OF INFORMATION

I, _____, authorize
_____
Program/Individual Disclosing

to disclose the Division of Family Services the following information:

☐ Results of substance abuse evaluation including treatment recommendations.	☐ Drug urinalysis results
☐ Participation in treatment	☐ Diagnosis and aftercare plan
☐ Treatment Plan	☐ Discharge Summary
☐ Treatment Progress	
☐ Other (specify):	

This information will be used
to:_____
_____
_____
_____
_____

I understand that my records are protected under Public Law 92-255 and 91-66 re: Confidentiality of Drug and Alcohol records as implemented in the Federal Rules and Regulations 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time. This consent expires automatically as described below.

☐ Within 90 days of the date of this release treatment	☐ 90 days after completion of

_____ _____
Client's Signature/Date Parent/Guardian if Applicable/Date

_____
Witness/Date

GUIDELINES FOR IMPLEMENTATION OF MEMORANDUM OF AGREEMENT BETWEEN

THE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES DIVISION OF FAMILY SERVICES

AND

THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

AND

THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, THE DIVISION OF SOCIAL SERVICES

BACKGROUND

The Department of Services for Children, Youth and Their Families, Division of Family Services (DFS) and the Department of Health and Social Services, Division of Substance Abuse and Mental Health (DSAMH), and the Division of Social Services (DSS), have made a commitment to coordinate community based substance abuse services which provide treatment to parents who are currently involved with the child protective system. In Delaware, alcohol or other drugs negatively affect 50-80% of the families served by child protective services. This commitment is delineated in a Memorandum of Agreement (MOA), between the two Departments.

The collaborative agreement includes substance abuse screening, assessment, treatment, case coordination, and coordinated administration. Emphasis will be placed on a specific and timely referral process into the Delaware substance abuse treatment provider system. Ongoing communication between the substance abuse agency and the Division of Family Services caseworker will ensure an appropriate system response to parental AOD issues and child safety and development.

INTRODUCTION

The Department of Health and Social Services, Division of Substance Abuse and Mental Health, Division of Social Services and the Department of Services for Children, Youth and Their Families, Division of Family Services, have established these guidelines to provide clarity to the Memorandum of Agreement (MOA) and ensure consistent implementation of the MOA. The guidelines were developed collaboratively with input from stakeholders in both the child welfare and substance abuse systems.

AGENCY CONTACTS AND RESPONSIBILITIES

Each substance abuse provider agency will designate a primary liaison to serve as the primary contact point for communications between the Division of Family Services and the provider agency.

The Division of Family Services, the Division of Social Services and the Division of Substance Abuse and Mental Health will designate a contact person that will be the primary individual responsible for communication between the state systems regarding planning and policy development, conflict resolution, and problem solving to substance abuse providers related to the collaborative initiative.

MOA ELEMENTS

I. Substance Abuse Screening

A substance abuse screening is completed by the DFS caseworker at the first visit with the family, to determine if adult clients should be referred for a substance abuse assessment.

DFS Worker Responsibilities

The DFS worker completes the Substance Abuse Screen (Attachment C).

A. If the screen does not identify a need for further assessment, the DFS worker will note this in the client record
B. If the screen identifies a need for further assessment:
   1. The DFS worker will complete the Consent for Release of Information (Attachment D). This will document that the client consents to the exchange of information between DFS and the substance abuse provider.
   2. The DFS worker must explain to the client the nature of the information to be disclosed, including information about the involvement with DFS, attendance at the assessment interview, and the status of the treatment that will follow.
   3. The DFS worker must advise the client that failure to sign the consent form will be interpreted as noncompliance with services and could affect DFS decisions made regarding the client's case.

The client should be instructed that the disclosure of information is critical to ensuring that DFS and the court receive accurate information regarding his/her progress.

II. Referral and Substance Abuse Assessment

Best practice indicates that a client is more likely to enter and engage in treatment when it is clear that the DFS worker and the substance abuse provider are working together to ensure that assessment and treatment occur in a timely manner.

DFS Worker Responsibilities

A. Explain to the client how the referral and assessment process will take place and the implications for the client's case. It is important the client understand that he/she is responsible to follow through with the appointment and the consequences of not complying with the assessment recommendations and services.
B. If the client is enrolled in an MCO, call the MCO to obtain an authorization for the substance abuse evaluation. The DFS worker should be prepared to give the MCO a clear rationale for the request. The appointment cannot be scheduled until after authorization has been obtained.
C. The DFS worker will complete the AOD referral form and make telephone contact with the substance abuse provider to schedule the assessment appointment and provide additional information about the client's case. This can include information about medical problems, prenatal exposure, criminal charges related to substance abuse, environmental factors, care of children and their opinion about level of treatment.
D. Make any necessary arrangements to support the client's ability to keep the appointment such as transportation or childcare.
E. FAX or deliver a copy of the required release form so it is received prior to the assessment appointment.
F. Provide to the client in writing: the name, address, phone number and contact person of the treatment provider. Also include the date and time of the appointment.
G. Transport the client to the initial visit if the motivation of the client is in question.
H. The substance abuse provider will notify the DFS worker of the disposition of the referral, however the DFS worker should follow-up with the client within one week of the appointment to ascertain the status of treatment services and answer any questions the client may have.
I. DFS will notify the substance abuse agency prior to closing the case.

Substance Abuse Provider Responsibilities

A. The substance abuse provider must schedule an appointment for an assessment within 72 hours of the phone referral from the DFS worker.
B. Send DFS written notification of treatment recommendations within two weeks of the completion of the assessment. Make verbal notification available within 24 hours of the assessment if requested by DFS.

C. Include a baseline urine screen/breathalyzer test as part of the initial assessment.
D. If for any reason the DFS client fails to appear, or reschedules the assessment, the substance abuse provider must notify the DFS worker by telephone and/or email within 24 hours from the date of assessment.
E. In the event that a client should appear for an assessment and identify him/herself as a DFS client, or a referral is received outside of the process described above, the client should be advised and strongly encouraged to contact his/her DFS worker to initiate and referral process. It is imperative that the provider has a release form signed so communication with the DFS worker is possible.

