



## **State of Delaware**

*Department of Services For Children, Youth and Their  
Families/Division of Family Services*

### **POLICY MANUAL February 2021**

#### **DFS Policy Migration #1 8/18/23**

101- Policy on Policy (new- no replacement)  
105- Supervision & Case Conference  
106- Continuous Quality Improvement (new)  
109- Case Documentation Standards  
204- Serious Injury Child Death Reports  
303- Treatment Response (New)  
403- Family Contacts  
404- Foster Care (Client) Contact  
405- Diligent Efforts for Contacts  
411- Considered Removal TDM  
414- Missing/Abducted/Runaway Children  
415- Human Trafficking  
503- Post-Permanency Financial Assistance  
602- Safe Arms for Babies  
612- Termination of Parental Rights  
613- Adoption Petitions to the Court  
614- Extended Jurisdiction Petition and Hearings (new)  
701- Educational Decision Maker (new in policy)\*  
702- Educational Surrogate Parent  
804- Advanced Healthcare Directive \* (power of attorney)  
901- Infants with Prenatal Substance Exposure\*  
1005- Visitation \*  
1013- Indian Child Welfare Act (ICWA)  
1101- Permanency Planning Committee  
1102- Exploring Adoptive Resources \*  
1103- Approval of Foster/Adoptive Homes  
1104- Pre-Adoption Services  
1105- Adoption Placement Supervision  
1106- Guardianship and Permanent Guardianship  
1107- APPLA- Compelling Reasons & Diligent Efforts  
1108- APPLA- Long Term Care Agreements  
1109- Multi-Ethnic Placements (new)  
1201- Eligibility & Initiation of Independent Living Services  
1202- Basic Life Skills Assessment

1203- Independent Living Service Plan  
1204- Basic Life Skills Development & Training  
1206 Exit Conference & Planning  
1207- Transitional Housing Agreement  
1208- Independent Living Aftercare  
1209- Termination of Independent Living Services  
1210- National Youth in Transition Database (new)  
1307- Department Employees as Foster Resource  
1501- Child Protection Registry

### **Principles of Practice**

#### **SERVICES FOR ALL FAMILIES**

*Intake: Case Decision Point #1*

*Investigation & Assessment: Case  
Decision Point #2*

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

#### **SERVICES TO CHILDREN IN OUT-OF-HOME CARE**

*Out-of-Home Placement: Case Decision  
Point #4*

*Permanency In Alternative Settings:  
Case Decision Point #5*

*Independent Living Preparation  
Case Decision Point #6*

### **Administration**

**Foster Home Placement Resources**

Last modification 03-22-19

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## **Principles for Child Welfare Practice**

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

### **Child Abuse Prevention Act of 1997**

#### **State of Delaware**

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

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

#### **One**

The Division uses the Structured Decision Making® Model to assess immediate safety concerns and implement needed safety responses. This system is used throughout a family’s work with the Division.

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

#### **Two**

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

Parental substance abuse in and of itself is not child abuse or neglect. However, parental substance abuse often seriously impacts parents’ ability to meet children’s needs and reduces their ability to provide a safe environment. Caseworkers must focus on the risks associated with parental substance abuse and the behavior of the parent:

### **Three**

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

### **Four**

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

### **Five**

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

### **Six**

A child's safety shall be assessed:

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

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

### **Seven**

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

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

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

## **Eight**

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

## **Nine**

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

## **Ten**

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

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

## **Eleven**

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

## **Twelve**

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

### **Thirteen**

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

### **Fourteen**

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

### **Fifteen**

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

### **Sixteen**

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

### **Seventeen**

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

## Mission Statement

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



## Vision Statement

Our Children.  
Our Future.  
Our Responsibility.

## **Intake: Case Decision Point #1**

## **Intake**

### **#1.1 Screen the Report – Accept or Reject for Investigation**

### **#1.2 Determine Urgency for Response**

#### **Purpose:**

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

#### **Scope:**

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

#### **Decisions:**

The Intake caseworker will assess whether the report:

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

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

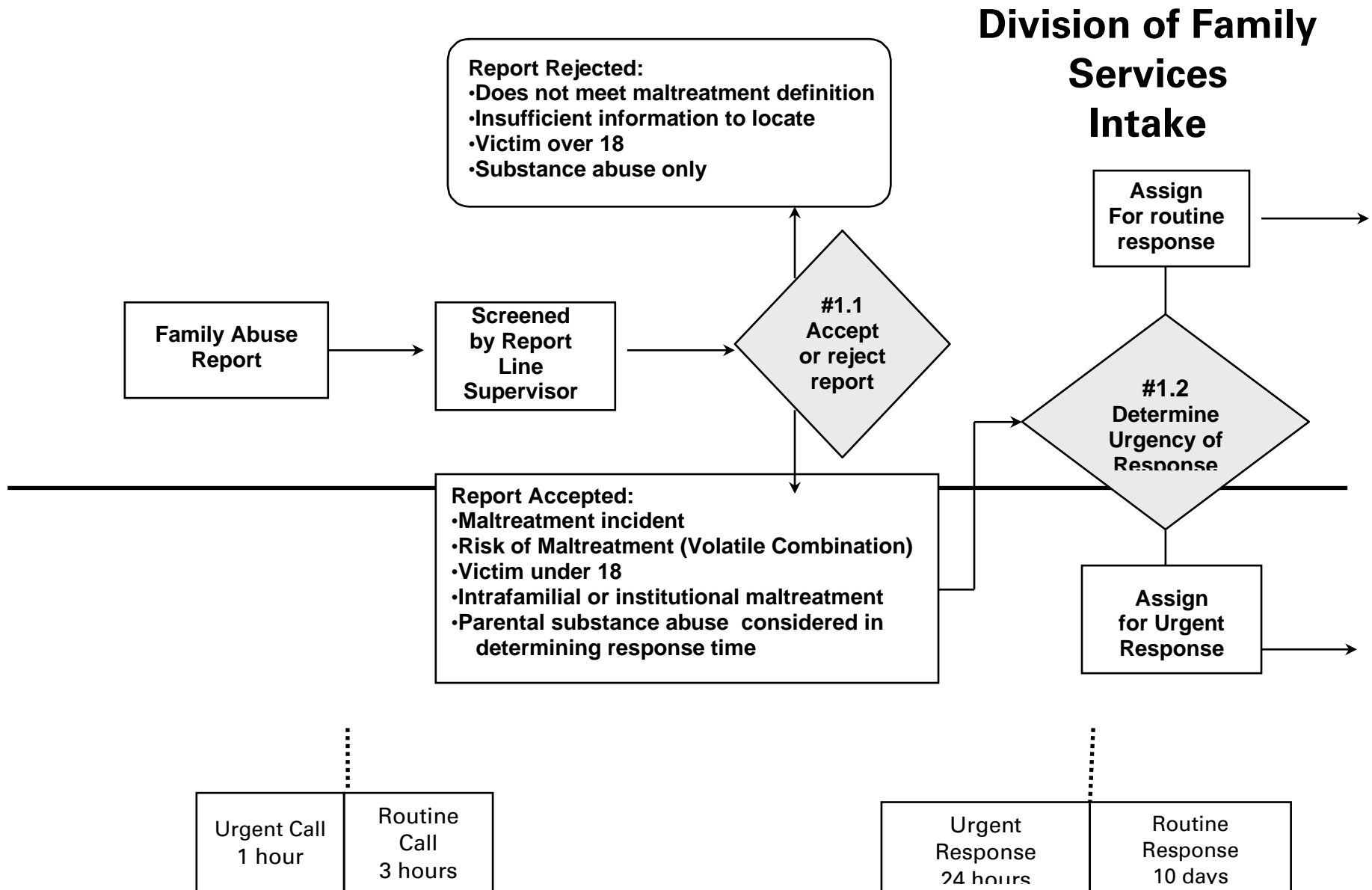
- 1.1 Screen the Report – accept or reject for investigation.
- 1.2 Determine the urgency for response.

#### **Client Pathway:**

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

## **Client Pathway**

Intake chart



Critical Standards	
A. Receiving Reports	
<p>A-1. Intake is the process by which reports are received and screened for allegations of known or suspected maltreatment of children. The Division receives reports for <u>all children</u> in the State of Delaware that have been abused or neglected. All reports shall be documented in FOCUS.</p> <p>A-2. The Division of Family Services receives reports via a statewide and national toll free number (1-800-292-9582) that operates 24 hours per day, 365 days per year. Spanish translation is available to make reports during weekdays from 8:00a.m. to 3:30 p.m. and the Division receives reports from hearing impaired individuals via agencies that have TTY capability. The Division also receives reports from anonymous individuals.</p> <p>A-3. The Division of Family Services also accepts reports made directly to each county office, in writing, or in-person. When a written report is made, the Division will contact the person who made the report within forty-eight (48) hours of receipt of the report.</p> <p>A-4. A digital recording will be maintained of all calls to the Report Line. The Report Line recording will inform callers to <i>"Please be advised that your call may be recorded."</i> Calls will be recorded for 6 months then transferred to a DVD that DFS will retain for one year before recording over them.</p> <p>A-5. The confidentiality of the reporter shall be maintained at all times unless otherwise authorized by the reporter. The Report Line recording of a report (Audiolog) shall not be shared with any party: (1) who is not an employee of the Division of Family Services or (2) with a Division of Family Services employee who does not have a need to know. The reporter's name shall only be identified in the hotline report. All references to the reporter throughout the case record shall be written as "the reporter."</p> <p>A-6. The Child Abuse Prevention and Treatment Act (CAPTA, 42 U.S.C.5106a) requires:</p> <ul style="list-style-type: none"> <li>• <i>"a State to disclose confidential information to any Federal, State, or local government entity, or any agent of such entity, that has a need for such information in order to carry out its responsibilities under law to protect children from abuse and neglect"</i> (b)(2)(A)(ix) and</li> <li>• <i>"the cooperation of State law enforcement officials, court of competent jurisdiction, and appropriate State agencies providing human services in the investigation, assessment, prosecution, and treatment of child abuse or neglect."</i> (b)(2)(A)(xi)</li> </ul>	<p><b>Reports are accepted by the toll-free telephone line, in person and in writing</b></p> <p><b>The reporter's confidentiality is maintained at all times</b></p> <p><b>Exception to Reporter Confidentiality</b></p>

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

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

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

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

## **B. Screening Reports**

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

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

B-3. Other screening factors:

- The Division shall accept a report when a person functioned as a relative caretaker (e.g., paramour of parent).
- The Division shall accept a report when the report describes child abuse, neglect, or dependency by a sibling when the information received clearly indicates a sibling may have been a person with care, custody or control. Care, custody or control is not needed for sexual abuse allegations.
- The Division shall accept a report based on risk when the parent/custodian with care, custody or control has a prior

**Criteria for  
accepting  
reports for  
investigation**

**Always  
screen for  
substance  
abuse and  
domestic  
violence**

conviction for serious injury or death by child abuse or neglect.

- The Division may accept a report based on risk when the parent with care, custody, or control has an involuntary termination of parental rights. Consideration should be given to the reasons for the termination and date of the termination.

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

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

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

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

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

**Delaware  
Statutes:  
Title 16,  
Section 906  
stipulates  
the violations**

### **C. Special Circumstances**

#### **C-1. Serious Injury/Child Death**

Please refer to [Policy 204 – Serious Injury Child Death Reports](#)

#### **C-2. Substance Exposed Infants**

Please refer to [Policy 901 – Infants with Prenatal Substance Exposure](#)

**C-3. Memoranda of Understanding**

Please refer to the Department website for all MOUs  
<https://kids.delaware.gov/kids-policies/mou-and-moa-policies/>

Please Refer to [Interagency Agreement–Delaware Early Intervention System, Part H](#)

Please Refer to [MOU – DSCYF/DFS and DOC](#)

Please Refer to [MOU – DSCYF/DFS and Dover Air Force Base](#)

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

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

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

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

- a. The caseworker will initiate an investigation to a report of medical neglect based on religious belief.
- b. The Deputy Attorney General will be contacted regarding all reports alleging medical non-treatment, since it may be necessary for court action to intervene and provide medical treatment for a child's life-threatening condition.
- c. The Division is not required to issue a finding of maltreatment against a parent who denies medical care based on the religious belief and practice of a recognized church (currently only the Church of Christ Scientist in Delaware).

**C-6. Home Alone**

- a) When a report alleges that a parent/custodian/caretaker has left a child alone or without adequate supervision, the Division staff shall immediately make a report to the appropriate law enforcement jurisdiction. The Division staff will screen all reports alleging that a parent/custodian has left a child alone or without adequate supervision utilizing the Structure Decision Making® (SDM) System.

**MOUs**

(See Appendices)

**Out of  
State  
Runaways**

**Medical  
Neglect**

**Home  
Alone**

- b) The law enforcement jurisdiction will determine whether or not a criminal investigative response is appropriate.
- c) Division staff should never enter any residence when the parent/custodian or other adult household member is not present.

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

The Division of Family Services accepts and investigates reports alleging institutional abuse and institutional neglect. Institutional settings include transitional living programs, residential child care facilities (group homes), foster homes, licensed child day care facilities (child care homes, child care centers), shelters, correctional and detention facilities, day treatment programs, all facilities at which a reported incident involves a child(ren) in the custody of the DSCYF, and all facilities which are operated by the DSCYF. License-exempt childcare facilities (preschools, schools, hospitals or church-operated babysitting/Sunday schools) are not included and reporters should be referred to the police.

**Institutional  
Abuse/Neglect**

**C-8. Child Sexual Abuse**

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

**Child Sexual  
Abuse**

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

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

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

Please refer to [POLICY 602 – Safe Arms for Babies](#)

**Abandoned  
Baby**

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

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

**Request for  
Information**

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

respond to inquiries when a signed consent or agency letterhead is provided.

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

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

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

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

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

when:

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

**C-12. Reports Alleging Abuse/Neglect by the Non-Custodial Parent in Investigation or Treatment**

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

**Dependency-  
DPBHS/DYRS**

**See  
Department  
Policy 209**

<b>Investigation and Family Assessment: Case Decision Point #2</b>  #2.1. <b>Determining Whether The Child Is Safe.</b> #2.2. <b>Determining Maltreatment or Risk of Maltreatment</b> #2.3. <b>Determining Whether the Family Needs Services?</b>	<b>Investigation &amp; Assessment</b>
<p><b>Purpose:</b></p> <p>To immediately conduct an investigation and/or family assessment in response to reports of child abuse or neglect, and take necessary action to offer protective services to safeguard and enhance the welfare of an abused or neglected child, and to ensure that children who are alleged to be abused or neglected are screened or examined to assess their current physical well-being and to provide medical treatment when necessary.</p> <p>The system shall coordinate community resources and provide assistance or services to children and families identified to be at risk, and to remedy child abuse and neglect.</p> <p><b>Scope:</b></p> <p>The Division is mandated to investigate reports of alleged abuse or neglect twenty-four (24) hours a day, seven (7) days a week.</p> <p>The Division is responsible for conducting intra-familial investigations and family assessments.</p> <p>The Division is also responsible for investigating allegations of physical and sexual abuse in out-of-home settings. These settings include transitional living programs, residential child care facilities (group homes), foster homes, licensed child day care facilities (child care homes, child care centers), shelters, correctional and detention facilities, day treatment programs, all facilities at which a reported incident involves a child(ren) in the custody of DSCYF, and all facilities operated by the DSCYF. License-exempt childcare facilities (schools, hospitals or church operated babysitting/Sunday schools) are not included and the Report Line shall refer those reports to the police.</p> <p><b>Decisions:</b></p> <p>Six key investigation decisions will be made by the caseworker, in collaboration with the supervisor, based on the information gathered from the family (including children), reporter, and/or other persons who have information about the allegations and/or conditions of the family members. The key decision points are:</p>	<p><b>Is This Child Safe?</b></p>

1. Is the child safe?
2. Has this child been abused or neglected or is the child dependent?
3. Is the child at risk of being abused, neglected or dependent?
4. Per DE statute, do the allegations require a multi-disciplinary response (referral to law enforcement, the Department of Justice, and Children's Advocacy Center)?
5. Are services needed for this family?
  - Are there outstanding safety threats?
  - What is the assessed risk level?
  - Has Family Court ordered DFS to provide services or awarded DFS custody of any children?
6. Is there a preponderance of the evidence (50% or greater likelihood) to civilly substantiate child abuse or neglect?
  - If so, what is the appropriate Child Protection Level?

If at any point in the investigation/assessment process it is determined that the children are at significant risk of immediate action will be taken to protect the children.

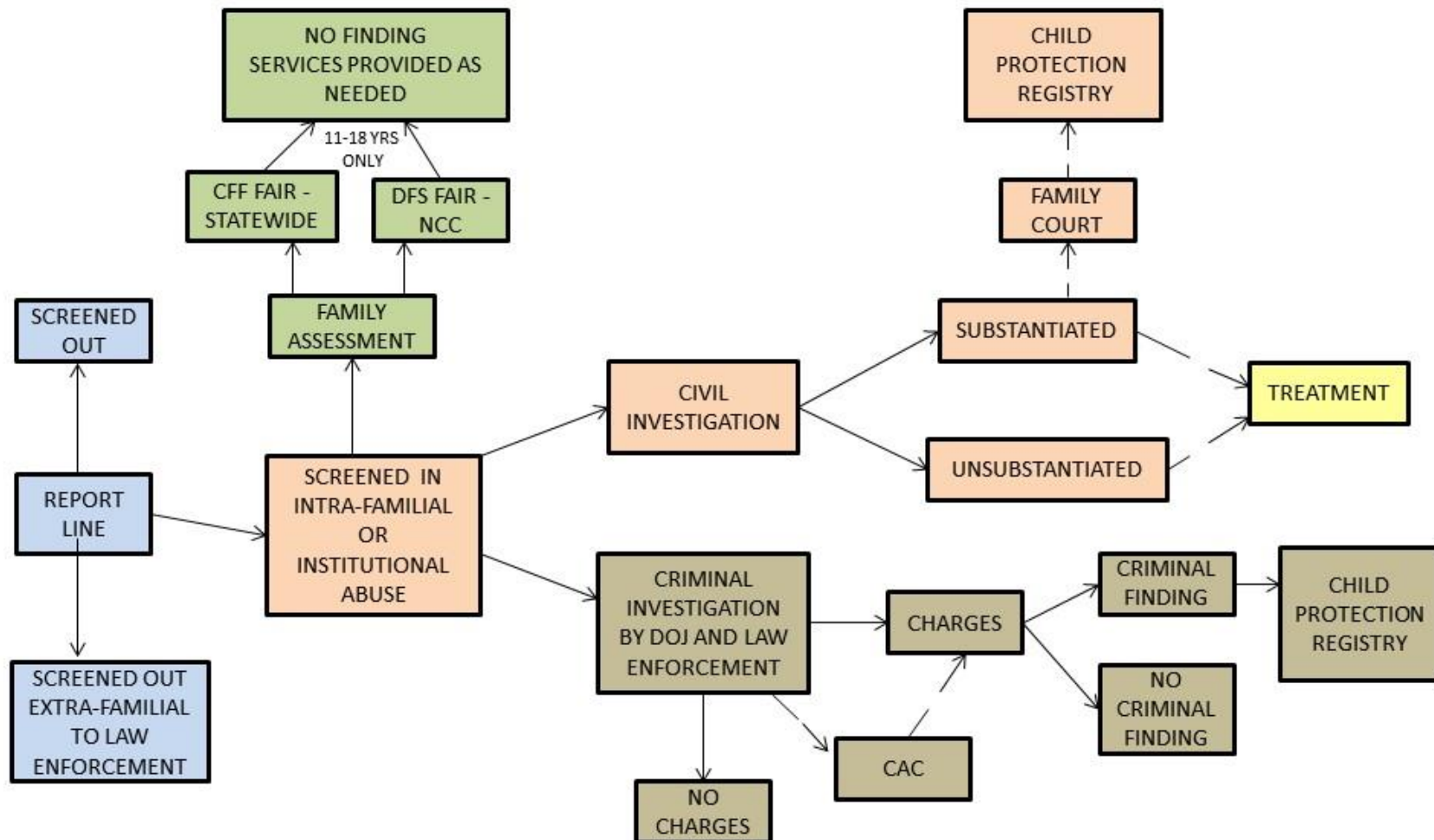
### **Client Pathway**

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

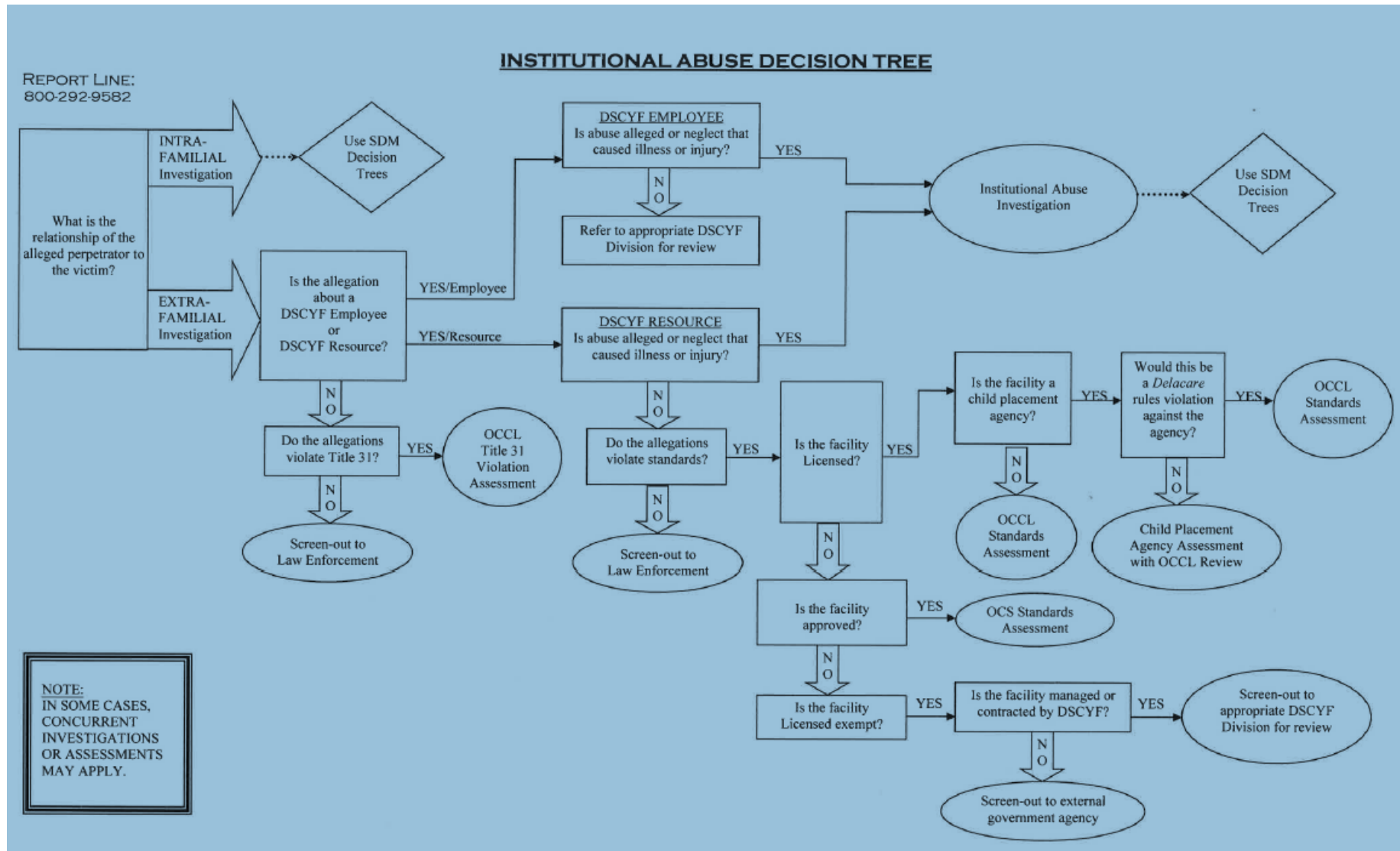
**Is This  
Child  
Maltreated?**

**Is Initial  
Placement  
Required?**

DE DIVISION OF FAMILY SERVICES  
REPORT SCREENING, ASSESSMENT, AND INVESTIGATION FLOW CHART



LMS



**Critical Standards:**

<b>A. Investigation Protocol</b>	
<p>A-1. The Division conducts civil investigations in which the standard of proof is a preponderance of the evidence.</p> <p>A-2. Response times are guided by Structured Decision-Making® Priority Response decision trees.</p> <p>A-3. A DELJIS search must be conducted before the caseworker responds to assess whether there are potential safety issues for the caseworker who will contact the family and to identify potential risk to the child. An NCIC search will be conducted as needed.</p> <p>A-4. Federal law (CAPTA) requires that the Division notify every individual who is the subject of a child abuse and neglect investigation (the alleged perpetrator) of the allegations against him or her. In addition, the individual who is the subject of an investigation shall be given a copy of the Parent Handbook.</p> <p>A-5. All children in the home who are verbal are to be interviewed or observed if they are non-verbal to evaluate their condition.</p> <p>A-6. All adults residing in the household must be interviewed and individuality assessed for risk to the child(ren).</p> <p>A-7. A parent not residing in the household who has routine contact with the alleged victimized child(ren) must also be interviewed.</p> <p>A-8. An adult caretaker (e.g., paramour, relative) not residing in the household who is alleged as a perpetrator in a report under investigation must be interviewed.</p> <p>A-8.1 Please refer to <a href="#">Policy 405 – Diligent Efforts for Contact</a></p> <p>A-8.2 As long as the family has an open case with DFS, sufficient contact must be maintained in order to:</p> <ol style="list-style-type: none"> <li>Assess initial and ongoing child safety</li> <li>Assess risk</li> <li>Assess family and child strengths and needs</li> <li>Monitor progress on safety plan activities</li> <li>Observe the interaction of child/family</li> <li>Assess child wellbeing</li> <li>Work towards permanency</li> </ol> <p>The frequency and quality of face to face contacts between the caseworker and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.</p>	<p><b>Refer to User Manual</b></p> <p><b>Assess All Children and Adults in the Home</b></p>

The frequency and quality of face to face contacts between the caseworker and the mothers, fathers, and identified caretaker(s) of the child(ren) are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

- A-9. A Safety Assessment will be conducted for each new report accepted for investigation.
- A-10. The investigation shall include a review of available historical information on FOCUS, CYCIS, DELJIS and NCIC as needed.
- A-11. Collaterals are required for all investigation cases where there are known or suspected concerns related to the following areas:
- Physical abuse/physical injury
  - Sexual abuse/exploitation
  - Substance abuse
  - Physical neglect
  - Medical neglect
  - Child well-being
  - Domestic violence
  - Emotional abuse/neglect
  - Dependency
  - Permanency

Collaterals are warranted any time there is a new or ongoing concern in any of the identified areas above.

