



New Jersey Child Protective Services Investigative Practice 2014 Assessment

A Report by the Office of Performance Management and Accountability

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Commissioner**

May 2015

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ACKNOWLEDGEMENT

The Office of Performance Management and Accountability (PMA) would like to thank all those who participated in the review of the New Jersey Child Protective Services Investigative Practice and, in particular, the Center for the Study of Social Policy (CSSP), the DCF Office of Research, Evaluation and Reporting and the reviewers, namely: Laura Badilla; Joseph Belletiere; Pamela Bradshaw-Gruska; Mary Carroll-Robertson; Elaine Ellerbee-Nurse; Sharon James; Joel Mastromarino; Monte Morgan; Maria Ojeda; Rachel Paletta; Martha Raimon; Lori Saggese; Lori Sanders; Ragenie Suknanan; Katrina Tatum; Jersenia Vargas; Diane Ward; Damond Years.

REVIEW OF NEW JERSEY CPS INVESTIGATIVE PRACTICE

Section I. Introduction and Purpose of the Review

DCF is the identified child protection agency for the state with responsibility for investigating alleged child abuse and/or neglect, and taking necessary actions to assure the safety of the State's children and youth. This review was conducted to assess the overall quality of the Department of Children and Families' (DCF's), Division of Child Protection and Permanency (CP&P) investigative case practice when fulfilling its statutorily mandated role to investigate reports of alleged child abuse and neglect in the State of New Jersey.¹

A child abuse/neglect investigation begins at the point of assignment from the New Jersey State Central Registry (SCR)² to the county Local Office and concludes with the approval of the findings of the investigation by the responsible supervisor. Decisions are made to open/maintain or close a family's CP&P case following an investigation based upon levels of risk to the child(ren) in the home and/or the service needs of the family. The investigations in this review included a variety of allegation types, levels of complexity, final findings and case dispositions extracted from each of the 46 CP&P Local Offices. These details are discussed in detail later in the report.

Previous reviews of investigative practice were conducted in September 2011 and January 2013, designed to assess the quality of investigative practice and measure progress in meeting certain outcomes established by the *Charlie and Nadine H. v Christie* Modified Settlement Agreement (MSA)³. In many respects, this report provides current practice information, some of which can be compared to data collected in 2011 and 2013 to determine changes in performance. This review and report, was done in collaboration with the Center for the Study of Social Policy (CSSP), the Court-appointed Monitor for the MSA. It is not solely intended as an MSA progress report but as an assessment of the identified strengths as well as the areas needing improvement in current investigative practice.

The review assessed CP&P investigative practice in such areas as:

- Pre and Post Investigation Caseworker-Supervisory Conferencing. CP&P policy requires caseworkers and supervisors to conference investigations prior to a field response, after the initial contacts, and at the conclusion of the investigation in order to ensure a complete and thorough investigative process and sound decision-making.
- Meeting the response times assigned by SCR to an investigation. Caseworkers must see or interview alleged child victims within specific time frames determined by the nature of the allegations and suspected level of risk to child safety or demonstrate diligent efforts to do so.
- Collecting all relevant information from child victims, family members, the historical record, community persons, the reporter(s), agency professionals and others in a timely manner in order to arrive at a valid finding and effective case resolution. Through interviews and collateral contacts, the totality of available information must be integrated into Risk, Safety and Needs assessments to inform decisions about whether and how children can remain safely in their homes as well as provide information for short and long-term case planning.

¹ N.J.S.A. 9:6-8.11 Actions to ensure safety of child; investigation; report.

² SCR is the DCF office designated to receive reports of child abuse and neglect and requests for child welfare services in NJ.

³ The full text of the MSA can be found at http://www.nj.gov/dcf/documents/home/Modified_Settlement_Agreement_7_17_06.pdf

- Referring families to appropriate services to address immediate safety concerns, mitigate the current crisis and minimize the probability of a re-occurrence. When family needs are identified, the caseworker must attempt to address them either through direct CP&P service provision or through referral to a more appropriate community provider.
- Making appropriate case decisions. Children’s safety must be assured. Families whose circumstances are deemed unsafe or place a child at unacceptable risk of abuse and/or neglect and who need intervention must receive the appropriate type and level of intervention including but not limited to customized and effective case management, referrals to DCF resources and external professionals, emergency removal and the involvement of the Court as needed.

The review and report is based upon information either documented in the hardcopy case record or electronically captured within NJ SPIRIT⁴. While other casework information may exist, this information was not obtained during this review and is not reflected in this report’s findings and conclusions.

Organization of the Report

The remainder of the report is organized in five sections:

- Section II: Summary of Key Findings**
- Section III: Methodology**
- Section IV: Findings**
- Section V: Action Steps for Improvement**

- Appendix: Data Collection Instrument**

⁴ NJ SPIRIT is the CP&P comprehensive, automated case management tool that integrates various aspects of case practice in a single statewide system, including intake, investigation, case planning, case recording, resource management, service delivery tracking, and financial management.

Section II. Summary of Key Findings

This review captured the results of a statistically valid sample of 313 child protective service (CPS) investigations involving 477 child victims that were assigned to DCF Local Offices for investigation between February 1 and 14, 2014.

The results of this review reflect the following key findings in CP&P investigative case practice.

- **Caseworkers met the required response time, contacting alleged child victims in 87 percent⁵ of the investigations.** Policy requires that the alleged child victims be contacted, or diligent efforts made to do so (“Good Faith Efforts”), within either the *Immediate* or *24-hour* time frame assigned by SCR. There were 477 alleged victims in the investigations reviewed; 78% were seen within the required time frame and in 9% of the cases, “Good Faith Efforts” were made. This finding reflects a six percent decrease from that of the 2013 review.
- **Pre-investigation caseworker/supervisor conferences took place in 97 percent of the investigations.** Supervisors are required to strategize investigations with caseworkers prior to the field response with respect to taking immediate action as necessary, safeguarding children, planning participant interviews, coordinating with system partners and other tasks essential to completing a thorough investigation. This finding reflects an 11% increase from that of the 2013 review.
- **Safety Assessments were completed in 100 percent of investigations.** This finding is identical to that of the 2013 review. Following the initial contact with the family, caseworkers are required to assess the child(ren)’s safety on a three tier scale: Safe; Safety Protection Plan Required (meaning that the children may remain in their home conditionally) and; Unsafe/Removal Required. Reviewers agreed that the Structured Decision Making (SDM®) Safety Assessment responses were consistent with the information gathered throughout the investigation in 89 percent of investigations. This finding reflects a three percent increase from the 2013 review.
- **Risk Assessments were completed in 100 percent of investigations.** This finding is identical to that of the 2013 review. Prior to concluding an investigation, the caseworker must formally assess the level of risk present that may contribute to abuse or neglect in the future. Additionally, reviewers completely agreed that the SDM® Initial Risk Assessment responses were consistent with the information gathered throughout the investigation in 69 percent of investigations. This finding reflects a 12 percent increase from that of the 2013 review.
- **Caseworkers were successful with interviewing mothers of alleged victim child(ren) in 97 percent of the applicable cases.** Identifying and engaging the mothers of children is essential to protect children from further harm and to collaborate with them to resolve the identified issues. This finding is identical to that of the 2013 review.
- **Interviews with the father of the alleged victim child(ren) occurred in 65 percent of the applicable cases.** Investigators were not as successful making contact with identified fathers as they were with mothers. Non-custodial fathers may not be as readily accessible as mothers who are usually the primary caregiver. Both best practice and policy require diligent efforts to locate fathers, and engage them in the investigative process. This finding reflects a four percent decrease from that of the 2013 review.

⁵ All percentages in this report are rounded to the nearest whole number.

- **In 81 percent of the investigations, caseworkers solicited and/or collected and documented collateral information during the investigation from relevant sources in order to arrive at an accurate investigation finding.**⁶ Seeking all available information pertaining to a family's functioning is essential to a quality investigation. Additionally, once that information is obtained, the record must reflect the integration of that information into the conclusions and investigative finding(s). Reviewers found collateral information was substantially integrated into the investigative process in 74 percent of investigations. This *integration* finding reflects an 11% increase from that of the 2013 review.
- **Post-investigation caseworker/supervisor conferences occurred before the close of the investigation in 97 percent of the investigations.** Supervisors are also required to review the case status with the investigation worker following the initial response and prior to arriving at a final disposition. This finding reflects a 16 increase from that of the 2013 review.
- **In 79 percent of investigations, caseworkers completed investigations within 60 days, as required by policy.** Supervisory approval is required to extend the time frame for good cause. Of the investigations which extended beyond 60 days, 17 had evidence of supervisory extension approval. The finding of meeting the 60-day time frame increased 13% from that of 2013. This finding (79%) combined with approved extensions equates to 84%, a 15% increase in performance from the 2013 review.
- **Reviewers completely or substantially agreed with the finding in 87 percent of the investigations.** Based upon the information reviewed, the reviewers found that the decision to *Substantiate* the allegation(s), *Establish* the allegation(s), *Not establish* the allegation(s) or determine the allegation(s) to be *Unfounded* was accurate in the majority of the investigations. This finding reflects a thirteen percent increase from that of the 2013 review.⁷
- **Child Strengths and Needs Assessments for all children in the family were completed in 69 percent of the applicable investigations.** If a family's case is to remain open for permanency services following the investigation, an assessment of the needs of each child in the family is conducted and used as a basis to construct the Case Plan with the family. This finding of 69% reflects a four percent increase from that of the 2013 review.
- **Caregiver Strengths and Needs Assessments were completed in 76 percent of the applicable investigations.** Paired with the Child Strengths and Needs Assessments, caseworkers are required to assess the needs of the child(ren)'s caregiver(s) in order to establish the ongoing plan with the family. This reflects a five percent increase from that of the 2013 review.

Overall, the reviewers found that 244 (78%) of the investigations were either *Completely or Substantially of Good Quality*. Specifically, 64 (20%) investigations met the criteria to be rated as *Completely of Good Quality* and 180 (58%) met the *Substantially of Good Quality* criteria. This overall finding is identical to that of the 2013 review.⁸

⁶ This component does not have a counterpart from the 2013 review as the question was revised in 2014 in order to more accurately assess case practice.

⁷ The 2013 review utilized the response choices of 'Completely', 'Partially' or 'No'. The finding of 74% was for the 'Completely' response.

⁸ While the wording of the questions from the two reviews varied, the outcome has been determined to be comparably reliable.

