



**DEPARTMENT OF SERVICES FOR CHILDREN,
YOUTH AND THEIR FAMILIES**

**OPERATING GUIDELINES FOR CONTRACTED
CHILDREN AND FAMILY
PROGRAMS AND SERVICES**

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STATE OF DELAWARE

DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

OPERATING GUIDELINES FOR CONTRACTED CLIENT PROGRAMS AND SERVICES

I. INTRODUCTION TO DSCYF OPERATING GUIDELINES

The “Operating Guidelines” contained in this document apply to each contracted child and family service Provider (or Contractor or CONTRACTOR) of the Department of Services for Children, Youth and Their Families (DSCYF, DEPARTMENT or Department). Because of the range of Providers to whom these operating guidelines apply, expectations may vary depending on the size and scope of the organization and services provided. Under these guidelines, the Department expects that all Contractors will have documentation that includes written policies and job descriptions to demonstrate compliance with these guidelines.

DSCYF has a commitment to serving children safely and effectively within the context of the family and community. Family is defined broadly to encompass the many types of families, groups of related and non-related individuals, who are members of the child’s immediate support network. In planning interventions, DSCYF encourages collaboration among agencies and individuals who are active with the child and family.

A. Purpose of this Document: This document outlines the set of operating guidelines to which DSCYF holds all direct service contracted service Providers accountable. This document is included by reference to child and family service contracts and is therefore part of the Contract.

Each DSCYF Division may include additional requirements within the body of the Contract. This document specifies the expectations within the following categories:

- Integrated Children’s Services
- Administrative, Fiscal and Treatment/Intervention Accountability
- Licensing
- Laws Applicable to the Operation of Programs and Services
- Programs Providing Education
- Child Safety
- Transfer Instruction Sheet for Medication, Medical, Emotional, or Behavioral Information
- Reportable Events and Notification Procedures
- Child/Case Records Maintenance
- Performance Expectations
- Useful Websites

II. INTEGRATED CHILDREN’S SERVICES

DSCYF’s strategic efforts are focused on implementing an integrated service delivery system based on system of care principles and practices in partnership with other state agencies, service providers, community partners, and other stakeholders. An integrated service delivery approach brings together everyone involved in supporting and serving a child and family in all areas of life including home, school and community.

DSCYF expects contracted service providers to work in partnership with the Department to integrate a service delivery to children and families in Delaware. Services are to be managed so as to be

individualized, provided in the most appropriate and least restrictive setting, supportive of continuity of services and treatment, and responsive to the needs of the child and family.

The principles that guide integrated children's services are:

- Practice is individualized
- Services are appropriate in type and duration
- Care is child-centered and family-focused
- Care is community-based
- Care is culturally competent
- Care is seamless within and across systems
- Teams develop and manage care

Overall, DSCYF's integrated service delivery principles emphasize:

- Organizing intra-agency and inter-agency operations to ensure that coordination occurs and one coordinated System of Care results
- Integrated case management to ensure that each child and family receives, and continues to receive, the necessary set of individualized services and care with the needs of the child and family determining the type and duration of services provided
- Team driven process involving the child and family to provide formal and informal services to ensure a comprehensive array of services, including educational, vocational, health, recreational, home-based, mental and behavioral health and other support services

The goal of our DSCYF is to provide high-quality care for children and youth with child welfare, juvenile justice, and behavioral health needs in ways that lead to improvements in child outcomes, (e.g., reduced abuse and delinquency, enhanced social functioning, better school attendance and performance) and improved family functioning and outcomes.

To ensure continuity of service anytime a contract ends the provider shall be required to cooperate fully with the DSCYF in the development and execution of an orderly plan for transitioning to other service providers all clients receiving services from the provider. The provider thus agrees to continue providing services for up to 90 days as part of this transition period to ensure the continuity of appropriate client care during the transition to another service provider. DSCYF agrees to continue compensating the provider at the established Contract rate during the transition period.

III. ADMINISTRATIVE ACCOUNTABILITY

A. Administrative Infrastructure:

Providers must have an administrative infrastructure to support the provision of safe, cost-effective services that achieve positive child outcomes and provision of required contractual documentation. The articulation of a provider's administrative infrastructure for the Department may include as appropriate:

- Clear lines of accountability within the organization with regard to:
 - Management of staff and staff activities
 - Management of the various levels and/or programs
 - Accountability for the provision and documentation of services to children
 - Accountability for the oversight of GAAP compliant financial activities
- Methods for assessing the implementation of accountability for policies, procedures, practices, and services.

- Processes for implementing quality assurance and performance improvements based on the assessments of policies, procedures, and practices
- Method to report data on subcontracts with Minority, Woman, Veteran, Service Disabled Veteran or Individual with Disabilities Owned Business Enterprises

B. Policies, Procedures, and Practices:

1. The Provider will provide evidence of the implementation of policies, procedures, and practices, as appropriate to the size and scope of the organization, to demonstrate that:
 - a. Policies, procedures, and practices are regularly communicated to staff and are available to children/families/consumers/stakeholders
 - b. A timeframe exists for the periodic review of policies, procedures, and practices
 - c. Staff and children/families/consumers/stakeholders have been provided the opportunity to periodically review and comment on existing or proposed policies, procedures, and practices
2. The Provider will have policies, procedures, or practices for:
 - a. Ethical Practice - Operating guidelines that address:
 - Care and treatment of children and families
 - Business practices that include marketing, admission and discharge practices, and billing as applicable to the organization
 - Potential for conflicts of interest or appearances of impropriety
 - b. Language Services - Provider is to take reasonable steps to ensure meaningful access to its programs and activities for persons with limited English proficiency (LEP) in compliance with DSCYF policy #118, Language Access Policy.
 - c. Rights and Responsibilities - Documentation must be maintained that children/ youth/parents /caregivers have been informed of their rights and responsibilities in a language they can understand. Policy, procedure, and/or practice requirements will include, but are not limited to the following rights or responsibilities:
 - Be treated with respect and with recognition of their dignity and need for privacy and confidentiality
 - Be provided with information about the agency, its services, and employees providing those services
 - Participate in decision-making as applicable, with regard to the services to be provided.
 - Express grievances/complaints about the organization or about the services provided
 - Have reasonable visitation by parents and/or caregivers, as applicable to the program setting, unless expressly denied by court order
 - When in-person visitation is not possible the provider will make every effort to utilize video technology to allow remote visitation between youth and caregivers
 - Have reasonable access to communication with provider staff, supervisors, and administrators and with parents, guardians, caregivers, advocates, and other appropriate individuals external to the agency
 - Provide complete and accurate information as necessary for the organization to provide safe and effective services
 - Provide for material support for their child, e.g., clothing, grooming and medical attention, as appropriate to the program setting

- d. Grievance/Complaint Procedures - Operating guidelines requirements include, but are not limited to:
- Procedures and practices for children and families to register grievances/complaints and for the agency to respond in a timely fashion
 - Procedures and practices for how grievances/complaints will be documented
 - Procedures and practices to ensure a resolution to the grievance/complaint, including appeals as appropriate
 - Documentation that children/youth have access to and have received this information
- e. Confidentiality of Child/Case Information/Records and Privacy Rights of Children and Families - Operating guideline requirements must include, but are not limited to:
- Assuring staff will comply with state and federal laws and regulations regarding the handling of confidential child information as applicable to the organization
 - Specifying condition(s) under which information on program applicants or children will be disclosed and the procedures or practices for releasing such information
 - Compliance with DSCYF Policy #205, Confidentiality of Client Records.
 - Compliance with DSCYF Policy #115, External Communications
 - Compliance with DSCYF Policy #113, DSCYF Information and Communications Acceptable Use Policy.
 - All DSCYF policies are available here: <https://kids.delaware.gov/policies/policy.shtml>
- f. Consent for Service/Treatment - Procedures and practices that assure:
- No minor will be served without documentation of informed, dated, written consent by at least one parent or a person holding legal guardianship and witnessed by another independent party
 - The consent will include specification of the service(s) to be provided
 - If a youth is prescribed psychotropic medication, the provider will obtain specific informed consent prior to the implementation of said medication regime. At a minimum, such informed consent will indicate the drug and dosage, likely benefits, potential risks and side effects.

Exceptions to the parental consent requirement in Delaware:

- Pursuant to the Delaware Caregivers Medical Authorization Law, 13 Del. C. Sections 707-708, a relative who is caring for a minor child without having legal custody, may, under certain circumstances sign consent for treatment. Eligible individuals must complete and have notarized a “Caregivers Medical Authorization Affidavit.” Information about this law and a copy of the affidavit form is available through the Delaware Division of Aging and on the Web at <http://www.dhss.delaware.gov/dhss/dsaapd/intergen.html>
- DPBHS Crisis Services may perform an initial evaluation of imminent suicidality or homicidality in which the absence of the evaluation could result in serious harm to the child/youth or others. Recommendation for next steps can be made but follow-up treatment by the crisis services cannot be provided without consent. Reasonable efforts to contact parent(s) or legal guardian(s) must be documented.
- If a minor is in the custody of DFS, a representative of DFS may sign consent for routine medical and mental health treatment. Routine medical treatment includes mental health and substance abuse treatment but excludes psychiatric hospital and psychotropic medication. Reasonable effort should be documented that the parent has been notified of the child’s participation in the service. If a parent who continues to hold parental rights

objects to the treatment, DFS must obtain a court order prior to the service being rendered. In the event that DFS signs consent, separate written consent must be obtained for:

- Each level of care, where applicable, e.g., residential and day treatment, emergency services, medical and dental care, client transportation and permission to leave the premises for field trips and other activities
- Personal arrangements (residential and day treatment) – consents regarding visits, mail, telephone calls, vacations, gifts and family contact

- Consent for Psychiatric Hospital Admission

- Involuntary Hospital Admission – The involuntary mental health commitment laws in the jurisdiction where the services are delivered are to be followed for Department youth. The laws specify the process for evaluating and committing the child, how long the commitment can last, and how it can be extended.
- Voluntary Hospital Admission – The voluntary mental health commitment laws in the jurisdiction where the services are delivered are to be followed for Department youth. In Delaware, if a parent/guardian cannot be reached to provide consent, the DFS Director, Deputy Director or authorized designee is authorized by Delaware Code to sign the consent form. This authority may or may not extend to other states as stipulated by jurisdictional law.