III. Substance Abuse Treatment

The needs of the client involved with DFS require that the DFS worker and the substance abuse treatment provider communicate in a timely and consistent manner. The Release of Information allows the sharing of information regarding treatment progress, placement of children, status of the DFS case, and disposition of assessment. The exchange of information is necessary to effectively and successfully support the client in both systems.

Substance Abuse Provider Responsibilities

A. When a DFS referred client receives as assessment and fails to enter treatment, the provider will notify the DFS worker within 24 hours by either phone or e-mail.
B. When a DFS referred client receives an assessment and successfully enters treatment, the provider will:
   1. Remind the client that the treatment agency and DFS worker will be sharing information about treatment progress and the DFS case. The provider should again underscore the importance of the information exchange.
   2. A written report must be completed every 30 days (Attachment E). Progress reports will be sent on the 15th of the month to the Program Manager. A verbal report should be given as needed, but always when the client is non-compliant with treatment.
   3. Notify the DFS worker of any unexcused absence from treatment within 24 hours. If the provider has concerns about the safety of the client's children, the DFS worker or supervisor should be contacted immediately. Specific allegations of abuse or neglect must be reported as required by Title 16, Chapter 9, §903.
   4. Schedule joint case staffing with DFS if the situation warrants. Throughout treatment there should be periodic verbal contact with the DFS worker and always when there is a change in the treatment setting or critical court hearings.
   5. Provide to the client in writing: the name, address, phone number, and contact person of the treatment provider. Also include the date and time of the appointment.

DFS Worker Responsibilities

A. When a DFS client receives a substance abuse assessment and fails to enter treatment, the DFS worker will:

1. Contact the client to determine the reason for the client's failure to comply with the treatment recommendation.
2. Coordinate joint contact with the treatment provider and the client.
3. If the client's reason for missing the appointment is reasonable, make arrangements to enter treatment. If client refuses to enter treatment, advise the client of the impact on his/her case. Reassess the risk posed to the children if at home.

B. When a DFS client received a substance abuse assessment and successfully enters treatment, the DFS worker will:

1. Give the substance abuse provider a copy of the client's family service plan. This will allow the substance abuse provider to have an understanding of the DFS obligations that may affect the client's success in treatment.
2. Review the verbal and/or written progress reports from the substance abuse provider. If child safety is identified in any of the reports, ensure appropriate follow-up.
3. Participate in any joint case

IV. Case Coordination

Substance abuse clients involved in the child protective system often have multiple problems and areas of impairment that require case management. To avoid duplication efforts and to ensure consistency for these clients, the DFS worker and the substance abuse provider must coordinate case management while the client remains in treatment. The DFS worker maintains the primary casework responsibility.

DFS Worker Responsibilities

1. Communicate with the substance abuse provider to coordinate the DFS case plan with the substance abuse treatment plan.
2. Attend any joint staffing convened by the substance abuse provider.
3. Notify the substance abuse provider of upcoming court hearings, especially if a report or testimony will be required.
4. Maintain regular communication with the client regarding his/her progress and service needs.

Substance Abuse Provider Responsibilities

1. Communicate with the DFS worker to coordinate the client's substance abuse treatment plan with other services managed by the DFS worker.
2. Notify the DFS worker of any additional service needs identified during treatment and regarding changes in the client's treatment.
3. Attend any joint staffing convened by the DFS worker.
4. Prepare any written reports for use in court hearings.

V. Collaborative Administration/Quality Assurance

Both DSCYF/DFS and DHSS/DSAMH/DSS have agreed to support this interagency initiative and MOA through ongoing collaborative administrative oversight.

1. Convene quarterly meetings to review progress of the collaboration, identify problems, and design strategies to address problems. DSAMH will be the lead agency to convene such meetings.
2. Ensure appropriate dissemination of information to DFS workers and substance abuse providers regarding the collaborative initiative.
3. Sponsor joint in-service training, other training or technical assistance sessions.
4. Design outcome measures for successful collaboration. One hundred percent of clients will receive referrals within…
5. Maintain State agency liaison/contacts to address any system barriers to immediate referral and treatment.

Substance Abuse Provider Responsibilities

1. Participate in quarterly meetings to review progress of the collaboration, identify problems, and design strategies to address the problems.
2. Attend any joint training or in-service activities, sponsored by DFS and DSAMH.
3. Endure appropriate requirements of its contract with DSAMH and/or Diamond State Health Plan.
4. Contact appropriate state liaison regarding barriers or problems with immediate referral and treatment or problems that are not resolved at the agency level.

PROVIDER DIRECTORY

	AGENCY NAME/ADDRESS/PHONE/FAX	EXECUTIVE DIRECTOR	DFS CONTACT
1	Brandywine Counseling, Inc. 2713 Lancaster Avenue Wilmington, DE 19805 Phone: (302) 656-2348 FAX: (302) 656-0745	Sara T. Allshouse	Pat Johnson
2	Central Delaware Committee on Drug and Alcohol Abuse, Inc. T/A Kent County Counseling Services 1241 College Park Drive Dover, DE 19901 Phone: (302) 735-7790 FAX: (302) 735-3654	David Parcher	Barbara Nemeth
3	NET (Delaware), Inc. Adult Behavioral Health Services P.O. Box 546 Delaware City, DE 19706 Phone: (302) 836-1615 FAX: (302) 836-0412 1-800-359-1367	James Larks	Russel Buskirk
4	PACE, Inc. 5171 West Woodmill Dr., Suite 9 Wilmington, DE 19808 Phone: (302) 999-9812 FAX: (302) 999-9820	Bruce Johnson	Thomas Hall
5	People's Place II, Inc. 219 South Walnut Street Milford, DE 19963 Phone: (302) 422-8033 FAX: (302) 422-8050	Mike Kerstetter	Bev Lawson
6	Phoenix Mental Health 567 South Governor's Avenue P.O. Box 1692 Dover, DE 19904 Phone: (302) 736-6135, Ext. 106 FAX: (302) 736-0172	John Freedman	Thomas Hall
7	SODAT 625 Orange Street Wilmington, DE 19801 Phone: (302) 656-4044 FAX: (302) 656-3439	Kenneth Collins	Dee Lusby
8	Open Door 254 E. Main Street Newark, DE 19711 Phone: (302) 731-1504	Howard Isenberg	Howard Isenberg
9	Connections 444 South New Street Dover, DE 19901 Phone: (302) 672-9360 FAX: (302) 672-9114	Cathy McKay	Elizabeth Rodriguez