- A-12. The Division of Family Services will request that appropriate Consent to Obtain/Release Information Form be signed by the parent, custodian, guardian, or by the child over age 12 years for every case.
- A-13. The three primary reasons for obtaining a medical examination/screening are to:
- Determine the child's immediate medical needs.
  - Determine if there are any previous injuries consistent with physical abuse.
  - Determine and document current injuries.

Division staff shall obtain a medical examination or medical screening of a child based on the Medical Examination Protocol in the Investigation User Manual. Medical examinations shall be conducted by qualified medical staff (e.g., doctor). The protocol does not preclude Division staff from obtaining a medical examination for children over 8 if warranted. In addition, a supervisor has the option at any time to require that a child, regardless of the source or content of the report, be examined prior to the completion of an investigation. Per 16 Del.C. § 906(b)(5), parental consent is not required provided the case is classified as an investigation and the Division Director or designee gives prior authorization for such examination to protect the health and safety of the child.

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

**Obtain  
Informed  
Consent**

**Medical  
Examinations**

**See  
Authorization  
for Medical  
Examination  
During**

In addition, consideration should be given to a dental examination for injuries involving the mouth or teeth.

- A-14. Regardless of whether or not substance abuse or domestic violence is mentioned in the Hotline report, the investigation caseworker will assess the use of substances and the existence of domestic violence during their interviews and in completing the investigation safety and risk assessments.
- A-15. The Division shall contact the appropriate law enforcement agency and the Department of Justice for all reports, which if true, would constitute a criminal violation against a child by a person responsible for their care, custody, and control. See the Joint Investigations with Police chart in the Investigation User Manual and the MOU with Statewide Law Enforcement, Department of Justice, and Children's Advocacy Center.
- A-16. The Division shall assess for every child, birth to eighteen, well-being in four areas: physical health, dental health, mental health and education. The Division shall gather enough information for every child, birth to eighteen, to make this assessment, including their standard of care.

The American Academy of Pediatrics (AAP) developed a Periodicity Schedule, a schedule of screenings and assessments recommended at each well-child visit from infancy through adolescence and recommends the following schedule of well-child visits: First week visit (3-5 days old), 1 month old, 2 months old, 4 months old, 6 months old, 9 months old, 12 months old, 15 months old, 18 months old, 2 years old, 2 ½ years old, 3 years old, 4 years old, 5 years old, 6 years old, 7 years old, 8 years old, 9 years old, 10 years old, 11 years old, 12 years old, 13 years old, 14 years old, 15 years old, 16 years old, 17 years old, 18 years old, 19 years old, 20 years old and 21 years old.

The American Academy of Pediatric Dentistry (AAPD) recommends the first examination at the time of the eruptions of the first tooth and no later than 12 months of age. The most common interval of examination is six months; however, some patients may require examination and preventive services at more or less frequency intervals, based upon historical, clinical and radiographic findings. The AAPD has published recommendations by age to include: 6 to 12 months, 12 to 24 months, 2 to 6 years, 6 to 12 years and 12 years and older.

If the Division identifies concerns around child well-being in the areas of physical health, dental health, mental health and education, the Division shall address these concerns during the Investigation.

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

**Investigation  
Form in  
Forms  
Manual**

**Always  
Assess for  
Substance  
Abuse &  
Domestic  
Violence**

<p>A-18. When the Division determines that an incident of child abuse or neglect is substantiated, the alleged perpetrator will be informed of the investigation outcome verbally, if possible, and by certified mail, return receipt requested and First Class mail. The notification will inform the alleged perpetrator of the right to request a Substantiation Hearing in Family Court.</p>	<p><b>See Substantiation Hearing Policy for Investigation</b></p>
<p><b>B. Safety Assessment</b></p>	
<p>B-1. The safety of all children within a household shall be assessed utilizing Structured Decision-Making® policies and procedures.</p> <p>B-2. When assessing safety, reasonable efforts will be exercised to prevent or eliminate the need for separation of the child from his family and/or to make it possible for the child to return to his family.</p> <p>B-3. At no time should the Child Safety Agreement be used as a tool to effect the placement of a child (for example, as a voluntary placement tool). The Division may only remove a child from the family's home and subsequently make arrangements for placement elsewhere when the Division holds legal custody of the child. This does not preclude the family from initiating the recommendation that the child temporarily stay with a relative. Prior to the alternate living arrangement taking effect, the caseworker shall conduct a DELJIS search, FOCUS search, and a home assessment on the suggested alternate caregiver. Additionally, the caseworker shall ongoingly assess a child's safety in the alternate living arrangement arranged by the parent/caregiver. Refer to SDM® Safety Assessment and Planning policy and procedures.</p> <p>B-4. Please refer to <a href="#">Policy 411 – Considered Removal TDM</a></p>	<p><b>Structured Decision Making ®</b></p> <p><b>Reasonable Efforts to Prevent Placement</b></p>
<p><b>C. Risk Assessment</b></p>	
<p>C-1. Risk of Future Harm shall be assessed utilizing Structured Decision-Making © policies and procedures.</p>	<p><b>Structured Decision Making©</b></p>
<p><b>D. Special Circumstances:</b></p>	

**D1. Foreign Language** When the family does not speak and/or understand English, the services of an interpreter will be utilized to assist the caseworker and family.

**D-2. Special Needs** When an individual is disabled (e.g. speech, hearing), the Division will obtain sign language services to assist in the investigation.

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

- a. Division staff will honor a client's refusal to allow entry to the client's residence.
- b. Division staff will honor a client's refusal to be interviewed or a request to terminate the interview.
- c. The Division should request from Family Court an order to obtain access to a child or children and the residence of such children to conduct an investigation when those responsible for the care, custody, and control of the child are not cooperating with the investigation. The Family Court shall have the authority to issue such orders based on probable cause and may enforce non-compliance of such an order.

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

- a. Only a Division caseworker who is also an investigator may assume Temporary Emergency Protective Custody of a child at a school, day care facility, or child care facility up to a maximum for four (4) hours when the investigator reasonably suspects the child is in imminent danger of suffering serious physical harm or a threat to life.
- b. The Division is not required to obtain verbal or written consent of the child's parents, guardian, or others legally responsible for his or her care to assume Temporary Emergency Protective Custody.
- c. Temporary Emergency Protective Custody shall be invoked only when the investigator reasonably suspects the child's safety may be at imminent risk and waiting to file an ex parte petition for custody in Family Court will prolong the risk to the child. In addition, Temporary Emergency Protective Custody may be invoked to transport a child for medical examination services when it appears the abuse or neglect that has occurred could put the child in imminent danger of further harm.
- d. A Division investigator is not permitted to invoke Temporary Emergency Protective Custody at any other location than a school, day care facility, or child care facility at the time initially exercised.

**D-5. Investigation of Department Employee/Department Employee's Relative**

An intra-familial abuse report made against a Department employee or the employee's relative will be investigated in a manner that is consistent with the investigation policy. The Department employee shall be blocked from reading about the investigation in FOCUS.

**D-6. Investigation of Department Employee – Physical/Sexual Abuse of a Client**

Reports that allege a Department Employee physically or sexually

**Interpreters**

**Special  
Needs**

**Client lack  
of  
Cooperation**

**Temporary  
Emergency  
Protective  
Custody**

**Department  
Employee/Rela  
tive  
Investigations**

abused a client shall be referred to IAIU (Institutional Abuse Investigation Unit) for investigation.

**D-7. Substance Exposed Infants**

Please refer to [Policy 901 – Infants with Prenatal Substance Exposure](#)

**D-8. Dependent Children Active with the Division of Prevention Behavioral Health Services or the Division of Youth Rehabilitative Services (or active with both Divisions)**

D8.1 For children reported to be dependent by the Division of Prevention and Behavioral Health Services for the Division of Youth Rehabilitative Services, the division will conduct a complete investigation to assess if the child can be returned to the parents/caretakers or to determine if other family members are a resource. Special consideration should be given to gathering all available information regarding the child's mental health issues/needs, treatment history and criminal history so that appropriate treatment and if necessary, out-of-home placement services can be obtained for the child.

D8.2. For youth reported to be dependent by the Division of Youth Rehabilitative Services, the Division will conduct a complete investigation to assess if the youth can be returned to the parents/caretakers or to determine if family members are a resource. Special consideration should be given to gathering all available information regarding the youth's criminal history and mental health history so that appropriate out-of-home placement services, if necessary, can be obtained.

**D9. Tier One Investigation**

The Division conducts investigation proportionate to the allegation, initial contact information and history. Tier One components includes the initial interview, safety assessment, history and criminal background checks, and supervisory consultation while Tier 2 includes the full investigation protocol.

**Prenatal  
Exposure to  
Substances**

**Dependency-  
DPBHS/DYRS**

<b>E. Family Assessment and Intervention Response (FAIR) Protocol</b>  E-1. Per the federal Child Abuse Prevention and Treatment Act (CAPTA), during the initial contact, the caregiver who is the subject of the reported allegations will be notified of the allegations.  E-2. A DFS Parent Handbook or brochure that describes Family Assessment and Intervention Response (FAIR) will be given to the family during the initial face to face contact.  E-3. All individuals who are the subject of a report and all individuals who are caregivers within a household will be interviewed, preferably during a family meeting.  E-4. An SDM® Safety Assessment will be conducted during the initial contact with the family. All children shall be interviewed or observed if unable to speak to complete the Safety Assessment.  E-5. Background checks will be conducted on all adults and juveniles ages 13 and older residing in the household.  E-6. All attempted and successful telephone and face-to-face contacts will be documented in the FAIR case record and include the times, dates, and contact participants.  E-7. An SDM® Risk Assessment will be completed for each family.  E-8. Assessments and case plans should address the following child well-being factors for all the children in the home: physical health, mental health, and education. Special needs children will be referred for appropriate services (e.g., Birth to Three).  E-9. The assessment will include a review of available historical information.  E-10. Appropriate consents to obtain or release information will be obtained.  E-11. When information is received through a new report or disclosed during a family assessment requiring a new report, and the reported information indicates a multi-disciplinary response is needed, the family assessment case shall convert to an investigation case.  E-12. A FAIR case will not have a Child Protection Registry finding.	
<b>F. Supervision &amp; Case Conference</b>	
Please refer to <a href="#">Policy 105 Supervision &amp; Case Conference</a>	

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

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

## **Treatment for Children and Intact Families**

### **Purpose:**

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

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

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

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

### **Scope:**

This applies to all families receiving treatment services following an investigation, whether the child remains in the home or has been removed from the home.

Whenever possible, treatment cases for children remaining at home should be closed within nine months of a treatment case being opened, if possible.

### **Decisions:**

- A.** Complete Safety Assessment to determine if children are safe.
- B.** Complete the Family Assessment Form to determine the strengths and needs of the children.
- C.** Negotiate a Family Service Plan with the family members that outline the activities that all parties will undertake to resolve the problems that place the child at risk.

**Are Treatment  
Services  
Required?**

**Creating the  
Family Service  
Plan**

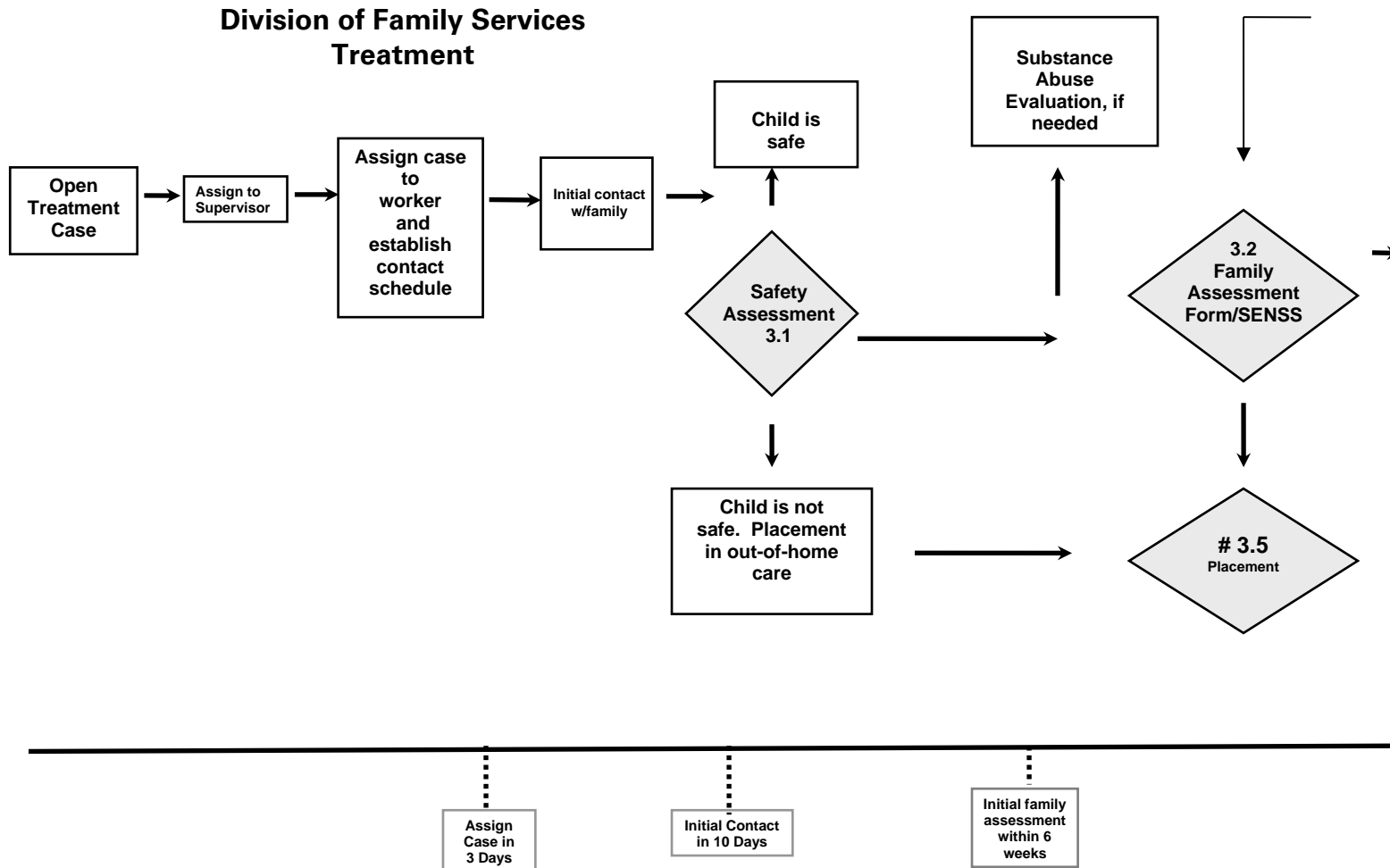
- D.** Determine when there is a need for emergency placement prevention services.
- E.** Prepare for placement and select an appropriate caregiver when the safety of the child requires removal from the home. These case decisions related to foster care will occur simultaneously with the treatment and case management decisions.
- F.** Continuously monitor the child's ongoing safety and the progress of all parties toward the Family Service Plan goals for each party.
- G.** Determine when it is appropriate to close the case.

**Client Pathway:**

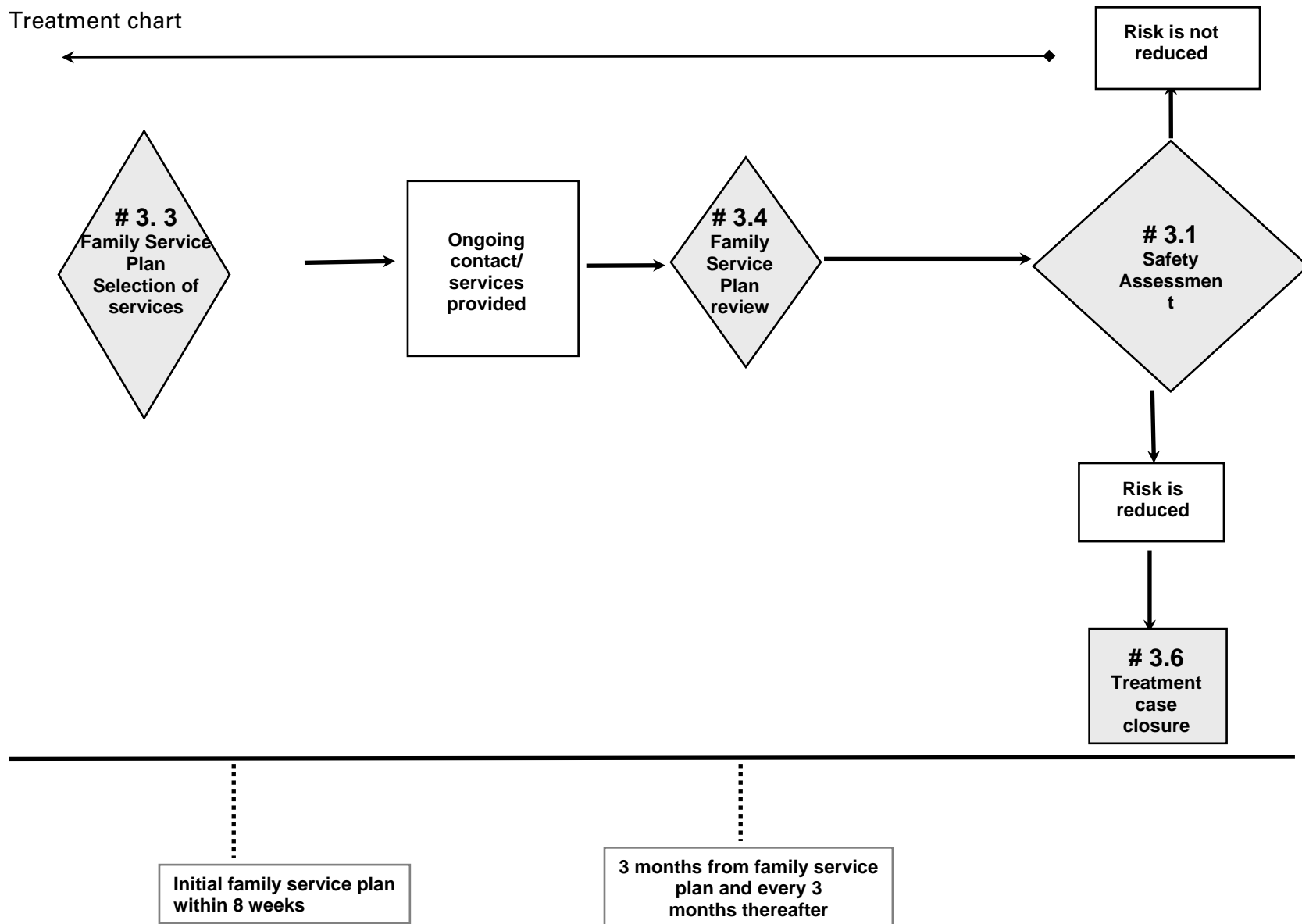
See the following chart.

**Preparing for  
Placement If  
Required**

**Monitoring the  
Parties' Progress**



Treatment chart



A. Safety Planning	
<p>A-1. <i>Safety</i> addresses the child's <i>immediate and present</i> danger and the interventions currently needed to protect the child. Safety intervention addresses safety at home or at the current living arrangement, when possible, and includes out-of-home care when in-home safety is not possible.</p> <p>A-2. A child is deemed safe when consideration of available information leads to the conclusion that the child in his or her current living arrangement is not in immediate danger of serious harm, and no safety interventions are necessary.</p> <p>A-3. A child's safety shall be assessed:</p> <ol style="list-style-type: none"> <li>At the time of the initial face-to-face contact with the identified victim and household caregivers unless the children have been removed from the home by DFS custody/out-of-home care prior to the case being transferred to treatment. The child(ren) <b>MUST</b> be seen in order to complete a Safety Assessment; and</li> <li>Within seven (7) days prior to returning home; and</li> <li>Within thirty (30) days prior to case closure (a Safety Assessment does <b>NOT</b> need to be completed prior to closing a case if there are <b>NO</b> children under the age of 18 residing in the home at the time of closure); and</li> <li>Whenever circumstances suggest that the child's safety may be jeopardized for children residing in the home or visiting the home.</li> </ol> <p>A-4. Whenever a safety factor is identified during the safety assessment process, the worker must:</p> <ul style="list-style-type: none"> <li>Justify why a safety plan/placement is not necessary;</li> <li>Develop a safety plan to address the safety factor; or</li> <li>Reflect that the child was placed in out-of-home care</li> </ul> <p>A-5. The safety plan must be signed by the caseworker, the caretakers, and any individuals who have agreed to participate in the plan. It must be completed prior to the conclusion of the meeting.</p> <p>A-6. An updated criminal background check must be completed at all points that a safety assessment is done.</p> <p>A-7. Information collected during the Safety Assessment will be documented in both Treatment Notes and the Safety Assessment</p> <p>A-8. Reasonable efforts will be exercised through the provision of case management services and other appropriate services to meet the family's needs to prevent or eliminate the need for separation of the child from his family and/or to make it possible for the child to return to his/her family.</p>	<p><b>Child Safety Model</b></p>

<p>A-9. When the caseworker has determined a child will not be safe and the family refuses to sign a safety plan, the caseworker will petition for ex parte custody of the child.</p> <p>A-10. At no time should the Safety Plan be used as a tool to effect placement of a child. DFS may only remove a child from the family's home and subsequently make arrangements for placement elsewhere if the Division holds legal custody of the child.</p>	
<b>B. Family Assessment</b>	
<p>B-1. Protective treatment services are planned short-term interventions. Assessment is the first step in identifying a family's strengths as well as areas of concern. It is necessary to complete a comprehensive assessment in order to develop a meaningful Family Service Plan. The process begins with the completion of the SDM® Caregiver Safety Assessment, the Family Strengths and Needs Guide, and the Child Strengths and Needs Guide, and the Child Strength and Needs Guide and culminates in service planning with the family. Once services are in place, the case review process is used to measure progress. At all points of service delivery including assessment, selection of services, service planning, and closure, the safety of the children is the primary focus.</p>	<b>Planned, short term interventions</b>
<p>B-2. The Family Strength and Needs Guide (FSNG) and Child Strengths and Needs Guide (CSNG) must be completed within the first six weeks of receiving a new case. The assessment should focus on all of the children in the home including any child living elsewhere under a safety plan and visiting the home, or in DFS custody and in out-of-home care and their adult caretakers. An FSNG and CSNG must be completed for both parents for the child, even if one of the parents is not involved in the child's life. If, for some reason the Family Assessment Form cannot be completed within 6 weeks, the record must contain documentation explaining the circumstances which prevented its timely completion.</p> <p>REFERENCE: Structured Decision Making® System for Child Protective Services Policy and Procedures Manual</p>	<b>Family Assessment Form</b>
<p>B-3. The FSNG and CSNG should focus on a family's strengths as well as concerns. Historical information should be gathered.</p>	
<p>B-4. The FSNG and CSNG must be completed whenever there is a significant change in the family, i.e. birth of a child, marriage, paramour moves into or out of the home, children returning from out-of-home care, etc.</p>	
<p>B-5. The Family Assessment Form must be completed whenever there is a significant change in the family, i.e. birth of a child, marriage, paramour moves into or out of the home, children returning from out-of-home care, etc.</p>	

**Initial  
Contact  
Schedule**

- B-6. The Family Assessment Form must be completed whenever there is a significant change in the family, i.e. birth of a child, marriage, paramour moves into or out of the home, children returning from out-of-home care, etc.
- B-7. The initial contact schedule cannot be changed until after the Family Assessment Form has been completed and should be based on the needs/risks in the family.
- B-8. The Division shall assess every child, birth to eighteen, in four areas: physical health, dental health, mental health and education. The Division shall gather enough information to make this assessment, including their standard of care.

The American Academy of Pediatrics (AAP) developed a schedule of screenings and assessments recommended at each well-child visit from infancy through adolescence. The AAP recommends the following schedule of well-child visits:

- First week visit – 3 to 5 days old
- 1 month old
- 2 months old
- 4 months old
- 6 months old
- 9 months old
- 12 months old
- 15 months old
- 18 months old
- 2 years old
- 2 ½ years old
- Yearly from 3 – 21 years old

The American Academy of Pediatric Dentistry (AAPD) recommends the first examination at the time of the eruption of the first tooth and no later than 12 months of age. The most common interval for examination is six months; however, some patients may require examination and preventive services at more or less frequency intervals, based upon historical, clinical and radiographic findings.