- Pursuant to 24 Del. C. Section 1788, outpatient mental health contractors of the Division of Prevention and Behavioral Health Services (DPBHS) may provide counseling and support to any minor who is pregnant and has filed or is considering filing an application to waive parental consent for an abortion under 24 Del. C. section 1784.
- Children age 14 and over may consent to their own nonresidential substance abuse treatment.

g. Fiscal Accountability – Operating guidelines include but are not limited to:

- Generally Accepted Accounting Principles (GAAP) compliant accounting practices
- Maintenance of documentation for all services reported to and/or billed to DSCYF
- Internal controls to ensure valid and reliable invoicing to the State

h. Electronic Communication of Information

As a contracted provider with the State of Delaware, Department of Services for Children, Youth and Their Families (DSCYF), we are jointly responsible to safeguard and protect the confidentiality of information for youth and their families receiving DSCYF contracted services. Confidential information may include but is not limited to credit card numbers, social security numbers, medical records, youth names or dates of birth, address information and/or other personally identifiable information. These transmissions may include e-mails with confidential information within the e-mail subject line, body of the e-mail and/or in addition e-mail attachments.

As a result of this need, Delaware has adopted standards that now apply to all electronic communications. This new standard requires utilizing a secure encrypted e-mail system when transmitting personally identifiable information.

When sending emails that contain confidential information, the email must be **encrypted**, preferably using the State's **designated secure email tool**. Your DSCYF contract administrator can provide guidance on the currently designated tool. **Please note that even when an email is encrypted, the subject line is NOT encrypted.**

i. Health Directives

The State of Delaware (e.g., Department of Human Resources, Division of Public Health, DSCYF, etc.) may issue health testing and/or vaccination requirements for State of Delaware employees as public health conditions dictate. In sharing a joint concern about the health, well-being, and safety of contracted provider employees, DSCYF employees, and all visitors to DSCYF workspaces, contracted provider staff who work at a State of Delaware facility, whether leased or owned, shall adhere to any vaccination or testing mandates set forth in State of Delaware directives. Compliance shall be managed by the contracted provide and provided to DSCYF, if requested.

C. External Communications:

DSCYF has issued Communications Policy #115 to ensure internal and external communications are well coordinated, effectively managed and responsive to the diverse information needs of the public. Policy #115 also establishes requirements of contracted provider to obtain approval from DSCYF for review of media created as a result of the contract. Policy #115 is available through the DSCYF internet site at <https://kids.delaware.gov/policies/policy.shtml> A high level summary of these contracted provider requirements follows.

As a contracted provider your agency shall submit for approval to DSCYF any of the following items which are either partially or fully funded through your agency's contract with DSCYF: print, audio, video or internet material including websites for external communication. Such requests for review and approval of materials shall be made by email to the DSCYF designated contract manager.

In addition, all materials developed as a result of a contract with DSCYF (for external public distribution in print or distribution to print and broadcast media) must include the Department's name ("Delaware Children's Department" or 'DE Children's Department' ~ informal or "Department of Services for Children, Youth and Their Families" ~ formal) or the name of the purchasing Division(s) as the funding source unless either has waived that requirement. The preference is, and when space permits, that the Department logo be included. Variations of the above-mentioned phrases must be pre-approved.

If you are taking video or pictures of youth which will be shared publicly and you or your staff are not the parent(s) of the depicted children, the video or pictures must be taken from the neck down or from behind. Photographing or videotaping the youth in state custody or care in an identifiable manner who is not your own child and whose image you intend to share publicly or through educational materials with an audience outside of the Department, requires written permission from the biological parent(s)/ relative caretaker or guardian, the child, appropriate DSCYF staff, and/or the DSCYF Community Relations Coordinator. Such requests shall be made by email to the DSCYF designated contract manager.

All materials described above which require approval must be reviewed and approved in writing by the DSCYF prior to issuance or distribution.

Please direct questions or concerns by email to the DSCYF designated contract manager.

D. Non-Discriminatory Practices:

DSCYF expects that its contractors and their employees follow the department policy that no person shall, on the grounds of a person's race, color, national origin, gender, age, sex, pregnancy, marital status, sexual orientation, gender identity or expression, religion, creed, disability, veteran's status, or any other category protected by state and/or federal laws, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination in any program or activity administered by the contracted provider. A link to the policy is provided below for your review:

<https://kids.delaware.gov/policies/dscyf/dsc217-non-discrimination.pdf>

E. Client/Youth Access:

Occasionally DSCYF will need to arrange a meeting with a Department client/youth placed with a contracted provider in or out of Delaware. This meeting might be between the client/youth and DSCYF staff or non-DSCYF staff. The contractor is expected to make the youth available for such a meeting as soon as possible following the request by a representative of DSCYF. If there are conditions which inhibit such a meeting the contractor must explain the nature of those conditions as soon as possible and make every reasonable effort to accommodate the meeting.

IV. LICENSING AND INSURANCE COVERAGE

A. Licensing

Providers will observe all licensing requirements of the state in which they render the service.

DSCYF contracted programs operating in the State of Delaware are subject to the following regulations.

- All Delaware (in-state) contracted providers, with the exception of nonprofit organizations must possess a current valid Delaware business license.
- All programs must comply with applicable health and life safety codes.
- Psychiatric Hospitals and Day Hospitals: Licensed by the Delaware Division of Public Health and must be accredited by a nationally accrediting body.
- Residential Programs, including Group Homes and Child Placing Agencies: Must have a valid Delaware license from the Department of Education's Office of Child Care Licensing (OCCL)
- Substance Abuse Treatment Programs (Residential and Nonresidential): Must be licensed by the Delaware Division of Substance Abuse and Mental Health.
- Outpatient Counseling and Behavioral Health Services: Therapists in independent practice must be licensed by their respective regulatory board - behavioral health agencies are encouraged to seek accreditation from a national accreditation body within three (3) of contract execution.
- All providers operating pharmacies will comply with the regulations promulgated by the State Board of Pharmacy, Drug Enforcement Agency (DEA) and other regulatory groups as applicable.

Providers will notify the appropriate contract and program administrators within twenty-four hours of any change in licensure status. Further licensing information and Delaware requirements may be obtained on the Office of Child Care Licensing website: <https://education.delaware.gov/families/occl/>

B. Insurance Requirements

The Contractor must maintain such insurance as will protect against claims under Worker's Compensation Act and from any other claims for damages for personal injury, including death, which may arise from operations under this Contract. The Contractor is an independent contractor and is not

an employee of the State of Delaware. During the term of this Contract, the Contractor must, at its own expense, carry insurance with minimum coverage limits as follows with a carrier satisfactory to the state:

The Contractor must carry both of the following #1 and #2.

1. Worker’s Compensation and Employer’s Liability Insurance in accordance with applicable law.
2. Commercial General Liability \$1,000,000 per occurrence and \$3,000,000 per aggregate.

The Contractor must carry at least one of the following #3, #4, or #5 depending on the scope of work being performed.

3. Medical/Professional Liability \$1,000,000 per occurrence/\$3,000,000 per aggregate
or
4. Misc. Errors and Omissions \$1,000,000 per occurrence/\$3,000,000 per aggregate
or
5. Product Liability \$1,000,000 per occurrence/\$3,000,000 per aggregate

If the contractual service requires the transportation of Departmental clients or staff, the Contractor must, in addition to the above coverage, secure at its own expense **all of the following** coverages:

- a. \$1,000,000 combined single limit each accident, for bodily injury
- b. \$250,000 for property damage to others
- c. \$25,000 per person per accident Uninsured/Underinsured Motorists coverage
- d. \$25,000 per person, \$300,000 per accident Personal Injury Protection (PIP) benefits as provided for in 21 Del. C. §2118
- e. Comprehensive coverage for all leased vehicles, which shall cover the replacement cost of the vehicle in the event of collision, damage, or other loss.

Should any of the above-described policies be cancelled before expiration date thereof, notice will be delivered in accordance with the policy provisions.

V. LAWS APPLICABLE TO THE OPERATION OF PROGRAMS AND SERVICES

Providers will abide by all applicable federal and state laws and regulations. The Contractor must identify one person to communicate on behalf of the agency with the Department regarding matters of staff criminal background checks. The Contractor must promptly inform the Department of changes to the designee.

The following laws and regulations emphasize their importance for DSCYF providers and are not to be considered as an all-inclusive listing.