Section III. Methodology

Reviewers

The review of DCF Investigative Practice was conducted from September 15 to September 19, 2014. The review was performed in the computer lab in The Professional Center at DCF in New Brunswick, NJ. The review team consisted of select CP&P Local Office supervisory staff assigned to investigations, representatives from DCF's Office of Performance Management and Accountability (PMA) and staff from the Center for the Study of Social Policy (CSSP). In total, 18 individuals reviewed records.

Training on Survey Instrument

A three-hour orientation was held with all participants on the first day of the review. This orientation explained the purpose of the review, the logistics of the multi-day process and a review of the survey instrument. PMA and CSSP staff were available to help address practical, personnel and functional issues and were available to provide technical assistance to reviewers throughout the process.

Sample

The review was of a statewide statistically valid sample of all Child Protective Services (CPS) investigations assigned to DCF Local Offices between February 1 and 14, 2014. Investigations conducted by the Institutional Abuse Investigations Unit (IAIU) were excluded from the sample. In order to effectively assess the complete investigative process from assignment to approval, only investigations completed as of June 30, 2014 were included. The universe was determined to be 1,681 unique investigations.

To achieve results with no more than a five percent margin of error and 95 percent confidence rating, a random sample of 313 investigations was selected and divided among the reviewers. Care was taken to prevent CP&P reviewers from assessing investigations from their own county. An over-sample of thirty investigations was included to substitute for sampling errors or significant deficiencies with review material. One case was disqualified and substituted due to a sampling error.

The case types were as follows:

- 133 (42%) were investigations on families with previously closed CP&P cases;
- 105 (34%) were initial investigations involving families with no prior service history;⁹
- 50 (16%) were new investigations on families with a CP&P case already open for services; and
- 25 (8%) involved an additional intake on families with a pending/open investigation.

Data Collection Instrument

PMA staff with input from CSSP designed the data collection instrument. The data collection instrument from the 2013 review was examined and revisions were made to improve reliability and validity of results. The instrument included twelve sections (*indicates a section not always applicable to each case):

1. Identifying Information
2. Intake Basics
3. Previous worker*
4. Child Information (capacity to record information for up to 10 children)
5. Information Collection
6. Law Enforcement*

⁹ NJ SPIRIT may contain information that the family requested information and referral for a community service(s) (I& R), had a simple inquiry (Information Only-IO) or were the subject of a call that required no action by CP&P (NAR).

7. Collaterals
8. Risk and Safety Assessments/Plans
9. Completion
10. Extension*
11. Conclusions
12. Strength and Needs Assessments*

Several summary rating questions were added to the instrument and reviewers were given the following instructions as to how to determine their responses.

The following terms in the rating questions are defined below and are to be assessed accordingly:

- *"Completely" means that all of the essential elements of the component were met and assessed to meet the standard of quality.*
- *"Substantially" means that most but not all of the essential elements of the component were met and assessed to meet the standard of quality.*
- *"Marginally" means that all, most or many of the essential elements of the component were barely within the lower standard or limit of quality.*
- *"Not at all" means all or most of the essential elements of the component were either absent or below the lower standard or limit of quality.*
- *"Not applicable" means that specific investigative component is not relevant to that specific investigation and is not being rated.*

The instrument was pilot tested on August 28, 2014 by CP&P and CSSP staff. Revisions were made to the review instrument as a result of the pilot.

Basic Review Methodology

Reviewer Reference Sheets with basic sample and demographic information for each investigation were compiled and given to each reviewer to expedite survey completion. Reviewers were asked to read all the documents¹⁰ related to the investigation, refer to the electronic record in NJ SPIRIT for additional information as needed, and then complete the structured survey tool created in the web-based application *SurveyMonkey™*. Each reviewer was assigned a sub-sample of 20-21 investigations.

A copy of the survey instrument is attached to this report.

Data Analysis & Quality Control

Survey results were analyzed using *SurveyMonkey™* software and Excel. Quality Control staff consisted of one member from PMA and CSSP. Quality control included a review of the first two and every fifth survey completed by each reviewer and, as needed, internal discussion on specific investigations during the course of the review. Of the 313 investigations, 80 (26%) received a full second review. Several questions allowed for explanatory notes and reviewer comments that were utilized to understand the answers submitted.

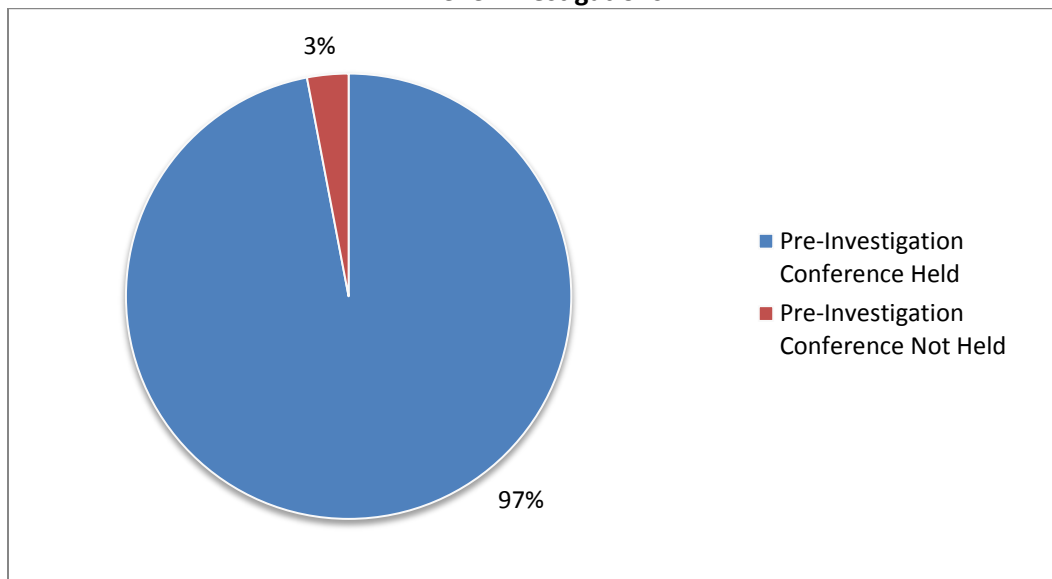
¹⁰Hard copy documents requested from the Local Offices minimally included 1) the Screening Summary ; 2) the Investigation Summary; 3) Structured Decision-Making© tools; 4) collateral information ; 5) contact sheets; 6) closing/transfer documents; 7) findings letters; 8) court documents; 9) documentation of investigation time extension; 10) any other information specifically related to the investigation.

Section IV. Findings

1. Pre and Post Investigation Caseworker-Supervisor Conferences

CP&P policy¹¹ requires that the assigned Intake caseworker discuss the case assignment with the unit or Intake Supervisor prior to making initial contact with child and/or family in the field. The purpose of this conference is to review the allegations contained in the referral from SCR; the family's history with CP&P, if any; any immediate safety concerns to the children and the worker and to provide guidance to the caseworker for the initial response. Typically, these conferences, are documented in contact case notes or, alternately, in the Investigation Summary. Figure 1 shows that a pre-investigation conference was conducted in 304 (97%) investigations.

**Figure 1: Pre-Investigation Conference
n=313 Investigations**



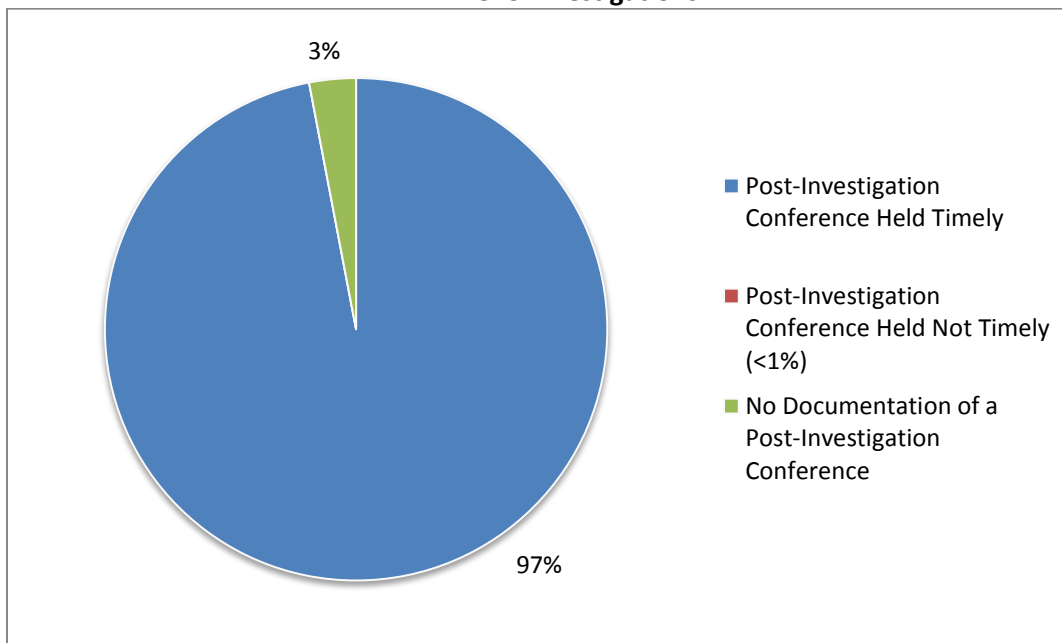
Source: DCF Investigative Practice Review, 2014

Additionally, CP&P policy requires a case status update (post initial response) and final dispositional caseworker/supervisory case conference. Reviewers looked for documentation that a post-investigation conference was held prior to completing the investigation. Figure 2 illustrates that:

- A post-investigation conference was conducted before closing the investigation in 303 (97%) investigations.
- A post-investigation conference was conducted after the investigation was closed in 1 (<1%) investigation.
- There was no documentation of a post-investigation conference in 9 (3%) of the investigations reviewed.

¹¹ Policy Issuance: The Child Protection Investigation CPP-II-C-5-100

**Figure 2: Post-Investigation Conferences
n=313 Investigations**



Source: DCF Investigative Practice Review, 2014

2. Reviewing Family History

Preparation for an initial response benefits from a review of the family's child welfare history both within New Jersey and in other states or jurisdictions in order to obtain a sense of the family dynamics and prior risk factors for both the children and the responding caseworker. The review found that 208 (66%) families had involvement with CP&P at some time prior to the intake under review.