If the Division identifies concerns around child well-being in the areas of physical health, dental health, mental health and education, the Division shall document the concern and how the concern was addressed and can include but not limited to the following:

- Recommendation to schedule an exam and/or assessment per standard of care
- Referral for services
- Family Engagement around the identified need

<b>C. Develop Family Service Plan</b>	
<p>C-1. All families active with the Division have a right to a written Family Service Plan that clearly spells out goals and objectives in positive, measurable terms. Caseworkers must make attempts to develop written service plans with each parent for each child, including the non-residential parent. Case plans must be individualized for each parent and should take into account the parents relationship with their child. Caseworkers must involve the parent(s) in the development of the Family Service Plan and it must be written in language that the parent(s) can understand.</p> <p>C-2. The Family Service Plan must include careful consideration of the extent of drug/alcohol use and the impact on the parent's ability to keep the children safe.</p> <p>C-3. The Family Service Plan outlines the activities that the caseworker, client and others undertake to resolve the problems that place the children at risk. The plan is a direct outgrowth of the Family Assessment Form. At all points of service delivery including assessment, selection of services, case planning, and closure, the safety of the child(ren) is the primary focus.</p> <p>C-4. In the case of an absent parent, the caseworker must clearly document all of their attempts to locate and engage the parent.</p> <p>C-5. The DFS caseworker has responsibility for developing the Family Service Plans. The only exception is where another agency has assumed full responsibility for working with the families. The caseworker has responsibility for case planning with the caretakers of all children in the family unless a decision has been made and documented in the record that services to a portion of the family are no longer needed.</p> <p>C-6. The caseworker should document their discussion with the parents to develop a concurrent plan in the event that the family plan activities do not result in risk reduction of safety and the agency may consider foster care. The concurrent plan can include identification of alternate caregivers who the agency might access to care for the children and/or assist the parent in obtaining the services they need.</p> <p>C-7. Each plan will include written information describing the appeal process and right to a Fair Hearing. The client will receive a copy of each critical decision and the notification must explain the right to appeal and the right to request a Fair hearing.</p> <p>C-8. The caseworker shall attempt to have the client(s) sign the Family Service Plan. This does not necessarily indicate their agreement but that they have discussed and understand the Plan. If the client elects not to sign the Plan, the caseworker shall document this on the Plan, giving the reason. The client may prepare a written response for refusing to sign the plan which should be attached to the Family Service Plan.</p>	<p><b>Focus on the parent's ability to keep the child safe</b></p> <p><b>Developing a Family Service Plan</b></p> <p><b>SEE Appeals/Fair Hearings Policy</b></p> <p><b>See Administrative Section</b></p>

<p>C-9 If a client is represented by an attorney, it is the client's responsibility to ensure that their attorney has reviewed the Family Service Plan prior to signing it.</p> <p>C-10 After the parent signs the case plan, they must be provided with a copy of their plan. They do not receive copies of the plan for the other parent of the child.</p>	
<p><b>D. Case Management</b></p>	
<p>D-1. The case process for the case management decisions are as follows:</p> <ul style="list-style-type: none"> <li>a. Complete Safety Assessment at first face-to-face contact.</li> <li>b. Complete FSNG and CSNG within the first 6 weeks of receiving a new treatment case.</li> <li>c. Develop and implement the Family Service Plan.</li> <li>d. Enlist the family system to help families change, and identify possible resources in a concurrent plan should child(ren) need to be placed out of the home.</li> <li>e. Arrange and coordinate services provided by agencies other than the Division of Family Services, ensuring that all Memoranda of Understanding are followed.</li> <li>f. Please refer to <a href="#">Policy 404 – Family Contacts and Policy 405 – Foster Care (Client) Contacts</a></li> <li>f-1. Please refer to <a href="#">Policy 405 – Diligent Efforts for Contact</a></li> <li>g. Continue assessing safety of the children throughout the case process.</li> <li>h. Conduct a Criminal History Background Check on all adults moving into the family household or when the client family changes their living situation and children are exposed to adults not previously checked in DELJIS. An updated criminal background check must be completed whenever a Safety Assessment is completed.</li> <li>i. Provide casework counseling activities.</li> <li>j. Complete regular Family Service Plan Reviews every 90 days with the child and family.</li> <li>k. Consult regularly with the supervisor to evaluate case planning strategies and assess progress toward desired outcomes.</li> <li>l. Identify possible relative/non-relative resources if a child needs to be placed or reunification is not possible.</li> <li>m. Close cases as soon as appropriate.</li> </ul>	<p><b>Family Service Plans are reviewed every three months</b></p>

<p>D-2. The caseworker will ensure that Consent to Release/Obtain Information forms were signed by parents during the investigation phase of the case. They will ensure that all Consent to Release/Obtain Information forms are kept current since they expire every 6 months. Individual consent forms must be signed for every adult and child residing in the house. When parent/custodian refused to sign the consent to Obtain/Release of Information Form, the caseworker will contact the designated county Deputy Attorney General for legal advice. The caseworker will not pressure the parent/custodian to sign the consent.</p> <p>D-3. A review of DELJIS to Conduct a Criminal Background History Check may be conducted to:</p> <ul style="list-style-type: none"> <li>a. Assist the screening of reported information;</li> <li>b. Verify criminal history information discussed by family members with Division staff</li> <li>c. Locate a parent active with the Division when the whereabouts of the parent is unknown.</li> <li>d. Provide the caseworker with updated information regarding criminal charges for individuals involved in the case.</li> </ul> <p>D-4. Because more than 50% of cases active in protective treatment list parental substance abuse as a risk contributor, treatment will ALWAYS include assessment of this risk factor by the social worker.</p> <p>D-5. If parental substance abuse is a serious risk, treatment services will in ineffective unless the problem in addressed. Where parental substance abuse is indicated, the primary focus of all initial treatment plans will be evaluation and treatment. If a client refuses to submit to an evaluation, this is a “red flag” and the caseworker must examine safety more closely. In all cases transferred from investigation where an infant was born prenatally exposed to drugs, a substance abuse evaluation must be completed.</p> <p>D-6 Please refer to <a href="#">Policy 403 – Family Contacts</a></p>	<p><b>SEE: Client Confidentiality Policy</b></p> <p><b>DELJIS</b></p> <p><b>Always assess for substance abuse</b></p>
<p><b>E. Reassessments</b></p>	
<p>E-1. The Division of Family Services has adopted two different reassessment tools that are used to determine whether reunification can occur and/or whether a case is ready for closure – the SDM ® Risk Reassessment and the SDM ® Reunification Reassessment</p> <p>E-2. Ninety days after the initial Service Plan has been completed and every 90 days thereafter, the SDM ® Risk Reassessment must be completed on all open treatment cases in which ALL children remain in the home, or cases in which ALL children have been returned home and family services will be provided.</p>	

<p>E-3. The SDM ® Reunification Reassessment must be completed ninety days after the initial Service Plan has been completed and every 90 days thereafter for placement cases until the child is reunified with his/her family or has a change in permanency goal.</p> <p>E-4. In some cases, DFS might make the decision to reunify some of the children while leaving others in out of home care. In those circumstances, the SDM ® Reunification Reassessment must be completed until ALL of the children have been reunified or there has been a change in permanency goal.</p> <p>E-5. For placement cases, once ALL children have been reunified, the SDM ® Risk Reassessment must be completed until the case has been closed.</p>	
<p><b>F. Supervision &amp; Case Conference</b></p>	
<p>Please refer to <a href="#">Policy 105 Supervision &amp; Case Conference</a></p>	
<p><b>G. Custody Decisions</b></p>	
<p>G-1. Please refer to <a href="#">Policy 411 – Considered Removal TDM</a></p>	
<p>G-2. Placement of children shall occur only when necessary to protect the child and whenever possible, allow for prior planning and preparation for both the child and family. Emergency placement may be necessary to protect the child if:</p> <ul style="list-style-type: none"> <li>a. It is determined that the child cannot be kept safe and may suffer serious or permanent physical or emotional damage if not placed immediately.</li> <li>b. The child is abandoned.</li> </ul>	<p><b>Emergency Placements</b></p>
<p>G-3. DFS must identify and provide notice to all grandparents and other adult relatives of a child within 30 days after the child is removed from his or her home. This will allow the adult relatives the opportunity to explore the possibility of becoming a placement resource for the child.</p>	<p><b>Selecting Placements</b></p>
<p>G-4. When it is determined that a child needs to be placed in out-of-home care, the child’s age, relationship to parents and siblings, his physical, intellectual and emotional composition must be considered in selecting the most appropriate placement to meet his needs.</p> <ul style="list-style-type: none"> <li>a. The least restrictive setting in close proximity to the parents or family must also be considered.</li> <li>b. The Division will make every effort to keep siblings together.</li> <li>c. Relative placement should always be explored and ruled out before considering placing the child in foster care or in the care of a non-relative resource.</li> </ul>	
<p>G-5. At no time should a Safety Assessment be used as a tool to effect a placement. DFS may only remove a child from the family’s home and</p>	

<p>subsequently make arrangements for placement elsewhere if the Division holds legal custody of the child.</p> <p>G-6. A Safety Plan indicates a child will reside with a relative or DFS receives custody and intends on placing the child with a relative, the agency must complete a Home Safety Assessment.</p> <p>G-7. Once DFS obtains custody, if it appears that it may be necessary to make a life ending decision for the child, DFS will immediately consult the child's appointed GAL or CASA. If the child does not have an appointed CASA or GAL, DFS decisions will always be to continue the life of the child until one is appointed. A court order will be required to ensure all factors are considered before making a final life ending decision. Life ending decisions include "Do Not Resuscitate" orders or removal of life support.</p>	<p><b>Relative Safety Assessment</b></p>
H. Concurrent Planning	
<p>H-1. Concurrent planning is an intentional alternative to planning for children and families. The goals of concurrent planning are to:</p> <ul style="list-style-type: none"> <li>a. Engage families and relatives early in the planning process</li> <li>b. Support safety and well-being of children and families.</li> <li>c. Promote early permanency decisions for children.</li> <li>d. Decrease length of time in foster care.</li> <li>e. Reduce the number of moves children experience in foster care.</li> <li>f. Increase voluntary relinquishment</li> <li>g. Develop Family Service Plans with a sense of direction, measurable goals and shorter time frames.</li> <li>h. Develop a network of foster parents and relatives willing to work with biological families and serve as permanency resources for children.</li> </ul> <p>H-2. Concurrent planning occurs in all stages of service provision to families active in child protective services:</p> <ul style="list-style-type: none"> <li>• For intact families, concurrent planning is the provision of rehabilitative services while exploring family resources for safety and support or for possible placement, if necessary.</li> <li>• In all placement cases, relative and non-relative resources need to be identified as early in the placement episode as possible and especially if reunification appears unlikely.</li> <li>• When the permanency committee has approved the decision to terminate parental rights, the child's caseworker shall identify, recruit,</li> </ul>	<p><b>Concurrent Planning</b></p>

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

## Successful concurrent planning

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

# Notice to Parent

I-1. Case closure is the Division's process for determining that a family no longer requires the services of the Division or that the Division is no longer in a position to provide services to the family.

## Case Closure

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

<b>J. Special Circumstances</b>		
J-1.	<b>Interpreters</b>  When the family does not speak and/or understand English, the services of an interpreter will be utilized to assist the caseworker and family.	<b>Interpreters</b>
J-2.	<b>Client Lack of Cooperation</b>  If at any point while the case is open for treatment services and the family refuses to cooperate, the caseworker must notify their supervisor immediately. If the family continues to be resistant after assistance from the supervisor, the worker must consult with the Deputy Attorney General to discuss possible legal alternatives such as filing for custody of the children. All statements to engage the client must be clearly documented.	<b>Client Lack of Cooperation</b>
J-3.	<b>Transportation</b>  The Division will assist parents/custodians with the transportation of a child to a Division referred service appointment when the parent/custodian is unable or unavailable to provide transportation. If a caseworker is transporting a child not in DFS custody to an appointment and the parent is not in the car, the worker must have a signed Consent to Transport form.	<b>Transportation</b>
J-4.	<b>Minor Mother/Baby</b>	<b>Minor Mother/Baby</b>
J-4-1.	When a minor in substitute care gives birth, the baby may remain with the minor parent in substitute care under one of the following conditions: <ul style="list-style-type: none"> <li>a. Emergency petition for custody</li> <li>b. Remaining in the minor mother's custody with special arrangements made for payment;</li> </ul>	

<p>c. Through application for TANF for the baby (if the minor mother is not receiving IVE foster care benefits).</p> <p>J-4-2. In cases where DFS has legal custody of both a minor mother and her child and they are not placed together in the same out-of-home setting, DFS will open up a second treatment case under the minor mother's name and assign a separate worker to the child to ensure that the minor mother's child is appropriately cared for and has adequate protection.</p> <p>J-5. <b>Out-of-State Placements</b> Out-of-state placements for children in the custody of the Division of Family Services will comply with all applicable laws through the Interstate Compact for the Placement of Children.</p> <p>J-6 <b>Reasonable Efforts to Prevent Placement</b> The Division of Family Services has established funds to provide emergency placement prevention services designed to promote family life. Families eligible for items or services from this fund are those in which the lack of specific basic necessities will cause placement of a child.</p>	<p><b>Out-of-State Placements</b></p> <p><b>Prevent Placements</b></p>
<p><b>K. Indian Child Welfare Act (ICWA)</b></p> <p>Please refer to <a href="#">Policy 1013 – Indian Child Welfare Act (ICWA)</a></p>	<p><b>Indian Tribes</b></p>

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

## Out-of-Home Placement

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

### Purpose:

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

### Scope:

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

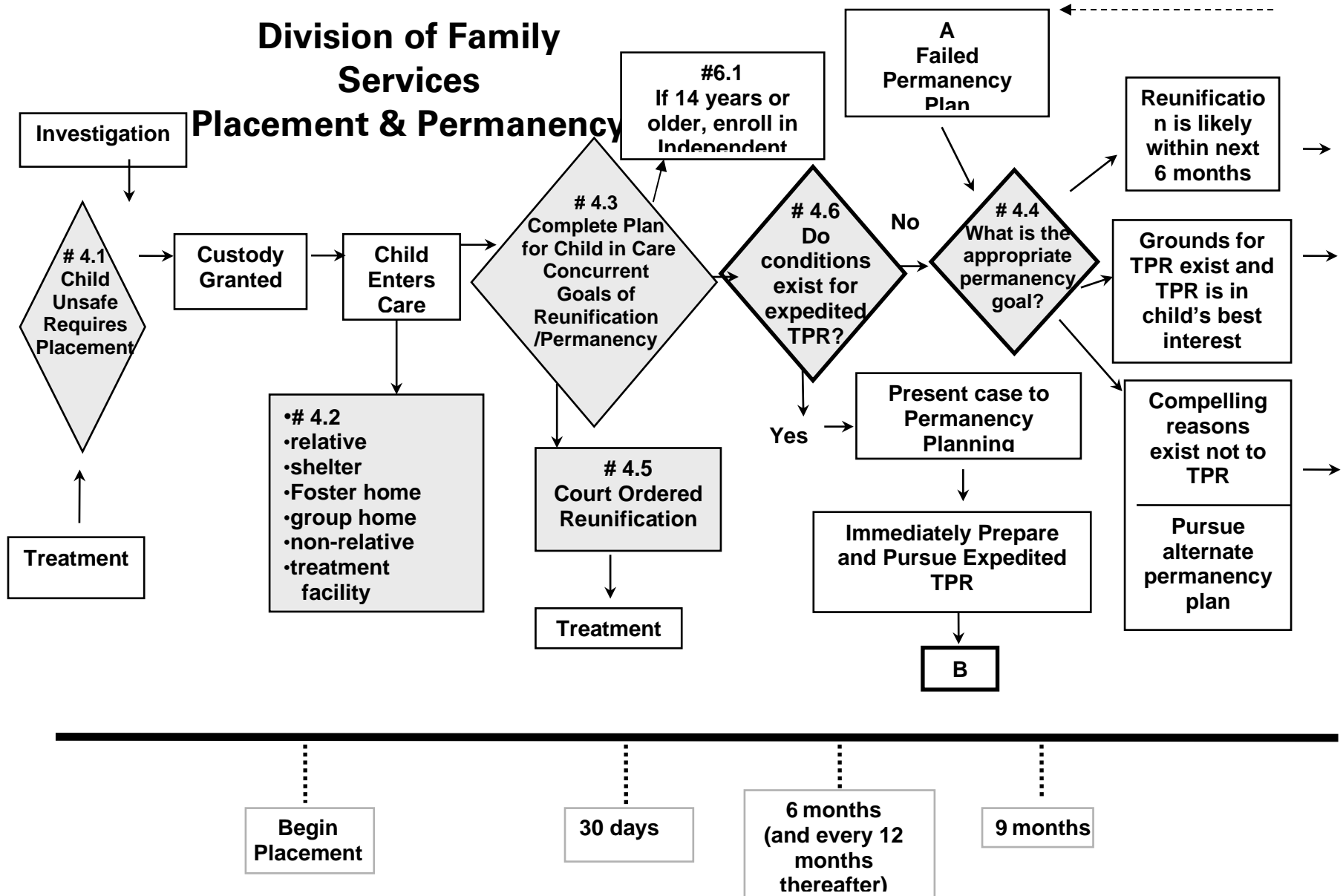
### Decisions:

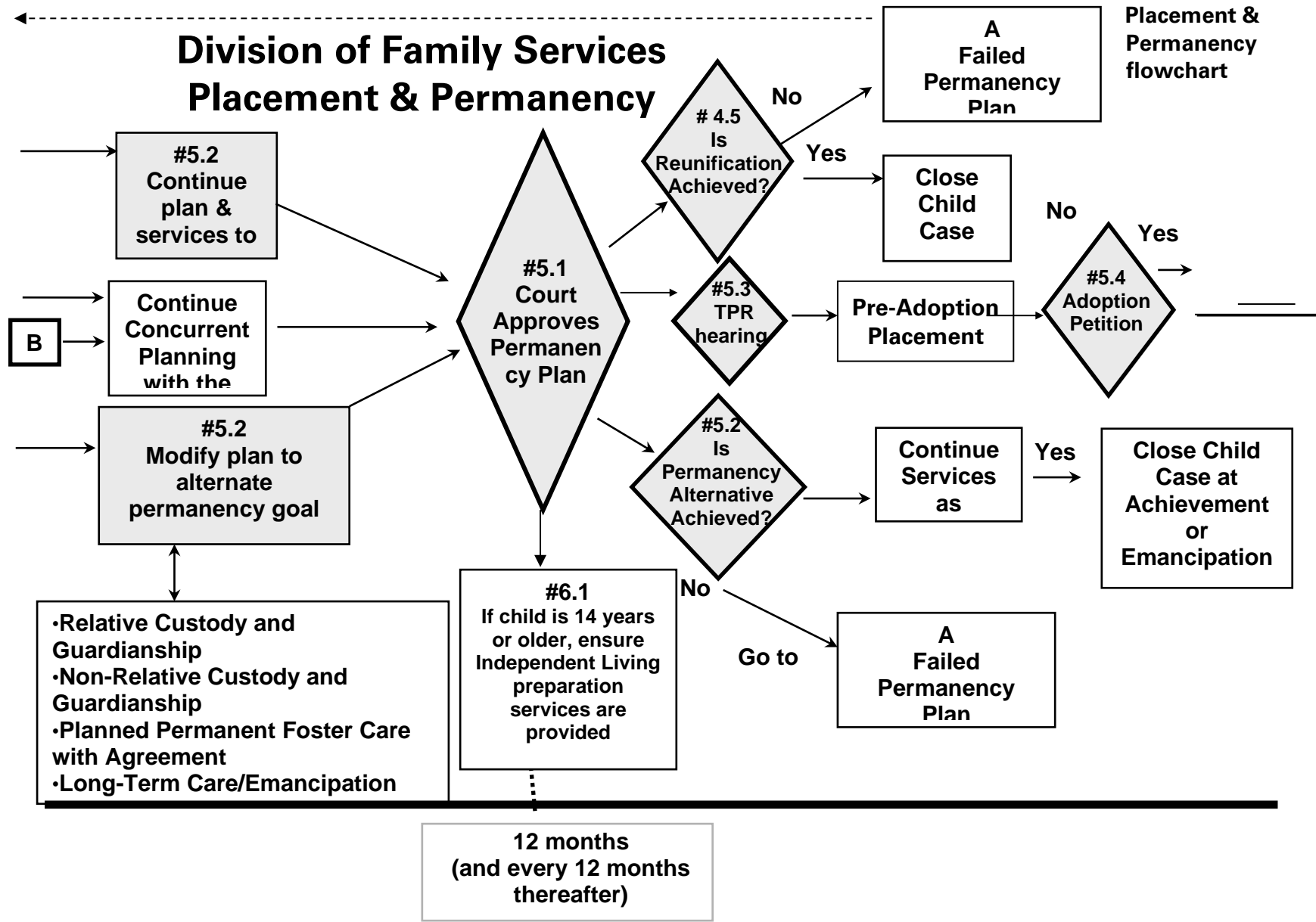
- A. Determine if there are any appropriate relatives able and willing to care for the child.
- B. If there aren't appropriate relatives, select the most appropriate foster placement to meet the child's needs. Children should always be placed in the least restrictive setting possible.
- C. Develop and implement a plan that will meet the child's needs for well-being, and safety, via the Child Plan.
- D. Develop and implement the appropriate permanency goal.
- E. Determine if there is justification for expedited termination of parental rights (TPR). (Policy 612)
- F. Determine that a child should be returned home, and prepare for successful reunification.

### Client Pathway:

See chart

Placement & Permanency flowchart





<b>Critical Standards:</b>	
<b>A. Placing a Child in Out-of-Home Care</b>	
<p>A-1. It is the policy of the Division of Family Services that placement of children, whenever possible, should allow for prior planning and preparation for both the child and family. Emergency placement may be necessary to protect the child when:</p> <ul style="list-style-type: none"> <li>a. It is determined that the child cannot be kept safe and may suffer serious or permanent physical or emotional damage if not placed immediately.</li> <li>b. The child is abandoned.</li> <li>c. Emergency medical care is required for a child in the care of DFS or emergency medical care is required due to medical neglect report.</li> </ul>	<p><b>Preparation for Placement</b></p>
<p>A-2. Consent to obtain and release information will be requested from and signed by the parent, custodian or guardian, for every case opened for initial assessment or treatment. The signed consent form will be shared with individuals from whom the Division is requesting information. A signed consent will be required when other parties, individuals or agencies request information from the Division. Consent forms are only valid for up to six (6) months. They must be reviewed regularly to ensure that they have not expired. If they have expired, new Consents will need to be signed by the parent.</p>	<p><b>Obtain Consent SEE: Confidentiality (Administration)</b></p>
<p>A-3. Reasonable efforts will be exercised to meet the family's needs to prevent or eliminate the need for separation of the child from his family and/or to make it possible for the child to return to his family.</p>	<p><b>Reasonable Efforts</b></p>
<p>A-4. The Division is required to develop and implement a permanency plan for every child in placement for whom the Division has obtained legal custody.</p>	
<p>A-5. Out-of-state placements for children in the custody of the Division of Family Services will comply with all applicable laws through the Interstate Compact for Children.</p>	<p><b>Out-of-State Placements</b></p>
<p>A-6. When it is determined that a child needs to be placed in out-of-home care, the child's age, relationship to parents and siblings, his physical, intellectual and emotional composition must be considered in selecting the most appropriate placement to meet his needs.</p>	<p><b>Selecting Placements</b></p>
<p>A-7. The least restrictive setting in close proximity to the parents or family home must also be considered.</p>	
<p>A-8. Either prior to or within 30 days of removal from the home, DFS must identify and provide Notification to all grandparents and other adult relatives, as well</p>	

<p>as to the other parents of the child's siblings when the other parent has legal custody of such siblings. Such notification to grandparents and other adult relatives is required regardless of whether the sibling's parent(s) have a status of Termination of Parental Rights (Parental Rights were terminated). This will allow the adult relatives the opportunity to explore the possibility of becoming a placement resource for the child. If DFS determines that contact with adult relatives is harmful to the child's safety and/or well-being, the impact that continued contact will have on the child must be documented in the record before contact ceases.</p> <p>A-9. In keeping with the Division's philosophy, relative homes will be the first considered. If relatives are unwilling or unsuitable for placement, DFS will consider non-relative placements next. Foster homes will be considered after all other relative and non-relative resources have been explored. If relative, non-relative and foster home placements have been explored and ruled out, then group care settings will be explored.</p> <p>A-10. The Division will make every effort to keep siblings together.</p> <p>A-11. When it is determined that a child needs to be placed or replaced, the child, parent(s), relatives, foster family or group home will be adequately prepared for the placement including the reason for placement and the goals to be met during the placement period.</p> <p>A-12. At the time a child is removed from a home, the caretaker at the home where the child is leaving must complete a Transfer Instruction Sheet, detailing the child's most recent health and education information. The caretaker completing the form keeps one copy of the form, the top copy is provided to the placement that will be receiving the child, and the third copy gets filed in the child's record. This protocol must be followed regardless of the home the child is being removed from or the home he/she is being placed into.</p> <p>A-13. At the time a child is placed in an out-of-home setting, the Division social worker must take at least one photograph of the child for inclusion in the record. A new photograph of the child must be taken annually.</p> <p>A-14. To provide the best possible care for a child, the caregiver for the child will be provided with the Division's Placement Packet at the time of placement. This includes the Transfer Instruction Sheet.</p>	<p><b>Preparation for Placement</b></p>
<p><b>B. Family Visitation with the Child</b></p>	
<p>Please refer to <a href="#">Policy 1005 – Visitation</a></p> <p>B-10. There may be times when a child returns home for a brief period of time. If this home visit is only temporary and not the last stage in reunification, this home visit shall be considered a Temporary Home Visit.</p>	<p><b>Temporary Home Visit</b></p>
<p><b>C. Medical Consent and Health Care</b></p>	

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- C-1. Children need routine preventive medical and dental care as well as prompt, appropriate medical attention for illness or debilitating conditions. The Division caseworker is responsible for planning and meeting children's medical needs while children are in out-of-home care. The Division caseworker will make every attempt to utilize the family's health insurance coverage for the child by requesting the information from the family.
- C-2. Unless parental rights have been terminated or legal guardianship transferred by the court, parents maintain the right to consent to any medical treatment, remain informed about their child's condition and wherever possible, participate in any medical decision making.  
Therefore, the DFS caseworker and/or supervisor will make reasonable efforts to obtain consent of the parent, and to notify the child's legal representation (guardian ad litem or court-appointed special advocate), prior to obtaining medical care.
- C-3. There are certain instances in which either the Regional Administrator or the DFS Director must authorize treatment. When those instances arise, the DFS caseworker and/or supervisor will complete the Medical and Mental Health Consent Checklist summarizing the information that was gathered and the steps that were taken which aided in the decision to provide consent. This Checklist will then be forwarded to the Regional Administrator or DFS Director for final approval. Instances in which the Medical and Mental Health Consent Checklist must be completed include:
- a. When the parent disagrees with the proposed medical treatment
  - b. When the parent opposes the use of psychotropic medication
  - c. When consent is needed for serious, non-routine medical treatment, including surgery
  - d. When consent is needed for non-routine procedures, including surgery
  - e. Psychotropic medications with parental approval
  - f. When consent is needed for in-patient substance abuse treatment for children under the age of 12
  - g. Obtaining consent for treatment related to contagious, infectious or communicable diseases as well as obtaining birth control for children under the age of 12
- C-4. Per Title 13, Section 2521(2) of the Delaware Code the Division of Family Services is statutorily granted certain powers and duties, including:
- a. Consenting to medical care for the child
  - b. Consenting for medical examinations for the child
  - c. Consenting to medical treatment for the child, including surgical procedures
  - d. Consenting for mental health treatment, except in-patient psychiatric hospitalization
- C-5. The Division cannot sign or consent for medical or mental health treatment required for a child in the following circumstances:
- a. In-patient mental health/psychiatric admissions;
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- b. Involuntary substance abuse treatment;
  - c. In-patient substance abuse treatment (over 12 years of age);
  - d. Treatment related to contagious, infectious or communicable disease as well as obtaining birth control (12 years of age or older);
  - e. Life Ending Decisions, including “Do Not Resuscitate” orders or removal of life support.
- C-6. The caseworker will contact the Attorney General for further direction in the above listed circumstances.
- C-7. When a child in the custody of DFS is determined to need psychiatric treatment in a hospital setting, DFS does not have the authority to sign for the child’s admission. The only exceptions to this are:
- a. Children for whom we hold parental rights.
  - b. Children over whom DFS holds custody where an existing court order specifically authorizes DFS to sign for psychiatric admission (the caseworker does not petition the court for this authority).
- C-8. Early identification of children and families at risk of HIV disease is the key to life-saving care and prevention education. All children should be referred to their physician or the health clinic to determine whether the history and symptoms warrant testing for HIV. All children and families identified as high risk should be referred to a recognized center for testing of HIV and appropriate follow-up.
- C-9. All tests for HIV shall be done in compliance with 16 Del. Code Chapter 12 which includes informed consent of the subject of the test or the subject's legal custodian.
- C-10. The Division will share HIV testing results with the child's foster parent(s) or other care provider(s) for the purpose of day-to-day physical and medical care.
- C-11. Informed consent to an HIV-related test shall consist of a voluntary agreement executed by the subject of the test or the subject's legal guardian. If the agreement is oral, the facts pertaining thereto must be documented by customary practice.
- C-12. Per Del Code Title 13, Chapter 7, Section 710, states that a minor 12 years of age or over who professes to be either pregnant or afflicted with contagious, infectious, or communicable diseases or who professes to be exposed to the chance of becoming pregnant may give written consent , except for abortion, for any diagnostic, preventive (including birth control), lawful therapeutic procedures, medical or surgical care and treatment, including x-rays, by any licensed physician, hospital or public clinic, their qualified employees or agents while acting within the scope of their employment.