Criminal Background Checks for Contracted Services in Delaware: Delaware Code Title 31, Chapter 3, Section 309 requires a background check be completed specifically for the Department of Services for Children, Youth and their Families consisting of a State and Federal criminal record check and a Delaware Child Protection Registry check for all employees, volunteers, or representatives of any DEPARTMENT contractor who within the State of Delaware: a) has “regular direct access to children, or b) “provides services directly to a child or children”. The requirement applies to all current and future representatives working as part of this DEPARTMENT contract. Fingerprinting for a DEPARTMENT background check must be completed before any individual meeting the above criteria can begin providing services for the DEPARTMENT. The “DSCYF CONTRACTOR Criminal History and Child

Abuse and Neglect Background Check Request Form” **MUST** be completed and submitted by each CONTRACTOR representative using the process provided by the DEPARTMENT’s Criminal History Unit. The CONTRACTOR representative will then be given the DSCYF “service code” to be used by the CONTRACTOR’s representative when scheduling a fingerprinting appointment at a designated State of Delaware authorized location. The CONTRACTOR or representative must bear the cost of the fingerprinting. If a “service code” other than the DSCYF “service code” is used for fingerprinting, the CONTRACTOR or representative must bear the cost of re-fingerprinting the representative. Third party background checks are not accepted. The DEPARTMENT reserves the right to require additional provider representatives who have access to sensitive information, such as that found when accessing the DEPARTMENT’s case management system known as FOCUS, or as otherwise determined by the DEPARTMENT, to complete the DEPARTMENT criminal background check and Child Abuse Registry check to work under this Contract. CONTRACTOR representatives are prohibited from working with youth until fingerprinting is completed. Once the CONTRACTOR receives the fingerprinting receipt the representative can begin work as part of this Contract with supervision at all times until final eligibility is determined by the DEPARTMENT Criminal History Unit. See <http://delcode.delaware.gov/title31/c003/sc01/index.html#309> A break in employment from the provider requires a new DSCYF Criminal Background Check if the person returns to employment working on a DEPARTMENT contract.

Each DEPARTMENT provider delivering services in Delaware must notify the DEPARTMENT’s Division of Management Support Services (DMSS) Contract Administrator at least quarterly of changes to employees, volunteers or representatives, covered by Delaware Code described above, including those persons who cease working under a DSCYF Contract and those who begin working under a DSCYF Contract.

Out of state contractors must describe the type of background check completed on all employees, volunteers, interns, etc. with direct access to youth and what eligibility standards are applied.

B. Mandated Reporting of Abuse and Neglect

1. Delaware Providers: The Provider will ensure that its employees know they are mandated reporters as specified in 16 Del. C. Subsections 901 – 914 and are trained in the Division of Family Services (DFS) reporting procedures. When a Provider’s employee or agent knows or reasonably suspects child abuse or neglect (intra-familial or in out-of-home care setting), an oral report will be made **as soon as possible** to the toll-free Delaware Child Abuse Report Line by calling **800-292-9582**. This number is operational 24 hours per day, 365 days per year. Within 72 hours after the oral report, a completed DFS Child Abuse/Neglect Mandatory Reporting Form must be submitted as instructed on the form. A copy of this form can be obtained at the internet link listed in Section XIII of the Operating Guidelines, Useful Websites.
2. Out-of-State Providers:
 - a. When a Provider’s employee or agent knows or reasonably suspects child abuse or neglect of a DSCYF child/youth in their program that occurred in Delaware, an oral report shall be made **as soon as possible** to the Delaware Child Abuse Report Line by calling **800-292-9582**. This number is operational 24 hours per day, 365 days per year. Within 72 hours after the oral report, a completed DFS Child Abuse/Neglect Mandatory Reporting Form must be submitted as instructed on the form. A copy of this form can be obtained at the internet link listed in Section XIII of the Operating Guidelines, Useful Websites.
 - b. When a Provider’s employee or agent knows or reasonably suspects child abuse or neglect, including institutional abuse, of a DSCYF child/youth in their program that occurred in a setting outside of Delaware, the Provider shall report the alleged abuse or neglect to the Child Protective Services agency where the child is placed. The Provider shall also make person-

to-person voice contact **as soon as possible**, but within 4 hours with the DSCYF Contract Administrator and the DFS case manager if the case is open in DFS. Incidents of out-of-state abuse or neglect require that the Provider complete a Reportable Event Summary within 72 hours (see Section IX of the Operating Guidelines, Reportable Events and Notification Procedures).

- C. Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act of 2009 (“HITECH”): As a CONTRACTOR providing services directly to youth and/or families that involve the use or disclosure of Protected Health Information (“PHI”) that is subject to the final federal Privacy, Security, Breach Notification and Enforcement Rules (collectively the “HIPAA Rules”) issued pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the Health Information Technology for Economic and Clinical Health Act of 2009 (“HITECH”), and as each is amended from time to time, your agency has been determined to be a “Business Associate” as defined by the HIPAA Act. Therefore, your agency is required to comply with the HIPAA Business Associate Agreement (BAA) incorporated into this Contract here by reference as published online and as may be modified from time to time by the DEPARTMENT during the term of the Contract. The purpose of this BAA is to set forth the obligations of the Parties with respect to such PHI. (see www.kids.delaware.gov click Contracts/RFPs/Reporting then click Legally Binding Contract Documents Relevant to Executed Contracts and review the “HIPAA Business Associate Agreement”)
- D. Prison Rape Elimination Act (PREA) of 2003 (Federal Law 42. U.S.C. 15601 ET. Seq.): Providers are required to adopt and comply with all applicable PREA Standards and any DSCYF Policies or Standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within DSCYF contracted or subcontracted Facilities/Programs/Offices. In addition to "self-monitoring requirements" and submission to PREA state or federal audits, providers will allow DSCYF announced or unannounced, compliance monitoring to include "on-site" monitoring. Failure to comply with PREA, including PREA Standards and DSCYF PREA related policies or standards, may result in a loss of business until the provider comes into compliance with PREA standards and/or subsequent contract termination.

All provider staff entering a DEPARTMENT facility must comply with provided PREA training on the DEPARTMENT’s zero tolerance policy towards all forms of sexual abuse or sexual harassment and must acknowledge understanding of the training received, their role as a mandatory reporter, and how to report such incidents.

- E. Handling of DELJIS and CJIS Client Information (added 10/1/2016) (Title 1 DE Admin. Code 1301): The provider shall ensure that all employees that may have **direct or indirect** access to Delaware Criminal Justice Information System (DELJIS) and/or Criminal Justice Information System (CJIS) records comply with DELJIS’s Rules and Regulations (Title 1 DE Admin. Code 1301). In addition, if a provider staff is designated by DSCYF as required to provide documentation of compliance with these requirements, the provider’s authorized designee shall annually sign Form 2014-1: Request for CJIS Access and Acknowledgment of DELJIS Rules and Regulations and submit it to the DEPARTMENT’s designee. The referenced code requirements and form are available here: <http://server.deljjs.state.de.us/deljjs/> Then click on “DELJIS Rules and Regulations

VI. PROGRAMS PROVIDING EDUCATION

The goal for the Provider’s education program shall be to foster academic, social, behavioral, and vocational achievement in support of academic promotion and high school credit attainment where

grade appropriate, and to facilitate a successful school transition to one of the following according to the service or treatment plan:

- Delaware school district of residence
- A Delaware adult high school education program, General Equivalency Diploma (GED) program, and/or any skills training program
- Another DSCYF provider-operated educational program

The Delaware Department of Education (DOE), in conjunction with DSCYF and/or Local Education Agency (LEA) representative(s), may conduct either the “Approval of a Private Facility” process and/or monitoring of education services and records documenting the Provider’s educational program. Such Delaware education representatives shall have access to all education service records. The Provider will forward IEPs and other educational reports to the DSCYF Education Office within timeframes stipulated within the Contract.

All providers facilitating educational services for Department youth agree to submit the following items to the DSCYF Contracts Unit by email at DSCYF_Contracts_Forms@Delaware.Gov prior to initial service delivery to Delaware youth and as education staff change and/or each type of document is renewed:

1. One (1) signed “DSCYF Contractor Education Checklist” requesting certain assurances and documentation. The checklist is available at <https://kids.delaware.gov/management-support-services/contracting-information/>
 2. One (1) copy of each education teacher and/or specialist certification when applicable.
 3. One (1) copy of any sub-contract for education service provision and/or copy of the letter of agreement with a public school district, as applicable.
 4. One (1) copy of documentation of the education provider’s jurisdictional approval to provide education under any applicable standards from the State in which the facility is located.
- A. Provision of Education (other than special education): This section applies to all programs that offer education through home-bound-instruction agreement with a Delaware school district.

Some Delaware programs, e.g., Psychiatric hospital, day hospital and substance abuse day treatment, leverage homebound instruction funds obtained from child’s school districts to provide a teacher for the children within the program. The purpose of homebound instruction is to keep a child who is temporarily unable to attend school current with school assignments being provided in his/her regular classroom. In this way, the program teacher is acting as a substitute for the classroom teacher. All programs providing homebound education will:

- Assure that children classified as special education are taught in accordance with the current IEP and in collaboration with the special education teacher
 - Provide progress reports to the special education teacher as appropriate
 - Participate in IEP meetings as requested by the sending school
 - Document educational activities and assignments from the sending school, or,
 - If children are no longer in school, document efforts to encourage them to pursue GED and/or other vocational training
- B. Provision of Special Education: This section applies to all Providers whose contract includes a special education program. All Providers will observe the special educational requirements for the state in which services are provided.

The school program is required to follow attendance policies set up by their respective state.