MANAGED CARE

	AGENCY NAME/ADDRESS/PHONE/FAX	DFS CONTACT
1	American Psychiatric Systems (Behavioral managed care company for Delaware Care) 6705 Rockledge Road, Suite 200 Bethesda, MD 20817 Phone: 1-800-305-3720, Ext. 329 FAX: (301) 493-0775	Shari Glickman
2	Christiana Care Health Plan 11 Read's Way New Castle, DE 19720 Phone: (302) 327-7742 FAX: (302) 327-7760	Marlene Brown
3	Delaware Care (Coventry) Christine Kaplan, Manager Delaware Care Little Falls Center II 2751 Centerville Road, Suite 400 Wilmington, DE 19808	Tina Kaplan

Simple Screening Instrument for AOD Abuse
Interview Form

NOTE: **Boldfaced questions** constitute a short version of the screening instrument that can be administered in situations that are not conductive to administering the entire test. Such situations may occur because of time limitations or other conditions.

During the past 6 months…

1. Have you used alcohol or other drugs? (Such as wine, beer, hard liquor, pot, coke, heroin or other opiates, uppers, downers, hallucinogens, or inhalants.) (Yes/No)
2. Have you felt that you use too much alcohol or other drugs? (Yes/No)
3. Have you tried to cut down or quit drinking or using drugs? (Yes/No)
4. Have you gone to anyone for help because of your drinking or drug use? (Yes/No)
5. Have you had any of the following:
   - Blackouts or other periods of memory loss
   - Injury to your head after drinking or drugs
   - Convulsions, or delirium tremens (“DT’s”)
   - Hepatitis or other liver problems
   - Feeling sick, shaky, or depressed when you stopped drinking or using drugs
   - Feeling “coke bugs” or a crawling feeling under the skin after you stopped using drugs
   - Using needles to shoot drugs
6. Has drinking or other drug use caused problems between you and your family or friends? (Yes/No)
7. Has your drinking or other drug use caused problems at school or work? (Yes/No)
8. Have you been arrested or had other legal problems? (Such as bouncing checks, driving while intoxicated, theft, or drug possession) (Yes/No)
9. Have you lost your temper or gotten into arguments or fights while drinking or using drugs? (Yes/No)
10. Do you need to drink or use drugs more and more to get the effect you want? (Yes/No)
11. Do you spend a lot of time thinking about or trying to get alcohol or other drugs? (Yes/No)
12. When drinking or using drugs, are you more likely to do some things you wouldn’t normally do such as break rules, break the law, sell things that are important to you, or have unprotected sex with someone? (Yes/No)
13. Do you feel bad or guilty about your drinking or drug use? (Yes/No)
14. Have you ever had a drinking or other drug problem? (Yes/No)
15. Have any of your family members had a drinking or drug problem? (Yes/No)
16. Do you feel that you have a drinking or drug problem now? (Yes/No)

Observation Checklist:

The following signs and symptoms may indicate an AOD abuse problem in the individual being screened:

- Needle track marks
- Skin abscesses, cigarette burns, or nicotine stains
- Tremors (shaking and twitching of hands and eyelids)
- Unclear speech: slurred, incoherent, or too rapid
- Dilated (enlarged) or constricted (pinpoint) pupils
- Scratching
- Swollen hands or feet
- Smell of alcohol or marijuana on breath
- Drug paraphernalia such as pipes, paper, needles, or roach clips
- “Nodding out” (dozing or falling asleep)
- Agitation
- Inability to focus
- Burns on the inside of the lips (from freebasing cocaine)

Scoring for the AOD Abuse Screening Instrument

Date:_____
Items 1 and 15 are not scored. The following items are scored as 1 (yes) or 0 (no).

_____2	_____7	_____12
_____3	_____8	_____13
_____4	_____9	_____14
_____5 (any items)	_____10	_____16
_____6	_____11	

Total Score:_____ Score Range: 0 – 14

Preliminary interpretation of responses:

Score	Degree of Risk of AOD Abuse
0 – 1 ……..	None to Low
2 – 3 ……..	Minimal
4 or more ……..	Moderate to high: possible need for further assessment

Please note that scoring can be done only if questionnaire is completed in its entirety. It is expected that people with an AOD problem will probably score 4 or more on the screening instrument. A score of less than 4, however, does not necessarily indicate the absence of an AOD problem. A low score may reflect a high degree of denial or lack of truthfulness in the subject's responses.

U.S. Department of Health and Human Services, Public Health Services, Substance Abuse and Mental Health Services Administration, Treatment Improvement Protocol (TIP) Series, Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases

Attachment D

CLIENT CONSENT FOR RELEASE OF INFORMATION

I, _____, authorize _____
Program/Individual Disclosing

to disclose the Division of Family Services the following information:

☐ Results of substance abuse evaluation including treatment recommendations.	☐ Drug urinalysis results
☐ Participation in treatment	☐ Diagnosis and aftercare plan
☐ Treatment Plan	☐ Discharge Summary
☐ Treatment Progress	
☐ Other (specify):	

This information will be used to: _____
_____
_____

I understand that my records are protected under Public Law 92-255 and 91-66 re: Confidentiality of Drug and Alcohol records, as implemented in the Federal Rules and Regulations 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time. This consent expires automatically as described below.