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#### **D. Completing the Placement Packet**

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

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- D-2. The caseworker will notify the Medicaid social worker and the DMSS Eligibility Unit by email that a child has entered out of home care on the day the child enters care. This will ensure a protective filing date for the start of the child's Medicaid coverage. It is the responsibility of DFS to obtain a birth certificate for every child that enters foster care if they were born in the United States.
- D-3. If the Eligibility Unit determines that additional information is needed to verify a child's citizenship or identity, they will provide the caseworker with a list of documentation options that will satisfy either citizenship or identity.
- D-4. The Division will pursue IV-E funding for all children entering out-of-home placement. This includes completion of the IV-E application in FOCUS, including whether the child was deprived of the care and support of one or both parents (see Deprivation Definitions chart). After the IV-E application has been completed, the IV-E eligibility determination is performed by the eligibility unit in the Division of Management Services (DMSS).
- D-5. Each child in placement will be assigned a Level of Care (LOC), based upon a description of the behavioral, emotional, physical and medical characteristics, and special placement needs of the child. This rating will identify the factors and reflect the anticipated degree of difficulty the caretaker will experience in caring for a child. The LOC survey must be completed at the time the decision to place is made and for all new placements. The LOC serves as a placement request to the foster care unit. The LOC is reviewed at the Child Plan. There are four levels of care: minimal (0), mild (I), moderate (II), and intensive (III). The LOC should be completed yearly or when there have been significant changes in the child's circumstances. For all children with a goal changes to TPR/Adoption, a new LOC will be completed within 3 months after the change in goal and/or the child's case has been transferred to the Permanency Unit.
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DEPRIVATION DEFINITIONS

Deprivation Terminology	Definition	DFS Documentation Required
Continued Absence from Home	<p><u>Initial Determination</u> Natural or Adoptive Parent not present in the home the child was removed from and does not provide for the child's support. If one or both of the parents is not in the home, it meets the criteria.</p> <p><u>Redetermination – Child Plan</u> Whereabouts of natural or adoptive parent(s) are unknown -When the nature of the absence is such as either to interrupt or to terminate the parent's functioning as provider of maintenance, physical care, or guidance for the child, and the known or indefinite duration of the absence precludes counting on the parent's performance of the function of planning for the present support or care of the child. NOTE: Child removed from relative: Relative home is reviewed for deprivation – "Continued absence" applies when one or both natural or adoptive parent(s) are not living in the relative household at the time of Redetermination.</p>	<p><u>Initial Determination</u> -Court order documenting parent was absent from the home. -Documentation in client's file or FOCUS that parent was not living in the home when the child was removed. -Other reliable source of documentation NOTE: Absence due to military active duty or seeking employment elsewhere does not meet "continued absence from the home".</p> <p><u>Redetermination – Child Plan</u> -Court order documenting parent(s) whereabouts are unknown. -Other reliable source Documentation in client's file or FOCUS</p>
Death of One Parent	<p><u>Initial &amp; Redetermination</u> One natural or adoptive parent is deceased.</p>	<p><u>Initial &amp; Redetermination</u> Death certificate or Vital Statistics Record, obituary, legal document, other reliable source. Documentation in client's file or FOCUS.</p>
Death of Both Parents	<p><u>Initial &amp; Redetermination</u> Both natural or adoptive parents are deceased.</p>	<p><u>Initial &amp; Redetermination</u> Death certificate or Vital Statistics Record, obituary, legal document, other reliable source. Documentation in client's file or FOCUS.</p>
Incapacity/ Disability	<p><u>Initial &amp; Redetermination</u> One or both natural or adoptive parents (residing in the home the child was removed from) are mentally or physically disabled and is substantially incapable of caring for the child. This does not include a birth parent that resides in a separate residence.</p>	<p><u>Initial &amp; Redetermination</u> Is parent receiving SSI?  <ul style="list-style-type: none"> <li>- Medical records</li> <li>- case notes (DFS worker witness account)</li> <li>- Social Security Award letter</li> <li>- Verification of SSI Medicaid Eligibility (category 51)</li> <li>- Other reliable source</li> </ul> Documentation in client's file or FOCUS.</p>
Unemployment/ Underemployment of Principal Wage Earner	<p><u>Initial &amp; Redetermination</u> The natural or adoptive parent (residing in the home the child was removed from) that is the principal wage earner is unemployed or underemployed &amp; meets the following conditions: Principal wage earner must:  <ul style="list-style-type: none"> <li>- be unemployed or underemployed for at least 30 days prior to the day the petition for custody was initiated.</li> <li>-Not refuse employment without good cause</li> <li>-Must apply for unemployment</li> </ul> </p>	<p><u>Initial &amp; Redetermination</u> Statement of wages; Earnings records, Dept. of Labor information showing little to no income; Statement from family/neighbors; statement from DFS investigation or treatment worker; or other reliable source documentation in client's file or FOCUS.</p>

	<p>-Earned at least \$50.00 in at least 6 of any 13 quarter period that ends within 1 year prior to the month the petition for custody was initiated.</p> <p><u>Redetermination – Child Plan</u> The natural or adoptive parent (residing in the home the child was removed from) that is the principal wage earner is unemployed or underemployed &amp; meets the following conditions: Principal wage earner must: - be unemployed or underemployed for at least 30 days. -Not refuse employment without good cause -Must apply for unemployment -Earned at least \$50.00 in at least 6 of any 13 quarter period that ends within 1 year.</p>	
Un-established Paternity	<p><u>Initial &amp; Redetermination</u> Father of the child has not been identified/paternity in question</p>	<p><u>Initial &amp; Redetermination</u> -Paternity testing required documentation -court order stating father unknown -Paternity outcome pending -Mother states father is unknown -Other reliable source Documentation in client's file or FOCUS.</p>
Incarceration of One Parent	<p><u>Initial &amp; Redetermination</u> One of the natural or adoptive parents is incarcerated (jailed).</p>	<p><u>Initial &amp; Redetermination</u> Statement from family members or neighbors; court documents or other reliable source. Documentation in client's file or FOCUS.</p>
Incarceration of Both Parents	<p><u>Initial &amp; Redetermination</u> Both of the natural or adoptive parents are incarcerated (jailed).</p>	<p><u>Initial &amp; Redetermination</u> Statement from family members or neighbors; court documents; or other reliable source. Documentation in client's file or FOCUS.</p>
TPR	<p><u>Initial &amp; TPR</u> Parental rights have been terminated by court order, must provide date of TPR in the provided box. TPR would require both parents. If one parent lives elsewhere and had the rights terminated previously, the child would be deprived under the Continued Absence from the Home selection above.</p>	<p><u>Initial &amp; Redetermination</u> Court papers showing TPR – must be dated and signed by a Judge. TPR must be scanned in FOCUS or faxed to the Client Eligibility Unit.</p>

<b>E. Developing a Child Plan</b>	
<p>E-1. The Division is responsible for planning and meeting the child's needs while in out-of-home care. This Child Plan begins with the completion of Child Plan and must be completed for every child within 5 days of placement. The complete plan includes an assessment of the child's needs and the agency's plan to address those needs.</p> <p>E-2. Please refer to <a href="#">Policy 1005 – Visitation</a></p>	<b>Placement s of Five Days or Longer</b>
<p>E-3. The Child Plan consists of three parts and must be completed whenever DFS obtains custody of a child, REGARDLESS of the placement the child may be in:</p> <ul style="list-style-type: none"> <li>a. 5 Day Plan – (In Care 5 to 30 Days) addresses circumstances surrounding the placement and the child's immediate needs. The Child Plan identifies the child's medical and dental conditions and current medications, if any, health provider, and current school information including grade and educational classification. This must be completed in FOCUS within five working days of the child's placement. DFS must complete a Child Service Plan, within five (5) days regardless of whether the dependent youth is still residing in a YRS placement or a PBHS facility.</li> <li>b. Child Plan – (In care 30 days or more) addresses the child's needs while in placement and until permanency is achieved. The areas specifically addressed are medical, dental needs, educational/vocational needs, social/emotional needs, behavior management, preparation for independent living, court requirements, visitation, and activities to locate a permanent home. This must be completed within 30 days every time a child moves to a new placement. This plan must be updated annually. DFS must complete a Child Service Plan within 30 days regardless of whether the dependent youth is still residing in a YRS placement or PBHS facility. For youth age 14 and older, the plan must be developed in consultation with the youth and, at the option of the youth, up to 2 members of the case planning team who are chosen by the youth and who are not a foster parent of, or caseworker to, the youth. The state may reject an individual selected by the youth to be a member of the case planning team at any time of the state believes it has good cause to believe that the individual would not act in the youth's best interest. One individual selected by a youth to be a member of the youth's case planning team may be designated to be the youth's advisor and as necessary, advocate, with respect to the application of the reasonable and prudent parent standard to the youth.</li> <li>c. If the youth is moving to a new placement, such as from detention to a foster home, the entire Child Plan series must be completed according to the division's current timeframes. For example, a new Child Plan must be completed within 5 days of placement, followed 30 days later with the Child Plan.</li> <li>d. Every time a Child Plan is completed, DFS must determine if the child is still deprived of the care and support of one or both parents. Deprivation is only</li> </ul>	<p><b>The Child Plan</b></p> <p><b>Child Plans for Youth in YRS Placements</b></p>

determined in relation to a child's natural or adoptive parents. It is important to note that the reason for deprivation can change at redetermination.

- e. For youth 14 years of age and older, the Child Plan must include a written description of the program and services which will help the youth prepare for the transition from foster care to successful adulthood.
- f. All children in DSCYF custody who are in foster care as a result of abuse, neglect and dependency have rights under Delaware law. These rights shall be given and explained to children/youth in accordance with their age and developmental level. The rights document, called the Right of Children In DSCYF Custody, includes providing information as to why foster care is necessary, what can be expected in the foster home or residential home, assistance available to access education, medical, dental, mental health treatment, independent living services, visiting family and siblings, participating in planning meetings and court hearings.

The assigned DFS caseworker must review the Rights of Youth in DSCYF Custody document in a developmentally appropriate manner with all school aged children upon their entry in foster care. Each child must sign the Rights of Youth in DSCYF Custody document and be given a copy of the document.

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

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

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

**Rights  
of  
Children  
in DFS  
Custody**

<p>E-4 Please refer to <a href="#">Policy 702 – Educational Surrogate Parent</a></p> <p>E-5 Until the Court terminates parental rights, parents must be included in the development and review of the Child Plan series. They must also be given the opportunity to review and sign all plans related to the child. Youth must always be included in the development and review of the Child Plan series.</p> <p>E- 6 —Please refer to <a href="#">Policy 701 – Educational Decision Maker</a></p>	
<b>F. Caseworker/Foster Child/Family Contact Schedule</b>	
Please refer to <a href="#">Policy 404 – Family Contacts and Policy 405 – Foster Care (Client) Contacts</a>	
<b>G. Case Management and Monitoring the Child in Care</b>	
<p>G-1. The Division will support foster parents to help them meet the needs of the child. Foster parents are service providers rather than clients. They are accepted by the agency on the basis of their willingness and ability to serve children by providing a normal family life. They are part of the team helping the child and family. The family caseworker and the Foster Home Coordinator work with foster families in a complementary manner to ensure that services provided to the family are comprehensive and appropriate.</p> <p>G-2. The family caseworker and the Foster Home Coordinator work with foster families in a complimentary manner to ensure that services provided to the family are comprehensive and appropriate.</p> <p>G-3. The family caseworker will keep the Foster Home Coordinator informed of any concerns about the care of the child, condition of the home, or significant changes in the home.</p> <p>G-4. If the plan is to remove the child from the foster home to another placement or to his own home, the caseworker must help the foster parents with the separation trauma that often accompanies such a move prior to the move.</p> <p>G-5. The caseworker must keep the parents informed of the child's adjustment and placement including the following:</p> <ul style="list-style-type: none"> <li>a. His daily routine</li> <li>b. Meaningful persons in his life while he has been away from home</li> <li>c. Feelings about returning home</li> <li>d. School adjustment and school-related problems that will need to be addressed when child returns home</li> <li>e. Medical and dental needs that must be followed up after child returns home</li> </ul> <p>G-6. The Prudent Parent Standard encourages normalcy for children in foster care allowing them to participate in normal childhood activities. Children in foster care should experience the same age appropriate activities both in the family and in the community as children not in foster care. Parents have the</p>	

<p>opportunity to inform and be informed of decisions concerning their children's social, cultural and developmental activities. Supported by family court review, caregivers/foster parents will make decisions regarding a child's participation in activities based on what is in the best interest of the child in promoting cognitive, emotional, physical and behavioral growth. For older youth, especially those with APPLA as the goal, activities will encourage life skills and growth toward independent living. Decisions will be made reasonably and prudently such as those made for the family's birth children.</p>		
<p><b>H. Transition from Placement</b></p>		
<p>H-1. Transition from placement may occur when a child returns to his own home, is placed with relatives, is adopted, reaches the age of majority and chooses to live independently, is placed in another foster home or alternative living facility or is on extended runaway.</p>		<p><b>Transition from Placement</b></p>
<p>H-2. When children move from placement to home or from one placement to another, the child and family will be provided with services to help make the transition as smooth as possible and to aid in successful placement.</p>		
<p>H-3. When children move from one placement setting to another, a completed Transfer Instruction Sheet must be provided to the receiving caregiver. It is the responsibility of the child's previous placement to complete the form at the time the child is removed from their home.</p>		
<p>H-4. Foster parents or agencies that request termination of a placement shall give the caseworker at least two-week notice and shall participate in planning for removal of the child from their home, except in emergency situations.</p>		<p><b>Provider Request to Change Placement</b></p>
<p><b>I. Trial Reunification</b></p>		
<p>I-1. A trial reunification is a placement setting that occurs when a child has been removed from their current foster care placement and returned to their parent/primary caretaker, for the purpose of reunification, but where the child is still in the legal custody of the Division of Family Services.</p>		
<p>I-2. The length of time a child may be on a trial reunification is dependent on whether there is a court order specifying a time period. If there is no court order, the trial reunification must not extend beyond six months from the date the child was removed from the foster care placement and returned to the parent/primary caretaker.</p>		
<p>I-3. Prior to the six-month time frame, the child must be removed from the trial reunification and either exited from care or a new court order must be obtained to continue custody with the Division of Family Services. The new court order must re-establish IV-E eligibility requirements.</p>		
<p>I-4. During the time the child is home for a trial reunification, the Division continues to hold supervisory responsibility of the child's safety and well-being.</p>		
		<p><b>Supervisory Responsibility</b></p>

I-5. Please refer to [Policy 404 – Family Contacts](#) and [Policy 405 – Foster Care \(Client\) Contacts](#)

<b>J. Medical/Dental Records for Youth Exiting Care Age 18 or Older</b>	
J.1 Section 475(5)(D) of the Social Security Act requires the Division of Family Services to provide health and education records to youth aging out of foster care.	
J.2. DFS must provide youth with an actual copy of the most recent, relevant health and education records that were used to complete the youth's Child Plan and/or Family Service Plan AND that are contained in the DFS record. This is in addition to providing the youth with a completed Transfer Instruction Sheet at the time of their exit from care.	
J-3. To the extent available and accessible, the health and education records of the youth should include: <ul style="list-style-type: none"> <li>• The names and addresses of the youth's health and education providers;</li> <li>• The youth's grade level performance;</li> <li>• The youth's school records;</li> <li>• A record of the youth's immunizations;</li> <li>• The youth's known medical problems;</li> <li>• The youth's medications;</li> <li>• Any other relevant health and education information concerning the youth determined to be appropriate by the Division of Family Services</li> </ul>	
J-4. The Division will not provide the youth with copies of any psychological or psychiatric evaluations. Instead, DFS will provide the youth the names, addresses and phone numbers of any professionals who may have completed a psychological or psychiatric evaluation on the youth so that they may obtain those reports directly from the provider.	
J-5. The Division of Family Services will not charge the youth for copies of their health and educational records.	
<b>K. Special Circumstances</b>	
<b>K-1. Out-of-State Placements</b>	
K-1.1. The Interstate Compact on the Placement of Children (ICPS) is a legally based agreement among all fifty states, the District of Columbia and the Virgin Islands that provides for the protection of children placed across state lines.	<b>Interstate Compact on the Placement of Children</b>
K-1.2. When a plan is made to send a child in the custody of the Division of Family Services to a placement outside Delaware, the caseworker and supervisor will comply with all procedures as identified in the Interstate Compact on the Placement of Children.	<b>Out-of-State Placements</b>

<p>K-1.3. The Division of Family Services has the statutory responsibility of following ICPC procedures. The ICPC includes all substitute care placements, foster family homes, group homes, residential care, and institutional care (except hospitals and boarding schools), all adoptive placements and all relative placements planned by the Division. All out of state placements for children in the custody of another agency must be approved by the Interstate Compact Office prior to the placement.</p>	
<p>K-1.4. If the Division of Family Services is responsible for completing a home assessment on a family residing in Delaware, the home assessment MUST be completed within 30 calendar days.</p>	
<p><b>K-2. Changes That May Affect Placements</b></p>	
<p>K-2.1. The caseworker may request extension of foster care board and medical coverage when a youth in out-of home placement is making satisfactory educational progress and: 1) may complete his/her high school education within one school year of his or her eighteenth birthday, or 2) may complete a GED within one year of his or her eighteenth birthday. Students enrolled in a special education program are eligible for foster care board and medical coverage.</p> <p>K-2.2. If the placement disrupts due to the youth's behavior after the youth's 18<sup>th</sup> birthday, the Division is not legally responsible for re-placement. If the youth withdraws, disrupts or is failing to make educational progress, the Division will discontinue extended board services.</p> <p>K-2.3. The caseworker will be notified as to whether their Board Extension Request is approved by the Regional Administrator.</p> <p>K-2.4. Every effort should be made by the child's caseworker through the case planning process to assist youth to complete their education prior to their 18<sup>th</sup> birthday.</p> <p>K-2.5. In no event shall an extension of foster care board and medical coverage continue beyond the latter of the youth's 19<sup>th</sup> birthday or the close of the school year in which the youth turns 19.</p> <p>K-2.6. The caseworker will be notified as to whether their Board Extension Request is approved by the Regional Administrator.</p> <p>K-2.7. Every effort should be made by the child's caseworker through the case planning process to assist youth to complete their education prior to their 18<sup>th</sup> birthday.</p> <p>K-2.8. There are occasions when it is effective to close the family case and open child only cases. This decision should be based on the best interest of children and families, safety of all children concerned and whether or not ongoing protective treatment services are needed.</p>	<p><b>Extending Foster Care Payments Beyond the 18<sup>th</sup> Birthday</b></p>

- a. All Children In Out-Of-Home Care with a Goal of Adoption or Long-Term Foster Care AND No Other Children in the Home: When the Permanency Committee recommends the goal of adoption and there are no other children in the home and Family Court approves the goal change, a child only adoption case will be created and whenever possible, transferred to the Permanency Unit. The family case will be closed.
  - b. All Children In Out-Of-Home Care with a Goal of Adoption AND Children Remain in the Home: when the Permanency Committee recommends the goal of adoption or alternative permanency planned living arrangement (APPLA) without agreement for children in care and there are other children remaining with the birth family, consideration should be given as to whether or not the family case should be closed.
  - c. All Children In Out-Of-Home Care with a Goal of Long Term Foster Care AND Children Remain in the Home: Generally, when the Permanency Committee approves the goal for children in care and protective treatment services need to be provided to the other children in the family, both the family case and child case will continue with the caseworker. However, there may be cases where there is no expectation of ongoing contact between the birth family and the child in care. In these situations, with the approval of the Assistant Regional Administrator, a child only case can be opened and transferred to a permanency worker.
- K-2.9. When children are in foster care, decisions to close family cases will generally be made at the Permanency Committee. In those situations where the Permanency Committee has recommended a goal other than return home and situations change, the supervisor may recommend to the Assistant Regional Administrator that the family case be closed.
- K-2.10. When a child only case has been opened, the family case has been closed and complaint of child abuse or neglect is made concerning the intact family, it will be investigated per policy by an investigation unit and if necessary, transferred to a treatment unit for ongoing services. Assignment will be based on the best interests of the child and family. The Regional Administrator or Assistant Regional Administrator will make a determination to assign the case to the caseworker currently assigned to the children in foster care or to another worker.
- K-2.13. In situations where services are being provided to a family with children both at home and in alternative permanency planned living arrangement (APPLA), the caseworker and supervisor shall determine if it is necessary to continue to provide services to the children at home. If the Permanency Committee has recommended a goal change for the child(ren) in foster care as other than return home, and there is an indication of a reduction in risk in the intact family, the family case may be considered for closure.

