Charlie and Nadine H. v. Christie

Supplemental Monitoring Report: An Assessment of Child Protective Services Investigations Practice in New Jersey

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Center for the Study of Social Policy

ACKNOWLEDGEMENT

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I. INTRODUCTION

This report on the New Jersey Child Protective Services investigative practice is prepared as a part of the court-ordered monitoring of the New Jersey's child welfare system pursuant to *Charlie and Nadine H. v. Christie*. The Center for the Study of Social Policy (CSSP) serves as Federal Monitor of the class action lawsuit *Charlie and Nadine H. v. Christie*.[1] As Monitor, CSSP independently assesses the State's progress in meeting the requirements and outcomes established in the Modified Settlement Agreement (MSA), approved by the Honorable Stanley R. Chesler of the U.S. District Court in July 2006.

This supplemental monitoring report[2] was designed to take a closer look at New Jersey's Department of Children and Families' (DCF) Division of Youth and Family Services' (DYFS) practices in investigating reports of alleged child abuse and neglect.[3] It is based on a review of DYFS records of child abuse and neglect investigations opened between October 15th and October 31st, 2010. The case record review was conducted by the Monitor, with assistance from DCF's Office of Continuous Quality Improvement and experienced DYFS supervisory staff. The goal of the review was to assess the overall quality of investigation practice as measured against DYFS policy, the requirements of the MSA, and what are considered best practice standards.

The specific areas of the MSA the review assessed are:

- Timeliness of Response to an allegation of abuse or neglect: The MSA requires (MSA III.B.2; CPM V.1) that 98 percent of investigations of alleged child abuse and neglect be received by the field in a timely manner and commenced within the required response time as identified by the State Central Registry (SCR), but no later than 24 hours of receipt at the field office.

- Timeliness of Investigation Completion: The MSA requires (MSA III.B.3; CPM V.1) that 98 percent of investigations of alleged child abuse and neglect be completed within 60 days.

- Quality of Investigative Practice: The MSA requires (New Jersey DCF Case Practice Model [CPM V.1]) that 90 percent of investigations meet measures of quality including acceptable performance on:

    - Locating and seeing the child and talking with the child outside the presence of the caretaker within 24 hours of receipt by field;
    - Using appropriate tools for assessment of safety and risk;
    - Conducting appropriate interviews with caretakers and collaterals;

[1] *Charlie and Nadine H. et al. v. Christie*, Modified Settlement Agreement, United States District Court for the District of New Jersey, Civ. Action No. 99-3678 (SRC), July 18, 2006.
[2] CSSP has issued, to date, nine comprehensive monitoring reports assessing the State's progress The most recent report: *Progress of the New Jersey Department of Children and Families Period IX Monitoring Report for Charlie and Nadine H. v. Christie,* July 1 – December 31, 2010, June 13, 2011 and previous monitoring reports can be found at www.cssp.org/publications/final-nj-report-period-viii-dec-16-2010.pdf
[3] This review looks specifically at investigations after they have been received by DYFS regional offices and did not assess the practices and policies of the State Central Registry (SCR).

- Reviewing the family's history with DYFS;
- Analyzing family strengths and needs;
- Seeking appropriate medical and mental health evaluations; and
- Making appropriate decisions.

In order to assess overall quality of investigation practice, the review also measured DYFS' implementation of its investigations policy, including whether there was documentation that:

- A pre-investigative conference was held by staff and supervisors;
- Investigators conducted appropriate and thorough interviews as part of the investigation;
- Applicable collateral contacts were made to inform the investigation;
- Case planning was conducted during the investigation for families transferred to a permanency unit for ongoing services;
- Families were referred to services, if appropriate, following the investigation; and
- The family was notified of the outcome of the finding of the investigation within 10 days of the determination.