☐ Within 90 days of the date of this release	☐ 90 days after completion of treatment
☐ Upon release of the information	

_____ _____
Client Signature/Date Parent/Guardian if Applicable/Date

_____
Witness/Date

Risk Inventory of Substance Abuse-Affected Families[1]

The **Risk Inventory for Substance Abuse-Affected Families** is an optional, use-generated event that may be completed in DFS Treatment cases following the completion of a Diagnostic Profile that indicates that there is parental substance abuse (alcohol or drugs) that is of concern in adversely affecting parenting skills.

To initiate a Risk Inventory for Substance Abuse-Affected Families event, while on the **Case Event List**, click on **Events** in the menu bar, followed by clicking on **Assessment** and then **Substance Abuse.** [2]

Caretaker 1 and 2

Type in the name of the parent/caretaker being rated. Fields are provided for two persons to be rated; however, only Caretaker 1 is required to be completed. If names are included in both Caretaker 1 and Caretaker 2 fields, then two ratings must be completed.

Ratings

Each element must be rated for each caretaker indicated. If the appropriate response for an element is unknown, enter the number 8. If the element is not applicable, enter the number 9. For each element, you can type in the appropriate rating, or with your cursor in the element rating box, click with your right mouse button to obtain the list of ratings for this element and their corresponding text explanations. The list of ratings and test is too long to incorporate here, but is included in Appendix E of the DFS User's Manual.

Overall Rating

You can click on the **Compute** button to calculate the Overall Rating or FACTS will automatically calculate the rating when the event is saved or finalized. The **Overall Rating** is computed by totaling all individual rating scores which are not Unknown (8 ratings) or Not Applicable (9 ratings), and dividing the number of ratings included in the sum.

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[1] Section on Risk Inventory for Substance Abuse Families added 02-20-97

[2] Remove assessment form menu title 02-05-98

View Previous Ratings

If a Risk Inventory for Substance Abuse-Affected Families has been previously completed in this case, you can click on the **View Previous Ratings** button to view those ratings to determine if there has been any change over time.

Comments

This text box is provided for you to enter any comments or narrative you may wish to include in regard to the assessment. Comments are not required.

Click on the **Finalize**. As this is a case even, FACTS will automatically include all members of the current case participant group as person to whom this event applies. If the Overall Rating for either of the caretakers is 2.5 or higher, a message box will be presented which states, “This level of parental substance abuse needs to be considered in your ongoing safety assessment and any case plans developed with the family.”

Appendix E – Risk Inventory for Substance Abuse-Affected Families

Commitment to Recover

1. Parent is fully committed to the recovery process

Regular attendance at treatment program. Parent is connected to a network that supports abstinence and is pursing lifetime recovery.

2. Initial commitment has been made to the recovery progress

Treatment has been accessed and attendance is fairly regular. Parent is in the early stages of recovery and is working to achieve stable abstinence.

3. Parent is struggling with commitment to recovery

A decision has been made to begin treatment, or, if treatment has begun, attendance is inconsistent. The parent is struggling with conflicts about abstinence.

4. Parent is ambivalent about recovery

Parent is ambivalent about entering treatment, or if treatment has begun, attendance is sporadic. Parent minimized problems of substance abuse.

5. Denial of problem

Parent denies that he/she has any problems related to abuse of drugs or alcohol. Parent is actively using substances and is not in treatment.

8. Unknown – insufficient information

9. Not applicable

Patterns of Use

1. Significant periods of abstinence

Parent has been able to abstain from the use of substances for frequent and prolonged periods of time.

2. Periods of abstinence with periodic relapse

While parent is frequently able to abstain from the use of substances, he/she experiences occasional relapses.

3. Abstinence is accompanied by frequent relapse

Parent is struggling with relapse, but does not have serious consequences for every day activities. Parent continues in treatment and is able to maintain daily routines.

4. Continued use with some reduction

Parent has reduced their use of substances, but continues to engage in behavior that may pose risks for their health and well-being. Some awareness of consequences.

5. Active use without regard to consequences

Parent is actively using substances without regard to consequences. Use poses significant risks for health and safety.

8. Unknown – insufficient information

9. Not applicable

Parent's Self-Efficacy

1. Parent has a high level of self-efficacy

Parent is able to identify needs and act to meet those needs. He/she consistently advocates for self. Is able to access resources independently.

2. Moderate level of self-efficacy

Parent is able to identify needs, but occasionally requires assistance in accessing resources to meet those needs. He/she can identify areas of competence and strength. Parent is able to advocate for self and children most of the time.

3. Parent struggles with sense of powerlessness

While parent is able to identify some needs, he/she frequently requires assistance in accessing resources to meet own needs and those of his/her children. He/she can advocate to get children's needs met, but has difficulty advocating for self.

4. Parent frequently feels powerless

Feelings of powerless makes it difficult for parent to identify needs or to identify strategies for meeting needs. Rarely advocates for self or children. Has difficultly identifying areas of strength or competence.

5. Parent immobilized by feelings of powerlessness

Parent displays overwhelming feelings or powerlessness. Is not able to identify needs to advocate for self or children. Has little sense of internal control or self-competence.

8. Unknown – insufficient information

9. Not applicable

Parent's Self-Care

1. Parent consistently attends to own needs

The parent is fully meeting needs for preventive care, medical care, and physical and emotional well-being.

2. Parent is meeting basic needs

The parent is meeting basic physical and emotional needs, but is often reactive. Does not take steps to prevent problems from occurring.

3. Parent's basic needs are inconsistently met

Parent does not consistently attend to physical and emotional needs (e.g. misses medical appointments, does not eat regularly, etc.). Only acts in a reactive capacity when problems occur.

4. Parent is not caring for self

Parent is not attending to basic physical and emotional needs (e.g. is not scheduling medical care, frequently misses meals, etc.). Consequences pose risks for the parent, but they are not serious or life-threatening.

5. Parent's behavior is dangerous to self

Parent's failure to attend to basic needs poses a danger to self. He/she frequently engages in risky behaviors with serious consequences (e.g. unsafe sexual practices, failure to schedule or follow through with medical care for serious conditions, etc.).