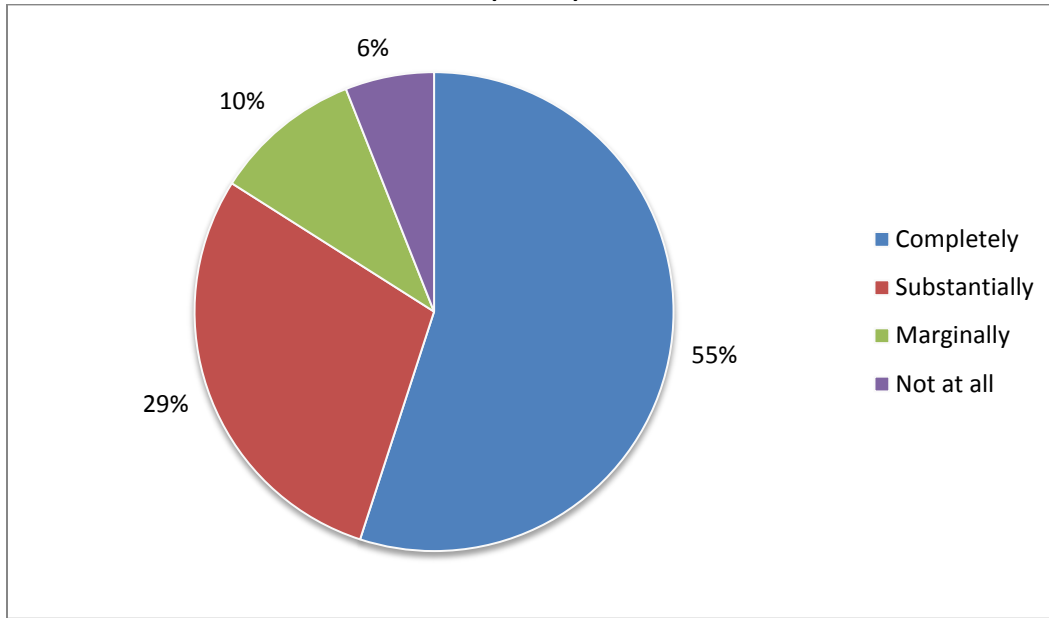
- There was evidence in the record that the investigator reviewed CP&P history in 185 (90%) of the cases.

Similarly, if the family or the alleged perpetrator resided outside of New Jersey within the past 12 months of the new intake, an inquiry to the local CPS agency is required. Of the 313 families, 28 (9%) presented with indicators that another child welfare agency may have had prior involvement with the family and 21 (7%) may have had prior involvement with the alleged perpetrator.

- There was evidence in the record that an inquiry to the local child welfare agency concerning the family was conducted in 15 (54%) applicable investigations.
- There was evidence in the record that an inquiry to the local child welfare agency concerning the alleged perpetrator was conducted in 11 (52%) applicable investigations.

The results on the completeness of the worker's review of prior history were captured in a question illustrated in Figure 3. Reviewers were asked to rate this performance on a rating scale of 'Completely', 'Substantially', 'Marginally', or 'Not at all'. 'Completely' or 'Substantially' reflected acceptable performance. It was found that the family's child welfare history in NJ or elsewhere was appropriately reviewed by the investigator in 79 (84%) of the investigations.

Figure 3: Family’s Child Welfare History in NJ or Elsewhere Reviewed by the Investigator (n=212)



Source: DCF Investigative Practice Review, 2014

3. Investigation Response Time

Policy requires that a time period be assigned within which the caseworker must either see or make good faith efforts to see all children named as alleged victims in a referral. The determination is based upon such factors as imminent risk of further harm separate from the initial allegation, request by law enforcement or other professionals to intervene or preservation of evidence. An *Immediate* response requires a response no later than the end of the day of the assignment to the field office. An immediate response time is assigned to allegations when:

- Law enforcement requests an immediate response;
- A child has died due to abuse/neglect and a sibling(s) or another child remains in the home/under the care of the parent/caregiver;
- A child is a hospital “boarder child” or a drug-exposed newborn;
- A child, under the age of six, is currently unsupervised or being left alone;
- A child requires immediate medical attention;
- A child is being seriously physically abused;
- A child has suffered serious physical harm or sexual trauma, and:
 - a) There is reason to believe that a parent, guardian or caregiver may have been responsible, and the child’s immediate safety needs to be assured; or
 - b) Physical evidence may be lost if not immediately and properly documented

A response time of *Within 24 hours* is measured from the time SCR assigns the report to the field office and is used for all other CPS investigations not requiring an immediate response.

Two hundred thirty-two (74%) investigations in the review were assigned a *Within 24 Hours* response. Eighty-one investigations (26%) were assigned an *Immediate/By End of Work Day* time frame.

If an in-person contact cannot be readily made, a caseworker is required to make a “Good Faith Effort” to make contact as defined below with the child victim(s):

- Make a minimum of three attempts to contact the child(ren) within the assigned response time;
- Stagger the attempts to make contact;
- Attempt to contact the child(ren) at their current location and their home address; and
- Consult a supervisor if unsuccessful.

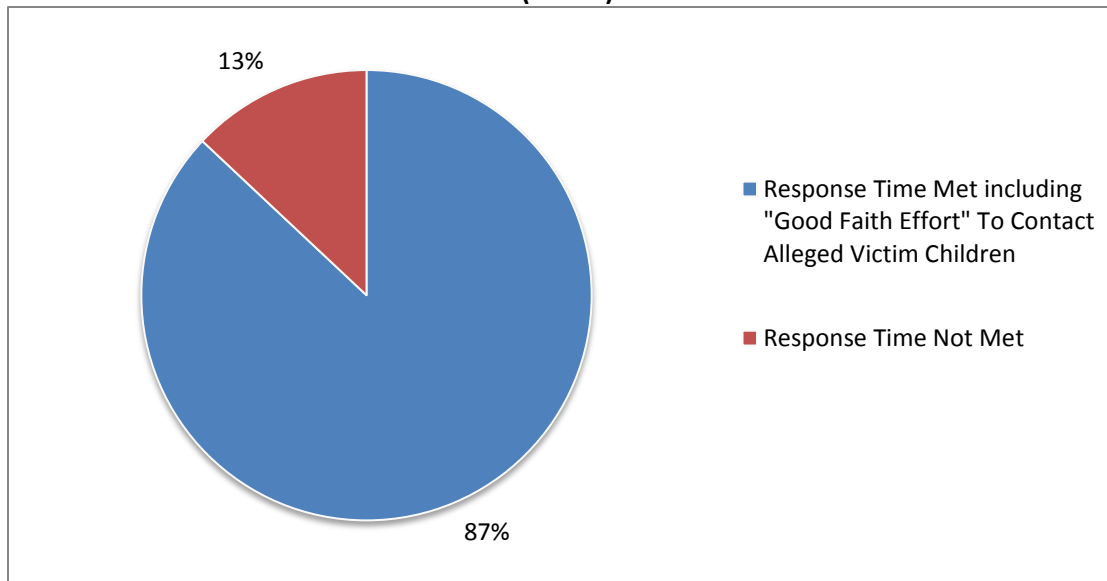
Caseworkers can also supplement “Good Faith Effort” requirements by employing additional strategies such as contacting law enforcement or school officials for more information as well as by searching Court or County Welfare computer data systems for additional family contact information.

- Out of the 477 alleged child victims, 372 (78%) were contacted within the assigned response time.
- “Good Faith Efforts” to meet the response time were conducted with 42 (9%) of the child victims.

As reflected in Figure 4:

- Combined with “Good Faith Effort”, 414 (87%) of the alleged child victim(s) were either contacted or contact was attempted according to CP&P policy and considered acceptable.¹²

**Figure 4: Investigation Response Time
(n=477)**



Source: DCF Investigative Practice Review, 2014

¹² Policy Issuance: Time Frames for Initial Response CPP-II-C-2-300

4. Interviewing Practice

Child

It is the preferred CP&P practice to interview children who are alleged to be victims of abuse or neglect in a setting that eliminates factors of undue influence or intimidation. In many instances, interviewing the child alone is the best investigative strategy. However, on a case by case basis, due to factors such as the child's age, developmental limitations, parental preference or case characteristics, accommodations are made. A common practice among school districts is to include school personnel in an interview that occurs at the school. In investigations involving law enforcement, a joint interview is preferred over multiple interviews. The strategy for interviewing child(ren) should be a component of the Pre-Investigation Conference and customized according to individual case circumstances.

Reviewers were asked to determine if the record indicated that the child was interviewed/seen outside the presence of the parent or caretaker.¹³

- Of the 325 children ages five through seventeen, 243 (75%) were seen/interviewed outside the presence of the parent or caretaker.

Additionally, and more importantly for each case, reviewers were asked to assess if child(ren) victims were seen/interviewed apart from the alleged perpetrator(s) when reasonably possible.

- Applying the ratings of 'Completely' and 'Substantially' as indicators of acceptable performance, reviewers found that 289 (89%) of the 325 children ages 5-17 were seen/interviewed apart from the alleged perpetrator(s) when reasonably possible.¹⁴ For all investigations and children of all ages, the child victim was seen/interviewed apart from the alleged perpetrator(s) when reasonably possible in 271 (87%) investigations.

Parents/Caretakers

CP&P policy requires that interviews with a child's parents occur during a child abuse/neglect investigation. This interview serves to notify the parent(s) of the investigation, solicit their cooperation in protecting the child(ren) and/or collect information from them on the family composition and dynamics and their response to the allegation(s). The mother or father of a child may also be the person named as the alleged perpetrator.

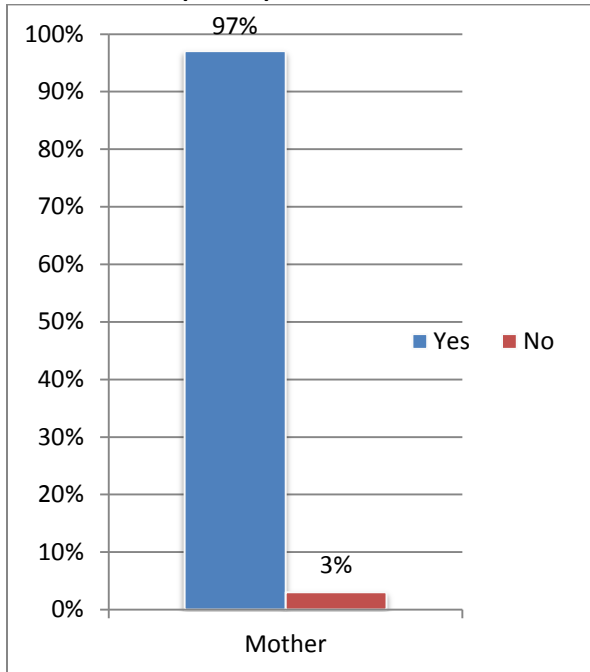
Figure 5 shows that initial contact with an available child's mother was made in 444 (97%) cases. Figure 6 shows that the frequency of a successful contact with an available child's father was 239 (65%).¹⁵

¹³ By agreement with CSSP, this standard is only applied to children ages five through seventeen (n=325). For all ages, there was a total of 477 child victims in the review.