Permanency  
Committee Role  
In Closing  
Family Cases

**FOCUS**

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### K-3. Custody Decisions

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

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

**K-4. Missing/Runaway/Abducted Children**

Please refer to [Policy 414 – Missing/Abducted/Runaway Children](#)

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**L. Required Case Reviews**

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L-1. **Child Placement Review Board:** Removed

L-2. **Permanency Planning Committee:**

PLEASE REFER TO [POLICY 1101- Permanency Planning Committee](#)

L-3. **Permanency Hearing:** The Division will petition the Family Court for a Permanency Hearing within the required time frames. A permanency hearing must occur within 12 months of a child’s placement and every 12 months thereafter, as long as the child remains continuously in placement. The Family Court will hold the initial hearing in the 11th month but no later than the 12th month of the child’s placement and thereafter yearly. The Division of Family Services caseworker will ensure that the child’s caregivers (relative, non-relative, or adoptive) are provided with a notice of the hearing and the right to be heard. Until such time that the court terminates parental rights, both parents of a child must be invited to attend the Permanency Hearing. The Permanency Hearing shall determine the permanency plan for the child that includes whether, and if applicable, when, the child will be returned to the parent, or placed for adoption and the State will file a petition for termination of parental rights, or referred to legal guardianship, or in the case of a child who has attained the age of 16 or older, placed in another planned permanent living arrangement. If a youth is placed in another planned permanent living arrangement, the State must document to the Court the compelling reasons why it would not be in the youth’s best interest to return home, be referred for termination of parental rights, or be placed for adoption, with a fit and willing relative or with a legal guardian. (Policy 612)

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**M. Driver’s Licenses for Youth in Placement**

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- M-1. Obtaining a driver's permit and license is considered a privilege for older youth in care and is part of their personal growth and acceptance of responsibility for taking care of their own needs. The Division of Family Services recognizes the importance of completing a driver education course and obtaining a driver's license for older youth in care. Completing driver education is necessary to develop the safe driving skills needed to obtain a driver's license. Access to education, employment, health care, and other community-based activities for older youth in care is dependent on access to transportation.
  - M-2. The process of driver education and licensing for Delaware youth in care should be a collaborative effort between the youth, the caseworker, the foster parents or group home staff, CASA or Child Attorney and birth parent(s) if appropriate. Foster parents are encouraged to support youth in their transition to independence, including their efforts to obtain a driver's license.
  - M-3. Senate Bill 262 regarding youth in foster care obtaining their driver's license passed the 144<sup>th</sup> General Assembly June 2008. The Bill amends Title 21 by allowing a Division of Family Services caseworker to sign for a foster child to obtain a Delaware driver's license. The Bill also exempts the DFS caseworker from liability in the event that the foster child causes damages resulting from the foster child's negligence.
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## **Permanency in Alternative Settings: Case Decision Point #5**

## **Permanency**

**#5.1 - Court approves permanency plan (Court Action)**

**#5.2 - Placement for alternative permanency goal/Is child safe? #5.3 - Termination of Parental Rights (Court Action)**

**#5.4 – Adoption Petition Approved (Court Action)**

**#5.5 – Adoption Placement Supervision/Case Closed/  
Is child safe?**

### **Purpose:**

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

### **Scope:**

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

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

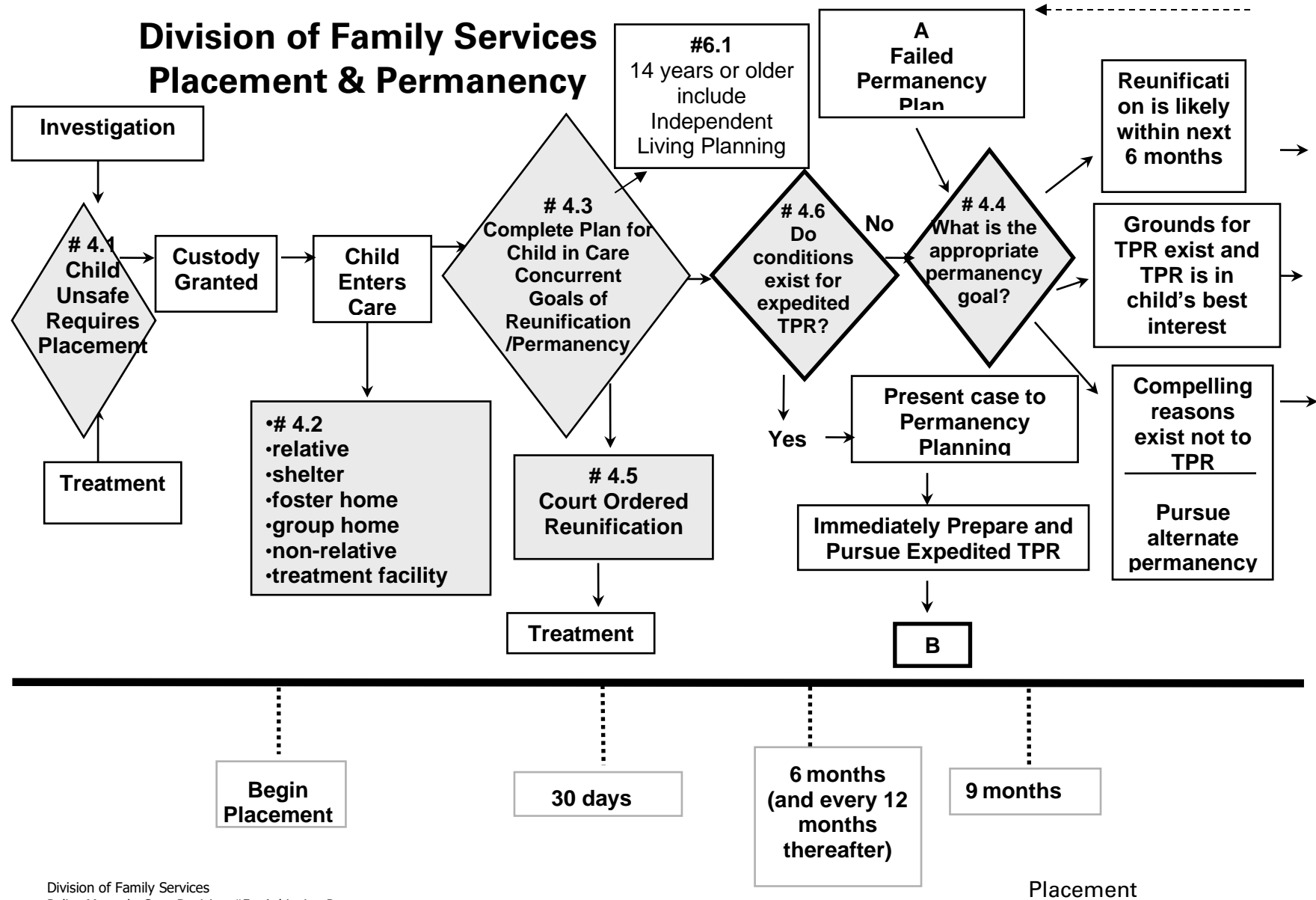
### **Decisions:**

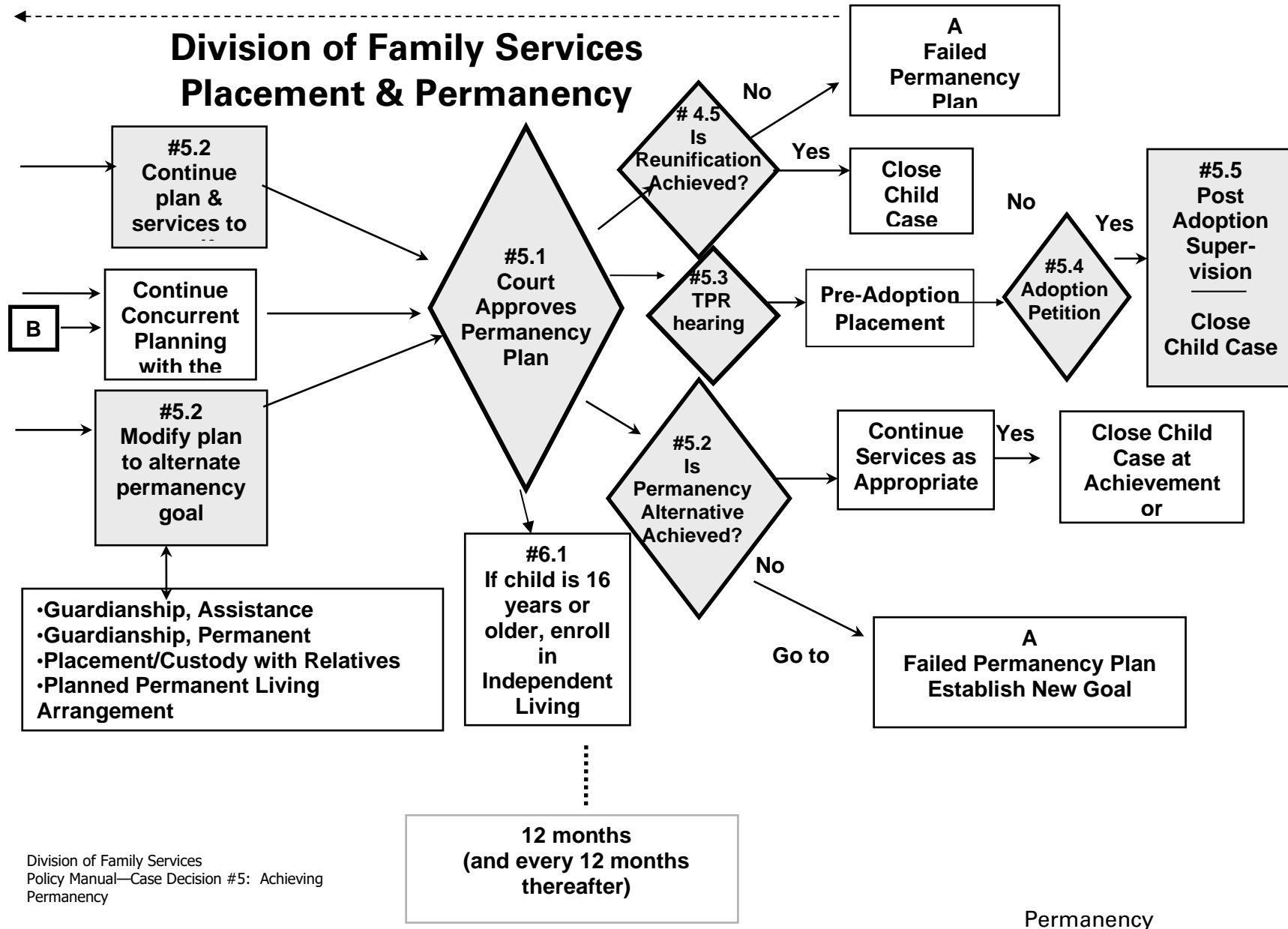
- A. Reunification with parents
- B. Placement of the child with an appropriate adoptive family.
- C. Creation of a new parent-child relationship through termination of parental rights and adoption (Policy 612)
- D. Approval of Permanent Guardianship
- E. Transfer of legal custody and Guardianship
- F. Alternative Planned Permanent Living Arrangements (APPLA)

### **Client Pathway:**

See Chart

Placement & Permanency flowchart





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**A. Permanency Planning Committee**

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Please Refer to [Policy 1101 – Permanency Planning Committee](#)

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**B. Termination of Parental Rights**

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Please Refer to [Policy 612 – Termination of Parental Rights](#)

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**C. Concurrent Planning**

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| <p>C-1. The goals of the Concurrent Planning are:</p> <ul style="list-style-type: none"><li>• To consider all options open to children and families</li><li>• To support safety and well-being of children and families</li><li>• To promote early permanency decisions for children</li><li>• To decrease length of time in foster care</li><li>• To reduce the number of moves children experience in foster care</li></ul> <p>C-2. Concurrent Planning occurs in all stages of service provision to families active with the Division of Family Services.</p> <ul style="list-style-type: none"><li>• For intact families, concurrent planning is the provision of rehabilitative services while exploring family resources for safety and support or for possible placement, if necessary</li><li>• Once placement occurs, concurrent planning is used to explore other permanency options for children if they cannot return home</li><li>• When petitioning Family Court for Termination of Parental Rights, concurrent planning consists of providing reasonable efforts to the family toward reunification while simultaneously providing child specific services to prepare the child for adoption (Policy 612)</li><li>• When a child has an approved goal of APPLA, concurrent planning involves a continual review of the resources in the youth's life for potential permanent placements and relationships.</li></ul> <p>C-3. To facilitate the practice of concurrent planning when Permanency Committee has recommended a goal change to Termination of Parental Rights and Adoption, a child-only FOCUS case is created.</p> <p>C-4. Case assignment occurs after the Permanency Committee has made a recommendation even if Family Court has not yet approved the goal change. Each region shall monitor compliance with case transfers and assignments within six weeks of the Permanency Committee recommendation.</p> <p>C-5. Case management duties shall be shared by the treatment worker and the permanency worker in accordance with the chart below. Sharing of duties shall remain in place until the Court relieves DFS of case planning responsibilities.</p> |  |
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	<b><i>Treatment Worker</i></b>	<b><i>Permanency Worker</i></b>
<b>Visitation Supervision</b>	Primary	50%, but no more than 2 visits per month
<b>Visitation Coordination</b>	Coordinates with parent(s) and the Permanency Worker	Permanency Worker will work with Treatment worker as far as the child and foster parent's schedule
<b>Visitation Affidavit</b>	Provides information to the Permanency Supervisor and worker	Permanency Worker and Supervisor will draft with information provided by the treatment worker.
<b>Child Appointments</b>	None, unless otherwise agreed upon.	100%
<b>Parent Contact</b>	All communication regarding the case plan and case direction will be handled by the treatment worker.	None, except when supervising visitation
<b>Parent Transportation</b>	100%	None, unless otherwise agreed upon.
<b>Permanency Hearing</b>	Will attend and be prepared to testify to all treatment planning activities.	Will attend and be prepared to testify to all child-related activities since assigned to the case.
<b>Child Plans</b>	None, unless otherwise agreed upon.	100%
<b>Case Plan Activities</b>	100%	None, unless otherwise agreed upon
<b>Placement Activities</b>	None, unless otherwise agreed upon.	100%
<b>CPRB</b>	Will attend and be prepared to testify to all treatment planning activities.	Will attend and be prepared to testify to all child-related activities since assigned to the case.

D. Permanency Hearing (Family Court)	
<p>D-1 The Permanency Hearing is held to determine the future status of a child. A child is considered to have entered foster care on the date the Division receives legal custody of the child. A permanency hearing must occur within 12 months of a child's placement and every 12 months thereafter, as long as the child remains continuously in placement. If age appropriate, the child should be invited to the Permanency Hearing. The Court will consider both in-state and out-of-state options for placement that are in the child's best interest. The Court's finding may include, but is not limited to, whether the child:</p> <ul style="list-style-type: none"> <li>a. Can be returned to the parent and when.</li> <li>b. Should be continued in foster care for a specified period of time pending permanence.</li> <li>c. Should, because of the child's special need or circumstances, be continued in foster care on a permanent basis.</li> <li>d. Should be considered for legal guardianship or permanent guardianship.</li> <li>e. Should be TPRed.</li> <li>f. Should be placed for adoption.</li> <li>g. Has an appropriate independent living plan if age 14+.</li> </ul> <p>When a child is removed from his/her home, the judicial determination, as to whether reasonable efforts were made or were not required to prevent this removal, is made no later than 60 days from the date the child is removed from the home. The judicial determinations regarding contrary to the welfare, reasonable efforts to prevent removal, and reasonable efforts to finalize the permanency plan in effect, including judicial determinations that reasonable efforts are not required, are explicitly documented and made on a case-by-case basis and so stated in the court order and included in all subsequent court orders until permanency has been established.</p> <p>D-2 A youth who has attained his eighteenth (18<sup>th</sup>) birthday, although continuing to be under the care and supervision of the Division of Family Services, may be exempt from a Permanency Hearing.</p>	<p><b>Family Court Permanency Hearing</b></p> <p><b>SEE Court Action</b></p> <p><b>SEE Appeals/ Fair Hearings</b></p> <p><b>Reasonable Efforts</b></p>

<b>E. Exploring Adoptive Resources</b>	
Please refer to <a href="#">Policy 1102 – Exploring Adoptive Resources</a>	
<b>F. Pre-Placement Adoption Services</b>	
Please refer to <a href="#">Policy 1104 – Pre-Adoption Services</a>	
<b>F-2. APPROVAL OF FOSTER/ADOPTION (FOST/ADOPT) HOMES</b>	
Please refer to <a href="#">Policy 1103 – Approval of Foster/Adoption Homes</a>	
<b>G. Adoption Placement Supervision</b>	
Please refer to <a href="#">Policy 1105 – Adoption Placement Supervision</a>	
<b>H. Adoption Petitions to the Court</b>	
Please refer to <a href="#">Policy 613 – Adoption Petition</a>	
Please refer to <a href="#">Policy 503 – Post-Permanency Financial Assistance</a>	
<b>I. Adoption Assistance/Subsidy</b>	
Please refer to <a href="#">Policy 503 – Post-Permanency Financial Assistance</a>	
<b>I-1.A. Extended Adoption Assistance/Subsidy Stipend</b>	
Please refer to <a href="#">Policy 503 – Post-Permanency Financial Assistance</a>	
<b>J. Guardianship</b>	
Please refer to <a href="#">Policy 1106 – Guardianship and Permanent Guardianship</a>	
<b>K. APPLA: Compelling Reasons</b>	
<i>(APPLA stands for Another Planned Permanent Living Arrangement)</i>	
Please refer to <a href="#">Policy 1107 – APPLA- Compelling Reasons and Diligent Efforts</a>	
Section L is deleted; next section is M.	
<b>M. APPLA: Diligent Efforts</b>	
<i>(APPLA stands for Another Planned Permanent Living Arrangement)</i>	
Please refer to <a href="#">Policy 1107 – APPLA- Compelling Reasons and Diligent Efforts</a>	
<b>N. APPLA: Long Term Foster Care Agreement</b>	
<i>(APPLA stands for Another Planned Permanent Living Arrangement)</i>	
Please refer to <a href="#">Policy 1108 – APPLA- Long Term Care Agreement</a>	

## **Independent Living Preparation: Case Decision #6**

## **Independent Living Preparation**

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

### **Purpose:**

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

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

### **Scope:**

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

### **Decisions:**

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

<b>Case Process</b>	
<b>A. Eligibility For Independent Living Services</b>	
Please refer to <a href="#">Policy 1201 – Eligibility &amp; Initiation of Independent Living Services</a>	
<b>B. Initiate Independent Living Services</b>	
Please refer to <a href="#">Policy 1201 – Eligibility &amp; Initiation of Independent Living Services</a> .	
<b>C. Basic Life Skills Assessments</b>	
Please refer to <a href="#">Policy 1202 – Basic Life Skills Assessment</a>	
<b>D. Completing an IL Service Plan</b>	
Please refer to <a href="#">Policy 1203 – Independent Living Service Plan</a> .	
<b>E. Basic Life Skills Development and Training</b>	
Please refer to <a href="#">Policy 1204 – Basic Life Skills Development &amp; Training</a>	
<b>F. Transition/Exit Conference and Planning</b>	
F-1. A transitional planning meeting(Stairways To Encourage Personal Success – STEPS Meeting) shall be held within thirty (30) days of the youth turning seventeen (17) to develop a transitional plan that will assist the youth after he/she exits foster care.	
Please refer to <a href="#">Policy – 1206 Exit Conference &amp; Planning</a>	
Please refer to <a href="#">Policy 804 – Advanced Healthcare Directive</a> .	
<b>G. Transitional Housing Agreement</b>	
Please refer to <a href="#">Policy – 1207 Transitional Housing Assistance</a>	
<b>H. Independent Living Aftercare</b>	
Please Refer to <a href="#">Policy – 1208 Independent Living Aftercare</a>	
<b>I. Termination of Independent Living Services</b>	
Please refer to <a href="#">Policy 1209 – Termination of Independent Living Services</a> .	

## Administration

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

## Administration

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

Please refer to [Policy 1501 – Child Protection Registry](#)

<b>B. Appeals/Fair Hearings – Treatment, Foster Care, Adoption</b>	
<p>B-1. A person directly impacted by a critical decision point shall be notified of the critical decision and the notification must explain the right to appeal and the right to request a Fair Hearing. The language shall be standard as follows:</p> <p style="text-align: center;"><b>RIGHT TO APPEAL/REQUEST A FAIR HEARING</b></p> <p><i>The Division of Family Services acknowledges and supports a party's right to appeal when that party is directly impacted by the following critical decision points: approval/disapproval, casework decision/case plan, and determination of eligibility. If you wish to appeal, please send a written request to the Substantiation Hearing Coordinator, 1825 Faulkland Road, Wilmington, DE 19805 no later than thirty calendar days of the date of this decision or notice. The request for an Appeal/Fair Hearing should explain the reason(s) for the request and the relief requested.</i></p> <p><i>Critical decisions involving custody, visitation, termination of parental rights, child support, or any case related issue pending or soon to be litigated or previously decided by Family Court, or another court or agency, may not be appealed. Those matters shall be decided by the Court.</i></p> <p><i>In any case where the Department or licensed agency refuses the request of any person that a child be placed with him/her for adoption, the decision of the Department or licensed agency in so refusing shall be final unless within 30 days after notice of refusal, the proposed adoptive parent shall appeal to the Family Court of the county in which the adoption is proposed (13 Del.C. 8905).</i></p>	<b>Appeal Statement</b>
<p>B-2. The Appeal Hearing process will be initiated when the complainant's request involves one of three criteria (critical decision points) listed below:</p> <ol style="list-style-type: none"> <li>1. Approval/disapproval</li> <li>2. Casework decision/case plan</li> <li>3. Determination of eligibility</li> </ol>	<b>Appeal Criteria</b>

<p>B-3. Critical decision points may include, but not be limited to, the following program areas.</p> <ul style="list-style-type: none"> <li>a. Protective Treatment <ul style="list-style-type: none"> <li>1. Content of the Family Service Plan, DSCYF Integrated Service Plan, or any interagency case plan (intact family).</li> <li>2. Outcome of an investigation of a new CAN (Child Abuse/ Neglect) report (refer to policy on Substantiation Hearings).</li> </ul> </li> <li>b. Foster Care <ul style="list-style-type: none"> <li>1. Child's Level of Care</li> <li>2. Foster care provider disapproval</li> <li>3. Foster home closure</li> </ul> </li> <li>c. Adoption <ul style="list-style-type: none"> <li>1. Fost/Adopt and adoption home study disapproval</li> <li>2. Adoption assistance/subsidy payments initiation/suspension</li> <li>3. Special needs determination</li> </ul> </li> </ul>	
<p>B-4. Only individuals impacted by the critical decision may request an appeal hearing. Individuals are not eligible to appeal when:</p> <ul style="list-style-type: none"> <li>a. They are not related to the child;</li> <li>b. The child has not yet been placed in their home; or when</li> <li>c. The child has not been placed in their home for more than 6 months.</li> </ul> <p>B-5. Fair Hearings for Treatment, Foster Care, and Adoption are not governed by statute or regulation. Decisions by the Hearing Officer are final and cannot be appealed to Family Court.</p>	
<p>B-6. A Hearing Officer does not have the statutory authority to subpoena witnesses or evidence regarding hearings for Treatment, Foster Care, and Adoption.</p>	<p><b>No Appeal to Family Court</b></p>
<p>B-7. Case decisions involving custody, visitation, termination or parental rights, child support, or any case related issue pending or soon to be litigated or previously decided by Family Court, or another court or agency, may not be appealed using this policy.</p>	
<p>B-8. This policy does not apply to activities conducted by the Office of Child Care Licensing, which is governed by policy and procedures set forth in DELACARE regulations. The policy also does not apply to Division employees who are governed by the Merit System. However, the policy will apply if the employee has an active case with the Division. Additionally, when the appeal involves a case active with a Departmental contracted service provider, the contract managers for both agencies will be notified of the appeal to determine if activity by them is warranted. Finally, this policy does not apply to hearings or services provided by other agencies such as the Placement Review Board or Part C (Birth - Age 3 screening for the Division of Public Health Child Development Watch). Those service providers have other appeal processes in place.</p>	

B-9.	When an appellant indicates he or she will be represented by an attorney at the Fair Hearing, the Division will also request representation by a Regional Deputy Attorney General.	
B-10.	Each regional office shall maintain a central file for Fair Hearing audiotapes, fair hearing transcripts, and fair hearing evidence.	

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

<b>D. DELJIS</b>	
<p><i>Confidentiality and Security of Criminal History Background Information</i></p> <p>D-1. Division staff with direct access to DELJIS must meet the appropriate security clearance, and shall only conduct background checks meeting the criteria specified.</p> <p>D-2. Division staff with read-only access to DELJIS shall not conduct a search of DELJIS directly; however, they may read DELJIS computer screens retrieved by Division staff with direct access.</p> <p>D-3. All Division staff with DELJIS information will read, sign and abide by DELJIS Directive #1 "Restrictions Regarding Dissemination and Use of Criminal History" that states that DELJIS information may only be shared with another employee of a criminal justice agency who also has access to DELJIS.</p> <p>D-4. When any Division employee disseminates DELJIS information contrary to DELJIS Directive #1 or this policy, their employment with the Division will be terminated, without exception. This same employee may be prosecuted.</p> <p>D-5. Division staff may not share DELJIS information with anyone. Specifically, they shall not disseminate:</p> <ul style="list-style-type: none"> <li>a. DELJIS information to any employee of the Division of Youth Rehabilitative Services (DYRS) or the Division of Child Mental Health (DCMH). (DYRS staff can access the information through their own staff. Also, DYRS and DCMH will be blocked from accessing the DFS FOCUS Criminal Background Checks Finding screen);</li> <li>b. DELJIS information to a foster parent, adoptive parent, or any Division contracted service provider;</li> <li>c. DELJIS information in oral or written form to a Court Appointed Special Advocate (CASA) who may request this information from Family Court staff with direct access or to any member of the Child Placement Review Board;</li> <li>d. Summarized information in the FOCUS Background Check Findings function to a family or attorney representing a family active or previously active with DFS who makes a request to review their case record;</li> <li>e. Or reference DELJIS information by electronic mail, including electronic mail to other criminal justice agencies with DELJIS access.</li> </ul> <p>D-6. Division staff may not:</p> <ul style="list-style-type: none"> <li>a. Print hard copy records of DELJIS information from computer screens. This includes information from direct access screens or information summarized in the FOCUS Background Check Findings function; nor</li> <li>b. Maintain a handwritten record of DELJIS information in their personal working file or in a Division hard copy of the record.</li> </ul>	<p><b>DELJIS Policy</b></p>          <p><b>DELJIS Information Cannot Be Shared</b></p>          <p><b>Printed Information Is Prohibited</b></p>

<p>D-7. A review of DELJIS to conduct a criminal background history check may be conducted to:</p> <ul style="list-style-type: none"> <li>a. Assist the screening of reported information.</li> <li>b. Verify DE criminal history information discussed by family members with Division staff.</li> <li>c. Locate a family active with the Division when the whereabouts of the family are unknown.</li> <li>d. Confirm the existence of additional criminal activity or domestic violence since the case was opened in Investigation or Treatment.</li> <li>e. Assess the potential safety issues for DFS staff going to the home.</li> </ul>	<p><b>Background History Checks</b></p>
<p>D-8. A review of DELJIS <i>will</i> be conducted for:</p> <ul style="list-style-type: none"> <li>a. All adult and juvenile (age 13 years or older) household members who reside in a family that has been reported to the Division's Child Abuse Report Line and accepted for investigation. The household members do not have to be related.</li> <li>b. Any adult or juvenile (age 13 years or older) who moves into the residence of a family currently active with the Division in Investigation, Treatment, or through the Interstate Compact.</li> <li>c. All adult and juvenile (age 13 years or older) household members prior to placement when a relative or non-relative requests to become the caretaker for a child placed by the Division in out-of-home care (legal custody).</li> </ul> <p>D-9. A review of DELJIS <i>may</i> be conducted:</p> <ul style="list-style-type: none"> <li>a. On a party not residing in a household active with the Division when that party is significant (e.g., parent residing in a separate household, the paramour of the parent, a grandparent) in the overall dynamics of the household, <u>and</u> Division staff perceive that safety issues exist. The safety issues may be case related or personal.</li> </ul>	<p><b>Investigation</b></p>
<p>D-10. All foster parent applicants are subject to a criminal background check under 31 <u>Del.C.</u> §309. All approved foster parents and children age 13 years or older living in the home will be subject to a DELJIS check every other year.</p>	<p><b>Foster Care</b></p>
<p><b>Forms Manual:</b></p> <p>DELJIS Directive #1 "Restrictions Regarding Dissemination and Use of Criminal History Information"</p> <p><u>Attachment B</u>; "Criminal Justice Agency Listing for DFS"</p> <p><u>Attachment C</u>; "Frequently Asked Questions"</p>	

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

F. Parental Substance Abuse		
F-1.	Because of the relationship between parental substance abuse and child abuse or neglect, the presence of substance abuse will always be assessed in determining safety and the need for protective services. When parental substance abuse is known or suspected, DFS will refer to a substance abuse treatment agency for evaluation and recommendations. Substance abuse is assumed to be present in all cases until such time that screening (either by DFS or a substance abuse treatment agency) specifically rules it out. This policy pertains to reports at any stage of activity with the Division, including those received by the report line, cases under investigation, open in treatment, or adoption.	Parental Substance Abuse Policies
F-2.	When a child comes into foster care and parental substance abuse is a risk factor, the child will not be returned to the parent(s) until a substance abuse evaluation has been completed and DFS has received the recommendations.	
F-3.	With the exception of infants exposed prenatally, the Division of Family Services will only accept reports for investigation where there is an allegation of abuse, neglect, or dependency in addition to parental substance abuse.	
F-4.	Please refer to <a href="#">Policy 901 – Infants with Prenatal Substance Exposure</a>	Intake
F-5.	Regardless of whether or not substance abuse is mentioned in the Hotline report, the investigation caseworker will assess the use of substances during their interviews and in completing the investigation risk assessment.	Investigations