8. Unknown – insufficient information

9. Not applicable

Attachment E
Page 1 of 3

MONTHLY PROGRESS REPORT

(Agency Name)

Client:
Address:
Telephone:

Last Report Date:
MCI#:
DOB:

Case Overview

Substance Abuse Treatment Program

Urinalysis Summary and Explanation

Case Management Plan Progress

Counselor Comments

Recommendations

Submitted By:

Date:

Title:

DIRECTIONS FOR COMPLETION

GENERAL:

The Monthly Report form is to be used by the substance abuse treatment agency when communicating with the Division of Family Services about the status and progress of their mutual client. The model form should be transferred to letterhead of the agency making the report but follow the standard format. Computerized templates are recommended.

Reports should be typed and proofread before submission to DFS. Every report should be reviewed and approved by the appropriated treatment agency staff according to internal agency policy regarding outgoing correspondence.

SECTION BY SECTION DIRECTIONS:

Heading

This section contains basic client and case identifying information. It should be completely and accurately filled out with the most recent data available.

Case Overview

State the level of substance abuse treatment program that the client has been participating in. Provide a summary of the client's progress or lack of progress in treatment. Include a brief discussion of treatment plan issues and/or goals, specific information about attendance, movement between higher/lower levels of care, aftercare plan or plan for treatment after release from current level of care. Enough detail should be given so the DFS caseworker can get a clear picture of how the client has been doing. If there is concern about client's ability to safely parent this must be included in this section.

Urinalysis Summary and Explanation

Comments on positive and negative results. If there is a computerized print out of results include that with the report.

Case Management Plan Progress

Briefly discuss areas other than substance abuse treatment that the client has been working on as part of the overall case management or ancillary services received. (e.g. health, mental health issues, education, job training, employment, etc.). Discuss met and unmet needs and goals.

Counselor Comments

Present the counselor's professional interpretations and opinions about the client's participation, progress, sincerity, and motivation regarding treatment and recovery.

Recommendations

Make professional recommendations and suggestions to the DFS caseworker based on the facts presented in the above report.

Signature and Date

The report must be signed and dated by the counselor and approved by the appropriate agency personnel.

MEMORANDUM OF UNDERSTANDING

Between

DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

and the

DOVER AIR FORCE BASE

BETWEEN THE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES, DIVISION OF FAMILY SERVICES AND THE DOVER AIR FORCE BASE

I. PURPOSE

This Memorandum of Understanding (MOU) is established in order to define and clarify the roles and expectations of the respective agencies, improve services to joint clients, and better coordinate the case management of child abuse and neglect cases involving active duty or reserve military personnel and their military family members.

II. AUTHORITY

A. Department of Defense Directive 6400.1
B. Air Force Policy Directive 40-3
C. Air Force Instruction 40-301
D. Uniform Code of Military Justice, Title 10 United States Code, Chapter 47
E. 16 Del. Code Annot. Section 901-909

III. DEFINITIONS

CHILD ABUSE AND NEGLECT: The physical injury be other than accidental means, injury resulting in a mental or emotional condition which is a result of abuse or neglect, negligent treatment, sexual abuse, maltreatment, mistreatment, nontreatment, exploitation or abandonment of a child under the age of 18. (See e.g. 16 Del. Code Annot. Section 902)

FAMILY ADVOCACY OFFICER (FAO): Point of contact for civilian child protective service agencies for suspected cases of child abuse or neglect involving a military interest. (See e.g. AF140-301)

DIVISION OF FAMILY SERVICES (DFS): Primary state agency responsible for provision of family services. Reports of child abuse and neglect as defined herein must be made to this agency in accordance with Delaware statutes. (See e.g. 16 Del. Code Annot. Sections 904-905)

REQUIRED REPORT: Any medical or mental health provider who knows, or reasonably suspects child abuse or neglect, as defined above, must make a report of the incident.

MILITARY INTEREST: Any cases involving the legal dependent of a military member, or a military member. Legal dependency may be determined by the entitlement of that individual to military medical benefits. The term includes children of a military member, spouse of a military member, or individual whose military entitlement is based on a sponsorship by the member. A military member is
an individual in an active duty status, or reservist on training weekends. Military interest also includes any acts occurring on Dover Air Force Base, to include base housing, without regard to whether those involved are military members or legal dependents.

IV. UNDERSTANDING

A. In all cases involving a military interest, the FAO will ensure that a required report has been made to the DFS. DFS will advise the FAO within 24 hours of any cases involving a military interest when it serves as the initial point of contact. The FAO and DFS will coordinate case management in all suspected cases involving a military interest.

B. The FOA and DFS will meet, or otherwise exchange information, on a monthly basis to review cases of military interest. DFS agrees to provide a representative to these meetings familiar with the Air Force Family Advocacy Program, as outlined in AFI 40-301.

C. Nothing herein shall be construed as a waiver of jurisdiction by the United States over its members, or a limitation on its investigative interests and authority.

D. Nothing herein shall be construed as limiting the exchange of information beyond that mandated by applicable law and regulaton between the FAO and DFS regarding military members or family members who have a history of child abuse or neglect, as defined herein.

V. TERMINATION

This agreement shall remain in effect until specifically abrogated by one of the parties involved. This agreement may be amended by the parties as necessary, by agreement of both parties.

CARLYSE GIDDINS	S. TACO GILBERT III, Colonel, USAF
Director, Division of Family Services	Commander, 436th Airlift Wing (AMC)
Date:	Date:

Memorandum of Understanding
for
Interagency Collaboration to Reduce Truancy
The Department of Education/Public School districts, Department of Services for Children, Youth and Their Families, and the Justice of the Peace Court

I. Introduction

A. Purpose

The MOU between DOE, DSCYF, and the JP Court has been jointly developed for the following purposes:

1. Establish lines of communications.
2. Understand roles of the parties and how the parties will work together to reduce the incidence of truancy among school age youth, in particular to coordinate implementation of HB 213.
3. Promote standardized practices throughout the state on reporting, record-keeping, timelines for enforcement, referral process to DSCYF.
4. Develop a uniform process for all Delaware schools to report truancy.