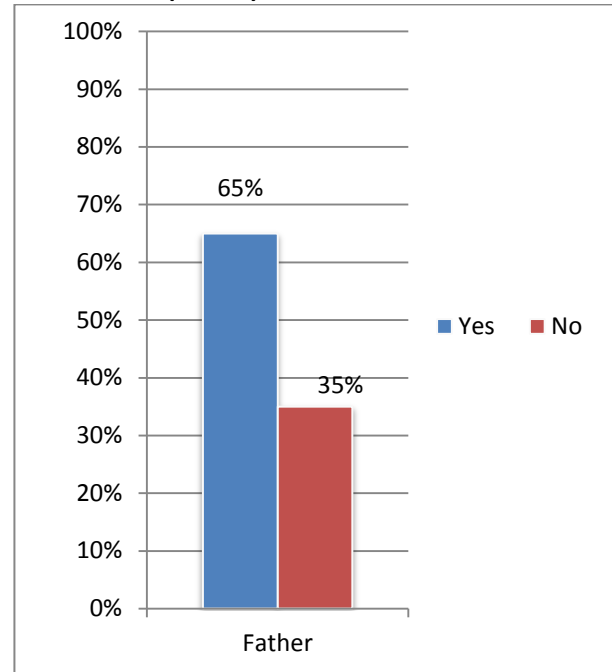
¹⁴ Reviewers were asked to rate this performance on a rating scale of 'Completely', 'Substantially', 'Marginally', or 'Not at all'. 'Completely' or 'Substantially' reflected acceptable performance.

¹⁵ The total number of applicable parents did not include responses where the parent was deceased, whereabouts unknown, parental rights terminated, residing in another country or the associated parent had no role in the investigation. ¹⁶ Policy Issuance: Evidence, Supplemental Information Gathering and Analysis CPP-II-C-5-175

**Figure 5: Successfully Interviewing Mothers
(n=458)**



**Figure 6: Successfully Interviewing Fathers
(n=367)**



Source: DCF Investigative Practice Review, 2014

Alternate caregivers are also a valuable source on information either as a primary participant in the investigation or a supplemental collateral contact. For the 477 children referenced in the review, 229 were assessed to have had a relevant and accessible alternate caregiver.

- Of the identified alternate caregivers 201 (88%) of the 229 were appropriately interviewed.

5. Soliciting, Collecting and Integrating Necessary Collateral Information

CP&P policy¹⁶ requires that information be solicited from relevant sources outside of the household who, by virtue of their relationship with, or knowledge of a child or family, can reasonably be expected to have information which will verify, clarify or refute the presenting problem or allegation(s). These individuals are referred to as “Collateral Contacts”. During an investigation, collateral contacts must be in person or by telephone. Decisions about the collaterals that are important for an investigation are expected to be a component of the Caseworker/Supervisor Pre-investigation Conference. Collateral contacts should be made by the investigation caseworker with discretion, taking care to avoid breaching client confidentiality and privacy of the family.¹⁷

Collateral contacts with specified individuals are required in the following circumstances:

- If a child is in child care, the child care provider must be contacted;
- If the family has an allegation or history of family violence, substance abuse or other criminal activity, local law enforcement must be contacted.

¹⁶ Policy Issuance: Evidence, Supplemental Information Gathering and Analysis CPP-II-C-5-175

¹⁷ Authority for requests for information are made pursuant to N.J.S.A. 9:6-8.40.

Reviewers were asked to determine what collateral sources were necessary for the investigation and, based on the documentation, whether contact with those collateral sources was successful or attempted but not successful. Table 1 reflects the collateral sources most commonly identified, the frequency in the total sample for which a specific collateral contact was deemed applicable by the reviewer and the extent the caseworker was successful in or attempted to obtain collateral information. The *Yes* and *Attempted* responses were combined into an affirmative category, meaning that those collaterals met CP&P practice expectations.

**Table 1: Collateral Contacts
n= 313 investigations**

	Number Applicable	Yes	Attempted	Combined Yes/Attempted
Medical Professional	300(96%)	243(81%)	8(3%)	251(84%)
School	242(77%)	208(86%)	7(3%)	215(89%)
Law Enforcement Professional	206(66%)	162(79%)	3(1%)	165(80%)
Relative(s) outside of home	122(39%)	78(64%)	1(1%)	79(65%)
Mental Health Professional	106(34%)	67(63%)	4(4%)	71(67%)
Substance Abuse Treatment Provider	66(21%)	50(76%)	0(0%)	50(76%)
Child Care Provider	58(19%)	41(71%)	1(1%)	42(72%)
Family Friend	46(15%)	32(70%)	1(2%)	33(72%)
Neighbor	21(7%)	10(48%)	0(0%)	10(48%)
Other ¹⁸	100(32%)	61(61%)	0(0%)	61(61%)

Source: DCF Investigative Practice Review, 2014

CP&P staff are more successful in obtaining collateral information from sources such as *Schools* (89%) and *Medical Professionals* (84%) compared to, for example, *Neighbors* (48%) and *Relatives* (65%). With respect to those specific collaterals required by policy, for children enrolled in a childcare setting, contact with a childcare provider was made or attempted in 72 percent of applicable investigations. For law enforcement, the required contact or attempt occurred in 80 percent of applicable investigations.

- Reviewers determined that applicable collaterals were secured in 167 (53%) investigations.
- Allowing for diligent attempts to gather information, reviewers found that necessary collateral information was solicited and/or collected ‘*Completely*’ or ‘*Substantially*’ in 252 (81%) of the investigations.¹⁹ Contributing to this overall finding of the general quality of collateral contacts were the sub-totals of the results of effective collateral contacts when applicable related to: Speaking with previous caseworker (48 cases/60%); Contacting relevant out-of-state agencies for information on the family (15 cases/54%) and alleged perpetrator (11 cases/52%) and; Speaking with the reporter, if available (167 cases/66%).

Collateral information obtained from all sources is expected to be incorporated into the investigation summary and appropriately considered when determining an investigation finding and plan for the family.

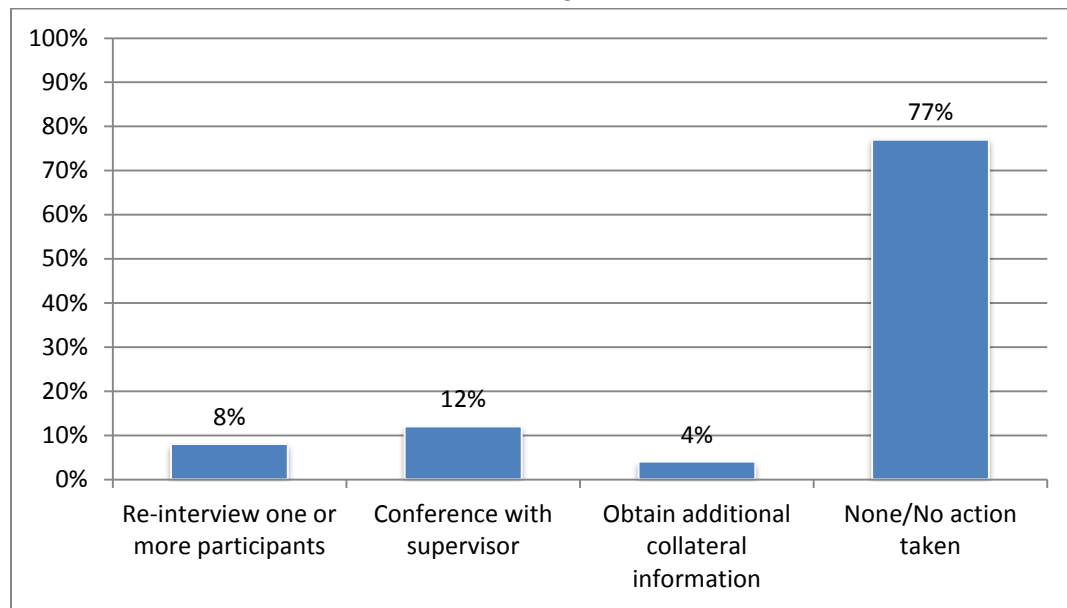
¹⁸ Analysis of this category found that it was predominantly used to further explain the fixed choices selected and, as such, did not offer valuable information as to other unique collateral categories not otherwise represented.

¹⁹ Reviewers were asked to rate this performance on a rating scale of ‘*Completely*’, ‘*Substantially*’, ‘*Marginally*’, or ‘*Not at all*’. ‘*Completely*’ or ‘*Substantially*’ reflected acceptable performance.

- Reviewers determined that all collateral information was substantially integrated into the investigative process and decisions in 233 (74%) of the investigations.

In the event that collateral information presents contradictory information to information previously secured, workers are expected to attempt to reconcile the conflicting information prior to concluding the investigation. Two hundred and eighty seven (92%) of the 313 investigations did not contain contradictory collateral information and required no reconciliation. Figure 7 shows the frequency of strategies utilized in the remaining 26 (8%) investigations where there was contradictory information. No documented action was taken to reconcile conflicting information in 20 (77%) of the 26 investigations.

Figure 7: Strategies Used to Reconcile Contradictory Collateral Information
n=26



Source: DCF Investigative Practice Review, 2014

Note: Total exceeds 100 percent as more than one strategy may be utilized.

6. DCF Resources Consulted

Supplementing information obtained from external sources, caseworkers have access to a range of DCF supported professionals who provide consultation designed to identify and address a family’s needs for assessment and services related to substance abuse, domestic violence, legal issues and medical and mental health concerns. Professionals available to caseworkers include a Certified Alcohol and Drug Counselor (CADC), a Domestic Violence Liaison (DVL), a Clinical Consultant, Deputy Attorney General (DAG)²⁰, a Regional Diagnostic Center (RDTC)²¹ and the DCF Child and Family Health Unit (CFHU)²². Reviewers concluded that in 204 (65%) of the 313 investigations, a consultation with one or more of the designated professionals was indicated. Table 2 illustrates the frequencies/percentages in which the

²⁰ Legal support is available to caseworkers through an affiliation agreement with the Office of the Attorney General.

²¹ The Regional Diagnostic and Treatment Centers were legislatively created to evaluate and treat child abuse and neglect. The RDTCs provide training and consultative services, emergency telephone consultation, and are a source of research and training for medical and mental health personnel dedicated to the identification and treatment of child abuse and neglect.