<p>F-6. Safety planning must include careful consideration of the extent of drug/alcohol use and the impact on the parent's ability to keep the children safe.</p> <p>F-7. The primary focus of all services to the family is on the parent's ability to keep the children safe. Safety planning must include careful consideration of the extent of drug/alcohol use and the impact on the parent's ability to keep the children safe.</p> <p>F-8. Information collected during the assessment process will be documented in both Treatment Notes and the Family Assessment Form. If parental substance abuse is not a risk factor, this will be specifically documented in Treatment Notes.</p> <p>F-9. When children are in out-of-home placement because of abuse/neglect related to parental substance abuse, six months documented treatment and recovery prior to return home is recommended, unless a substance abuse evaluation indicates that the use of drugs/alcohol is not a significant concern. Earlier return home may be considered if the client is succeeding in recovery and if a safety plan can be put into place that does not depend solely on the recovering parent. However, there will always be a minimum of 3 months of sobriety and a recommendation from the substance abuse treatment agency that the client is succeeding in recovery.</p> <p>F-10. Toxicology screens may be useful in working with families affected by substance abuse and child abuse or neglect. It is important to remember that toxicology screens determine only whether or not a client has used a particular drug or alcohol during a specified time period. It does not determine whether a client uses drugs on a regular basis or what the effects on parenting are.</p> <p>F-11. Release of alcohol/drug referral, diagnosis, or treatment information is strictly regulated in Federal statute. This information may not be shared outside a Division or Interdivisional Service Team except with informed consent to release signed by the client.</p>	<b>Treatment</b>
<b>G. Petition for Substantiation/Removal from Registry (Post 2/1/03 Incidents)</b>	
Please refer to <a href="#">Policy 1501 – Child Protective Registry</a>	
<b>H. Transportation</b>	

<p>H-1. The Division of Family Services believes it is a right and responsibility of a parent/custodian to provide for a child's basic needs. However, the Division will assist parents/custodians with the transportation of a child to a Division referred service appointment when the parent/custodian is unable or unavailable to provide transportation. The transportation assistance is intended for a specific purpose and to be limited in frequency.</p> <p>H-2. Division staff must have a Consent to Transport signed by the parent/custodian of a child to provide transportation for a child who is not accompanied by the parent/custodian and for whom legal custody/parental rights has not been obtained by the Division.</p> <p>H-3. Division staff will provide transportation assistance in a State vehicle; transportation in a personal vehicle is prohibited.</p>	<p><b>See Forms Manual</b></p>
<p><b>I. NCIC</b></p>	
<p>The Adam Walsh Child Protection and Safety Act of 2006 authorized access to the National Crime Information Center (NCIC) records. Section 151 of the Act allows access to governmental social service agencies to be used only for investigating or responding to reports of child abuse, neglect or exploitation.</p> <p>I-1. Division staff with direct access to NCIC shall only conduct background checks meeting the criteria specified in this policy for cases of abuse and neglect.</p> <p>I-2. Division staff not trained and certified for direct access to NCIC shall not conduct a search of NCIC directly; however, they may view NCIC computer screens and printed information retrieved by Division staff that are trained and certified to use NCIC.</p> <p>I-3. All Division staff accessing or viewing NCIC information must be fingerprinted pursuant to DELJIS policy. They must also read, sign and abide by DELJIS Directive #1 regarding the use of dissemination of criminal history record information and motor vehicle information.</p> <p>I-4. When any Division employee disseminates criminal history record information contrary to DELJIS Directive #1 or this policy, the employee shall be subject to disciplinary action, including termination. This same employee may be prosecuted.</p>	<p><b>Authorization For Access to NCIC</b></p>

<p>I-5. Division staff accessing NCIC are only permitted to disseminate NCIC information to another Family Service employee, provided that the employee is allowed access to the NCIC information. Refer to I-3 above for guidance.</p> <p>I-6. NCIC information shall be shredded after viewing. It shall not be maintained in case files or any other location.</p> <p>I-7. A review of NCIC to search criminal history record information and motor vehicle information may be concluded to:</p> <ul style="list-style-type: none"> <li>a. Assist the screening of reported information.</li> <li>b. Verify criminal history information discussed by family members with Division staff.</li> <li>c. Locate a family active with the Division when the whereabouts of the family are unknown.</li> <li>d. Confirm the existence of additional criminal activity or domestic violence since the case was opened in Investigation or Treatment</li> <li>e. Assess the potential safety issues for children in the home.</li> <li>f. Assess the potential safety issues for DFS staff going to the home</li> </ul> <p>I-8. A review of NCIC may be conducted for cases of abuse and neglect on:</p> <ul style="list-style-type: none"> <li>a. All adult and juvenile (age 13 years or older) household members who reside in a family that has been reported to the Division's Child Abuse Report Line and accepted for investigation. The household members do not have to be related.</li> <li>b. Any adult or juvenile (age 13 years or older) who moves into the residence of a family currently active with the Division in Investigation, Treatment, or through the Interstate Compact.</li> <li>c. An individual not residing in a household active with the Division when that party is significant (e.g., parent residing in a separate household, the paramour of the parent, a grandparent) in the overall dynamics of the household, <u>and</u> Division staff perceive that safety issues exist. The safety issues may be case related or personal</li> </ul> <p>I-9. A review of NCIC may only be conducted for cases of abuse and neglect, a review shall not be conducted for Emergency Placement Situations.</p>	<p><b>Confidentiality and Security</b></p> <p><b>Release of Information</b></p> <p><b>Printed Information Must be Shredded</b></p> <p><b>Intake, Investigation and Treatment</b></p> <p><b>NCIC Acceptable Reviews</b></p> <p><b>NCIC Unacceptable Reviews</b></p>
<p><b>J. Sex Trafficking Victims</b></p>	
<p>Please refer to <a href="#">Policy 415 – Human Trafficking</a></p>	

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

- a. The caseworker will complete the Memorandum to The News Journal and fax it to The News Journal at 324-5511.
  - b. The caseworker will forward a copy of the Memorandum to Client Payments and place a copy in the case record.
- A-8. In dealing with an abandoned child, the caseworker will first attempt to contact the parent(s). If this fails, the worker will contact the police, explain the circumstances and request that the child be turned over to DFS. After any child is turned over to DFS by a peace officer, the caseworker will make every effort to locate the parent(s) or a relative of the child.
- A-9. All efforts to locate parent(s) or relative(s) must be documented in a FOCUS note. In the event that a parent or relative is not found, the caseworker may contact the On-Call Judicial Officer through the State Communications Center. In these cases of abandonment, the On-Call Judicial Officer should be contacted no later than 11:30 p.m. and not earlier than 9:00 a.m. DFS has the statutory authority to place these children while trying to locate the whereabouts of the parent(s) or relative(s).
- A-10. The caseworker will notify the DAG the next working day of the outcome of any emergency petition. If the Division was awarded custody, the caseworker will review the details of the case with the DAG and begin preparation for the Probable Cause Hearing. A witness list request is forwarded to the caseworker by the DAG's secretary. The caseworker will complete the form and return it to the DAG's office within five working days.
- A-11. When it is determined that the child cannot be kept safe for 10 days or during the period of time it will take the Family Court to hold a Preliminary Protection Hearing, the caseworker will immediately file the Affidavit for Priority Scheduling or Ex Parte Order with the Dependency/Neglect Petition for Custody.
- A-12. The Dependency/Neglect Petition for custody is a written statement of facts, signed under penalty of perjury, that the allegations in the Dependency/Neglect Petition for Custody are true and a request for relief in the form of ex parte custody. The Affidavit also must state what irreparable harm will result if relief is not granted prior to a normally scheduled hearing.
- A-13. If the Family Court is not in session and the situation meets the criteria for emergency conditions, the caseworker then calls (regardless of the time) the State Communications Center number requesting contact with the On-Call Judicial officer. The caseworker shall provide a telephone number at which the worker can be reached by the On-Call Judicial Officer.
- A-14. The On-Call Judicial Officer will return the call, at which time the caseworker will read the petition and affidavit and request ex parte custody.

**When a Child  
Is Abandoned**

**Locating the  
Parents**

**(See Case  
Decision # 2)**

**When Child  
Can't Remain  
Safely in the  
Home**

**Contact the  
On-Call  
Judicial  
Officer**

**Obtain DAG  
Signature**

<p>A-15. If granted, the assigned caseworker will file this petition, after obtaining the DAG's signature, and affidavit by 12:00 noon the next working day in the Family Court. If denied, the petition and related paperwork will be forwarded to the Report Line the next working day.</p>	<p><b>File Petition &amp; Affidavit by Noon the Next Day</b></p>
<p>A-16. The Affidavit for Priority Scheduling will request relief in the form of emergency Ex Parte custody for the purposes of placement and planning. The caseworker will specifically state what harm will result if Ex Parte custody is not granted. The caseworker must sign the Affidavit either in front of the Clerk of the Court or the Attorney.</p>	<p><b>Emergency Custody (Ex Parte Order)</b></p>
<p>A-17. An Ex Parte Custody Order may be issued by a Family Court Judge after review of a Dependency/Neglect Petition for Custody and Affidavit for expedited processing. The Emergency Custody Order provides the Division with the authority to temporarily separate children from their parents without the parent's consent. The order is often given without the presence of the parties and is called an Ex Parte Order. The order also specifies the date for the Probable Cause hearing.</p>	<p><b>Police Are Requested to Remove the Child</b></p>
<p>A-18. After the Ex Parte Custody Order is issued, the caseworker will contact the police who will remove the child and subsequently turn the child over to the Division.</p>	
<p>A-19. A Preliminary Protection Hearing is scheduled by Family Court within 10 days of the ex parte custody order for the purpose of determining the need to continue custody with the Division. This hearing allows the Court to determine if the emergency removal of the child was proper, if there is probable cause to believe that the child would continue to be at significant risk if returned, and if the child is in a proper placement.</p>	<p><b>Preliminary Protection Hearing Reviews Emergency Removals for Continued Placement</b></p>
<p>A-20. The caseworker who handled the placement, as well as the assigned caseworker, will attend the hearing and be prepared to testify about the facts alleged in the Dependency/Neglect Petition for Custody and Affidavit for Expedited Processing. Hearsay is permissible at this proceeding under Family Court Civil Rules.</p>	
<p>A-21. The Family Court schedules the Adjudicatory Hearing within 30 days of the Preliminary Protection Hearing.</p>	<p><b>Adjudicatory Hearing Determines:</b></p>
<p>A-22. The Adjudicatory Hearing determines if continuation of custody is necessary or if a change in custody should be ordered. If the court determines that the child should return home, the DFS worker may submit the Family Service Plan so the Court can sanction the provision of services.</p>	<p><b>Whether Continued Custody is Appropriate</b></p>
<p>A-23. Prior to the Adjudicatory Hearing the caseworker must consult with the DAG regarding the status of the case. The caseworker must attend the hearing and be prepared to testify about the facts of the case, the Division's efforts to work with the family during the period of out-of-home placement, and the Division's plan to reunify the family. The caseworker must submit</p>	<p><b>The Child Should be Returned Home</b></p>

<p>the Family Service Plan to the Family Court at this time. Witnesses are necessary, as hearsay is not permitted at this proceeding.</p> <p>A-24. The caseworker will also comply with the procedures for submitting Reasonable Efforts Information (See Decision Point #3).</p> <p>A-25. When a child is removed from his/her home, the court shall rule as to whether reasonable efforts were made or were not required to prevent this removal within 60 days of the removal date.</p> <p>A-26. The Division of Family Services caseworker will ensure that the child's caregivers (relative, non-relative and pre-adoptive caregivers) are provided timely notice of any judicial proceeding concerning the foster child in their care and of their right to be heard.</p>	<p><b>Approves the Family Services Plan for Services</b></p> <p><b>Reasonable Effort/ Determinations</b></p> <p><b>Caregiver Notice and Right to be Heard</b></p>
<p><b>B. Court Ordered Custody Absent A Petition</b></p>	
<p>B-1. In some instances, Family Court may award custody to the Division of Family Services without the Division having first filed a petition for custody. When that occurs, the Division must file a petition by noon of the following working day.</p> <p>B-2. All other custody petition procedures identified in Section A of this policy must be followed.</p>	
<p><b>C. Permanency Hearings</b></p>	
<p>C-1. Permanency Hearings are held to determine the future status of a child. The hearings are held initially when a child has been in out-of-home care 11 months and yearly thereafter. The Court's finding may include, but is not limited to, whether the child:</p> <ul style="list-style-type: none"> <li>a. Can be returned to the parent, and when.</li> <li>b. Should be continued in foster care for a specified period of time pending permanence.</li> <li>c. Should, because of the child's special need or circumstances, be continued in foster care on a permanent basis.</li> <li>d. Should be considered for legal guardianship.</li> <li>e. The agency should file a TPR petition.</li> <li>f. Has an appropriate independent living plan if age 14+.</li> </ul>	<p><b>Permanency Hearings</b></p>

- C-2. The Division will petition the Family Court for a Permanency Hearing within the required time frame. A permanency hearing must occur within 12 months of a child's placement and every 12 months thereafter, as long as the child remains continuously in placement. The Family Court will hold the initial hearing in the 11<sup>th</sup> month but no later than the 12<sup>th</sup> month of the child's placement and thereafter yearly.
- C-3. In the event that the Division seeks to change the goal for the child, a motion needs to be filed at least 30 days prior to the permanency hearing. The motion shall notify all parties and the court of a proposed change of goal. The motion shall set forth the grounds for the proposed modification and proposed goal for the child (court rules effective 12/1/02). The Division of Family Services caseworker will ensure that the child's caregivers (relative, non-relative, or adoptive) are provided with a notice of the hearing and the right to be heard.
- C-4. Division staff will participate in Permanency Hearings, including preparation and submission of required materials, attendance at reviews and other communication related to the reviews.
- C-5. The following types of cases may be exempt from a Permanency Hearing.
- a. A youth who has attained his eighteenth (18<sup>th</sup>) birthday, although continuing to be under the care and supervision of the Division of Family Services
- C-6. All the required paperwork must be submitted to either the Family Court or OCM by the 20<sup>th</sup> of the month, six weeks prior to the hearing month.
- C-7. If, for some reason, after filing a petition for the hearing, a hearing is no longer needed (i.e., child went home) the caseworker will consult with the DFS Deputy Attorney General (DAG), complete the Voluntary Dismissal of Civil Petition and submit it to the DAG. The DAG will file the Dismissal with the Family Court as soon as possible. The caseworker will provide a copy of the Voluntary Dismissal of Civil Petition to the OCM.
- C-8. The caseworker will notify all participants that the hearing has been canceled.
- C-9. The worker will forward the following to the Family Court and the DFS DAG at least 30 calendar days prior to the review:
- a. Current Plan for Child In Care, Part II, III, & IV
  - b. Current Family Service Plan with family
  - c. Current Family Service Plan Review
- C-10. The caseworker shall prepare the child/family for the hearing.
- C-11. The caseworker and/or the supervisor shall attend the hearing and be prepared to give testimony concerning the history of the case and current status and efforts toward reunification and/or permanency.

**Required  
Within 12  
Months of  
Placement**

**Deadline for  
Filing  
Documents**

**Voluntary  
Dismissal of  
Civil Petition**

**Prepare the  
Child & Family**

<p>C-12 Family Court will issue and forward a disposition to the caseworker who will file it in the legal section of the record. This information will be entered into the Case Review Hearing Event in FOCUS.</p>	<p><b>Disposition Issued</b></p>
<p>C-13 If the caseworker and supervisor are not in agreement with the disposition, a meeting will be held with the Regional Administrator or Assistant Regional Administrator who in conjunction with the DAG, may decide to appeal the decision within fifteen (15) days of the date of the court decision.</p>	<p><b>Appealing the Court Decision</b></p>

<p><b>D. Court Hearings for Children In Custody</b></p>	
<p>D-1. Any arrest or referral to the Court of a child in the custody of the Division of Family Services shall be immediately made known to the caseworker active with the case.</p>	<p><b>Court Hearings for Children in Custody</b></p>
<p>D-2. The Division will ensure any child in Department custody who has acquired criminal charges has legal representation.</p>	
<p>D-3. To avoid the potential for a conflict of interest, the caseworker will request assistance from the Public Defender's Office.</p>	<p><b>Request a Public Defender</b></p>
<p>D-4. The caseworker will furnish the Court with all pertinent information and will appear with the child for all Court hearings. However, the DFS caseworker will NOT stand as loco parentis for delinquency charges against children. The DFS caseworker must assume a neutral position regarding any charges the youth may have incurred. At no time should the DFS caseworker be providing any legal advice, direction, or guidance to the youth. All legal advice must come from the youth's attorney.</p>	<p><b>Notify Parents and Foster Parents</b></p> <p><b>Caseworker Participates in Hearing</b></p>
<p>D-5. If the caseworker is unable to attend the hearing, either a representative of the Division will appear with the child or the caseworker will request representation by the Department's Family Court Liaison.</p>	
<p>D-6. The caseworker shall, whenever possible, notify the child's parents of the court hearing and if appropriate, encourage the parent to attend.</p>	
<p>D-7. The caseworker will encourage foster parents or caretakers of the child to be a part of any court procedure relating to the child.</p>	
<p>D-8. In situations where the child remains in the legal custody of the Division of Family Services but is living with a parent, the above procedure will be followed. In addition, the caseworker will notify the parents of the court hearing.</p>	<p><b>Arrangements for Children Living With a Parent</b></p>
<p>D-9. The Division, by allowing the child to remain in his own home, holds the parent accountable for the child and expects the parent to exercise his rights and responsibilities as a parent, including appearing at the court hearing. However, if the parents are not able or willing to transport the child, the caseworker will provide or arrange for transportation.</p>	

<b>E. Termination of Parental Rights</b>	
Please refer to <a href="#">Policy 612 – Termination of Parental Rights</a>	
<b>F. Court Reports on Children Whose Parental Rights Have Been Transferred to the Department</b>	
<p>F-1. After the issuance of an order terminating the existing parental rights and transferring them to the Department or a licensed agency, the agency shall attempt to promptly place the child for adoption.</p> <p>F-2. Once the Court has transferred parental rights from the parents to the Department/Division, the caseworker will submit to the Court a brief report on the progress of establishing permanency for the child.</p> <p>F-3. The report will be submitted to the Court in the county in which parental rights were terminated. The report is due no later than each six (6) month anniversary of the date of the order terminating parental rights until the child is finalized in adoption or the individual reaches age 18.</p> <p>F-4. The agency shall advise the Court in writing of the status of the child stating the reasons for the delay in placement or adoption. The Court may, after notice, hold a hearing to determine if any further action is required in the best interest of the child.</p> <p>F-5. The Adoption Services Program Manager will maintain a list of all the children for whom the Department/Division holds parental rights.</p> <p>F-6. The first of each month, the adoption services manager will send each county director an updated list of these children, designating those children for whom reports need to be filed that month and those for whom reports will need to be filed the following month.</p> <p>F-7. The county director will assign a staff member to alert the caseworker for these children to the upcoming report.</p> <p>F-8. The caseworker will prepare the report for the Court in the prescribed format. The supervisor will review it and will submit it to the county director for review and sign-off.</p> <p>F-9. Reports will no longer be submitted after the finalization of adoption. For those youngsters for whom adoption is never realized, reports will cease after the 18<sup>th</sup> birthday even for those who remain in DFS services.</p>	<p><b>Court Reports on Children Whose Parental Rights Have Been Transferred to the Department</b></p> <p><b>Report to the Court Every Six Months</b></p> <p><b>Reports Terminate After Adoption Is Finalized</b></p>
<b>G. Petition for Adoption</b>	
Please refer to <a href="#">Policy 613 - Adoption Petition</a>	

## Definitions

**A**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Child Attorney:** Appointed by a Family Court judge to represent the best interests of the child in all child welfare proceedings, whether or not that reflects the wishes of the child; provide independent, factual information to the Family Court regarding the case; conduct an independent investigation of the circumstances surrounding a case; have access to all records regarding the child and his or her family maintained by the Division; ascertain the wishes of the child and make the child's wishes known to the Court. If the guardian concludes that the child's wishes differ from the position of the guardian, he/she will notify the Court of the conflict. May be an attorney or a Court Appointed Special Guardian (CASA).

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

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

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

**Child Welfare Proceeding:** As defined in 16 Del.C. § 902 means any Family Court

**B**

**C**

proceeding and subsequent appeal there from involving custody, visitation, guardianship, termination or parental rights, adoption, other related petitions that involve a dependent, neglected, or abused child or a child at risk of the same as determined by the Family Court.

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

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

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

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

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

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

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

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

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

of the individual in the criminal justice system.”

**Daniel Assessment:** A computerized basic life skills assessment, completed by the youth with supervision and assistance from the IL service provider

**D**

**Dependent Child:** A child under the age of 18 who does not have parental care because of the death, hospitalization, incarceration, residential treatment of the parent or because of the parent's inability to care for the child through no fault of the parent. Dependency does not include situations in which the parent will not provide care for the child; this is included under child maltreatment.

**Domestic Violence:** Per 10 Del.C. §1041: Means abuse perpetrated by one member against another member of the following protected classes:

- a. Family as that term is defined in 10 Del.C. §901(a), regardless, however, of the state of residence of the parties; or
- b. Former spouses, a man and a woman co-habiting together with or without a child of either or both, or a man and a woman living separate and apart with a child in common.

**Emancipation:** Reunification has been ruled out but a permanent home, such as an adoptive home or planned permanent foster care home, has not yet been identified; or the child has behaviors that require long term residential care and treatment; or the child exhibits behaviors that hinder the ability to locate a permanent home. Once a child reaches age 14, services should include those that support self-sufficiency and independence for when child reaches majority.

**E**

**Emancipated Minor:** While there is no law to emancipate minors in the State of Delaware, the Division will respect the laws of other states which provide for the emancipation of minors or which define the age of adulthood differently, in its decision to provide services to youth from other States who are in the State of Delaware as non-residents

**Emergency Medical Treatment:** Injuries or illnesses requiring immediate medical treatment.

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

**Extra-familial abuse and neglect:** Child abuse and neglect perpetrated by a person who is not a parent, custodian, relative, or a person acting in a caretaker role (e.g., paramour of the parent); for example, abuse by a school teacher, scout leader, religious leader (e.g., minister/priest/or rabbi)

F

**IV-E:** Refers to a federal funding source for which some children in foster care may be eligible that matches the state dollars for foster care payments 50/50. The IV-E eligibility specialist in the Division of Management Support Services is responsible for the determination of eligibility.

**Family Group Decision Making:** This decision making model is also known as family unity meetings, family decision-making, and family group conferences. Regardless of the name, FGDM includes collaborative meetings between families and child welfare professionals to resolve child protection concerns. Some models use FGDM at major decision points such as determining the need for protective treatment services and the need for out-of-home placement. Almost all models use it to help families plan for placement and find resources within the family. The meetings involve immediate as well as extended family members and associated professionals (counselors, therapists, attorneys, etc.). Persons such as godparents, close family friends are invited. Generally, family members decide who should be invited to the meeting. The offender is included and if age appropriate, the child is invited to attend. Often, an objective person with group and negotiation skills facilitates the meeting. For purposes of this policy, FGDM shall mean meetings to help families plan for placement and find resources within the family.

**Family Service Plan:** A document which outlines the activities that the caseworker, client and others undertake to resolve the problems which place the children at risk. The Family Service Plan is a direct outgrowth of the Family Assessment Form. It includes a statement of an overall goal for the family with specific actions and steps needed to resolve presenting problems. A client's progress towards resolving identified problem areas is assessed via verbal communication, first hand observations, reports from service providers, self-reporting, and other documentation provided by the family.

**Father:** Means the biological, legal or adoptive male parent of the child.

**Foster Family Agreement (FFA):** A written agreement between the foster parent(s) and the Division which enumerates the obligation of each party in the placement process.

**Foster Family Evaluation Report:** The report on the foster parent applicant consisting of the application, the foster home coordinator's written evaluation, references, and supporting documentation.

**Foster Family Recruitment:** Methods of public education which informs citizens of the services provided by foster parents and the foster care system, and which enlist interest in foster parenting.

**Foster Home (DFS):** A home evaluated, trained and approved by the DFS Regional Administrator for the purpose of providing food, clothing, shelter, nurturance and supervision for child(ren) on a temporary basis.

**Infant:** Means any child who is less than six (6) months of age.

**Informed consent:** To an HIV-related test shall consist of a voluntary agreement executed by the subject of the test or the subject's legal guardian. If the agreement

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is oral, the facts pertaining thereto must be documented by customary practice. Informed consent shall consist of at least the following:

- 1) An explanation of the test, including its purpose, potential uses, limitations and the meaning of its results;
- 2) An explanation of the procedure to be followed, including that the test is voluntary, that consent may be withdrawn and the extent and limitations of the manner in which the results will be confidential;
- 3) An explanation of the nature of AIDS and other manifestations of HIV infection and the relationship between the test result and those diseases; and
- 4) Information about behaviors known to pose risks for transmission of HIV infections

**Institutional abuse and neglect:** Abuse or neglect occurring in an out-of-home care setting such as a group home, a foster home which is part of the program of a licensed child care agency, residential child care facilities, shelters, day care homes, day care centers, correctional and detention facilities, day treatment programs, all facilities which provide services to children in the custody of the State, and all facilities which are operated by the Department of Services for Children, Youth and Their Families; schools, hospitals or church operated babysitting/Sunday schools are not included.

**Interstate Compact on the Placement of Children:** Cooperative agreement between states to provide children with the maximum opportunity to be placed in a suitable environment and with persons or institutions having appropriate qualifications and facilities to provide a necessary and desirable degree and type of care. The agreement also allows each state to have information necessary to comply with all regulations and to make further placement decisions.

1. **Sending State:** State, agency, or person which sends, brings, or causes to be sent or brought any child to another state.
2. **Receiving State:** State to which a child is sent, brought or caused to be sent or brought for placement.

**Involuntary admission:** The admission of a child or youth to a psychiatric hospital made by a psychiatric or medical doctor without the signed consent of the youth's parent or legal guardian. (An involuntary admission does not relate to the youth's willingness to be hospitalized).

