

that does not require a family's approval in order to be completed. She states that, since timeframes for completing a Case Plan do not always allow for an assessment of the family prior to developing such a plan, the case plan should be rewritten at the time new information is available with respect to the client. Moreover, she states that it would be more appropriate to postpone developing a Family Agreement until the time the client is assessed. As such, Krawiecki argues that choice (c) is the best answer. In support, Krawiecki provides CP&P Forms 26-81, Case Plan Assessment for review.

In reply, (a) is the **best answer** as the Case Plan is formulated after the client is properly assessed. Choice (c) is not the best answer as there may not be enough available information to formulate a Case Plan.

A technical review of the DCF policy manual regarding the Case Plan Assessment supports the engagement and participation of the client in the formulation of the plan, and therefore, choice (a) is the best answer. With respect to CP&P Forms 26-81, Case Plan Assessment, such information indicates "When To Use It – Complete this form in NJ SPIRIT. The form is an individualized written statement of the Division's intervention on behalf of a child residing at home or in out-of-home placement. The Case Plan Assessment documents the risk factors identified and specifies services or actions needed to resolve identified problems and achieve the case goal." Additionally, the policy indicates that "[T]he case plan is an individualized working agreement which clearly delineates specific action to be taken by family members and CP&P. *The family and child who are the subject of the plan should be the primary authors of the plan. In order to establish an effective case plan, it is necessary to engage the family and their support network in a strength based, solution oriented, consensus building process*" (emphasis added). The policy also provides that "*Engage the family members to develop a case plan*" (emphasis added). "Encourage parents to invite other interested relatives (including paternal relatives), friends, neighbors, ministers – any and all who can provide support and help to the family. Routinely engage fathers and their families in the process from the very beginning. If it is not possible to hold a family team meeting, consult all interested parties and incorporate their issues and concerns into the case plan." Moreover, Krawiecki acknowledges in her appeal that she would postpone implementing a Family Agreement until the client is assessed and she would rewrite an existing Case Plan after such information is received.

Questions 41-85 were designed to measure technical knowledge of CP&P rules, regulations, policies, and procedures. The candidates were instructed to choose the **best answer**.

Question 45 indicated: On which form would the child's birth history information, immunization record, special medical examinations, diagnoses and

psychological evaluations/diagnoses be? The keyed response was choice (b) – Family Medical History. Krawiecki selected choice (a) – Early and Periodic Screening, Diagnosis, and Treatment (EPSDT).

Krawiecki argues, among other things, that the Pediatric Nursing Report would include information such as the child’s birth history, immunization record, special medical examinations and diagnoses, and psychiatric evaluations and diagnoses, and would be frequently updated by the Child Health Unit nurse. The appellant adds that a CHEC report submitted by a medical doctor would also include such information. Moreover, the appellant argues that Family Medical History is dependent upon the worker who is responsible for updating form 14-177. In support, Krawiecki provides a copy of DCF policy - CP&P Form 14-177, Family Medical History.

In reply, choice (b) is the best answer, as the DCF policy manual clearly provides that the Family Medical History Form is “used to correct the medical history and birth parent(s) and relatives of a child to be adopted. The form also records the child’s birth history information, immunization record, special medical examinations/diagnoses and psychological evaluations/diagnoses.” Moreover, the documentation with respect to the DCF policy manual supports that choice (b) is the best answer.

With respect to the appellant’s argument pertaining to the Pediatric Nursing Report, the DCF Policy Manual indicates that “The Pediatric Nursing Report is a form that is completed by the CP&P Local Office Child Health Unit Nurse to document all encounters with children and their resource home providers, and to update CP&P on the medical/mental health progress of children in out-of-home placement. The form is to be used at the initial visit or contact, and can be used at follow-up visits and telephone contacts with the resource care provider as well.” As such, the Pediatric Nursing Report does not provide all of the requested information such as birth history information or immunization records.

Question 53 indicated: Once an infant has been designated as a Safe Haven infant, who matches a child with a prospective family for placement? The keyed response was choice (d) – an Adoption Worker. Krawiecki selected choice (a) – the RFSU Facilitator.

Krawiecki argues that CP&P policy provides that the Adoption Worker is not the sole individual with respect to who makes the final determination regarding the adoptive family where the infant will be placed.

In reply, the DCF Policy Manual clearly indicates that “the Adoption Worker contacts the Office of Adoption Operations to match the child with a licensed adoptive family.” As such, the best answer was choice (d) – an Adoption Worker.

Question 66 indicated: In the event a child in out-of-home care goes missing, which is correct? The keyed response was choice (a) – notify the local police immediately if the child is 12 years older or younger and/or considered at high risk. Krawiecki selected choice (b) – contact the National Center for Missing and Exploited Children within 48 hours if the child is over 14 and at high risk.

Krawiecki maintains that choice (a) is not the correct answer. She also argues that grammatical errors appear in choice (a). Krawiecki adds that choices (b) through (d) are also incorrect as the timeframes that appear in the answers are wrong. She states that, when a child who is in out-of-home placement is missing, a CP&P worker is required to immediately report such information to law enforcement at the time the worker learns the child is missing.

In reply, the Division of Agency Services (Agency Services), upon review of the test answers, acknowledges that a typographical error appeared in answer choice (a). As such, Agency Services states that there is no correct answer to question 66 and, as such, the question will be omitted from the scoring of the examination.

ORDER

Therefore, it is ordered that this appeal be granted in part and that question 66 will be omitted from the scoring of the examination for Family Service Specialist 1 (PS4823K), Department of Children and Families.

This is the final administrative determination in this matter. Any further review should be pursued in a judicial forum.

DECISION RENDERED BY THE
CIVIL SERVICE COMMISSION ON
THE 9th DAY OF JULY, 2019



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