²² The recently formed Office of Clinical Services currently incorporates CFHU functions and coordinates the utilization of contracted medical consultants such as a pediatrician and child psychiatrist.

reviewers believed that one or more consultations would have been a benefit to the case and the frequency/percentage of cases in which the record reflects that the consultation was conducted. The range of practice performance in consulting with DCF professionals is as follows: DAG (69%); CADC (56%); Child & Family Health Unit (53%); RDTC (48%); DV Liaison (40%) and Clinical Consultant (16%).²³

**Table 2: DCF Resources Consulted
n=313 investigations**

	Number/Percent Applicable	Number/ Percent Consultations
Certified Alcohol and Drug Counselor	117 (37%)	65 (56%)
Domestic Violence Liaison	60 (19%)	24 (40%)
Deputy Attorney General	59 (19%)	41 (69%)
Clinical Consultant	56 (18%)	9 (16%)
Child & Family Health Unit	55 (18%)	29 (53%)
Regional Diagnostic Center	25 (8%)	12 (48%)

Source: DCF Investigative Practice Review, 2014

7. Referrals for Necessary Medical and Mental Health Evaluations

In addition to the primary purpose of a child protection investigation, which is to gather factual information about the circumstances of an allegation of child abuse or neglect, the investigation process includes initiating intervention to ensure the continued safety and well-being of the child and improve family functioning. That process may begin with a caseworker consultation with DCF internal resources as described in section 6 and extends to include a referral to one or more of those resources for a more in-depth assessment and/or evaluation. Table 3 reflects the DCF resources to which families were referred, the frequency/percentage in which such an evaluation was deemed appropriate by the reviewer and the frequency/percentage in which the record reflects that the referral was made.

**Table 3: Referral to DCF Resources for Medical/Mental Health Evaluations
n=313 Investigations**

	Number/Percent Applicable	Number/ Percent Referred
Certified Alcohol and Drug Counselor	110 (35%)	74 (67%)
Other DCF Contracted Providers ²⁴	63 (20%)	49 (78%)
Domestic Violence Liaison	60 (19%)	35 (58%)
Children’s System of Care (CSOC)	53 (17%)	40 (75%)
Child & Family Health Unit	28 (9%)	16 (57%)
Regional Diagnostic Center	27 (9%)	15 (56%)

Source: DCF Investigative Practice Review, 2014

- Overall, for the 146 investigations which presented a need for a medical or mental health evaluation, the reviewers cumulatively determined that those referrals were appropriately made in 108 (74%) of the cases.²⁵

²³ Practice performance percentage is calculated by dividing the number of consultations conducted in each category by the number of investigations in which such a consultation was deemed necessary and appropriate by the reviewer.

²⁴ DCF contracts with various private medical and mental health professionals to provide community-based and geographically accessible services.

²⁵ Reviewers were asked to rate this performance on a rating scale of ‘Completely’, ‘Substantially’, ‘Marginally’, or ‘Not at all’. ‘Completely’ or ‘Substantially’ reflected acceptable performance.

8. Accuracy and Integration of Safety and Risk Assessments

Following the initial contact with the family, the caseworker is required to complete two SDM® tools in order to assess the safety and risk of harm to the child(ren).²⁶ The Child Safety Assessment is designed to render a decision as to whether any child residing in the home is unsafe and requires protection, and, if so to determine what actions CP&P needs to take to ensure children’s safety and reduce risk. That decision is based upon the conditions present during the investigation and the prior CP&P history with the family. The Family Risk Assessment is designed to obtain an objective appraisal of the likelihood that a family will abuse or neglect their children within the next 18-24 months.

Safety Assessment

Reviewers were asked to record the Safety Decisions made by the investigators and whether or not a Safety Protection Plan was required. Table 4 shows that the majority of investigations (90%) concluded with the children assessed as *Safe*. According to the record, a Safety Protection Plan was required in 6% of investigations. In an additional 4% of investigations, children were deemed unsafe and removed from their homes.

**Table 4: Investigator Safety Decisions
n=313 Investigations**

Safety Decision	Safe	Safety Plan Required	Unsafe/Removal Required
Frequency	282 (90%)	20 (6%)	11 (4%)

Source: DCF Investigative Practice Review, 2014

- Safety Assessments were conducted in 313 (100%) investigations.
- Reviewers found that the responses on the Safety Assessment were *completely* consistent with the information gathered throughout the investigation in 279 (89%) cases and *partially* consistent in 26 (8%) investigations. In eight investigations (3%), reviewers believed that the Safety Assessment was not consistent with the information gathered throughout the investigation.

Quality of Safety Protection Plans

Reviewers concluded that Safety Protection Plans were necessary in 37 (12%) investigations. As shown in Table 7, reviewers found that 27 Safety Protection Plans were initiated (73%)²⁷ and 24 of the 27 (89%) were adequate for the safety concerns identified. This is illustrated in Table 5.

**Table 5: Safety Protection Plans
n=37**

Reviewer Decision	Safety Protection Plan Necessary	Safety Protection Plan Implemented if Necessary	Safety Protection Plan Adequate if Implemented
Frequency	37 (100%)	27 (73%)	24 (89%)

Source: DCF Investigative Practice Review, 2014

²⁶Structured Decision-Making (SDM®) is a uniform, research and evidenced-based process designed to assist field staff in making important, fact-based decisions on safety, risk and family functioning. Policy Issuance: Structured Decision Making CPP-III-B-6-600

²⁷ While a Safety Protection Plan Required was identified as the safety decision in 20 investigations, 27 safety protection plans were created, suggesting that (7) were not required by policy but offered as enhanced casework by the worker.

Risk Assessment

The Risk Assessment assesses a family's circumstances and determines whether the level of risk of future child maltreatment is low, moderate, high or very high. The assessed level of risk is then used to help the caseworker determine the intervention plan with the family. Reviewers were asked to determine, based on the documentation in the record, whether the responses to the Family Risk Assessment were consistent with the information gathered throughout the investigation. Table 6 shows that most (44%) of the risk scores were in the *Moderate* range.

**Table 6: Risk Scores
n=313 Investigations**

Risk Score	Low	Moderate	High	Very High
Frequency	86 (27%)	138 (44%)	86 (27%)	3 (1%)

Source: DCF Investigative Practice Review, 2014

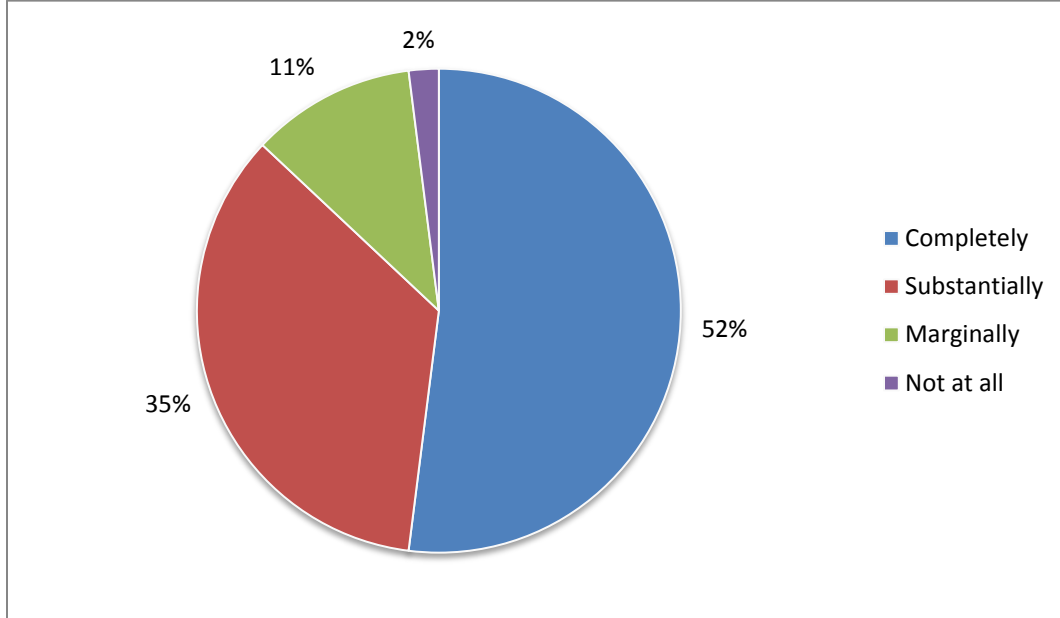
- Risk Assessments were completed in 313 (100%) of investigations.
- Reviewers found that that the responses on the Risk Assessment were *completely* consistent with the information gathered throughout the investigation in 215 (69%) investigations and *partially* consistent in 80 (26%) investigations. In 18 (6%) investigations, reviewers found that the responses were not consistent with the documented information gathered throughout the investigation.
- Overall, using the rating scale of '*Completely*', '*Substantially*', '*Marginally*', or '*Not at all*' with '*Completely*' or '*Substantially*' reflecting acceptable performance, reviewers found that the Risk Assessment was '*Completely*' or '*Substantially*' accurately integrated into the investigation process and decisions in 278 (89%) investigations.

9. Investigative Findings

Reviewers were asked to rate the accuracy of the specific finding made by the local office based on their review of the documentation in the record using a rating scale of '*Completely*', '*Substantially*', '*Marginally*', or '*Not at all*'. '*Completely*' or '*Substantially*' reflected acceptable performance.²⁸ Of the 313 investigations, reviewers found that the findings in 273 investigations (87%), were "Completely" or "Substantially" supported by the information in the record. Figure 8 shows the results for the four rating categories.

²⁸ On 4/1/2103, CP&P converted to a Four-Tier Finding System. According to CP&P Policy 11-C-6-100, allegations can be found to be Substantiated, Established, Not Established or Unfounded.

Figure 8: Accuracy of Investigation Findings
n=313



Source: DCF Investigative Practice Review, 2014

10. Timeliness of Investigation Completion

CP&P policy stipulates that CPS investigations are to be completed within 60 days of assignment.²⁹ If the investigation cannot be completed for good cause, the assigned supervisor may approve extensions of 30 days. Good cause may include but is not limited to a delay in locating the family, inability to interview all participants in a timely manner or a request from law enforcement to delay the CP&P investigation due to an active criminal investigation.