Providers will comply with the requirements of P.L. 105-17, the Individuals with Disabilities Education Act (IDEA) Amendments of 1997 (HR 1350 as of 2005), Section 504 of the Rehabilitation Act of 1973 as amended, and Final Regulations, if they furnish a special educational program for DSCYF children or youth who are identified as students with disabilities as follows:

- A student with an identified disability will have an Individualized Education Program (IEP) that meets the requirements of the IDEA and the Delaware Administrative Code.
- Provide assurances that the education program is certified to provide special education and related services by the State Department of Education in the State where the Provider supplies educational services
- Provide assurances that the education, special education and related services in compliance with IDEA are provided by instructors and related service specialists who are qualified/certified by the State Department of Education
- Provide assurances that the Individualized Education Program (IEP) is implemented with fidelity and remains current within 1 calendar year.
- Within 3 business days of placement, the provider shall notify the DSCYF Out-of-State Placement Coordinator of the name, phone number and email of the contact person within the provider's educational program.
- When it is known or suspected that a student is identified for special education services and in the absence of special education records at admission, the Provider will develop a temporary IEP and schedule appropriate evaluations and/or IEP meetings, to be completed within 30 calendar days following the determination that the child is eligible for special education and related services.
- Convene a meeting according to State and federal regulations to review and revise or develop an identified special education student's Individualized Education Program (IEP) in conjunction with the Delaware Local Education Agency (LEA) of residence. This meeting shall occur within 60 calendar days of the student's enrollment into a Delaware Provider's program and within 60 days in an out-of-state program to ensure that there is no delay in providing a free and appropriate education (FAPE).
- IEP meeting participants, including LEA representatives, the DSCYF Out of State Placement Coordinator, parent, youth, and related service personnel as may be required, shall receive notification/ invitation at least 10 business days prior to the scheduled meeting. Parents shall receive at least two additional notifications by the Provider prior to the scheduled meeting. All contacts shall be documented and provided to the DSCYF Out-of-State Placement Coordinator. Parental and LEA notification shall occur prior to the implementation of any IEP program or service revisions. The IEP shall continue to serve as the legal document by which the student's special education needs and related services are addressed.
- Within 3 business day of the IEP meeting, the Provider shall send a copy of: (1) the student's current IEP with all required signatures; (2) the current IEP meeting minutes; and (3) the current psycho-educational evaluation or documentation of eligibility with all required signature to the DSCYF Out of State Placement Coordinator and the identified LEA contact person, and the parent or guardian.
- The Provider will ensure that teachers collect data to document growth for all IEP goals/benchmarks and report student progress toward the IEP goals/benchmarks on the above-referenced IEP documents on a quarterly basis or consistent with Provider's report card periods. Copies to be sent to the LEA, parent(s), and the DSCYF Out of State Placement Coordinator. Electronic copies are acceptable.
- IF the IEP expires during the duration of the placement the Provider shall be responsible to:

- (1) Prior to the IEP meeting
 - IEP meeting participants, including LEA representatives, the DSCYF Out-of-State Placement Coordinator, parent, student, and related service personnel as may be required, shall receive notification/ invitation at least 10 business days prior to the scheduled meeting. Parents shall receive at last two additional notifications by the Provider prior to the schedule meeting. All contacts shall be documented and provided to the DSCYF Out-of-State Placement Coordinator.
 - Develop the IEP on the Delaware IEP Form, submit the IEP to the DSCYF Out-of-State Placement Coordinator at least 5 business days prior to the IEP meeting for review/feedback. The Delaware IEP form as well as a guidance document will be provided by the DSCYF Out-of-State Placement Coordinator.
- (2) During the IEP meeting
 - Ensure that student participates in the IEP meeting if they are 14 years or older
 - Begin the meeting with the DSCYF Out-of-State Placement Coordinator reviewing Parental Rights/Procedural Safeguards with the parent
 - Ensure all required staff signs the IEP (general education teacher, special education teacher, administrator/administrator designee, etc.) and any other appropriate documents and email all documents within three (3) business days of the IEP meeting to the DSCYF Out-of-State Placement Coordinator. For team members that participated by phone, record their name and “Participated via Phone” in the signature column.
- If the Eligibility Summary Report expires during the duration of the placement, the Provider shall be responsible to:
 - (1) Contact the DSCYF Out-of-State Placement Coordinator 60 calendar days prior to expiration date to schedule the Eligibility Determination meeting to determine eligibility.
 - The DSCYF Out-of-State Placement Coordinator will obtain parent permission to complete a re-evaluation.
 - (2) Prior to the IEP meeting
 - After parent permission has been obtained, provide the following data to the DSCYF Out-of-State Placement Coordinator (the Eligibility Summary Report will be prepared by the DSCYF Out-of-State Placement School Psychologist)
 - ✓ Classroom observation, conducted by someone other than the classroom teacher, in an area address on the student’s IEP.
 - ✓ Assessment data (example: standardized achievement test results, benchmark assessments, state assessment scores, classroom data, etc.)
 - ✓ Behavior Raters completed by classroom and residential staff (provided by the Delaware OOS School Psychologist)
 - ✓ Psychological evaluation if completed
 - ✓ Psychiatric assessment if completed
 - ✓ Documentation of parent input/concerns
 - ✓ Documentation of medical concerns
 - (3) During the Eligibility Determination meeting (if different from the IEP meeting)
 - Begin the meeting with the DSCYF Out-of-State Placement Coordinator reviewing Parental Rights/Procedural Safeguards with the parent
 - DSCYF Out-of-State Placement School Psychologist will review evaluation results and lead the team through determining edibility. A copy of the report will be provided for participants prior to the meeting.
 - Ensure all required staff signs the Evaluation Summary Report (evaluation specialist, general education teacher, special education teacher, administrator/administrator designee, etc.) and email all documents within three (3) business days of the IEP

meeting to the DSCYF Out-of-State Placement Coordinator. For team members that participated by phone, record their name and "Participated via Phone" in the signature column.

- The Provider shall notify both the identified contact person at the Delaware LEA and the DSCYF Out of State Placement Coordinator of the definite discharge date at least thirty (30) days prior to the scheduled discharge date. No less than 15 business days in advance of a student's return to the Delaware School District of residence, the Provider shall forward school records as delineated below to the Delaware LEA.

For all discharges where indicated, final grades and a brief summary of school progress/recommendations should be forwarded by the Provider to the LEA within 5 business days after discharge. However, the Provider shall not send the entire treatment/service plan or written service reviews to the Delaware LEA, as these planning materials contain confidential treatment information.

- A. Continuity of Education: DSCYF contracted programs that provide education will collaborate with DSCYF case managers to ensure a smooth transition into their educational program by obtaining relevant educational materials from the sending school districts upon admission to the Provider's program in order to assure that an appropriate education plan can be developed. DSCYF, in collaboration with the sending Delaware school district (local education agency or LEA) shall send the following education information for each referred youth:

- Name and contact at the local education agency (LEA)
- Immunization record
- School status (attending, withdrawn, suspended, expelled). Note: if expelled, date when the youth will be eligible to return to school. If withdrawn from school this official notification requires a parent signature.
- Report card indicating numerical or letter grades for each subject and teacher comments as appropriate
- Transcript which includes cumulative credits for grades 9 through 12, if servicing youth for 60 days or longer. Transcripts need to be cumulative from prior placements and indicate where grades were received.
- Achievement/educational testing information as appropriate
- Vocational/transition planning for special education students (age 14 or over)
- Current psycho-educational evaluation
- Related service assessments as may be current and appropriate
- Current IEP with documentation of progress and accommodations for testing
- Current special education Evaluation Report

Prior to discharge, Providers will cooperate with identified DSCYF case managers to assure that copies of all relevant educational material produced during the course of treatment at the facility are available to forward to the receiving educational program. These may include but not necessarily be limited to:

- School status
- As applicable, updates to:
 - Immunization record
 - Recommendations for education/vocational programming

- Report card indicating numerical or letter grades for each subject, teacher comments and dates of enrollment
- Transcript which includes cumulative credits for grades 9 through 12 if servicing youth for 60 days or longer
- Transcript which includes cumulative credits (grades 9 through 12)
- Current achievement/educational testing information
- Current vocational/transition planning for special education students (age 14 or over)
- Current psycho-educational evaluation, if performed by the Provider
- Related service assessments, if performed by the Provider, and service documentation
- Current IEP with documented progress
- Current special education evaluation report, including documentation of Eligibility for Special Education Services, if the evaluation was completed by the Provider
- Current 504 plan, if applicable.

VII. CHILD SAFETY

A. Unplanned Discharges:

While the goal is always to avoid unplanned service disruptions the DSCYF understands that goal isn't always possible. Therefore, a youth may be prematurely discharged by the provider from the provider's program when the provider determines that a youth's behavior warrants removal, or provided certain conditions are met, that the provider's program is no longer best suited for the youth. The provider will contact the youth's Case Manager/Case Monitor or his/her supervisor and discuss the reasons for removal with the goal of a cooperative discharge plan developed by the provider's staff and DSCYF staff.

The provider must give thirty (30) days' notice when a youth is no longer appropriate for the provider's care unless the situation is dangerous to the youth or others. In all cases the provider will assist in making plans for the child to facilitate the least traumatic, most supportive move for the child and for the child's family members. If language in any Attachment A of any Contract is more restrictive than language supersedes this language.

The provider must have direct communication and work in collaboration with the DSCYF Case Manager/Case Monitor or that person's supervisor to develop a mutually acceptable plan for all unplanned discharges. Should this plan include a return to the Delaware LEA, all of the procedures for planned discharges apply with the possible exception of certain notification period(s) of the Delaware LEA (Refer to section VI. PROGRAMS PROVIDING EDUCATION for details)

B. Emergency Preparedness Policy/Plan: The Provider will have an emergency preparedness plan, appropriate to the size and scope of the organization that will outline immediate and follow-up response procedures to potential accidents, natural disasters or other human-caused emergencies.

These plans will include, but not necessarily be limited to:

- Immediate evacuation procedures and plans for life safety
- Definition of and reporting to work expectations for essential and non-essential staff.
- Parental/Guardian notification procedures
- Documentation of routine disaster drills as appropriate to the setting
- Documentation of routine testing of emergency equipment
- Documentation that staff has been oriented to and received ongoing refreshers on emergency procedures, including the use of universal precautions and first aid applicable to the setting.