In addition, to meet the needs of the three organizations, the MOU will:

1. Define the responsibilities of each organization.
2. Establish joint training among the organizations.
3. Establish a liaison procedure for promoting problem-solving and communications.
4. Establish a steering committee to oversee implementation of the MOU.
5. Promote communication with the General Assembly on truancy issues.

B. Authority

1. Authority under Del. Code Title 14, Chapter 27 is granted to the Department of Education/Public School Districts to enforce mandatory attendance laws and to the Justice of the Peace Court to adjudicate cases brought before the Court.
2. Authority under Del. Code Title 14, Chapter 1, Section 153 is granted to the Department of Education/Public School Districts to enforce the requirements of student accountability.
3. Authority under Del. Code Title 29, Chapter 90 is granted to the DSCYF to provide services to children and youth who are abused or neglected, those who have mental health or substance abuse problems, as well as those who have been adjudicated by the Family Court.

II. Roles and Responsibilities

A. Department of Education/Public School Districts

1. Provide free and appropriate public school education to all children who are residents of the state and are of the ages required for attendance in public schools.
2. Enforce the attendance requirements of Title 14, Chapter 27.
   a. Provide notice to parents or guardians of school attendance requirements.
   b. Conduct truancy conferences.
   c. File criminal complaints with JP Court.
   d. Testify at court hearings.
   e. Follow up with court case reviews as needed.
3. Develop standards for reporting truancy.
4. Provide training and support in the implementation of the standards in coordination with the other participating agencies.
5. Designate liaison to support effective communication and implementation of the MOU.

B. Justice of the Peace Court

1. Receive and process criminal complaints.
2. Schedule and conduct hearings.
3. Make referrals to appropriate agencies as part of the conditions of bail or after adjudication.
4. Compile statistical data.
5. Send conditions of bail and disposition documents to DSCYF for those children and youth who are being referred for services.
6. Notify affiant of final disposition of case.
7. Develop a uniform procedure for processing truancy cases across the state.
8. Provide training and support in the implementation of uniform procedure in coordination with the other participating agencies.
9. Designate liaison to support effective communication and implementation of the MOU.

C. Department of Services for Children, Youth and Their Families

1. The Division of Family Services will investigate families with children between the ages of five and twelve when those families have been referred by the JP Court because the Court has determined that those families are non-compliant with the request to return their children to school within five school days.
2. The Division of Child Mental Health Services will provide assessment and clinically-indicated treatment for children up to age 18 referred by the Court for behavioral health assessment/treatment when families do not have other assessment/treatment resources, such as insurance or Medicaid coverage.
3. The Division of Youth Rehabilitative Services will provide services to youth who have been referred by the Family Court as a result of their adjudication for criminal contempt for failure to comply with the stipulations of the JP Court order to attend school.
4. Provide training to the JP Court on the services provided by the department and how to make referrals in coordination with DOE.
5. Train DSCYF staff on the requirements for school attendance and HB 213.

6. Collect data and make quarterly reports to the State Budget Office and the Controller General's Office on the numbers of children served bases on referrals from the JP Court.
7. Designate liaison to support effective communication and implementation of the MOU.

III. Referral Procedure from the JP Court to DSCYF

A. JP Court clerks in each county or Truancy Coordinator will send facsimiles of the conditions of bail and final disposition documents to DSCYF Court Liaisons for those families or youth who are being referred for services.

B. DSCYF Court Liaisons in each county will receive the documents from the JP Court clerks and send them to the appropriate divisions to which the referral is being made. Court liaisons will distribute the documents as follows:

1. Final dispositions for which a DFS investigation is required as per Section II.c.1. of this agreement will be sent to DFS.
2. The conditions of bail documents will be sent to DCMH immediately if the family is being told to obtain an assessment and treatment for their child for mental health or substance abuse presenting problems. When families request assistance from DCMH, DCMH will refer to the documents received from the JP Court.
3. Final dispositions for those youth that have been referred to Family Court for criminal contempt for failure to comply with stipulations of the JP Court order in the adjudication of their truancy will be sent to DYRS.

IV. Administration of MOU

A. DOE, DSCYF, and JP court will appoint representatives to carry out the following:

1. Ensure adherence to the MOU procedures.
2. Develop and maintain positive interagency relationships.
3. Mediate conflict resolution.
4. Identify training needs and encourage and assist in the development of cross-training efforts.

B. DOE, DSCYF, and JP Court will establish a steering committee to be chaired by DOE to meet on a schedule determined by the committee but no less than annually to accomplish the following:

1. Oversee implementation of the MOU.
2. Recommend and make changes as needed in the MOU.
3. Address policy issues that may arise in implementation.
4. Maintain communications with General Assembly on truancy matters.

Memorandum of Agreement
Between
The Divisions of Family Services & Management Support Services
Of the Department of Services for Children, Youth and Their Families
(DSCYF)
And
The Division of Child Support Enforcement (DCSE)
Of the Department of Health and Social Services

_____
Cari DeSantis, Secretary of the Department of Services for Children, Youth and Their Families

_____
Vincent P. Meconi, Secretary of the Department of Health and Social Services

_____
Carlyse Giddins, Director of the Division of Family Services

_____
Charles E. Hayward, Director of the Division of Child Support Enforcement

_____
Henry Smith, Director of the Division of Management Support Services

_____
Valencia Beaty, Director of the Division of Management Services

Effective Date: _____

Memorandum of Agreement
Between
The Divisions of Family Services & Management Support Services
Of the Department of Services for Children, Youth and Their Families (DSCYF)
And
The Division of Child Support Enforcement (DCSE)
Of the Department of Health and Social Services

I. Purpose

A. This Memorandum of Agreement (MOA) between the Department of Services for Children, Youth, & Their Families (DSCYF) and the Department of Health & Social Services (DHSS), Division of Child Support Enforcement (DCSE) has been jointly developed for the purpose of timely and efficient administration of child support activities.