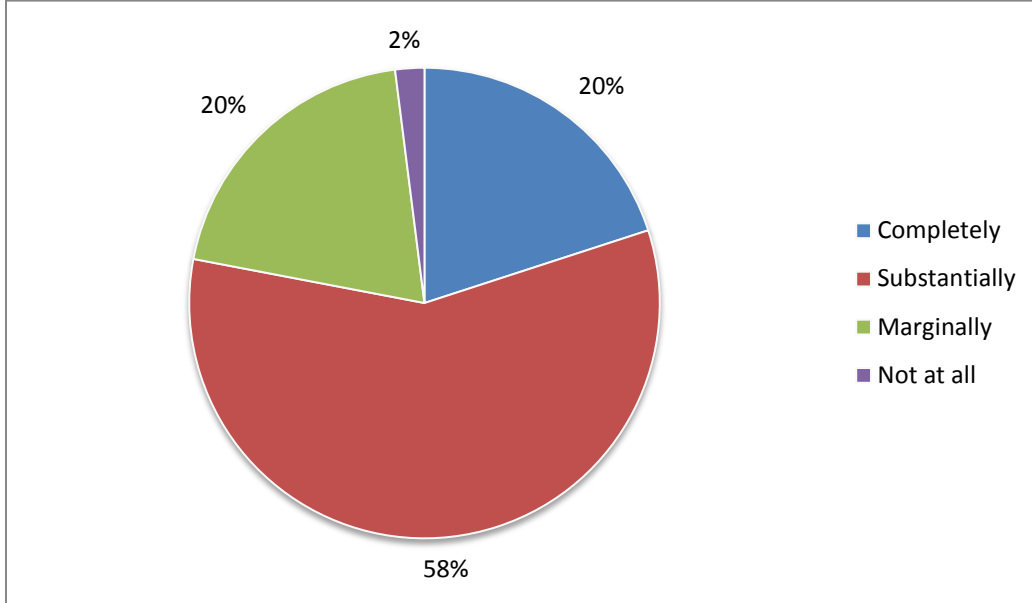
- Of the reviewed investigations 247 (79%) were completed within 60 days. For the 66 (21%) that were not completed timely, seventeen (26%) had a documented approved supervisory extension.

11. Overall Quality of Investigation

Reviewers were asked to rate the overall quality of the investigative process, to consider all investigative components and decisions. Reviewers were asked to rate this performance on a rating scale of 'Completely', 'Substantially', 'Marginally', or 'Not at all'. 'Completely' or 'Substantially' reflected acceptable performance. Reviewers found that 244 investigations (78%) were 'Completely' or 'Substantially' of good quality. Sixty-four investigations (20%) were rated as 'Marginally' of good quality and five (2%) were found to be 'Not at all' of good quality.

²⁹ Policy Issuance: Time Frames for Finding Determinations CPP –II-C-6-200

Figure 9: Quality of Investigations
n=313



Source: DCF Investigative Practice Review, 2014

Representative reviewer responses include:

Completely/Substantially of Good Quality

“This was a well-documented investigation and good assessment of risk and safety decisions. This was a high risk case that was also became a critical incident procedure following the death of the mother; however, there was good case practice from the initial stages of the investigation. CP&P provided the necessary services and made good recommendations for the family. This mother had a substance abuse and mental health history that she never allowed CP&P to address.”

“Great investigation. All the elements were comprehensively covered. The appropriate interviews and collaterals were completed, including interviewing all family members of the MGM's friend they were residing with; as well as obtaining medical collaterals on newborn and mother's contact with substance abuse program. The appropriate assessments and safety plan was initiated and updated regularly until litigation was denied and the need for safety plan was lifted. Appropriate decision was made to continue case for services/monitoring and the mother was referred for and participating in drug treatment. Additionally, early during the investigation as a result of the mother talking about feeling "sad", the worker referred her for a psychiatric consult prior to discharge from the hospital. The worker also completed CIC checks on the mother and MGM prior to the infant leaving the hospital as the MGM was designated to visit the mother's interactions and care of the child; and the investigation summary indicates perp checks were obtained for other adult members of the household.”

“Overall the investigation was adequate and met standards, however there were several areas that were absent or lower quality. The investigator did not interview/follow-up with the reporter who was a school employee; and there is no

documentation as to the reason. There is no indication in the contact notes and investigation summary that a medical collateral was completed. Finally, considering the youths behavior in the foster homes (lying, stealing and running away), it appears that a referral for a mental health evaluation should have been considered.”

Marginally of Good Quality

“All identified participants, excluding the reporter, were interviewed. There are no collaterals in the record to support the well-being and/or safety of these children. There was no contact made with relatives when both parents indicated that relatives provide support to the family and to each of them individually. There was no documentation of the interaction observed between the children and their mother or father or both parents together. Mom reported having completed the ACT program (Abuse Ceases Today) twice; however, there is no documentation from the program. CH reports feeling sad when his parents argue but there is no indication that he is being provided support.”

“All parties were interviewed but the maternal uncle is a risk factor if he remains in the home. He (is) a the father of the other children that reside in the home. There are two families in this home. The investigation required follow up with the paternal uncle’s living arrangement and a discussion with the family about how his behavior impacts on all the children in the home. He should have been referred for CADC assessment as he admitted openly to smoking marijuana and is prescribed medication and was observed by the worker to be under the influence. Safety Protection Plan should have been done with the mother as (s)he was a perpetrator listed on referral.”

“There were a number of concerns with this investigation that impact whether the documentation gathered supports the findings. The investigation missed several key elements that were essential to making an accurate finding. However the documentation minimally supports the fact that there was evidence that something had occurred that at least supported submitting this case for prosecution and the child/victim appeared to be considered credible enough to be believed by the mother, school and worker. In my opinion, the findings in this case should have been "Not Established" as opposed to "Unfounded", especially in view of the fact that he has a 6 year old child who he has access to. Other areas of concern include: the perpetrator was never interviewed and there is no indication from the record that this was pursued by either the police or the worker; school collaterals were only obtained on 1 victim (the child who disclosed) and medical collateral was not obtained on the oldest child; and there was no police check on the perpetrator which possibly could have given some indication where this has occurred in his past. Additionally, the interviews of 2 children appear to not have occurred until the MVR; although the contact notes indicate they were interviewed within 24 hours, it refers reader to the Summary for details and the summary only includes discussion with these children at the MVR. Lastly, the record does not document that the reporter was interviewed.”

Not at all of Good Quality

“The interviews were all lumped together and were only about 2 to 3 lines of information for each person interviewed. It was unclear whether or not the worker even asked questions about the safety and home environment. The information lacked detail. There was limited information on the school collateral about the children and another CWS came in May 2014 which had some of the same concerns from the school; however the next investigator was able to find out more information and address some of the case concerns. The allegations were not fully explored in this investigation and little collaborating information was obtained or addressed.”

“The investigation only included what SPRU completed which was only speaking with the police and marginally interviewing the family, the interview with the children was lumped together in one paragraph and did not provide detailed information. The permanency worker did complete a MVR on 02/11/2014 which provided more details about what services were already involved with the family and some recommendations. There were no collaterals obtained on

this investigation from the service providers already working with the family. The reporter was not contacted, who also is a service provider. The father was not even mentioned as to why no attempts were made to contact him. Three of the children in the home were school aged however there were no school collaterals obtained. The child victim was working with early intervention and aged out but no collaterals obtained. The investigation only included information on the family being seen and the mother was told not to leave the child with her adult child who has limitations/mental health which the family had been instructed prior by permanency. No collaterals were integrated into the investigation and findings.”

“The allegation of medical neglect was not investigated. We did receive a medical collateral from BL's pediatrician that did indicate a need for follow-up. Additionally, no one from [the hospital] was interviewed nor was there a record review of BL's medical history. The medical collateral received from BL's pediatrician indicated that BL was prescribed medication that neither the reporter nor mom disclosed for the treatment of seizures. The allegation of inadequate food was not investigated. It was noted in the investigation that there was ample food in the home in which BL and his mother resided during the time of the investigation; however one of the concerns expressed by the reporter was that mom was transient and mom had limited financial resources which impacted her ability to provide BL with basic needs such as food. Although BL was 5 years old and had no identified special needs, he was not interviewed and no additional attempts were made to engage him. He was observed to be shy and unwilling to engage with the investigator.”

12. Quality of Strengths and Needs Assessments

CP&P caseworkers utilize two additional SDM[®] tools to help determine service provision to the family when an investigation is concluded and continued agency intervention is indicated.³⁰ This “case opening” can take the form of an involuntary Child Protective Services action or a voluntary Child Welfare Services intervention. In either case, both a *Caregiver Strengths and Needs Assessment* and a *Child Strengths and Needs Assessment* are completed and used as a foundation for the overall case plan development.

One hundred and two (33%) families in this review were recommended to receive ongoing services following the investigation. There was evidence of at least one Child Strengths and Needs Assessment in 73 (72%) of the 102 investigations. That number declined to 70 (69%) when asked if each child in the home had a separate assessment performed as required. For investigations with a completed Child Strengths and Needs Assessment, reviewers found that 66 (90%) were *completely* reflective of the information gathered during the investigation.

Reviewers also found that Caregiver Strengths and Needs Assessments were completed in 78 (76%) of the 102 investigations to be opened for ongoing services. For those investigations with a completed Caregiver Strengths and Needs Assessment, reviewers found that 61 (78%) were *completely* reflective of the information gathered during the investigation. (Figure 10 and 11)

³⁰ Policy Issuance: Structured Decision Making CPP-III-B-6-600

Figure 10:
Completed Strengths and Needs Assessments
n=102 Investigations

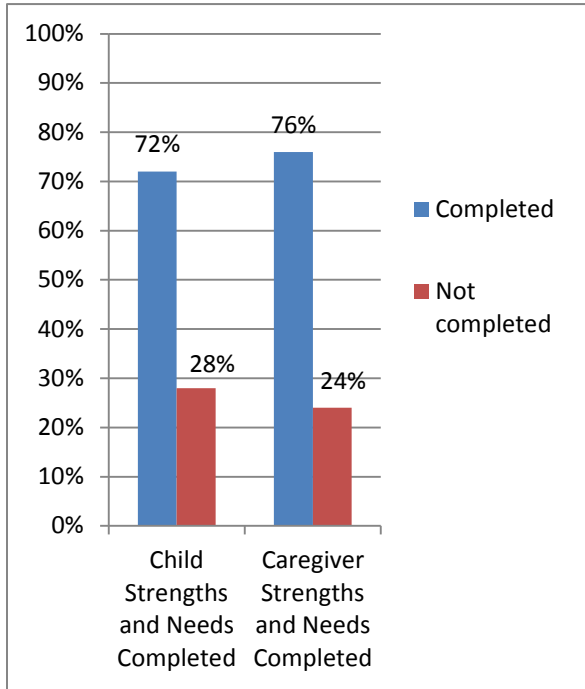
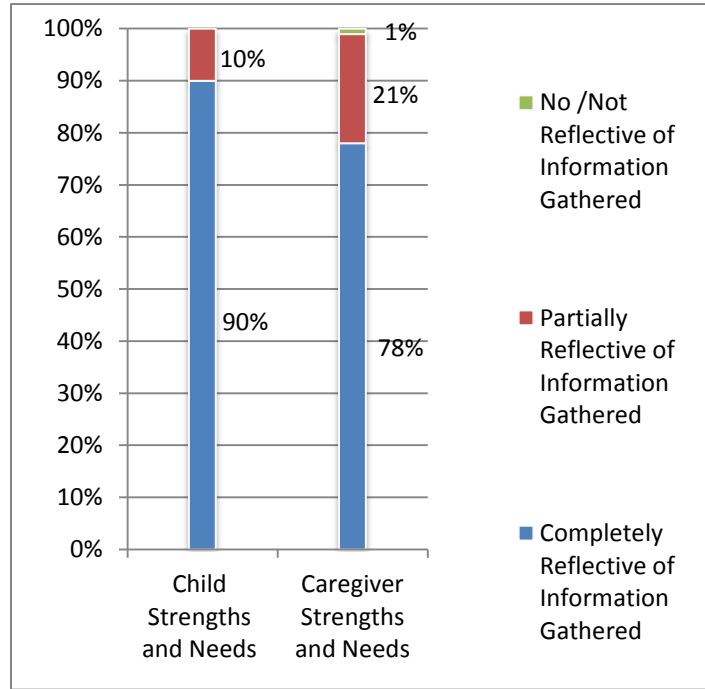