- Posting of evacuation routes and other procedures applicable to the setting
- Guidelines for responding to media inquiries
- Plans for shelter, care, and accountability for children in emergencies or natural disasters
- Plans for protecting documents in emergencies
- Plan to notify DSCYF contract and program administrators as soon as possible
- Emergency agency contact information in the event of an emergency

B. Transportation: Providers who transport children will ensure that:

- Vehicle operators have current valid drivers' licenses commensurate with the vehicle being driven.
- Insurance coverage as described above is in place for driver and passengers (will provide proof upon request)
- Vehicles have appropriate licenses and registrations required by jurisdictions within which the vehicles are operated
- Vehicles have operable safety equipment, e.g. safety belts, child safety seats, etc. and that children use them
- Vehicles have adequate emergency equipment including first aid kits, spill kits, a regulation size Class B chemical type fire extinguisher placed in easy reach of the driver (with an inspection tag reflecting annual inspections and the extinguisher's pressure gauge visible and readable), plans and or means to make contact with assistance in an emergency, etc.
- Passenger windows will not be opened more than 50% when children are in transport
- 15 passenger vans are not used to transport individuals under the age of 18. Vehicles used to transport more than 10 children must meet state and federal specifications applicable to school buses.
- Children have adequate escort and supervision to ensure their safe transport

C. Smoking: Smoking is not permitted by any minor in any DSCYF contracted facility, program or vehicle, in any public building, or on any outing with youth. Smoking by adults in designated areas that are away from space used for therapeutic and living activities and recreation may be permitted within private facilities.

- Under no circumstances will program personnel allow the purchase directly or indirectly of tobacco products by minors.
- Tobacco products will not be used as positive reinforcement.
- Contractor staff shall not smoke in the presence of DSCYF youth.

D. Child/Youth Violence or Criminal Activity: It is the expectation that providers will have policies and/or practices that prohibit drug sales, other criminal activity, and program participant violence on the premises of the program. All newly admitted program participants will be informed of these policies and/or practices on entry into the program. These policies/practices shall address at a minimum:

- Action to be taken if illegal drugs of any kind are found in the possession of any individual on the premises
- Action to be taken if alcohol is found in the possession of any individual on the premises
- The definition of what constitutes participant violence and the contingencies for such violence actions that will be taken in response to program participant violence

E. Restrictive Procedures (Restraint): Under no circumstances will restraint be permitted during program activities other than those specifically authorized by an appropriate regulatory body. For non-licensed

providers under no regulatory oversight, physical restraint or restrictive procedures may be used only in instances when the safety of the child, other children in program, or staff is at risk.

- F. Medication: The Provider will have policies and/or practices which are compliant with any applicable licensing body requirements in place for all medication, including over-the-counter medication, issued in the program. These policies and/or practices must provide documentation related to the prescription or ordering of medication; preparation, dispensing, storage of medication; administration or assistance with self-administration of medication; monitoring the effects of medication; continuation of medication; recording and reporting of medication errors/lapses; and reporting to other professionals as appropriate or required.

DSCYF has developed a policy and series of strategies to promote the use of best practice for the prescribing of psychotropic medications for DSCYF involved youth. DSCYF provides this short overview of the components of the policy (below is a link to the full policy). The following values shaped the policy:

- DSCYF believes that the use of trauma informed, evidence-based psychosocial treatment should be provided before, or concurrent, with the prescription of psychotropic medication whenever possible.
- DSCYF believes that children and families should be meaningfully engaged in decisions regarding the initiation, change or discontinuation of medication.
- DSCYF promotes the use of the American Academy of Child and Adolescent Psychiatry (AACAP) Practice Parameters for the use of Psychotropic medications found here: [https://www.jaacap.org/article/S0890-8567\(09\)60156-8/abstract](https://www.jaacap.org/article/S0890-8567(09)60156-8/abstract) and here http://dcf.psychiatry.ufl.edu/files/2011/05/JAACAP_-_Psychotropic-Meds_2009.pdf and HEDIS (Healthcare Effectiveness Data and Information Set) measures for the use of antipsychotic medication for children and youth found here: <https://www.ncqa.org/hedis/measures/use-of-multiple-concurrent-antipsychotics-in-children-and-adolescents/> and here: https://www.ahrq.gov/sites/default/files/wysiwyg/policymakers/chipra/factsheets/chipra_1415-p011-1-ef.pdf. These resources provide valuable guidance for judicious use of psychotropic medications, true informed consent and monitoring for adverse effects.

The Department recognizes that children in foster care and those in residential settings are at increased risk of being prescribed psychotropic medication (including antipsychotic medications). To provide additional quality assurance, the Department will review the use of these medications for consistency with the HEDIS measures. If the treatment plan is not consistent with HEDIS, a DSCYF consultant will reach out to the prescriber to discuss the current medication plan and possible opportunities to enhance alignment with HEDIS.

The DSCYF Psychotropic Medication Information is available via this link: <https://kids.delaware.gov/information/psychotropic-medication-info.shtml> We value the services you provide for children served by DSCYF and look forward to supporting you to provide the highest quality and most effective psychosocial and medication services. If you have any questions regarding this email and/or the policy, please contact Heather Alford (heather.alford@delaware.gov).

- G. Medical Treatment for Children in Residential Treatment: At the point when approval for admission has been confirmed, the Provider will document with the DSCYF case manager how emergency, psychiatric hospital, and hospital medical care will be approved and reimbursed. In all cases, the

provider will use third-party payment, e.g., medical insurance or Medicaid, prior to requesting reimbursement from DSCYF.

- H. Trauma Informed Care: DSCYF has committed to a trauma-informed approach in our work with children, families, staff and our partners. To guide our trauma-informed work, DSCYF has adopted the Substance Abuse and Mental Health Services Administration Concept of Trauma and Guidance for a Trauma-Informed Approach (<https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884.html>). Consistent with SAMHSA's framework, DSCYF is working to ensure that service recipients, service providers and DSCYF staff are knowledgeable about the prevalence of exposure and opportunities for resilience, healing and recovery for children, families and communities served. DSCYF encourages the use of strategies to build the capacity of staff and providers to recognize and respond to trauma exposure, including the use of trauma screening and assessment, trauma-specific treatment interventions, trauma training for staff, and trauma informed supervision practices. DSCYF is committed to actively resisting the re-traumatization of service recipients and staff, and supports the incorporation of trauma informed principles into all aspects of organizational policy and practice (e.g. environments that promote a sense of physical and psychological safety, practices that promote collaboration with and empowerment of service recipients). This trauma informed framework is consistent with DSCYF's commitment to the systems of care principles.
- I. Communicable Disease Training and Prevention: DSCYF Policy 103, Communicable Diseases, requires that contracted providers provide communicable disease prevention training and information to their employees and children in residential programs. This policy addresses communicable diseases which may be serious enough to require hospitalization and/or be construed as life threatening.

The policy is based on Delaware Division of Public Health regulations. Communicable disease prevention training should include, but is not limited to, the following information:

- Universal precautions require that care providers use appropriate barrier precautions (use of latex gloves and care in the use and disposal of needles and other sharp instruments) to prevent exposure to blood, body fluids, secretions and excretions of children, youth or patients at all times.
- Standard precautions include “universal precautions” and the appropriate use of hand washing.
- Standard precautions and infection control measures should be practiced routinely to prevent the spread of infectious diseases. These precautions are sufficient to reduce the low risk of transmission of most communicable diseases in residential settings, the workplace and other public spaces.
- Contracted providers should comply with required communicable disease prevention training requirements of those organizations and agencies that either license or accredit their facilities and programs.
- Children, youth and their families who have, or may be at risk of getting any communicable disease do not forfeit any rights of access, confidentiality or assignment regarding the services offered by DSCYF through contracted service providers.

VIII. Transfer Instruction Sheet for Medication, Medical, Emotional, or Behavioral Information

The purpose of DSCYF Policy #207, Transfer Instruction Sheet, is to ensure continuity of care for children entering or leaving residential care. The Transfer Instruction Sheet contains the most accurate and current information regarding a child's school, medication, and other medical, emotional, and behavioral information. A copy of Policy #207 can be located at http://kids.delaware.gov/policies/policy_dscyf.shtml Procedures to be followed in using the Transfer Instruction Sheet are:

- A. A Transfer Instruction Sheet shall accompany a child when entering residential care, moving from one residential program to another, when returning to the community from residential placement, or going on a home pass or visit.
- B. All children entering a DSCYF contracted residential placement or DFS foster home should have a Transfer Instruction Sheet accompanying them prepared by the current caregiver or case manager.
- C. All children receiving prescription medication and going on a home pass or visit should have a Transfer Instruction Sheet accompanying them that was prepared by the current caregiver or case manager.
- D. The Transfer Instruction Sheet is completed by the current caregiver or case manager following the Instructions for Completing Transfer Instruction Sheet each time a child leaves or is discharged from a placement. (See Instructions for Completing Transfer Instruction Sheet below.) An electronic copy of this form can be found on the DSCYF website where these "Operating Guidelines" are available as well as with DSCYF Policy #207 by going to the DSCYF Policy page link above then click "**Direct Client Service**" to access the policy and the Transfer Instruction Sheet.
- E. When a child is receiving prescription medication, the child's current caregiver and the adult or DSCYF employee transporting the child should ensure that the information on the Transfer Instruction Sheet is consistent with the label on the medication bottle. The transporting adult should sign for each medication on the Transfer Instruction Sheet. Medication should pass from adult to adult. The receiving adult caregiver to whom the child is being transferred signs and dates the Transfer Instruction Sheet for each medication that accompanies the child.
- F. The Transfer Instruction Sheet shall be completed plus two copies made. The original copy is retained by the current care provider (person/agency completing the form), one copy is left with the receiving care provider, and one copy is maintained in the Division case record for the child. A photocopy of the Transfer Instruction Sheet should be provided to any other DSCYF division active with the child.