**Kin:** Means any person related to the child by marriage, by religious ties (godparent), or by long-term family friendship who would be considered part of the extended family.

**Least Restrictive Environment:** Setting which is most family like. For example, a foster home is less restrictive than a group home.

**Legal risk:** Means placing a child with an adoption resource prior to the child being legally free for adoption through the termination of parental rights.

J  
K

L

**Legally free:** Means that there has been a prior termination or transfer of parental rights by judicial order.

**Level of Care:** The form used every time a child is placed or replaced to determine the degree of difficulty in caring for a child by a caretaker.

**Liability insurance:** A valid policy in the State of Delaware provided through a group policy secured by the Delaware State Foster Parent Association or by an individual policy secured by the foster parent, which provides comparable coverage. The insurance policy shall include:

- (1) Protection against a suit by the natural parents or guardians of a child in care;
- (2) Protection from claims for bodily injury or property damage to the person or property of another because of an act of a child in care;
- (3) Personal injury liability coverage for such things as libel, slander, false arrest, wrongful conviction and alienation of the affection of a child in care from his/her parent;
- (4) Incidental malpractice liability coverage for failure to provide needed medical care, therapy, diet or other special needs of a child in care; and
- (5) Property damage insurance for damage to the foster parent's property caused by a child in care.

**Maltreatment:** Behavior of a parent or caretaker toward a child which results in harm or risk to the safety of a child; it is synonymous with child abuse and neglect.

**Mandated Reporter:** All persons are required by statute to report child abuse and neglect, however, a mandated reporter will be regarded in this policy as a person employed in the medical, educational or human services fields.

**Medical examination:** Thorough physical examination, diagnosis, and inquiry provided by a Board certified medical doctor.

**Medical screening:** Physical examination and inquiry made by a registered nurse or physician's assistant to identify areas of concern and provide treatment of a less serious nature. The medical examination or medical screening should be obtained as soon as possible after the alleged occurrence of the injury. At all times, a child with a visible injury (e.g. bruises) is to be examined/screened while the injury is evident.

**Neglect:** Per 16 Del.C §902(11): The failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary: education as required by law; nutrition; or medical, surgical, or any other care necessary for the child's well-being.

**Non-compliance:** Occurs when a parent or caretaker, without apparent good cause, does not follow through with an activity as agreed upon with the caseworker during an investigation; the activity will generally help the caseworker to further assess the condition of the child (e.g., medical examination).

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**Out-of-Home Care:** A child is considered in out-of-home care if he or she is not living with a legal parent, and the Division of Family Services has planning responsibility for the child through one of the following mechanisms:

1. Judicial Consent for Placement
2. Legal Custody awarded by Family Court

The home of a relative caretaker is considered to be a placement if one of the above legal conditions is met.

**Out-of-Home Care Setting:** Transitional living programs, residential child care facilities (group homes), foster homes, licensed child day care facilities (child care homes, child care centers), shelters, correctional and detention facilities, day treatment programs, all facilities at which a reported incident involves a child/ren in the custody of the DSCYF, and all facilities which are operated by the DSCYF. License-exempt child-care facilities (preschools, schools, hospitals or church operated babysitting/Sunday schools) are not included and those reported should be referred to the police.

**Parent:** The biological, adoptive, or stepparent of a child between the ages of birth to 18 years.

**Parental responsibilities:** Means the care, support and control of the child in a manner that provides for the child's necessary physical needs, including adequate food, clothing and shelter, and that also provides for the mental and emotional health and development of such child.

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

**Permanency Committee:** Is that group in each regional office which is scheduled to meet at least once a month to review cases of children in care, to make a recommendation to change the goal of the child from reunification with parents to another permanency option and to approve an adoptive family or caretaker for the child.

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

- Can be returned to the parent; should be continued in foster care for a specified period of time pending permanence.
- Should be placed for adoption.
- Should, because of the child's special need or circumstances, be continued in foster care on a permanent basis.
- Should be considered for legal guardianship the agency should file a TPR petition.
- Has an appropriate independent living plan if age 16+.

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**Phone Log:** A chronological listing of each telephone call made to the Report Line; the list of telephone calls shall include, but not be limited to, child abuse and neglect reports, information and referral requests and inquiries.

**Physical Abuse:** Per 16 Del.C. §902 (1): “Any physical injury to a child, by those responsible for the care, custody, and control of the child, through unjustified force as defined in 11 Del.C. §468 (1), emotional abuse, torture, criminally negligent treatment, sexual abuse, exploitation, maltreatment, or mistreatment”

**Physical Environment:** Conditions surrounding the safety appearance, maintenance, fire safety, health and sanitation of the foster home.

**Placement:** Placing a child includes any of the following activities: the selection of an approved family for the child; the arrangement for the child's move into an adoptive home; or the relocation of the child with an adoptive family.

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

- 1) Legal custody awarded by Family Court.

**Planned Permanent Foster Care with Agreement:** Reunification has been ruled out and the child's foster family has agreed to provide long term foster care via a signed long-term foster care agreement. Once a child reaches age 14, services should include those that support self-sufficiency and independence for when the child reaches majority.

**Preliminary Protection Hearing:** Hearing scheduled within 10 days of the filing of a Dependency/Neglect Petition of Custody for the purpose of determining the placement of a child pending adjudication. An interim temporary order for custody will be issued.

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

**Preponderance of the Evidence:** Is a standard of proof that is met when a party's evidence indicates that the fact “is more likely than not” what the party alleges it to be. Evidence which, as a whole, shows the fact to be proved is more probable than not.

**Presumed father:** Means any man who is assumed to be the father of a child in accordance with 13 Del. C. Ch. 8 based on the fact that he is married to the mother at the time of birth, was married to the mother at the time of conception or birth, there was an attempt to marry either before or after the birth of the child, he acknowledges his paternity under oath in Family Court, he agrees to be named on the birth certificate to be the father, or he receives the child into his home and openly holds out that this is his natural child.

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**Reasonable Efforts to Prevent Placement or Reunify Families:** A service provided to a family with the expectant result of improving family functioning and preventing family separation or facilitating family reunification. Services may include but are not limited to diagnostics, counseling and therapy, parent aide, family preservation, alcohol and other drugs counseling, referral to economic services (AFDC, food stamps, Medicaid) or other services which may be appropriate to meet the family's needs and prevent family separation.

**Relative:** Per 10 Del.C. §901 (13): Means any person within the immediate family, and any grandparent, aunt, uncle, or first cousin; amended to include an adult individual who is by marriage, blood, or adoption the child's great grandparent, step grandparent, great uncle or aunt, half brother or sister, step brother or sister, step parent, step uncle or aunt or first cousin once removed.

**Respite Care:** Provision of occasional, short-term care (i.e., 1-14 days), to offer relief from the stress, pressure, and demands of caring for a child with special needs on a daily basis.

**Respite Home Agreement:** A written agreement between the respite provider and the Division which enumerates the responsibilities of each party in the provision of respite care services.

**Responsible:** Having the capacity to make ethical decisions; competent, reliable, dependable.

**Risk Factors:** Specific behaviors or conditions which indicate or contribute to the likelihood of maltreatment.

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

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

**Safety Influences:** The most predictive negative conditions which may endanger children who are at risk of maltreatment.

**Safety Plan:** A written plan of action that identifies the factors jeopardizing the child's safety, the necessary activities needed to control those factors, and the parties responsible for each activity. The implementation of single or multiple safety responses intended to control safety influences, which if unattended, may endanger a child/children.

**Safety Responses:** Single or multiple actions, which when applied to the family situation in sufficient amounts, will control the influences that negatively affect the child's safety and well-being.

**Serious Injury:** A non-accidental injury to a child

- 1) That appears to have an assignable cause originating with the parent/caretaker and requires hospitalization; or
- 2) Life-threatening neglect requiring hospitalization; or
- 3) Any injury requiring hospitalization to a child in DFS custody or to a child placed by DFS in out-of-home care.

**Sexual Predator:** The Sexual Predators Law of 1996 increased penalties for adults who have sexual relations with minors. A sexual predator is defined as follows:

- 1) An adult 19 years or older and the victim is less than 14 years of age, or
- 2) An adult 10 years or older than the victim and the victim is less than 16 years of age.

**Sibling:** Two or more individuals who share one or both parents in common. Within the context of meeting Federal Title IV-E requirements to notify adult relatives of a child's entry into foster care, the individual would have been considered a sibling of the child but for a termination or other disruption of parental rights, such as a death of a parent.

**Social Report:** Means the document filed with a TPR petition that includes information about the child and the child's family and details the work of the Division in the case and the reasons for the action.

**Special Incident:** An event or situation impacting a child and/or family reported to or active with the Division of Family Services that is likely to come to the attention of the media (e.g., newspaper, radio, television); special incidents may include, but are not limited to, the following types:

- Domestic violence incidents (excluding child abuse) involving weapons and/or serious physical injury requiring medical treatment and/or police involvement;
- Catastrophic events (e.g., house fires, devastating acts of nature);
- Case disputes resulting in threats by parties outside the Division to contact the media;
- An incident involving a contracted resource provider which is likely to come to the attention of the media, particularly when the incident relates to a child or family active with the Division

**Special Investigator:** A Division of Family Services employee who performs abuse and neglect investigations, and possesses additional qualifications and authority as defined by 29 Del. C. §9016. Special investigators ...shall have the power to make arrests and serve writs anywhere in the State of Delaware.

**Special Needs:** The determination that a child will be difficult to place in adoption based on one or more of the following factors:

- 8 years of age or over
- Member of a minority race or ethnic culture
- Member of a sibling group to be adopted by one family

- A diagnosed physical handicap or chronic disease requiring medical attention
- Mental or emotional condition requiring treatment

**SSI (Supplemental Security Income):** Is a program of the Social Security Administration which provides monthly payments to children with physical or mental impairment. Children receiving payments in this program receive the Medicaid card in the state of residence.

**Substance abuse:** The use of alcohol, prescription or illicit drugs in such a fashion that it impacts on or impairs an individual in a physical, psychological, behavioral or social manner. If the Division determines from its investigation that it is more likely than not that the abuse or neglect occurred, it shall substantiate the abuse or neglect.

**Substantiated Person:** Means a person who has been substantiated as having committed child abuse or neglect and has been entered on the Child Protection Registry.

**Substantiation:** As defined in 16 Del.C means a finding by a preponderance of the evidence that child abuse or neglect has occurred. The finding is made after an investigation by the Division of Family Services. In addition, substantiation may occur through a civil child welfare proceeding, a criminal judicial proceeding, or failure to request an appeal of the Division's intent to substantiate within the specified time frame.

**Substantiation Hearing:** Means a hearing held by a judicial officer to determine whether or not an individual committed child abuse or neglect.

**Temporary Leave:** The child is absent from the placement, and the plan is for the child to return to that placement. Temporary Leave may occur when a child is hospitalized, on runaway, or on an extended family visit. Temporary leave may also result when a foster parents' own family or the serious illness of a foster parent's own family member are two examples of unplanned emergencies.

**Tracking System:** A method of monitoring the required home visits made by a foster home coordinator to a foster parent.

**Visit:** Face-to-face contact with a consumer in a home or an office of the Division or Contractor.

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## Placement Resources

## Placement Resources

- P.1 Does the foster family meet the critical standards for approval of foster home providers?**
- P.2 Are foster home services comprehensive and appropriate?**
- P.3 Is the coordination between treatment caseworkers and Foster Home Coordinators effective in utilizing foster families as members of the treatment team?**

### Purpose:

- A. To delineate standards for foster and respite homes to meet the need to assure the safety and well-being of children in the custody of the Division who are placed in out-of-home care resources.
- B. Approval of any Delaware foster home by the Division of Family Services shall be granted in accordance with the Delacare: Requirements for Child Placing Agencies issued by the Office of Child Care Licensing Administrator, Department of Services for Children, Youth and Their Families
- C. To establish the Division's role in the recruitment, approval, monitoring and support of foster caregivers.
- D. Levels of Care (LOC) are established to reimburse caretakers based on the number of issues and degree of special needs of the child.
- E. It is the Division of Family Services' desire to provide planned relief to caretakers from the daily stress, demands, and pressures of caring for a child with special needs
- F. The Division supports and seeks permanency for every child.

### Scope:

Any Delaware foster home selected for placement of a child in the custody of the Division of Family Services must be a foster home approved by the Division's Foster Home Coordinator Supervisor and the Assistant Regional Administrator, or by an agency of the state acting under a cooperative agreement with the Division, or by a private child placing agency licensed by the State of Delaware.

The Division will support foster parents to help them meet the needs of the child. Foster parents are service providers rather than clients or State Employees. They are accepted by the agency on the basis of their willingness and ability to serve children by providing a normal family life. They are part of the team helping the child and family. All foster care providers are monitored and supported by the Foster Home Coordinators.

### Decisions:

1. Does the foster family meet the critical standards for approval of foster home providers?
2. Are foster home services comprehensive and appropriate?
3. Is the coordination between treatment caseworkers and foster care coordinators effective in utilizing foster families as members of the treatment team?

**Critical Standards:**

<b>A. Recruitment of Foster Family Homes</b>	
<p>A-1. The Division of Family Services shall actively recruit prospective foster families and participate in the Department's foster family recruitment activities in order to approve and retain the number and types of foster home resources necessary to place children and youth who require family foster care.</p> <p>A-2. Foster family recruitment shall emphasize the temporary nature of foster family care, the role of the foster parents as members of the service delivery team, and the job of foster parents in providing a valuable community service.</p>	<b>Recruitment</b>
<b>B. Approval of Foster Family Homes</b>	
<p>B-1. Approval of the home shall be granted by the Regional Administrator or Assistant Regional Administrator upon written documentation that the applicant satisfactorily meets the following critical standards:</p> <ul style="list-style-type: none"> <li>a. Has demonstrated skills that meet the Mutual Selection Family Assessment Criteria, which include; <ul style="list-style-type: none"> <li>• Protecting and nurturing children</li> <li>• Meeting developmental needs and addressing developmental delays</li> <li>• Supporting relationships between children and their families</li> <li>• Working as part of the professional team</li> <li>• Connecting children to safe, nurturing relationships intended to last a lifetime.</li> </ul> </li> <li>b. A written application</li> <li>c. Medical reports</li> <li>d. Written references</li> <li>e. Review of Family Court records</li> <li>f. Original background check via fingerprinting</li> <li>g. Requirements of Adam Walsh Child Protection and Safety Act of 10/1/06</li> <li>h. Child abuse registry check</li> <li>i. An information waiver has been obtained</li> <li>j. School reference reports on family's own children</li> <li>k. Completion of foster parent training</li> </ul>	<b>Critical Standards for Approval of Foster Homes</b>

<ul style="list-style-type: none"> <li>l. Completion of required family interviews (three)</li> <li>m. Completion of the physical environment safety check</li> <li>n. Review of affiliations with other child placing agencies</li> <li>o. Submission of a signed confidentiality pledge for foster parents</li> </ul> <p>B-2. Documentation that all of the Division's requirements for a foster family evaluation have been satisfied shall be certified by a Division Foster Home Coordinator and the Coordinator's Supervisor.</p> <p>B-3. The Division will give applications for prospective foster families prompt consideration in order to assure that children in need of foster home placements may be placed in suitable homes in the most timely fashion possible.</p> <p>B-4. Provisional approval of a foster care home prior to placement of a child may be granted upon documentation that provisional approval of a foster home is in the best interest of a child needing immediate placement.</p> <p>B-5. Provisional approval by the Program Manager for a term not to exceed three months may be granted only upon written documentation of the Foster Home Coordinator and Supervisor that the applicant meets the Division's qualifications and that the requirements for provisional home approval have been met. All requirements except completion of PRIDE training must be met to grant provisional approval.</p>	<b>Provisional Approval</b>
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<b>C. Financial Support for Foster Family Homes</b>	
<p>C-1. All approved foster parents will be assigned a level (0-5) based on their skills, training, and the specialized services they provide. Each child in placement will be assigned a LOC rating (0-5) based on the number of issues and degree of special needs. The child's LOC determines the amount of the LOC supplement to the foster care board payment made to an approved foster parent leveled minimally at the corresponding level that the child needs. Adjustments to the LOC supplement can be made at the discretion of the Foster Care Program Manager or designee. The LOC rating is also used to generate system-wide data; the LOC form itself may also be used as a summary source of information about a child. Foster care board payments shall be paid only on behalf of a child who is placed in approved foster family homes and who is in the legal custody of the Division of Family Services.</p> <p>C-2. Each child in placement will be assigned a level of Care (LOC) rating. The LOC determines the amount of the LOC supplement to the foster care board payment made to an approved caretaker.</p> <p>C-3. Board payments may be made to provisionally approved homes. Retroactive payments up to three months may be made as of the date of the applicants' submission of a written application, including self assessments.</p>	<b>Board Payment for Foster Care</b>

<p>C-4. The caseworker and the caregivers are responsible for the quantity and quality of the clothes of a child in out-of-home care. Each child should have an adequate clothing supply.</p> <p>C-5. All foster parents upon approval must fill out an IRS W-9 Form. The form is required by the Delaware Division of Accounting for tracking expenditures and must be filled out prior to the issuance of any payment.</p>	<p><b><i>IRS W-9 Form Requirement</i></b></p>
<b>D. Monitoring and Supporting Foster Families</b>	
<p>D-1. The Division will support foster parents to help them meet the needs of the child. Foster parents are service providers rather than clients. They are accepted by the agency on the basis of their willingness and ability to serve children by providing a normal family life. They are part of the team helping the child and family. The family caseworker and the Foster Home Coordinator work with foster families in a collaborative manner to ensure that services provided to the family are comprehensive and appropriate.</p>	<p><b>Foster Parents Are Service Providers and Integral to the Team</b></p>
<p>D-2. Supervision, monitoring, and technical assistance will be provided to foster families to assure appropriate care of foster children, access to supportive services as necessary and continued compliance with agency policies.</p>	<p><b>Supervision, Monitoring &amp; Technical Assistance</b></p>
<p>D-3. Routine communication and assistance through regular contact will be provided to foster parents to help them understand and adjust to their role as foster parents and to further understand the impact of fostering on their own families.</p>	
<p>D-4. The Foster Home Coordinator will visit all foster families at a minimum of quarterly. Visits will be suspended for those foster families who do not have a child in their home during the previous quarter. These foster families will be contacted by phone but visited as soon as a child is placed.</p>	<p><b>Home Visits Quarterly</b></p>
<p>D-5. All foster families who have been approved for one year or less will be visited every other month if children are placed in the home.</p>	
<p>D-6. The Foster Home Coordinator will visit each foster family within 5 working days of a new child placement. The purpose of the visit is to determine how both the child and foster family are adjusting to each other and to offer support as necessary.</p>	<p><b>Five Day Visit</b></p>
<p>D-7. At least one visit per year will be unannounced.</p>	
<p>D-8. Foster parent in-service training requirements are outlined on the Foster Care Model.</p>	<p><b>Annual In-Service Training</b></p>
<p>D-9. During the first year of fostering, foster parents complete Module One (12 hours), Love and Logic (12 hours) and First Aid/CPR.</p>	
<p>D-10. Foster Home Coordinator will contact foster family to inform them a quality of care complaint has been received and to make arrangements to meet</p>	

<p>with the foster family within 5 working days of receipt of a complaint. After the third quality of care complaint against a foster family DFS will conduct an administrative review of the foster home irrespective of previous complaint outcome.</p> <p>D-11. After the first year, each person involved in a parenting role in a foster home shall complete at least five (5) hours of in-service training annually. Foster parents shall assume responsibility for participating in formal or informal training, which will enhance their knowledge, skill and abilities to perform their role as foster parents.</p> <p>D-12. Annual reviews must be done on all foster families and completed 30 days prior to the annual review date. Annual reviews must have a start and end date and the signature of the Foster Home Coordinator, the Foster Parent and the Supervisor to be valid. Foster parents in good standing will receive a certificate of approval for the following year from the date of the signed annual review.</p> <p>D-13. All children placed in out-of-home care will have their picture taken within 72 hours of placement. The initial photo will be taken by the investigative worker or worker responsible for the child's initial placement. This photo will be kept in the child's file and an updated photo will be taken annually as long as the child remains in care.</p> <p>D-14. Prior to the placement of any child in a foster home, a Foster Home Safety Assessment must be completed. The purpose is to ensure that the identified child for placement and all other children who are currently in the home are without a foreseen safety risk.</p>	<p><b>Quality of Care Complaints</b></p> <p><b>Reporting Arrest or Child Abuse Complaints</b></p> <p><b>Annual Review – Certificate, Signatures and Date</b></p> <p><b>Children's Photo</b></p> <p><b>Foster Home Safety Assessment</b></p>
<p><b>E. Respite Care</b></p>	
<p>E-1. It is the Division of Family Services' desire to provide planned relief to caretakers from the daily stress, demands, and pressures of caring for a child with special needs. Children active with DFS who are not in foster care are also eligible for respite care. Eligible days are determined by the child's level of care per the Delaware Foster Care Model.</p> <p>E-2. Respite will be requested in 24-hour blocks of time up to 30 days each year. If a caretaker chooses to use less than 24 hours of time, it will still count as a 24-hour block of time. Respite days are based on a child's LOC.</p> <p>E-3. Any approved foster home is automatically approved to provide respite care. A provider is approved by the Division's Foster Home Coordinator and the Assistant Regional Administrator or by an agency of the state acting under a cooperative agreement with the Division or by a private child-placing agency licensed by the State of Delaware.</p>	<p><b>Respite Care</b></p>

<p>E-4. Exceptions to the policy on Respite Home Approval may be granted to relatives, neighbors, and friends who have already provided quality short-term care to a specific child upon documentation that it is in the best interest of the child and family to continue using this provider for respite services. However, these respite providers may not provide respite services to any additional children unless they become approved through the regular approval process. Respite payments will be paid to the approved provider who will be responsible to reimburse the respite provider.</p> <p>E-5. Respite care payments shall be paid only on behalf of children who have received respite services by an approved respite provider. Respite care arrangements must be prior approved by the caseworker. The respite care providers will be reimbursed for their services based on the established respite care rate. Respite care will be reimbursed upon submission of the Respite Care Bill for Services.</p> <p>E-6. Respite only providers are required to have 13 training hours (see user manual) to be approved. In addition they must meet all other foster care requirements.</p>	<p><b>Exceptions</b></p> <p><b>Payment for Respite Care</b></p> <p><b>Approval for Respite Only</b></p>
<p><b>F. Emergency Foster Care</b></p>	
<p>F-1. Emergency Foster Care: Designated emergency foster homes are used for emergency and new placements, where there is substantiated abuse/neglect/ dependency present and the children are at risk.</p>	<p><b>Emergency Foster Care</b></p>
<p><b>G. Documenting Approval of Foster Homes</b></p>	
<p>G-1. Critical standards are required for the foster family to be approved. The Foster Home Coordinator will submit to the Regional Administrator or Assistant Regional Administrator documentation that the standards have been met.</p>	<p><b>Emergency Foster Care</b></p>
<p><b>H. Assessing Non-Approved Relatives/Non-Relatives</b></p>	
<p>H-1. Investigation, Treatment, Permanency and Foster Care staff will work together to complete the Home Safety Assessment. The program (Investigation, Treatment or Permanency) placing the child will be responsible for completing the initial home visit with the proposed caregiver and completing the appropriate Home Safety Assessment form. Following completion of the initial Home Safety Assessment, a foster home coordinator will follow up with the relative or non-relative provider for a second home visit to explain all of the options available to the placement resource.</p> <p>H-2. There are times when children are placed with non-approved relatives or non-approved non-relatives. In these cases a visit by a foster home coordinator must take place within five business days to inform the resource provider about possible options they have to care for the child. (see User Manual)</p>	<p><b>Options for Non-Approved Resources</b></p>

J. Foster Youth Drivers		
<p>J-1. Obtaining a driver's permit and license is considered a privilege for older youth in care and is part of their personal growth and acceptance of responsibility for taking care of their own needs. The Department of Services for Children, Youth and Their Families, Division of Family Services recognizes the importance of completing a driver education course and obtaining a driver's license. Prior to obtaining their driver's license, youth must meet all requirements as outlined by Delaware Division of Motor Vehicles, Graduated Driver License, including a blue certificate as proof of COMPLETING a certified Delaware Driver Education course. Completing a driver education course is necessary to develop the safe driving skills needed to obtain a driver's license. Access to education, employment, health care, and other community-based activities for older youth in care is dependent on access to transportation.</p> <p>J-2. The process of driver education and licensing for Delaware youth in care should be collaborative effort between the youth, caseworker, foster parents, group home staff, and birth parent(s), if appropriate. Consistent policy and procedures will enable caseworkers and care providers across the state to guide youth through this important life skill acquisition and better prepare youth for integrating into their community. This is particularly important in light of the additional challenges and complications arising from the increased number of youth exiting care at 18.</p> <p>J-3. Requests for sponsoring youth in the custody of the Division of Family Services, sixteen and seventeen (16-17) years of age, to drive a car and to secure a driver's permit and/or a driver's license, are to be carefully evaluated by the caseworker in conjunction with the youth, foster care provider or caretaker, and parent to determine if the youth is a responsible individual.</p> <p>J-4. Youth must meet all requirements as outlined by Delaware Division of Motor Vehicles, Graduated Driver's License, including a blue certificate as proof of a certified Delaware Driver Education Course.</p> <p>J-5. The youth's caseworker, supervisor, and the regional administrator may deny the youth's request for driver education, interrupt the driver education and licensing process, or revoke the youth's license at any time due to circumstances and conditions as outlined in User Manual, Placement: Case Decision Point #4, M-4.</p> <p>J-6. No youth under the age of 18 may own a motor vehicle in their own name. However, a youth in care under the age of 18 may operate a motor vehicle if it is owned under the name of a responsible adult and they are allowing the youth to use the vehicle. The vehicle must be properly insured according to the law initially as verified by the youth's consequences of such violations will be the responsibility of the youth.</p>	<p><b>Delaware License</b></p>	<p><b>Ownership</b></p>

K. Prudent Foster Caregiver Standards	
<p>K-1. The Prudent Parent Standard encourages normalcy for children in foster care in allowing them to participate in normal childhood activities. Children in foster care should experience the same age appropriate activities both in the family and in the community as children not in foster care. Parents have the opportunity to inform and be informed of decisions concerning their children's social, cultural and developmental activities. Supported by family court review, caregivers/foster parents will make decisions regarding a child's participation in activities based on what is in the best interest of the child in promoting cognitive, emotional, physical and behavioral growth. For older youth, especially those with APPLA as the goal, activities will encourage life skills and growth toward independent living. Decisions shall be made reasonably and prudently such as those made for the family's birth children.</p>	

## Statutes – Federal & State

### Abuse of Children

Subsection 901 states that "It is the intent of the General Assembly that the primary purpose of the child welfare policy of this State shall be to ensure the best interest and safety of the child including preserving the family whenever the safety of the child is not jeopardized. To that end it is the purpose of this chapter to provide comprehensive protective services for abused and neglected children by mandating reports of such abuse and neglect be made to the appropriate authorities and by requiring the child protection system to seek and promote the safety of children who are the subject of such reports of abuse or neglect by conducting investigations or family assessments and providing necessary services."