Figure 11:
Completed Strengths and Needs Assessments Reflective
of Information Gathered
n=73 Child Assessments; n=78 Caregiver Assessments



Source: DCF Investigative Practice Review, 2014

Reasons for Assessments being *Partially or Not at all reflective of information gathered during the investigation* were due to inaccurate scoring on one or more assessment indicators.

Additionally, reviewers were asked if the family’s strengths and needs were assessed effectively overall.

- Reviewers were asked to rate this performance on a rating scale of ‘*Completely*’, ‘*Substantially*’, ‘*Marginally*’, or ‘*Not at all*’. ‘*Completely*’ or ‘*Substantially*’ reflected acceptable performance and was found in 71 (70%) of the 102 investigations.

Section V. Action Steps for Improvement

As discussed throughout this report, the review found many elements of good investigative and assessment case practice in addition to areas in need of improvement. DCF recognizes that there are opportunities for improvement in case practice and through special trainings and localized workshops will continue to provide clarification on key areas of practice in which staff struggle. These areas include engaging fathers, obtaining and integrating collateral contact information and incorporating a family's history into case assessments and documentation. DCF is committed to providing staff with concrete tools to better enhance their skill set in these critical areas of practice and will continue to reinforce those expectations through memos from the Director's Office and statewide emails. Additional methods will include but are not limited to workshops, distributed fact sheets and random case reviews to be completed by identified staff in the local and/or area offices.

Below are key recommendations for improvement to CP&P investigative practice that emerged as a result of the review. DCF's robust quality improvement activities are a strong foundation to build upon as CP&P moves forward to ensure consistently high quality child protective services practice in New Jersey.

CP&P needs to clarify through policy, training and mentoring for staff and supervisors the areas of the investigative process and practice outlined below.

1. **Reviewing and integrating a family's prior child protection history through interviews with other CP&P workers as well as other protective authorities**

Through supervision, mentoring and training, CP&P will continue to reinforce the importance of reviewing all of a family's prior history with child protective services. This history is critical as it offers insight to the overall functioning of the family, prior service/interventions attempted and underlying needs, allowing caseworkers to understand patterns of behavior and the potential for future risk. Equally important is clarification to all staff regarding the need to reach out to the referent as they have key knowledge and information about the allegations being made. Training will be specific to topics such as effective interviewing strategies and the importance of incorporating history into the overall investigatory process. Beginning in the summer of 2015, specialized training will be delivered to all local office Case Practice Specialists who will then be tasked to train local office supervisory staff on the importance of reviewing prior history in order to ensure that a comprehensive assessment of the family dynamics is conducted.

2. **Interviewing fathers of alleged child victims during investigations**

CP&P recognizes that best practice requires that diligent efforts are made to locate and engage fathers and incorporate their input in the overall assessment and planning for the family. CP&P understands that when fathers are engaged early on, they can be an integral resource to the family during and beyond the protective service involvement. Engaging fathers is an area where practice is in need of improvement. Additionally, the paternal side of the family may offer informal supports to the child/family and be valuable sources of historical information. DCF is working on developing specific training, for a planned summer 2015 roll out, geared towards the importance of incorporating paternal information into the case assessment and case plan. This training will include how to engage and encourage the birth mother to reveal the identity and whereabouts of the birth father as well as delineate for staff, strategies to conduct reasonable searches for fathers when their names are identified but locations are not known. DCF will also ensure that the policy manual is clear and provides concrete guidance on how to effectively engage fathers.

3. Securing and integrating significant collateral contact information into investigative decision-making

Understanding that critical information is often obtained from others who are not a part of the household, DCF recognizes the importance of gathering information from others to conduct a comprehensive assessment of overall family functioning. The gathering of information is a key responsibility of the child protective investigator with the supervisor offering guidance in identifying possible sources of information and helping to determine which collaterals should be contacted. Often, CP&P staff have a perception that they cannot seek certain information from others so not to breach the confidentiality of the families. Policy guidance and clarification from CP&P's central office will be communicated to staff in this regard. In addition, correspondences from the Director's Office will reinforce the importance of understanding and integrating information from collateral contacts into the investigation. CP&P will also clarify to staff that collateral sources often serve as formal and informal supports for families, thus can also serve as part of the family's team. This team of supports can also be utilized by family members throughout CP&P's involvement and can be critical in helping the family sustain permanency beyond CP&P's involvement.

Through quality improvement efforts and supervision, CP&P needs to support workers to better meet timeframes and documentation requirements set by policy.

4. Timeliness of Investigations

CP&P policy requires that diligent efforts be made to make contact with victims of child abuse and/or neglect either immediately or within 24 hours of receipt of a CPS report. CP&P staff will be better supported in meeting necessary timeframes through mentoring and guidance from supervisory staff and will strive to document good faith efforts to initially meet with families upon receipt of a report. Additionally, DCF will clarify and disseminate policy and procedures outlining strategies for responding to protective service reports.

Investigations typically are concluded within 60 days of receipt of a call from the SCR. We recognize however, that not all investigations can be completed within this timeframe due to circumstances such as awaiting collateral information needed to support a finding, delays in locating family members or requests from law enforcement to defer investigative activities. CP&P will review data specific to cases where extensions are requested to determine whether there are patterns and trends within the CP&P local offices where more attention is needed regarding timeliness of investigation completion and address those trends accordingly. Caseworkers will be encouraged to submit their investigations at a 45 day mark to give supervisory staff the opportunity to review, determine and discuss strategies to conclude the investigation in a timely manner.

5. Documentation

CP&P recognizes the need to improve the comprehensive documentation of all investigative activities. Documentation is critical in assisting with supervisory case decisions and helps both the supervisor and caseworker have an accurate understanding of the family's presentation and their needs. CP&P recognizes that the value of documenting its work with children and families is a critical part of practice. To that end, CP&P will re-evaluate the current two-day documentation training offered by the department and will make revisions where necessary. Additionally, DCF will work with supervisory staff to reinforce with staff through supervision, training and workshops, the importance of documentation. Documentation is essential for case planning, supervision and accountability and is particularly important to determine if the family's needs are being met throughout CP&P's involvement.

APPENDIX

NJDCF CPS INVESTIGATIVE PRACTICE REVIEW DATA COLLECTION INSTRUMENT

Investigations Review-September 2014

Identifying Information

The purpose of this review is to assess the quality of CP&P CPS investigations and to measure progress towards meeting the MSA investigation benchmarks. Please respond to the questions as accurately as possible based upon your review of the written and electronic record.

The following terms in the rating questions are defined below and are to be assessed accordingly:

"Completely" means that all of the essential elements of the component were met and assessed to meet the standard of quality.

"Substantially" means that most but not all of the essential elements of the component were met and assessed to meet the standard of quality.

"Marginally" means that all, most or many of the essential elements of the component were barely within the lower standard or limit of quality.

"Not at all" means all or most of the essential elements of the component were either absent or below the lower standard or limit of quality.

"Not applicable" means that specific investigative component is not relevant to that specific investigation and is not being rated.

OOQ/OPMA

***1. Reviewer Number (Select your assigned number 01-18 from the drop down list.)**

***2. Sample ID Number [Source: Sample INV...# on Reference Sheet]**

***3. Local Office:**

***4. If this review can not be completed, indicate one or more reasons:**

- N/A-Survey Can Be Completed
- Sample error
- Reviewer conflict of interest
- Other (please specify)

Intake Basics

Page 1

Investigations Review-September 2014

***5. Investigation Allegation(s) and Finding(s) [Select a finding for each allegation listed in the investigation.]**

	Finding
Abandonment/Desertion	<input type="text"/>
Bone Fractures	<input type="text"/>
Burns	<input type="text"/>
Child Death	<input type="text"/>
Cuts, Bruises, Welts, Abrasions or Oral Injuries	<input type="text"/>
Educational Neglect	<input type="text"/>
Environmental Neglect	<input type="text"/>
Failure to Thrive (Non-Organic)	<input type="text"/>
Head Injuries	<input type="text"/>
Human Bites	<input type="text"/>
Human Trafficking-Sexual Exploitation	<input type="text"/>
Human Trafficking Servitude	<input type="text"/>
Inadequate Clothing	<input type="text"/>
Inadequate Food	<input type="text"/>
Inadequate Shelter	<input type="text"/>
Inadequate Supervision	<input type="text"/>
Internal Injuries	<input type="text"/>
Lock-Out	<input type="text"/>
Malnutrition	<input type="text"/>
Medical Neglect	<input type="text"/>
Medical Neglect of Disabled Infant	<input type="text"/>
Mental or Emotional Impairment	<input type="text"/>
Poison/Noxious substance	<input type="text"/>
Risk of Harm Due to Substance Abuse-Caregiver or Child	<input type="text"/>
Sexual Exploitation	<input type="text"/>
Sexual Molestation	<input type="text"/>
Sexual Penetration	<input type="text"/>

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Sexually Transmitted Disease	<input type="text"/>
Sprains/Dislocations	<input type="text"/>
Substantial Risk of Sexual Injury	<input type="text"/>
Substantial Risk of Physical Injury/Environment Injurious to Health and Welfare	<input type="text"/>
Torture	<input type="text"/>
Tying/Close Confinement	<input type="text"/>
Wounds	<input type="text"/>

***6. What was the assigned response time?**

- Immediately/By End of Work Day
- Within 24 Hours

***7. Indicate the type of investigation being reviewed.**

- Initial Intake on family with no prior service history
- Additional Intake on a DCP&P case already open for services
- Additional Intake on a pending/open investigation
- Intake on closed case

***8. Was the case associated with this investigation opened or closed within 6 months of the intake date?**

- Yes
- No

Previous worker

9. Since the case was opened or closed within 6 months of the intake, did the investigator speak to the previous worker?

- Yes
- No. Specify reason if known or "unknown".