Instructions for Completing the Transfer Instruction Sheet

The Transfer Instruction Sheet should be completed by the person last responsible for caring for the child. If the child is being transferred from a facility that has a medical provider on staff, the medical provider should review a copy of this form before the child is transferred. No child should be transferred, accepted into a placement, or if being prescribed medication go on a home pass or visit without a copy of this form. If the child is being transferred to a facility that has a medical provider on staff, the medical provider should review a copy of this form as soon as possible.

For a child going on a home pass or visit during which time medication will be administered, items 1, 9, and 15 should be completed as applicable. For a child going into placement, moving between placements, or returning from a placement to a community setting, all items on the sheet should be completed as applicable.

The current caregiver completes the Transfer Instruction Sheet and retains the original copy. One copy is given to the child's receiving caregiver, and one copy should be maintained by the Division responsible for making the placement in the child's case record.

Indicate at the top of the sheet whether the Transfer Instruction Sheet is for a child entering or leaving a residential placement or for a child going on a home pass/visit.

1. Fill in the child's full name.
2. Fill in child's Personal Identification Number (PID) if known.
3. Fill in child's date of birth.
4. Fill in the name of child's medical insurance carrier and ID # if known.
5. Specify any current medical conditions the child may have (e.g., asthma, allergies, bronchitis, etc.).
6. Complete the name of the medical provider who made the above listed diagnoses if known.
7. Specify any current psychiatric/behavioral diagnosis the child may have (e.g., depression, oppositional defiant disorder, schizophrenia, etc.).
8. Complete the name of the mental health provider who made the above listed psychiatric/ behavioral diagnoses.
9. List all current medications, dose & time(s) of day the medication is to be administered (e.g., 1 pill before breakfast), number of pills (if in pill form), reason (the condition being treated), the name of the prescribing health care provider, signature of the adult who is transporting the child for each medication, the signature of the receiving caregiver for each medication, and the date the receiving caregiver signs for the medication. **Note**--The adult transporting the child may be the same person as the receiving adult caregiver.
10. List any special precautions or other instructions being taken at the child's current placement (e.g., sleeping on a mat for seizure precautions, special dietary needs, etc.).
11. List child's health care provider, phone number, and date of the last appointment if known.
12. Indicate if the child has been seen in a hospital within the past 30 days. If so, indicate the hospital name, phone number of the hospital if known, date of visit, and reason for the visit.
13. List any scheduled medical appointments the child may have.
14. Provide the name of the school the child attends and what grade the student is in.
15. List the names of individual(s) with which the child should not have contact.
16. Fill in your name and the date you completed the Transfer Instruction Sheet.
17. Fill in your agency's name and address and the phone number at which you can be reached.
18. Signature of person giving Transfer Instruction Sheet to receiver and date.
19. Signature of person receiving the Transfer Instruction Sheet and date.

IX. REPORTABLE EVENTS AND NOTIFICATION PROCEDURES

DSCYF requires prompt reporting of specified significant events affecting the care and well-being of youth being served by a DSCYF contractor. Children in DSCYF contracted programs may be active with only one Division, or with any combination of the following Divisions:

- Division of Family Services - (DFS)
- Division of Management Support Services (DMSS)
- Division of Prevention and Behavioral Health Services - (DPBHS)
- Division of Youth Rehabilitative Services - (DYRS)

The following procedures are not meant to preclude the usual agency processes for contacting key individuals such as parents and guardians, police, medical personnel, etc., when incidents occur. In most cases parents, guardians, police, medical personnel, etc. should be the first point of contact after an incident unless otherwise specified by DSCYF.

All Reportable Events incidents listed below require initial notification either by person-to-person voice contact or by leaving a voice-mail message or sending an email. Initial notification is to be followed-up with a typed report for the events listed in C-1 and C-2 within 72 hours of the event's occurrence or of the contractor learning of the event. Contractors may be required to directly submit the written report through the Department's electronic case management system known as FOCUS. If not submitted directly through FOCUS, the Contractor is required to submit the typed report using the DSCYF Reportable Event Summary and submitting through email.

The Provider's client case files shall identify a child's family or guardian contact information and the DSCYF Division(s) case worker(s) and contract manager(s)/administrator(s) names and telephone numbers **as all staff active with a youth or contract must be appropriately notified**. To ensure compliance with these contractual requirements, it is the Provider's responsibility to review the Reportable Events section of the Operational Guidelines with all direct care staff and to post the one-page "Delaware DSCYF Reportable Events & Notification Procedures" (posted online with this document) so that it is readily available to staff members for quick reference.

- A. When a Reportable Event report must be made to DSCYF:
1. When a qualifying event occurs in a contracted facility, program or any other service delivery where the contractor is responsible for the twenty-four-hour supervision of a Department child/adolescent.
 2. When a qualifying event occurs during a time when a nonresidential service or program is directly responsible for supervising the child/adolescent, i.e., the child/adolescent is or is supposed to be in the presence of program staff in the program office or in the community.
 3. 3rd Party Reporting. A report is considered "3rd Party" when a child/adolescent is active with a provider (formally admitted/referred and not formally discharged) and a provider employee becomes aware of an identified event or incident which has occurred at a time other than when provider staff were responsible for the supervision of the child/adolescent. The types of events or incidents considered 3rd Party reportable are the following: all those listed below requiring person-to-person voice contact; and suicide attempt; and allegations of abuse or neglect by someone outside the agency. Notification should be made as required below and the written report shall have the "Making 3rd Party Report" box checked when submitted to DSCYF.
- B. Types of Reporting to DSCYF: The Provider should maintain written documentation of all person-to-person voice contacts or voice-mail message contacts made with the Department regarding a Reportable Event. This record should include date and time of contact, the type of contact (person-to-person voice contact or voice-mail message), the name of provider staff making the contact, and the name of the DSCYF person contacted.

1. *Person-to-Person Voice Contact (Required for Reportable Events listed in C-1 below):* These reports must have a live person speaking to another live person. Voice-mail messages cannot be substituted for the person-to-person voice contact for these reportable events.
2. *Voice-Mail Messages (Acceptable for Reportable Events listed in C-2 and C-3 below):* If the provider staff member notifying DSCYF of a Reportable Event does not make person-to-person voice contact, the provider staff member may leave a voice-mail message for **each active** DSCYF case manager and/or program administrator/contract manager for Reportable Events listed in C-2 or with the program administrator/contract manager for Reportable Events listed in C-3.
3. *Report Submission:* There are two methods, depending on the access you have to the Department’s FOCUS system, by which you may be required to submit a summary report of the event(s) you have reported. They are:
 - **Electronic Submission:** As instructed the Contractor staff with FOCUS portal access will submit a Reportable Event Summary report directly into the Department’s FOCUS system within 72 hours of the event’s occurrence or of the contractor learning of the event which are listed in C-1 and C-2. If more than one DSCYF child is involved, a separate FOCUS Reportable Event shall be prepared for each child, without naming the other involved child(ren).
 - **Typed Submission:** As instructed the Contractor will submit the typed Reportable Event Summary report outside the FOCUS system, the format for the report is posted separately online in fillable format for ease of use. The report must be submitted through encrypted email or fax to the designated DSCYF destination within 72 hours of the event’s occurrence or of the contractor learning of the event listed in C-1 and C-2. If more than one DSCYF child is involved, a separate FOCUS Reportable Event Summary shall be prepared for each child, without naming the other involved child(ren). If a subsequent revised report is submitted it must be indicated by checking the appropriate box at the top of the form.

Each typed Reportable Event Summary shall be submitted as follows:

Division of Prevention and Behavioral Health Services (DPBHS) - send by encrypted email to DSCYF_DBPHS_QI@delaware.gov OR fax to (302) 661-7270.
Division of Youth Rehabilitative Services (DYRS) send by encrypted email to DSCYF_Reportable_Events@delaware.gov OR fax to (302) 661-7287.
Division of Family Services (DFS) <ul style="list-style-type: none"> • For all Foster Care providers send by encrypted email to DSCYF_FC_Reportable_Events@delaware.gov AND the appropriate youth case worker • For all other DFS providers send by encrypted email to the appropriate youth case manager
Division of Management Support Services (DMSS) Interstate Compact Office – send by encrypted email to DSCYF_DMSS_Interstate@delaware.gov OR fax to (302) 633-2571.

Since a Contractor may be required to file other written incident reports internally or with other agencies, those forms MAY be acceptable provided that they contain the information DSCYF has requested. Please secure prior approval from the active Divisions’ Contract Administrator or the DPBHS Quality Improvement Unit before submitting alternate Reportable Event form.

A formal DSCYF Reportable Event Summary report does not need to be submitted for Reportable Events not involving a Department child listed in C-3. In these instances, provide a brief written

narrative of the incident containing the relevant information to the DSCYF Program or Contract administrator within 72 hours of the event's occurrence or of the contractor learning of the event.