Subsection 901-2: Comprehensive protective services are to be provided (for abused and neglected children in the state) "in an effort to prevent further abuse or neglect and to assist those children and their parents or those persons legally responsible for them, in their own home, to aid in overcoming the problems leading to abuse and neglect, thereby strengthening parental care and supervision and enhancing such children's welfare and preserving family life whenever feasible."

Subsection 902A establishes procedures for notification of individuals accused of substantiated allegations of abuse or neglect that they are registered in the central registry. This section also establishes an appeal process and administrative expungement.

Subsection 903 describes reporting requirements. "Any physician, and any other person in the healing arts including any person licensed to render services in medicine, osteopathy, dentistry, any intern, resident, nurse, school employee, social worker, psychologist, medical examiner or any other person who knows or

**State  
Statutes**

**Child  
Protection  
Services**

**Mandatory  
Reporting**

in good faith suspects child abuse or neglect shall make a report in accordance with § 904 of this title”.

Subsection 904: Any report required to be made under this chapter shall be made to the Division of Family Services. . . An immediate oral report shall be made by telephone or otherwise.

Subsection 905: The Division “shall immediately investigate and take necessary action and shall offer protective services toward preventing further child abuse or neglect..., safeguarding and enhancing the welfare of the abused or neglected person and preserving family life whenever possible.”

**Protective  
Investigations**

- a) "In performing any of these duties, the Division may utilize the facilities of any state or private agency..."
- b) "The Division shall establish in each county a registry of child protection for the purpose of maintaining a registry of information concerning each case of abuse and neglect required to be reported in said county by this chapter. The files shall be confidential subject to the rules and regulations adopted by the Division."
- c) "The Division shall keep in the manner prescribed and on forms furnished by it such information as shall be necessary in order to maintain a statewide central registry of all reports made in the State."

Subsection 906 (a): The child protection system shall seek to promote the safety of children and the integrity and preservation of their families by conducting investigations and/or family assessments in response to reports of child abuse or neglect. The system shall endeavor to coordinate community resources and provide assistance or services to children and families identified to be at risk, and to prevent and remedy child abuse and neglect”.

Subsection 906 (5) authorizes the Division “to secure a medical examination of a child, with or without the consent of those responsible for the care, custody, and control of the child, if the child has been reported to be a victim of abuse or neglect provided that such case is classified as an investigation pursuant to subsection 906(b)3 of this chapter and the Director or the Director’s designee gives prior authorization for such examination upon finding that such examination is necessary to protect the health and safety of the child.”

Subsection 906(6) “The investigation shall include, but not be limited to, the nature, extent, and cause of the abuse or neglect, collection of evidence, the identity of the alleged perpetrator, the names and condition of the other children and adults in the home, the home environment, the relationship of the subject child to the parents or other persons responsible for the child’s care, any indication of incidents of physical violence against any other household or family member, background checks on all adults in the home, and the gathering of pertinent information...” and “In performing any of these duties, the Division may utilize the facilities of any state or private agency...”

Subsection 906 (b)(3) and (4) define the criminal code sections related to child abuse that require joint investigations by the Division of Family Services and the appropriate law enforcement agency.

Subsection 907: "No child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall for that reason alone be considered a neglected child for purposes of this chapter."

Subsection 908 (a) anyone participating in good faith in the making of a report or notifying police officers pursuant to this chapter, performing a medical examination without the consent of those responsible for the care, custody and control of a child pursuant to § 906(b)(5) of this title, or exercising emergency protective custody in compliance with § 907 of this title, shall have immunity from any liability, civil or criminal, that might otherwise exist, and such immunity shall extend to participation in any judicial proceeding resulting from the above actions taken in good faith. This section shall not limit the liability of any health care provider for personal injury claims due to medical negligence that occurs as a result of any examination performed pursuant to § 906(b)(3) of this title".

Subsection 910 states that "The Division shall have the authority to request from Family Court an order to obtain access to a child or children and the residence of such children in furtherance of an investigation...where those responsible for the care, custody, and control of the child are not cooperating with the investigation. The Family Court shall have the authority to issue such orders based on probable cause and may enforce non-compliance of such an order..."

10 Del. C. 10 §901 "Dependent child . . . may include a child who has been placed in a non-related home on a permanent basis without the consent and approval of the Division of Family Services or any agency licensed thereby to place children in a non-related home . . . "

10 Del. C. Ch. 9 §1003, any person having knowledge of a child within the State who appears to be neglected, dependent, or delinquent, may file with the Clerk of the Court a petition in writing setting forth the facts verified by affidavit.

10 Del. C. Ch. 9 §1004, A peace officer may take into custody a child he believes to be dependent, neglected or delinquent. Any peace officer having taken such a child into custody shall immediately notify the child's custodian citing the reasons therefore. If the custodian refuses to accept the child or cannot be located or cannot provide adequate care for the child, the peace officer shall: (1) When the child is not charged with a delinquent act, immediately contact the Division of Family Services of the Department of Services for Children, Youth and Their Families, who shall be responsible for further pursuing the whereabouts of the custodian or providing shelter and care for the child in a shelter home, foster home, group home, private agency home or other appropriate facility for children. The child shall not be placed in the same facility or institution for children charged with or found to be delinquent. After making every reasonable effort to locate the custodian, The Division of Family Services of the Department of Services for Children, Youth and Their Families may release the child to the child's custodian

or forthwith file with the Court a petition for custody alleging dependency or neglect.

10 Del. C. Ch. 50 authorizes psychiatrists licensed in Delaware to certify upon examination of a person, that the person suffers from a disease or condition that requires treatment in a mental hospital.

11 Del.C., Chapter 86 authorizes the **Delaware Criminal Justice Information System (DELJIS)** and discusses the management of the system.

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

11 Del C., Section 9002(10) strengthens the existing crime of Endangering the Welfare of a Child by clarifying that it is applicable to persons who commit crimes of domestic violence which are witnessed by a juvenile family member, or who operate a vehicle or watercraft while under the influence of drugs or alcohol, and while a child is a passenger, or who commit any drug offense in a dwelling knowing that a child is present in the home. The Act also makes Violent Crime Compensation Fund monies available to children who reside in a home in which domestic violence has occurred, ensuring that they will have access to psychological counseling when it is necessary for their well-being.

12 Del. C. Ch. 39 provides the legal framework for guardianship.

13 Del.C. Ch. 7 provides the legal framework for custody and limits those who can "consent to the performance upon or for any minor by... any hospital..." to "the parent or guardian of such minor..."

Law related to Adoption supervision 1105

13 Del. C. Ch. 9 §904 requires that the adoptive placement is supervised by the Department or a licensed agency and §913 requires that the adoptive placement has been supervised for a period of 6 months by the Department or licensed agency, except that on recommendation of the Department or licensed agency, a petition may be filed at any time after six months supervision.

13 Del. C Sec. 927 and 16 Del. C., Section 3126(a) permits parents who have adopted a child in a foreign country to obtain a certificate of foreign birth from the Bureau of Vital Statistics by filing the foreign adoption decree and other documents with Family Court, where a judicial officer would review the filing. The judicial officer, if appropriate, will issue an order certifying the validity of the decree. The order would then be used to obtain a certificate of foreign birth from the Bureau of Vital Statistics.

This does not apply to adoptions by proxy.

**DELJIS**

**Legal  
Framework  
for  
Custody**

**Adoption  
Services**

Delacare Regulations for Child Placing Agencies # 205 requires the agency to provide services to the adoptive parents after the adoptive child has been placed with them.

13 Del. C., Ch. 11 provides the legal framework for the termination of parental rights for those children who need permanency, which include voluntary relinquishment, abandonment, mental incompetence, crimes against children, failure to plan and previous involuntary termination of parental rights, and requires that the Division furnish detailed information concerning the efforts made to locate the parent or parents.

Amendments to the section in 2000 clarified grounds for immediate TPR, abandonment, and protects the rights of parents who have filed paternity actions or actions to have the right to contact the child. This brings the statutes into compliance with the Adoption and Safe Family Act.

Law related to 1106 Guardianship

13 Del. C., Ch. 23 Permanent Guardianships for children is intended to create a relationship between a child and caretaker which is permanent and self-sustaining, and which creates a permanent family for a child without complete severance of the biological bond.

16 Del C §1202: Informed consent to an HIV-related test shall consist of a voluntary agreement executed by the subject of the test or the subject's legal guardian. If the agreement is oral, the facts pertaining thereto must be documented by customary practice. Informed consent shall consist of at least the following:

- 1) An explanation of the test, including its purpose, potential uses, limitations and the meaning of its results;
- 2) An explanation of the procedure to be followed, including that the test is voluntary, that consent may be withdrawn and the extent and limitations of the manner in which the results will be confidential;
- 3) An explanation of the nature of AIDS and other manifestations of HIV infection and the relationship between the test result and those diseases; and
- 4) Information about behaviors known to pose risks for transmission of HIV infections

18 Del.C. Section 3339 states “No individual policy, contract, or certificate issued thereunder, of health insurance which provides medical coverage for a child and which (1) covers a child who resides in this State, or (2) is delivered or issued for delivery within the State, shall limit medial insurance coverage for any child referred by the Division of Family Services or law enforcement agency for suspected child abuse or neglect; including requiring referral by a primary physician.”

***Termination of Parental Rights***

***Permanent Guardianship***

***Informed Consent for HIV Testing***

***Medical Insurance Coverage***

29 Del. C. Ch. 90 regarding the Department of Services for Children, Youth, and their Families states that:

1. In the course of performing its duties, the Department of Services for Children, Youth, and their Families shall be entitled to inspect and copy all records regarding any children in the care, supervision, protection or custody of the Department and the parents, guardians, caretakers or custodians of said children which are maintained and controlled by the Department of Health and Social Services.
2. The Department shall have the discretion to release any information from its records to public and private agencies if it determines that such a release will serve the best interest of a child.
3. In releasing the aforementioned information, the Department and the Department of Health and Social Services and their employees shall have immunity from any civil or criminal liability.

29 Del C., Sec. 9006A: clarifies the role of a guardian ad litem as a full party in child welfare proceedings and appeals, brings Delaware into substantial compliance with the federal Child Abuse Prevention and Treatment Act, which mandates guardian ad litem representation of children in foster care.

31, Del. C. Ch. 3 §303, the Division of Family Services may maintain homes or other agencies for the care of dependent or neglected minor children. . .

#### DELACARE: Requirements for Child Placing Agencies

#102: Foster parent training and mutual review.

#103: An agency shall have a written policy on acceptable behavior management. . . This policy will stress positive concepts of child management and motivation, rather than punitive measures. The agency shall prohibit . . . punishments including any type of physical hitting or any type of physical punishment inflicted in any manner upon the body.

#138: Foster parent(s) shall be a married couple, an unmarried couple or a single person with a stable living arrangement.

#139: Foster Parents shall be at least 21 years of age and may be over 65 years of age if agency observation establishes the ability of the foster parent(s) to provide adequate care.

#142: Foster parents shall have sufficient income to meet their needs and ensure the security and stability of the household independent of foster care maintenance payments.

#156: States that foster parent(s) will participate in an annual mutual review with the Agency to evaluate the strengths and weaknesses of the foster home and of the relationships of Agency representatives with foster parent(s).

## ***Access to Records***

## ***DelaCare***

#172-178: Physical Environment - requirements that address the safety, appearance, maintenance, fire safety, health, and sanitation of foster homes

§304, the Division of Family Services shall exercise such duties...for the care, custody, board and placement of dependent and neglected children.

...If in the judgment of the Division payments are necessary, proper and expedient for the board of the child, such payments may be continued for children who were dependent or neglected but who have been legally adopted or whose guardianship has been granted to the individual caretaker by the Family Court of the State of Delaware.

§381, no agency shall send, bring or cause to be sent or brought into any other party state any child for placement in foster care or as preliminary to a possible adoption unless the sending agency shall comply with each and every requirement set forth in this article and with the applicable laws of the receiving state governing the placement of children therein. Prior to sending any child...to a receiving state for placement in foster care. . . , the sending agency shall furnish. . the receiving state written notice of the intention. . .  
Delaware became a party to the Interstate Compact on the Placement of Children on June 30, 1974.

***Interstate  
Compact on  
the  
Placement  
of Children***

Title II, §1102 states a person is guilty of endangering the welfare of a child when: "the person commits the offense of Driving under Influence... or the offense of Operating a Vessel or Boat under the Influence...and during the commission of the offense knowingly permits a child less than 18 year of age to be a passenger..."

Sec 472(a) of the Social Security Act: The Title IV-E Foster Care Program --Foster Care Maintenance payments may be made only on behalf of a child in a foster family home or a child care institution. A foster family home is licensed by the state in which it is situated or has been approved, by the agency of such state having responsibility for licensing homes of this type, as meeting the standards established for such licensing.

Section 472(a)(1) of the Social Security Act, provides that foster care maintenance payments may be made on behalf of children who were removed from the home of a specified relative pursuant to a voluntary placement agreement, or as the result of a judicial determination to the effect that continuation therein would be contrary to the welfare of the child and (effective October 1993) that reasonable efforts have been made to prevent removal of the child or to reunify the child with his/her family.

Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980, mandates that each child in out-of-home care has a case plan designed to achieve placement in the least restrictive setting available consistent with the best interests and special needs of the child.

The **Child Abuse Prevention and Treatment Act** (Public Law 100-294) as amended mandates that a state must enact laws which provide for the reporting and investigating of known or suspected child abuse and neglect. The federal

**Federal  
Statutes**

***CAPTA***

definition of negligent treatment or maltreatment includes the failure to provide medical care. Under the federal regulations, a state may or may not declare a parent who withholds adequate medical treatment from a child for religious reasons alone to be neglectful; however, any exemption from the definition of neglect may not interfere with the mandatory reporting, investigating and treating provisions of the law including those children for whom medical treatment is withheld on the basis of religious belief.

***Child Abuse  
Prevention  
and  
Treatment  
Act***

PL 105-89, **Adoption and Safe Families Act** of 1997, requires that States provide permanency for children who are removed from their families and for whom return home is not feasible in a timely fashion. The federal Child Abuse Prevention and Treatment Act, revised October 1996, and the Adoption and Safe Families Act of 1997 identify safety and permanence for children as a priority for states and further clarifies situations in which reunification does not have to be pursued and sets timelines for states to provide permanency to children.

***ASFA***

PL 105-89, Adoption and Safe Families Act of 1997 mandates that the Division provides that reasonable efforts be made (A) prior to the placement of a child in foster care, to prevent or eliminate the need for removal of the child from his home, and (B) to make it possible for the child to return safely to his home; and that these efforts be determined to be reasonable by a court of competent jurisdiction. If continuation of reasonable efforts is determined to be inconsistent with the permanency plan, reasonable efforts shall be made in a timely manner in accordance with the permanency plan. Title 13, Section 1101 & 1103, defines abandonment for purposes of termination of parental rights. It also redefines conviction of a felony as a ground for termination of parental rights and revises the grounds for failure to plan.

***Adoption  
And  
Safe  
Families  
Act***

The Adoption and Safe Families Act introduces concurrent planning language: "reasonable efforts to place a child for adoption.... May be made concurrently with reasonable efforts to prevent placement and/or reunify...."

The Adoption and Safe Families Act of 1997 requires that each child in foster care under the supervision of the State be reviewed in a permanency hearing in a family or juvenile court no later than 12 months after the original placement to determine the future status of the child. Subsequent hearings must occur at 12-month intervals thereafter if a child continuously remains in placement. These hearings assist the Division in moving a child toward permanence and in maintaining eligibility for federal funding.

The Child Abuse and Prevention Act (PL 104-235) was amended on October 3, 1996, and the law requires each State grantee to "require the cooperation of State law enforcement officials, court of competent jurisdiction, and appropriate State agencies providing human services in the investigation, assessment, prosecution, and treatment of child abuse or neglect" (Section, 106, 2(A) (vii)).

***MEPA***

PL 103-382, **Multiethnic Placement Act** of 1994. This Act prohibits the use of a child's or foster/adoptive parent's race, color, or national origin to delay or deny the child's placement. It also requires diligent efforts to expand the number of racially and ethnically diverse foster and adoptive parents.

There are numerous federal statutes and regulations governing **confidentiality of client information** including: Alcohol and Drug Abuse (42 U.S.C. §290ee-3, 42 U.S.C. § 290dd-3, 42 C.F.R. part 2); Computer Matching and Privacy Prevention Act (5 U.S.C. §552a); Early Intervention Program for Infants and Toddlers (Part H of the Education of the Handicapped Act) (20 U.S.C. §1480(2), 34 C.F.R. §303.460); Family Education Rights and Privacy Act (“Buckley Amendment”) (20 U.S.C. §1232(g), 34 C.F.R. Part 99); Child Abuse Prevention and Treatment Act [42 U.S.C. §5101 et.seq., 42 C.F.R. §1340.14(l)]; Foster Care and Adoption Assistance Act [42 U.S.C. §672(a)(8)]; Freedom of Information Act (5 U.S.C. §552); Maternal and Child Services Block Grant (42 C.F.R. §51.a.6); Medicaid Program (42 U.S.C. §1396(a)(7), 42 C.F.R. §431.300); Privacy Act (5 U.S.C. §552a); Runaway and Homeless Youth (42 U.S.C. §5731); Special Education (Part B of the Education of the Handicapped Act) (20 U.S.C. §1412(2)(D), 34 C.F.R. §300.560-300.576); Youthful Offender Act (18 U.S.C. §5038).

**Confidentiality**

42 C.F.R. Part 2 states that “Except under certain limited conditions, Federal confidentiality regulations prohibit the disclosure of records or other information concerning any patient in a Federally assisted alcohol or drug abuse program. This prohibition of unauthorized disclosure applies whether or not the person seeking information already has the information, has other means of obtaining it, enjoys official status, has obtained a subpoena or warrant, or is authorized by State Law. Any State provision that would permit or require a disclosure prohibited by the Federal rules is invalid.”

**AODA  
Confidentiality**

In 1990, the Social Security Administration settled a class action lawsuit known as Zebley, which changed the way in which the Administration determines disability for children. Children who have a parent eligible for OASDI benefits are also eligible for benefits. The termination of parental rights on a birth or legal parent does not disqualify the child from benefits unless the child has been subsequently finalized in adoption.

**Disability  
Determination  
for SSI**

In the Matter of Burns. Del. Supr., 519 A. 2d 638 (1986) requires an independent third party signature on a voluntary Consent to Placement when the parent is a minor.

**Delaware  
State  
Supreme  
Court  
Decisions**

Safe and Timely Interstate Placement of Foster Children Act of 2006 (P.L. 109-239) Public Law 109-239 creates new rules for the ICPC, including a Title IV-E State Plan requirement to conduct and report the results of the number of requested home studies completed within 60 days. The law also provides incentive payments for completed home studies within 30 days through FFY2010 and requires caseworker visits every 6 months. This law provides for caregivers to receive notice of and the right to be heard in all legal proceedings regarding a child in their care. Case plans are to include the most recent medical/educational records; copies are to be given to foster care providers at placement and records are given to youth exiting foster care at age 18 at no charge. Caregivers, youth, and agencies may participate in legal proceedings without interstate travel. Courts and child placing agencies are required to cooperate across state jurisdictions.

**Safe and  
Timely  
Interstate  
Placement of  
Foster  
Children Act  
of 2006**

Adam Walsh Child Protection and Safety Act of 2006 expands sex offender registration, strengthens penalties for crimes against children, authorizes regional taskforces to combat sexual exploitation of children on the Internet, creates a national child abuse registry and creates new requirements for background checks for foster and adoptive parents. Foster and adoptive parents must have criminal history checks in all states of residence during the past five years.

***Adam Walsh  
Child  
Protection  
and Safety  
Act of 2006***

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<b>Memoranda of Understanding (MOUs) and Interagency Agreements</b>	<b>MOU</b>
<p>Please refer to the Department website for all MOUs <a href="https://kids.delaware.gov/kids-policies/mou-and-moa-policies/">https://kids.delaware.gov/kids-policies/mou-and-moa-policies/</a></p>	
<p><b>D. Institutional Abuse (IA) Investigation Protocol</b> <u>License Exempt Facilities</u></p> <p>D-1. The IA investigator will conduct a DSCYF FOCUS history review and a review of DELJIS.</p> <p>D-2. The IA investigator will send electronic notification of the child abuse/neglect report to the Cabinet Secretary, relevant DPBHS/DYRS Director and Deputy Director, DPBHS Facility Manager/DYRS Deputy Superintendent, OCCL Criminal History Unit (CHU), DMSS Human Resource Manager, and the Department of Justice Family Unit Head Deputy Attorney General (DAG) and the DSCYF DAG. The Divisions will be responsible for distributing the report beyond the initial recipients as they deem necessary.</p> <p>D-3. The IA Investigator will make a report to law enforcement.</p> <p>D-4. The DPBHS Facility Manager/DYRS Deputy Superintendent will make the video(s) within the facilities available to the IA Investigators as soon as possible, but no later than 24 hours. The video(s) should not be viewed, discussed or accessed by anyone who is an alleged perpetrator. DPBHS and DYRS will inform the IA Investigator who had access or handled the video.</p>	<p><b>License Exempt Facilities</b></p>

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- D-5. The DPBHS Facility Manager/DYRS Deputy Superintendent will forward the following documents, to include but not be limited to; the accident injury report, staff incidents reports, use of force reports, resident(s) statements, and nurses medical report no later than 24 hours.
- D-6. The IA Investigator will inform the alleged perpetrator of the allegations and interview the alleged perpetrator. Regardless of whether or not substance abuse is mentioned in the Hotline report, the IA worker will assess the use of substances.
- D-7. Based on the assigned response time, the IA Investigator will interview the alleged victim(s) which will include a IA Facility Safety Assessment.
- D-8. The IA Investigator will schedule forensic interview(s), as appropriate, at the Children's Advocacy Center (CAC) and medical examinations as needed.
- D-9. In determining the extent of child interviews to assess safety and risk in license exempt facilities, the following factors will be considered:
- 1) Type of allegation such as physical/sexual abuse or severe neglect (Illness/injury)
  - 2) History of the alleged perpetrator, alleged victim, and facility corrective actions
  - 3) Alleged victim's statement
    - Is it consistent and credible?
    - Disclosure/denial
    - Consideration of victim's age, developmental stage, mental/physical condition
  - 4) Child witness' statements (corroborative or not corroborative)
  - 5) Extent of evidence (e.g., video, medical examination)
  - 6) Alleged perpetrator statement
- D-10. The IA Investigator will interview identified witnesses.
- D-11. Collateral contacts will be made by the IA Investigator as needed.
- D-12. The IA Investigator will verbally provide the DPBHS Facility Manager/DYRS Deputy Superintendent with preliminary findings as soon as possible after completing the child and alleged perpetrator interviews.
- D-13. When an institutional abuse investigation of an employee in a License Exempt facility concludes in a finding of Level III or IV child abuse or neglect, and the employee is a caretaker for a child(ren) in his or her own home, a report shall be made by the Institutional Abuse Investigator and an intra-familial investigation shall also be conducted.
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Licensed Facilities and DFS Foster Homes

D-14. The IA investigator will conduct a DSCYF FOCUS history review and a review of DELJIS.

1. Notification

- Licensed facility –The IA investigator will send electronic notification of the child abuse/neglect report to the Cabinet Secretary, OCCL, DMSS Contract Unit (if applicable), and Division Contract Manager (if applicable).
- DFS Foster Home – The IA investigator will send electronic notification of the child abuse/neglect report to the Cabinet Secretary, DFS Director, Foster Care Program Manager, DFS Foster Care Unit Supervisor, and DFS caseworkers for children in the foster home.

The Department of Justice Family Unit Head DAG and DSCYF DAG should be notified about every report involving a licensed facility or DFS foster home.

D-15. The ICPC Administrator will be notified when applicable.

D-16. The IA Investigator will make a report to law enforcement.

D-17. Based on the assigned response time, the IA Investigator will interview the alleged victim(s) which will include an SDM® Provider. Safety Assessment. When the foster child is unsafe, the IA Investigator must interview the foster parents' own children and assess their safety utilizing the SDM® Provider Family Safety Assessment.

D-18. The IA Investigator will schedule forensic interview(s), as appropriate, at the Children's Advocacy Center (CAC) and medical examinations as needed.

D-19. The IA Investigator will inform the alleged perpetrator of the allegations and interview the alleged perpetrator. Regardless of the content of the Hotline report, the IA Investigator will assess the use of substances and domestic violence. Miranda Rights do not apply to IA civil investigations.

D-20. The IA Investigator will interview identified witnesses.

D-21. Collateral contacts will be made by the IA Investigator as needed.

In determining the extent of child interviews to assess safety and risk in licensed child care facilities or DFS foster care, the following factors will be considered:

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| <ol style="list-style-type: none"><li>1) Type of allegation such as physical/sexual abuse or severe neglect (Illness/injury)</li><li>2) History of the alleged perpetrator, alleged victim, and facility corrective actions</li><li>3) Alleged victim's statement<ul style="list-style-type: none"><li>• Is it consistent and credible?</li><li>• Disclosure/denial</li><li>• Consideration of victim's age, developmental stage, mental/physical condition</li></ul></li><li>4) Child witness' statements (corroborative or not corroborative)</li><li>5) Extent of evidence (e.g., video, medical examination)</li><li>6) Alleged perpetrator statement</li></ol> |  |
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D-22. If further investigation determines there was alleged abuse/neglect of children previously in the home, those children will also be interviewed if they are still active with the Division. If those children are over age 18 or no longer active with the Division, law enforcement will be notified about the allegations.