Basics Continued

Page 3

Investigations Review-September 2014

***10. Does the record indicate that the investigator reviewed the child's/family's history with DCP&P?**

- N/A-no prior history
- Yes
- No. Specify reason if known or "unknown".

***11. If the record indicates that the case participants resided in another state or US political jurisdiction within the past 12 months, did the investigator contact child protective services in that jurisdiction to obtain information pertaining to the following persons? [SELECT N/A IF NO INDICATION OF RESIDING IN ANOTHER STATE OR JURISDICTION.]**

	Yes	No	N/A
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alleged perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***12. Was a pre-investigation conference held?**

- Yes
- No

***13. Was the family's child welfare history in NJ or elsewhere, if applicable, reviewed by the investigator?**

Completely	Substantially	Marginally	Not at all	Not applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***14. Select the number of listed child(ren) victims for this investigation from the drop-down menu. [Source: Reviewer Sheets]**

Child Information. #1 A

Complete this series of questions for each child victim in the family.

***15. Child ID Number [Source: Child Sample INV...# on Reviewer Reference Sheet.]**

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***16. Age of child at the time of the investigation:**

- 0-2
- 3-4
- 5-9
- 10-13
- 14-17

***17. Race of Child:**

- White
- Black/African American
- Multi-racial
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Unable to Determine/Not documented
- Other (please specify)

***18. Is the child of Hispanic ethnicity?**

- Yes
- No

***19. Was the child interviewed/seen outside the presence of the parent or caretaker?**

- Yes
- No

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***20. Indicate who was present when the child was initially seen/interviewed. [Check all that apply.]**

- N/A-child not contacted
- No other person was present
- Parent/Caretaker
- Sibling(s)
- Another child not a sibling
- Agency/Facility staff person
- Reporter/Designee
- Law Enforcement
- Relative/friend
- School staff person
- Unable to determine
- Other (please specify)

***21. Was this child's mother interviewed?**

- Yes
- No-Parent Deceased
- No-Whereabouts Unknown
- No-Parental Rights Terminated
- No-Parent resides in another country
- No-Parent associated with this child had no role in the investigation.
- No-Worker attempted and parent declined
- No-Reason not evident in the record
- Other or N/A. Please explain.

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*22. Was this child's father interviewed?

- Yes
- No-Parent Deceased
- No-Whereabouts Unknown
- No-Parental Rights Terminated
- No-Parent resides in another country
- No-Parent associated with this child had no role in the investigation.
- No-Worker attempted and parent declined
- No-Reason not evident in the record.
- Other or N/A. Please explain .

*23. Was the alternate caregiver interviewed?

- NA-no alternate caregiver involved
- Yes
- No. Specify reason if known, or "unknown reason".

*24. Was this child contacted within the assigned response time of [q6]?

- Yes
- No

C 1-B Response Time

25. Since this child victim was not contacted within the assigned response time, did the investigator make a minimum of three, time staggered attempts to contact the child within the assigned time frame? (Good Faith Effort)

- Yes
- No

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26. Indicate any steps taken following the failed attempt(s) to contact child. [Check all that apply.]

- Consulted supervisor
- Made additional attempts to contact at different times of day
- Requested SPRU to contact child/family
- Contacted the local police to assist in locating child/family
- Contacted the reporter to identify other information sources, verify address, directions and description of home
- Contacted the family's previous DCF worker/supervisor for assistance
- Searched for family in available computer data systems
- Contacted/attempted contact of the family by telephone
- Sought court order to investigate/produce child
- Contacted School/Board of Education
- No steps were taken
- Other steps taken (please specify)

Another child?

***27. Is there another child victim in this family?**

- Yes
- No

Child Information. #2 A

Complete this series of questions for each child victim in the family.

28. Child ID Number [Source: Reviewer Reference Sheet.]

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*Child Information repeated for up to 10 children. Survey continues to *Information Collection*.

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143. Indicate any steps taken following the failed attempt(s) to contact child. [Check all that apply.]

- N/A-child contacted within response time
- Consulted supervisor
- Made additional attempts to contact at different times of day
- Requested SPRU to contact child/family
- Contacted the local police to assist in locating child/family
- Contacted the reporter to identify other information sources, verify address, directions and description of home
- Contacted the family's previous DCF worker/supervisor for assistance
- Searched for family in available computer data systems
- Contacted/attempted contact of the family by telephone
- Sought court order to investigate/produce child
- Contacted School/Board of Education
- No steps were taken
- Other steps taken (please specify)

Information Collection

***144. Were all child(ren) victims contacted within the assigned response time inclusive of "Good Faith Effort"?**

Completely	Substantially	Marginally	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***145. Were all child(ren) victims contacted (interviewed/seen) apart from the alleged perpetrator(s) when reasonably possible?**

Completely	Substantially	Marginally	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***146. Were reasonable attempts made to contact both parents/caretakers of the child (ren)?**

Completely	Substantially	Marginally	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***147. Who was the reporter? [Select from drop-down]**

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*148. Does the record indicate that the investigator spoke with the reporter?

- N/A-contact information not available
- Yes
- No.Specify reason if known,or "unknown".

*149. Describe the contact with the alleged perpetrator and other individuals in the child's/family's home.

	All Interviewed	Some Interviewed	None Interviewed	Not applicable
Alleged perpetrator(s) (if unknown, select N/A)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other adults in the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other children in the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*150. Was law enforcement involved with this investigation?

- Yes
- No

Law Enforcement

151. Did the investigator/supervisor speak with law enforcement?

- Yes
- No

152. Did law enforcement prohibit contact with potential witnesses, alleged perpetrator(s) and/or victims pending their investigation?

- No
- Yes, comment if relevant:

Collaterals

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*153. Did the investigator obtain information from the following collaterals?

	Yes	No	Attempted	Not Applicable
Child care provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Law enforcement professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighbor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relative(s) outside of home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse treatment provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other #1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other #2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If 'Other #1' or 'Other #2', please specify:

*154. Based on your review of the record, were all applicable collaterals secured?

- Yes
- No (please specify which were missing or deficient.)

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*** 155. Did the investigator consult with the following DCF resources? [N/A means that the consultation was not necessary AND not requested.]**

	Yes	No	N/A
CADC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical consultant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DV Liaison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical personnel/Child and Family Health Unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DAG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regional Diagnostic Treatment Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain your "No" responses (i.e. necessary but not requested).

*** 156. Was the family referred to the following DCF resources for medical and mental health evaluations? [N/A means that the evaluation was not necessary AND not requested.]**

	Yes	No	N/A
CADC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DV Liaison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children's System of Care (CSOC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regional Diagnostic Treatment Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child and Family Health Unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Contracted Providers (other than listed above)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 157. Was all the necessary collateral contact information solicited and/or collected?**

Completely	Substantially	Marginally	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 158. Were the necessary referrals for medical and mental health evaluations made? [N/A means that the evaluation was not necessary AND not requested.]**

Completely	Substantially	Marginally	Not at all	Not applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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***159. Was all collateral information substantially integrated into the investigative process and decisions?**

- Yes
- No

***160. Was any of the collateral information contradictory?**

- Yes
- No

Contrary collaterals

161. Since collaterals presented contradictory information, what steps were taken to resolve the conflict? [Check all that apply.]

- Re-interview one or more participants
- Conference with supervisor
- Obtain additional collateral information
- None/No action taken
- Other Steps (please specify)

Risk and Safety Assessments/Plans

***162. What was the assessed Risk Score for this investigation?**

	Low	Moderate	High	Very High
Risk Score	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***163. Were the responses on the Risk Assessment consistent with the information gathered throughout the investigation?**

- Yes completely
- Partially
- No

If 'Partially' or 'No', please specify your reason.

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***164. Was the Risk Assessment completed accurately and integrated into the investigation process and decisions?**

Completely	Substantially	Marginally	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***165. What was the Safety Decision for this investigation?**

Safety Score	Safe	Safety Protection Plan Required	Unsafe/Removal Required
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***166. Were the responses on the Safety Assessment consistent with the information gathered throughout the investigation?**

- Yes completely
- Partially
- No

If 'Partially' or 'No', please specify your reason.

***167. Was a Safety Protection Plan necessary?**

- Yes
- No

SPP Yes

168. Was a Safety Protection Plan initiated?

- Yes
- No

169. Was the Safety Protection Plan adequate for the safety concerns identified?

- Yes
- No (please explain why)

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170. Was an adequate Safety Protection Plan initiated if necessary?

Completely	Substantially	Marginally	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Completion

*171. The post-investigation conference was:

- Conducted within investigatory time frame (including approved extension)
- Conducted after the investigation was closed
- No evidence of a conference

*172. Was the investigation completed within 60 days of receipt of the intake from SCR?

- Yes
- No

Extension

173. Since the investigation was not completed within 60 days, was an:

	Yes	No
Extension requested by the Investigator?	<input type="radio"/>	<input type="radio"/>
Extension approved by the supervisor?	<input type="radio"/>	<input type="radio"/>

Conclusions

*174. Does the information DOCUMENTED support the findings made in this investigation?

Completely	Substantially	Marginally	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*175. Based on your review, was the overall investigation of good quality?

Met Quality Standards:	Completely	Substantially	Marginally	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give a rationale for your selection.	<input type="text"/>			

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***176. Was it decided that this family's CP&P case was to remain open for permanency services following this investigation?**

- Yes
- No

Strengths and Needs Assessments

177. Was a Child Strengths and Needs Assessment completed?

- Yes
- No

178. Were Child Strengths and Needs Assessments completed for each child in the family?

- Yes
- No

179. Were the responses on each of the Child Strengths and Needs Assessments reflective of the information gathered?

- Yes to all questions
- Partially to some questions
- No

If "Partially" Or "No", please explain below.

180. Was a Caregiver Strengths and Needs Assessment completed?

- Yes
- No

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181. Were the responses on the Caregiver Strengths and Needs Assessment reflective of the information gathered?

- Yes to all questions
- Partially to some questions
- No

If "Partially" Or "No", please explain below.

182. Were the family's Strengths and Needs assessed effectively?

Completely	Substantially	Marginally	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>