C. Reportable Events:

1. *Reportable Events Requiring Person-to-Person Voice Contact:* Any of these events involving a youth active with DSCYF requires live person-to-person voice contact as soon as possible after the event, not to exceed 4 hours. For these events, leaving a message is not acceptable. **In addition, the identified events below require additional Abuse Hotline reporting as indicated.**
 - Death of a child/youth currently active or active with DSCYF in the past 12 months or death of a contracted program staff member while on duty or foster/adoptive parent(s)
 - Injury, illness, or any other event which requires medical or psychiatric hospital admission beyond emergency room treatment. The DSCYF reporting form requires indication if the hospital admission includes any of the following three conditions: 1. Admission from a 24-hour placement, 2. Child Abuse/Neglect reported to the jurisdictional agency, 3. As a result of a suicide attempt, 4. Admission is a 3rd psychiatric admission in the past 90 days.
 - Escape, AWOL, or runaway from any 24-hour residential facility, or day treatment program. A reportable AWOL is defined by a child having left the facility/program without appropriate authorization. For a youth in a foster or adoptive placement the determination of AWOL or runaway should be based on a belief the youth is "missing", the perceived risk to the youth, the age of the youth, and the length of the absence. *See Paragraph F below for additional requirements for DYRS youth.*
 - A Stabbing or Shooting involving a DSCYF youth as either perpetrator or victim
 - Allegation of an incident of institutional abuse of a Department youth by program staff member(s), foster/adoptive parent(s), or caregiver. This may include possibly physical, sexual, or emotional abuse, physical neglect, as well as failure to provide appropriate supervision. **Incidents occurring in Delaware require contacting the Delaware Hotline at 800-292-9582 and submission of a DFS Mandatory Reporting form as instructed on the form. Events occurring outside of Delaware ALSO require contracting the abuse hotline in the jurisdiction where the incident occurred.**
 - Alleged sexual assault, rape or sexual abuse of or by a Department youth.
 - Disturbance that has potential for harming a child or causing major program disruption such as a natural disaster, bomb threat, hostage taking, etc.
 - Abduction of youth
2. *Reportable Events for Which Voice-Mail Messages are Acceptable:* While serious, these events usually do not require immediate DSCYF action and/or intervention. For these Reportable Events involving a Department child, voice mail message notification is acceptable if person-to-person voice contact cannot be made with either the case worker or contract manager within 24 hours or the next regular working day. NOTE: A provider staff contact name and phone number for follow-up must be included when leaving a voice mail message.
 - Alleged sexual harassment of or by a Department youth.
 - Arrest of an employee on criminal charges for offenses that either occurred at the program or involved any program youth
 - Communicable diseases of any child or staff in the program. Service providers in Delaware should report any communicable disease that is listed on Delaware's Division of Public Health's website: <http://www.dhss.delaware.gov/dhss/dph/dpc/rptdisease.html>. Out-of-state providers should report to DSCYF those communicable diseases that their state's public health regulatory agency requires be reported in that state.
 - Community, facility, or employee issues which may or may not relate directly to any Department child but could lead to media inquiries or attention (e.g., employee strike, protests about program location, etc.)

- Contraband in the possession of or involving a Department child (e.g., weapons, drugs, tobacco products, or other illegal or dangerous items)
- Infection/illness that may have been caused by conditions in the program facility
- Injury/illness resulting in emergency room visit or requiring outside medical attention (exclude follow-up appointments)
- Medication error / lapse. Reporting medication errors or lapses is required only by residential or service programs that administer or aid in the administration of medication.
 - Errors: Giving a child the wrong medication, the wrong dosage, or using the wrong route of administration (i.e., eye-drops taken orally) are examples of medication errors.
 - Lapse: Medication can be given within the following time range--one hour prior to and up to one hour after the scheduled time for administration. A medication lapse occurs in instances when medication has not been given within one hour of the scheduled time for administration.
 - A child's refusal to take medication is not a medication error or medication lapse. A child's refusal to take medication is not a Reportable Event, but it should be documented in the child's medical chart.
- Pattern of self-harm. Identification of a reportable pattern of self-harm is defined as being a pattern of self-injurious behavior which raises the concern of a medical/clinical professional involved with the youth such that this person feels it should be communicated to an appropriate DSCYF contact person.
- Physical restraint and indicate type: Physical, Chemical, and Mechanical. This type of event involves the use of physical force or mechanical means to temporarily limit a person's freedom of movement. Chemical restraint is the involuntary emergency administration of medication, in immediate response to a dangerous behavior. NOTE: Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior or injury to self or holding a person's hand or arm to safely guide him or her from one area to another is not a restraint. Separating individuals threatening to harm one another, without implementing restraints, is not considered restraint.
- Injury resulting from physical restraint

Any injury that occurred during or as the result of a physical restraint needs to be reported. In addition, any injury which requires medical attention or any injuries which are atypical from a restraint must be called into the DFS Hotline. **Atypical injuries occurring in Delaware require contacting the Delaware Hotline at 800-292-9582 and submission of a DFS Mandatory Reporting form as instructed on the form. Atypical injuries occurring outside of Delaware ALSO require contacting the abuse hotline in the jurisdiction where the incident occurred.**
- Seclusion of a youth
- Police called for assistance with youth or youth arrested on new delinquency charges
- Removal of an employee from duty as a result of a performance issue that may affect security or child safety (i.e., intoxication or drug use while on duty, etc.)
- Suicide attempt. This event type requires specific action with the intended goal of causing the death of the youth.
- Vehicle accident involving DSCYF client (child or family member) in provider's vehicle
- Physical peer to peer aggression. This type of event is defined as any physical act (i.e., shoving, slapping, punching, kicking, etc) of intended bodily harm to another person which may or may not result in physical injury. This event also includes physical contact with an object with the same intended bodily harm of another person.
- "Special Incident". This event type is to be used only when DSCYF has requested a written report on a specific event which doesn't fit into another established event type.

3. *Reportable Events to be Reported Only to the DSCYF Contract Manager or Program Administrator:*
When no child from DSCYF is involved, the following Reportable Events shall be reported to the

provider's DSCYF contract manager or program administrator no later than the next business day (voice-mail messages are acceptable) with a brief written narrative submitted within 72 hours of the event's occurrence or of the contractor learning of the event (Note: written reports for these events do not have to be submitted through FOCUS or using a Reportable Event Summary form):

- Allegations of institutional abuse lodged against provider's staff but not involving a Department child
- Allegations of abuse/neglect by persons outside the agency **but associated with the Contractor's program** (e.g., parent, coach, volunteer, etc.), but not involving a Department youth.
- Arrest of provider staff for felonies involving violence against a person(s) occurring away from the program site
- Charges of DUI of a provider staff member with responsibility for transporting children

- E. Instructions and Phone Numbers for Events Requiring Person-to-Person Voice Contact: For Reportable Events that require person-to-person voice contact, during regular business hours (8:00 a.m. to 4:30 p.m.), call the child's case worker assigned to the child or youth. If the provider staff member is unable to make person-to-person voice contact with the case worker, call the Program or Contract Manager next. If person-to-person voice contact cannot be made with either of these individuals, then call the designated Daytime Backup contact phone numbers. To report a Reportable Event requiring person-to-person voice contact after regular business hours, weekends, or holidays, call the designated Division After-Hours/Weekend/Holidays contact phone number.

During Regular Business Hours

Division of Family Services - At any time on any day of the year, call (800) 292-9582

Division of Prevention & Behavioral Health Services - call Case or Program Manager

Division of Management Support Services Interstate Compact Office - call Compact Administrator

Division of Youth Rehabilitative Services - call Case Worker, Supervisor, or Regional Manager

Daytime Backup/After-Hours/Weekends/Holidays

Division of Family Services-At any time on any day of the year, call (800) 292-9582

Division of Management Support Services Interstate Compact Office - (800) 292-9582

Division of Prevention & Behavioral Health Services-(800) 969-HELP (4357)

Division of Youth Rehabilitative Services – Daytime Backup (302) 633-2620 / After Hours (302) 353-0334

- F. Victim Notification Requiring Person-to-Person Voice Contact with Ferris School: For DYRS youth only, in addition to the case manager, contract manager, or emergency/after-hours contact person, providers must also report escapes, AWOLs, or unauthorized absences from staff secure (Level 4) or secure care (Level 5) facilities to Ferris School at (302) 993-3800 for victim notification purposes. This includes DYRS youth who fail to return from a "home pass" within one hour of the agreed-upon return time, as that constitutes an unauthorized absence.
- G. Information to be included in Initial Telephone Reporting of an Incident: The service provider staff member calling to report any reportable event should be prepared to give the following information:
1. Providers staff reporter's name, job title and phone number
 2. Provider/Program name and phone number
 3. Child's/Adolescent's name(s) and Date(s) of Birth
 4. Date, location, and time of the event
 5. Description of event – what happened? Include who, what, how, why, and any available information such as situations existing before the incident, recent changes, attitudes, other contributing factors, etc.

6. What steps or precautions have been taken to re-establish safety or manage the situation? If the incident involved allegations of abuse, what steps have you taken to ensure child safety?
7. Current condition of the child(ren) now?
8. Who has been contacted already? (Parents? Guardians? Other agencies?)
9. Who should DSCYF contact for additional information and/or follow-up (name and phone number)?

H. Follow-Up Requirements: Each DSCYF Division has policies, procedures and requirements unique to that Division. Each event or situation is also unique. Additional communication, follow-up actions, or other special handling beyond the limits of the language and instruction provided in this section may be necessary based on the nature of the individual event, the Contractor's situation, and the Division(s) involved. DSCYF reserves the right to request additional information and/or written follow-up reports regarding corrective actions, administrative investigations, policy or program changes, and safety plans resulting from incidents.

The required **DSCYF Reportable Event Summary** report can be found at this link under Legally Binding Contract Documents Relevant to Executed Contracts: https://kids.delaware.gov/mss/mss_contracts.shtml

X. DOCUMENTATION AND REPORTING REQUIREMENTS

Providers will submit to DSCYF the minimal data set required for maintenance of the Department's electronic case management client data system, if not authorized to enter the data through a portal on its own. Providers will also submit reasonably required data for child outcome studies and program evaluation concerning the providers' program and children/ youth served under this Contract.

XI. CHILD/CASE RECORDS MAINTENANCE

Maintaining complete and accurate client records is an essential case management goal and requirement for the Department. Accurate, thorough, and timely documentation in the record provides a cumulative summary of the client and family's progression at each stage of service and helps provide accountability for the provider and caseworker delivering services. Case record documentation must describe which family members, household members and others are communicating or participating in interventions and provide a complete and factual account of how the caseworkers and the provider are fulfilling the contractual requirements in compliance with mandates, laws, regulations, federal requirements, and all policies. Accurate and up to date information in the case record is essential to ensure that needed information can be accessed for decision making, planning, as well as oversight and review by approved parties at all times.