B. The federal regulations governing this agreement are covered in the United States Code and the Code of Federal Regulations (CFR). 45 USC 654 & 657 describe the requirements for both the IV-E and IV-D state plans. 45 C.F.R. Sec. 302.52 (b) describes the distribution rules for child support collected on behalf of children for whom the State is making foster care maintenance payments. The provisions of both the Code and the CFR are incorporated into this document by reference.

C. Title 13, Chapter 22 outlines the State law governing the roles and responsibilities of the Division of Child Support Enforcement. Section 2202 includes entering into agreements with federal, state and other entities for the purposes of carrying out IV-D responsibilities. Title 29, Chapter 90 governs the work of the Department of Services for Children, Youth and Their Families. Section 9005 addresses the work with other state agencies to mutually address the needs of children and families. Title 29, Chapter 9019 addresses the recovery of funds to support children in Department's care.

II. Roles and Responsibilities

A. The Division of Family Services as the state agency serving Delaware's foster children is obligated to take all necessary steps, including cooperative efforts with the state agencies administering the plans approved under A and D of the Social Security Act section 471 (a) 17 to secure an assignment to the state of any rights to support on behalf of each child receiving foster care maintenance payments.

B. The Division of Child Support Enforcement as the State's title IV-D child support agency has as its mission to promote family independence by reducing dependency of single parent households through the collection of monetary child support payments and medical support from non-custodial parents.

III. Operating Policies

A. DFS will make referrals to DCSE to pursue child support orders for children in foster care.

B. DSCE will petition the court to obtain child support obligations for each DSCYF foster child.

C. Each Division will mutually support a data inter-change system meeting federal requirements to efficiently and effectively manage child support resources.

D. The child support collected for children in State foster care will be distributed pursuant to the federal distribution rules as outlined in 42 U.S.C. § 657 and as provided in 29 Del. C. § 9019.

E. Upon proper notification by DSCYF, the DCSE agrees to promptly initiate proceedings to adjust the legal status of children so that current support stops being sent to DSCYF.

IV. Operating Procedures

A. DFS Foster Care Case Procedures

The Division of Family Services will refer cases to DCSE within ten (10) days of a child being placed in out of home care. This is accomplished by completing the Substitute Care Support Application. The caseworker shall include as much detail in the application as possible to help inform the DCSE staff. Detailed information shall include at a minimum: dates of marriage and divorce if applicable, name and address of non-custodial parent, names and addresses of parent's employers.

The DFS caseworker will inform all parents and guardians of the obligation to support their children when they are placed in out of home care and that the DFS will be advising the Division of Child Support Enforcement about the child's placement. The caseworker shall inform the parent or guardian that they may receive notice about a court hearing pertaining to their financial obligation to support their child while in out of home care.

Through a data exchange outlined in Appendix A, the DSCYF will inform the Division of Child Support Enforcement of any changes affecting the support agreement.

There may be instances whereby DFS will not pursue child support for a specific child. These exceptions will be approved by the respective agency's policy points of contact outlined in Section V. Administration of the MOA. These exception reasons will be documented in the case record.

The DFS case worker will enter all child placement changes in FACTS in a timely fashion, or within 48 hours as outlined in Division policy expectations. This will allow Child Support enforcement to be advised timely of new entries, changes and exits from care.

DSCYF data interface will report status changes to DCSE via Electronic Child Support Update File from FACTS to DHSS.

Child Support funds received by the DSCYF from DCSE will be used to offset the cost of care and services of foster care clients.

B. DCSE Foster Care Case Procedures

A foster care case means the state is making foster care maintenance payments to provide care and services to a child who is placed outside the home of his/her parent or guardian. In these cases, DCSE will petition the Family Court to establish support obligations against both parents based on the information provided by DSCYF.

For every case the Division of Family Services refers, there are two Foster Care component cases created by the Child Support Specialist (CSS), one with each parent as the Non custodial parent (NCP).

Step 1: DCSE initiates the case in DACSES

Step 2: DCSE coordinates genetic testing, if necessary for any foster care case. DCSE can establish paternity of foster children when it has not previously established.

Step 3: DCSE will generate appropriate petitions.

If there is an existing order and all of the children in the case are placed in foster care, DCSE will file a motion for change of payee on that case and file a new support petition against the former custodial parent.

If there is no order in place or not all of the children on the order are in foster care, DSCE will file new support petitions against both parents on behalf of the child (ren) now in foster care.
Step 4: The DCSE will work directly with Family Court to:

- Obtain initial court orders to direct collections to DSCYF
- Notify the court to stop collections to DSCYF via modified language to be supplied by DCSE
- Modify court orders as needed, in order to accurately reflect the children for whom collections are made.

Step 5: Foster Care cases are processed for closure once the child's Foster Care placement terminates, unless the case immediately activates the IV-A program (TANF).

Step 6: DCSE will promptly review the information and process appropriate court ordered action in order to ensure timely termination or reduction of child support funds from appropriate parties.

C. Fiscal Accountability

DCSE will provide the DASCES generated Agency Account Report to DSCYF Client Payments monthly. DCSE will provide additional information as needed to explain any adjustments transactions reflected on the report or to clarify payment history.

Each agency has identified single points of contact to address the resolution of fiscal related details. This includes current funds being issued to DSCYF for eligible children as well as the resolution of outstanding funds.

Routine monthly data exchanges will alert each agency of issues and concerns. If DSCYF is unable to reconcile DACSES information with FACTS records, then DMSS will immediately notify DCSE of exceptions via a foster care e-mail resource account, DHSS_DCSE_FosterCare@state.de.us, as provided by DCSE. The DCSE will identify the appropriate staff member to address the incoming notification.

Monthly progress reports will be prepared and exchanged to assess the resolution of the outstanding child support cases whose funds reside with the DSCYF. However, for the purposes of addressing the outstanding child support cases in which the funds reside with DSCYF, this applies to any child who entered foster care, before 10/1/03.

For the purposes of this MOA, new cases are considered any child who entered care after 10/1/03.

The DCSE will send current child support monies to DSCYF correlating to foster care child placements indicated on the application file.