Documentation must be factually correct, timely, and updated regularly. Documentation must include all designated activities conducted with or on behalf of the children and families served. All providers, with authorized access, will document all designated casework activities in the Department's electronic case management client data system (FOCUS) using the designated tools, events, or records. Those providers without authorized access to the Department's case management client data system (FOCUS) will maintain the same described record keeping in its own child/case record system.

- A. **FOCUS Access:** Access to the FOCUS system is only granted upon request to those provider staff with the need after submission of required forms. One prerequisite for access to FOCUS is a successful DSCYF criminal background check and Child Abuse Registry check. Another prerequisite is that the user's default internet browser be set to a browser designated by the Department (currently Microsoft Chrome). A separate access form for each user must include the following signed documents and be submitted to DSCYF_Contracts_Forms@Delaware.gov.
 - FOCUS User Access request form

- Signed DSCYF Confidentiality form
- Signed Delaware Acceptable Use form.

A new DSCYF Confidentiality form and a new Delaware Acceptable Use form must be signed and submitted annually by each user accessing the system. All forms are available at <https://kids.delaware.gov/management-support-services/contracting-information/>

B. Child/Case Records: Providers will keep an individual record appropriate for the level of service provided for each child that will contain at minimum:

- Customary demographic information such as legal name, date of birth, address, telephone contacts including parents, case managers as applicable, start and end dates of service
- Critical child information such as allergies, medical conditions, and dietary restrictions as applicable
- Emergency contact information
- Dated and signed documentation of all services provided within service setting which may include but are not limited to: child assessments, safety plans, initial and updated treatment/service plans, progress notes, milieu notes, contact notes (case management, collateral, family, etc.), visits/visitation, supervisory consultation, meetings, all communication (text, writing, phone, email, in person) used for assessment and decision making, discharge summaries, details of emergency events, and use of special procedures as required by regulatory bodies. *Undocumented services are considered by DSCYF not to have been rendered.*

C. Storage, Retention, and Ownership: The Provider will have policies and procedures to assure that written, electronic and other records containing “non-public” child/case information are accessible only by individuals who have a right to the information.

- Alteration: The Provider will have procedures to control how and under what circumstances records may be altered.
- Retention: Record retention will comply with requirements outlined in the contract Statement of Agreement.
- Program Closing: If a provider’s program, which is fully funded by the Department and exclusively serves DSCYF children, closes, the provider shall return all child/case records to the Department.

D. Non-Public Data Security

Loss or theft of an unencrypted device containing “non-public” sensitive data is generally considered to be a data “breach” and could have undesirable consequences. Password “protection” alone can be easily bypassed and is not capable of protecting such sensitive data from unauthorized disclosure.

The Provider must encrypt all non-public data in transit regardless of the transit mechanism. In instances where the provider stores sensitive personally identifiable or otherwise confidential information, this data shall be encrypted at rest. The Provider’s encryption shall be consistent with validated cryptography standards as specified in National Institute of Standards and Technology FIPS140-3, Security Requirements and as updated from time to time.

Theft or loss of devices or files containing sensitive data are generally not considered a data breach if they were encrypted using appropriate tools. The State currently recommends using encryption tools, many of which are free, that conform to Federal Information Processing Standard Publication 197, Advanced Encryption Standard. Examples can be found here: <https://csrc.nist.gov/Projects/Cryptographic-Standards-and-Guidelines>

E. Cyber Security Insurance

When the Provider cannot offer encryption at rest, the provider must maintain, for the duration of the Contract, cyber security liability insurance coverage for any loss resulting from a data breach. The insurance policy must comply with the requirements outlined in State of Delaware's Department of Technology & Information (DTI) Terms and Conditions Governing Cloud Services and Data Usage Agreement found at the following link and as periodically updated by DTI: <https://dti.delaware.gov/information/standards-policies.shtml>

F. Destruction of "Non-Public" Data

Destruction of all "non-public" data and/or media storage containing "non-public" data must be completed in certified compliance with Delaware's Department of Technology and Information Policy found at the following link and as periodically updated by DTI. <https://dti.delaware.gov/information/standards-policies.shtml>

G. Reporting the loss or theft of "Non-Public" Data

In the event a contracted Provider experiences the loss or theft of any "non-public" data it must be reported to the Department Contract Administrator in accordance with HIPAA requirements. However, the Department's preference is that it be reported as soon as it is discovered. In addition to notifying DSCYF, the Provider must notify the State of Delaware at eSecurity@delaware.gov immediately or within 24 hours of any determination of the breach of security as defined in 6 Del. C. §12B-101(2) resulting in the destruction, loss, unauthorized disclosure, or alteration of State of Delaware data. Additional reporting requirements can be found on the State of Delaware's Department of Technology & Information (DTI) Terms and Conditions Governing Cloud Services and Data Usage Agreement found at the following link and as periodically updated by DTI.

H. Breach Notification and Recovery

Delaware Code requires public breach notification when any citizen's personally identifiable information is lost or stolen see 6 Del. C. § 12B-102 found at the following link and as periodically updated by the Delaware Legislature: <http://delcode.delaware.gov/title6/c012b/index.shtml>. Under certain circumstances this Delaware Code requires additional specific notifications within the stated timeline.

Additionally, unauthorized access or disclosure of non-public data is a breach. The Provider and the Department must coordinate efforts to ensure notice to all affected individuals is provided without unreasonable delay as required by HIPAA. When the provider or their sub-contractors are liable for the loss, the provider shall bear all the costs associated with the investigation, response and recovery from the breach, for example: 3-year credit monitoring services, mailing costs, website, and toll-free telephone call center services. The State of Delaware does not agree to any limitation on liability that relieves a Provider from its own negligence or to the extent that it creates an obligation on the part of the State to hold a Provider harmless.

Provider should consult the State of Delaware's Department of Technology & Information (DTI) Terms and Conditions Governing Cloud Services and Data Usage Agreement found at the following link and as periodically updated by DTI for additional reporting requirements: <https://dti.delaware.gov/information/standards-policies.shtml>

I. Cloud Services and Delaware Data Usage Terms & Conditions

Depending on certain determining factors DSCYF may require a contracted Provider to agree and sign the State of Delaware's Department of Technology & Information (DTI) Terms and Conditions

Governing Cloud Services and Data Usage Agreement. Policies can be found at the following link and as periodically updated: <https://dti.delaware.gov/technology-services/standards-and-policies/>

XII. PERFORMANCE EXPECTATIONS

- A. The Department requires child-centered performance measures that support DSCYF’s goals of safety and positive program outcomes for children and youth in contracted provider services. Generic examples of child outcome performance measures include:
- Eighty percent (80%) of the children will successfully complete and be discharged from a provider’s services within the designated (expected) length of service or stay for the program or service.
 - Eighty percent (80%) of the children in the program will make progress on at least 75% of the goals established in their treatment or service plans while in the provider’s services.
 - Eighty percent (80%) of children will increase their scores by at least 25% from pre- to post-test on instruments used by the provider to monitor progress on improving specified child or youth behaviors.
 - No more than twenty percent (20%) of children completing a contracted service/ program will require additional service(s) at the same or greater level of intensity or restrictiveness within specified time period (generally 6 or 12 months) following service or program discharge.
- B. Contracted services that provide prevention or community-oriented programs that do not maintain individual client records should have relevant program outcome measures that are appropriate for the population targeted by the services in the contract.
- C. The Department expects contracted providers to be responsive to expectations related to the timeliness of service activities and reporting activities. These performance measures are designated as “contract deliverables” as opposed to measures of “child outcome performance measures.” Generic examples of “contract deliverables” (service delivery process measures) include:
- Ninety-five percent (95%) of individual initial treatment or service plans will be completed within the timeframe established by the contract.
 - Ninety-five percent (95%) of individual case reviews will be completed within the timeframe established by the contract.
 - Ninety-five percent (95%) of required periodic reports will be received within the timeframe established by the contract.
 - Ninety-five percent (95%) of periodic reports received will be accurate and complete.

NOTE: Percentages for outcome and “contract deliverable” performance measure targets should be set at a level appropriate for each provider’s services and circumstances.

- D. The contracted provider is required to cooperate with the Department regarding monitoring of contractual performance and/or deliverables. As one component of ongoing quality assurance by the Department, monitoring of contracted services will be regularly completed with the least disruption to the provider’s routine operations as possible. Monitoring is intended to ensure that safe, effective care and services are provided to the Department’s youth and/or families receiving services from the provider. This monitoring may be completed using three (3) different methodologies, an on-site review, remote desk review or virtually. The monitoring may be announced or unannounced. All reports, documents and data requested pertaining to the delivery or quality of the services outlined in the provider’s contract will be provided upon request by the Department. The Department will

provide a written report of the results of the monitoring and notify the provider of any deficiencies or concerns and will discuss any corrective actions required as applicable.

XIII. USEFUL WEBSITES

DFS Child Abuse/Neglect Mandatory Reporting Form: <https://kids.delaware.gov/family-services/child-abuse-and-neglect-reporting/>

Division of Aging/Caregiver Medical Authorization
<http://www.dhss.delaware.gov/dhss/dsaapd/caregive.html>

DSCYF Policies <https://kids.delaware.gov/policies/>

DOE Office of Child Care Licensing (OCCL):<https://education.delaware.gov/families/birth-age-5/occl/>

Operating Guidelines for Contracted Children and Family Programs and Service forms:

- Reportable Event Report form
- Reportable Event Summary, 1-page Reportable Event Poster for Provider Staff
- Transfer Instruction Sheet

Can all be found here: <https://kids.delaware.gov/management-support-services/contracting-information/>
then Click on “Legally Binding Contract Documents Relevant to Executed Contracts”

Request for Proposal (RFP) Website: www.bids.delaware.gov