If a child exits care, then DCSE will collect on arrears to reimburse for expenditures prior to exit.

If DCSE collects more money than DSCYF spends, then residual amounts should be addressed as follows according to child support regulatory guidelines:

-Returned to obligor
-Banked and passed on to the child
-Use it for other client related costs while in the Division's care

Monthly distribution of arrears shall occur to the appropriate reimbursement source based on the DCSE case.

D. Data Interfaces

Attachment A of this MOA details the current data interchange requirements and responsibilities of both agencies related to this agreement. This document lists and describes the applicable interfaces and reports that fulfill the mutual requirements. Any modifications to the data interface requirements will be made

in Attachment A as agreed by both parties. These modifications will be covered by the terms of the MOA.

V. Administration of the Memorandum

A. Each agency has identified single points of contact to address interagency issues.

i. DFS – Keith Zirkle
1825 Faulkland Road
Wilmington, DE 19805
(302) 633- 2709
(Policy & Program)

ii. DMSS - Harry Roberts
1825 Faulkland Road
Wilmington, DE 19805
(302) 892-4534
(Fiscal)

Harold Miller
Manager of Application Support
1825 Faulkland Road
Wilmington, DE 19805
(302) 633-2635
(Technical)

Chris Kraft
Senior Fiscal Officer
1825 Faulkland Road
Wilmington, DE 19805
(302) 892-4548
(Fiscal Accounting)

Sally Cohen
Trust Accountant
1825 Faulkland Road
Wilmington, DE 19805
(302) 892-4537

ii. DCSE – Midge Holland
Chief of Administration
Suite 84-A
Christiana Road
Churchmans Corp. Center
New Castle, DE 19720
(302) 326-6200
(Policy)

Eric Pusey
Manager of Computer and Application Support
Suite 84-A
Christiana Road
Churchmans Corp. Center
New Castle, DE 19720
(302) 326-6024 Ext. 249(Technical)

Viola Frisby
CSE Specialist
Suite 84-A
Christiana Road
Churchmans Corp. Center
New Castle, DE 19720
(302) 326-6239
(Case processing)

Dan Minnick
Sr. Social Service Adm.
Suite 84-A
Christiana Road
Churchman's Corp. Center
New Castle, DE 19720
(302) 326-6024 x 228
(Accounting)

The respective agency contacts will make sure that their agency has an updated list of staff contacts to facilitate communication and to resolve issues.

Each agency agrees to assign appropriate staff to serve as the single point of contact in support of the administration of the MOA should any personnel changes occur.

Information system operational issues and specification changes will be directed to the designated agency technical contacts for review and resolution.

B. Both agencies will commit to routine meetings in order to ensure the administration of activities as described herein. Monthly meetings will occur between the designated fiscal accounting contacts to resolve individual case issues associated with the reconciliation of new and backlogged cases.

Quarterly meetings will be used to assess MOA progress for the first six months. Twice a year meetings will occur thereafter to ensure continued success. Either agency can request a mandatory meeting at any time to address issues.

MOA management oversight will occur more frequently as needed to fully execute the intended interest contained within this agreement.

VI. Terms and Conditions

Terms and conditions of this MOA will continue as mutually agreed by both parties. Changes shall include 60 day written notification. To the extent that policy and procedures associated with the MOA are created, annual MOA updates shall occur.

VII. Dispute Resolution

If agreement cannot be reached through the points of contact established in Section V, Administration of the Memorandum, then each respective agency agrees to seek guidance at the next level.

Attachment A
Data Interfaces

The Divisions of Family Services & Management Support Services
Of the Department of Services for Children, Youth and Their Families (DSCYF)
And
The Division of Child Support Enforcement (DCSE)
Of the Department of Health and Social Services

Each agency will have the following data interfaces to meet the intended purpose of routine data exchanges.

DSCYF

Application file from SACWIS (FACTS or successor system) to Child Support Information System (DACSES or successor system) containing child support application data on children removed from the home by DFS.

Update file from SACWIS (FACTS or successor system) to DCSE reporting when children return to the home, IV-E determination or re-determination, or TPR petition granted.

New file from FACTS to DCSE to report back the child's cost of care. This file is to contain the child's MCI number, social security number, child support case number (if available), payments to foster care and other service providers on behalf of the child derived from the FACTS foster care and purchase of care board generators.

The DSCYF agrees to generate a monthly error report for review by DCSE.

DCSE

Currently a DACSES generated transmittal document with the list of children is sent by DCSE to DSCYF fiscal staff which accompanies the sum amount check. The parties agree to replace this with an electronic monthly file (Agency Account Report) sent to DSCYF detailing collections (current & arrears) by amount per individual child in DFS/DSCYF foster care custody that matches the monthly child support remittance to DSCYF. The work to move to the electronic file is in progress.

A new file from DCSE to FACTS to report back the child's MCI number, social security number, child support case number (or case numbers), start and end date of each support order, and amount by type of child support fund (i.e., current support and/or arrears support) to establish a linkage of the child support case number on the FACTS placement once a child support case is opened or an existing case is associated to DSCYF for payments.

DCSE agrees to have a defined process for monthly review and resolution of the error report.

SYSTEM DEVELOPMENT & ENHANCEMENTS

DSCYF will arrange State funding for the initial development or modifications to the existing computer systems for the file transfers. Each agency will manage staff and contractor availabilities per agreed-to schedules during the development phase.

Once the development phase is complete and the systems are in production, the agency requesting system enhancements or changes will arrange State funding for all systems affected by the change to ensure timely implementation.

The Agency responsible for the respective system being modified will seek appropriate Federal Funding/Funds Participation for both initial development and subsequent modification/operations.

For the initial development or modification a schedule of work will be agreed upon and followed by the respective agencies.

ONGOING OPERATION

DSCYF and DHSS technical management will designate primary and alternate staff contact personnel assigned to resolve or manage the resolution of operational issues.

DSCYF and DHSS technical management will notify their counterparts of planned system modifications or changes in operational schedules in a timely manner. This will help ensure smooth operations in both agencies.