Organization of the Report

This remainder of this report is organized as follows:

Section II.	**Summary of Findings**
Section III.	**Methodology**
Section IV.	**Findings**
Section VI.	**Recommendations**
Appendix A	**Indicators from the Child and Family Outcome and Case Practice and Performance Benchmarks Regarding Investigations Practice**
Appendix B	**New Jersey Investigations Case Review Instrument**

II. SUMMARY OF FINDINGS

Overall, reviewers found that investigators collected and documented sufficient information to make decisions, and that 72 percent of investigations reviewed were thorough, comprehensive, and of good quality.

The MSA (Section CPM V.1) requires that investigations meet quality standards. Quality is defined in part by an assessment of whether appropriate decisions are made based on the information documented.[4] Reviewers were asked to assess whether the investigator documented sufficient information to address the allegations and assess whether or not the child(ren)'s safety, risk, and well-being needs were being met. Of the 242 investigations, reviewers determined sufficient information was documented to make appropriate determinations in 79 percent of the investigations. Reviewers determined that 72 percent of investigations were thorough, comprehensive, and of good quality. The MSA standard requires that 90 percent of investigations meet the standards for a "quality" investigation. Thus, DCF did not meet the MSA standard.

The findings below support these overall conclusions. In general, investigators are initiating investigations in a timely manner; making appropriate safety decisions; accurately assessing safety and risk; interviewing alleged perpetrators; and collecting information from core collateral contacts. The areas below identified for improvement, such as not interviewing the source of the report and others who may have had information relevant to the investigation, were often what distinguished a quality investigation from one that requires improved case practice.

What's Working Well

- ***DCF routinely meets the required response time for investigations, although not at the performance percentage required by the MSA.*** DYFS policy requires workers to initiate investigations no later than the end of the work day for investigations requiring an "immediate" response, but no later than 24 hours from the time of receipt of the report by the field office. Reviewers assessed whether the required response time was met. In 91 percent of the investigations reviewed, investigators met the assigned response time. While this performance is strong, it does not meet the MSA requirement (MSA III.B.2; CPM V.1) that 98 percent of investigations meet required response times.

- ***Reviewers identified no concerns about the safety decisions made by investigators in 90 percent of investigations.*** Investigators are required to assess the immediate protection and safety needs of children. DYFS policy requires investigators to conduct a safety assessment as part of the initial contact with the child. Reviewers found that safety assessments were completed for 100 percent of the investigation in this review. This meets the MSA requirement (CPM V.1). Interviews with the alleged maltreated child were conducted prior to the completion of the safety assessment form in 90 percent of the cases. In addition, reviewers found no reason to be concerned about the safety decision(s) made either on the safety assessment form or throughout the investigation in 90 percent of the investigations.

[4] Appendix A describes the relevant MSA requirements measured in this case record review.

- ***Overall, investigators accurately assessed risk based on the information documented during the course of the investigation.*** DYFS policy and the MSA require investigators to gather sufficient information to understand and address risk of harm to children. DYFS' risk assessment form is designed to assist investigators in making a risk determination. Reviewers were asked whether the responses on the risk assessment form were reflective of the information documented during the course of the investigation. Reviewers determined that in 82 percent of the investigations, the responses reflected the information the investigator documented. In 15 percent of the investigations, reviewers determined that the responses were only partially reflective of the information documented,[5] and in three percent investigations reviewers determined that the responses did not reflect the information the investigator documented.

- ***Investigators are conducting interviews with 98 percent of alleged perpetrators.*** Reviewers were asked to assess whether investigators conducted interviews with all of the alleged perpetrators, as required by DYFS policy. The alleged perpetrators were interviewed in 98 percent of applicable investigations.[6]

- ***Collateral information from medical and educational providers was often successfully obtained.*** In appropriate circumstances, based on DYFS policy and best practice, investigators are required to obtain information from medical and educational providers to inform the investigation. The MSA (CPM V.1) requires that appropriate interviews with collaterals take place in 90 percent of investigations. Documentation reflects that the investigator requested and received general health information and/or an immunization history for at least one child in the home in 86 percent of applicable investigations. Reviewers assessed whether the investigator requested information from educational (day care or school) personnel about the child(ren)'s and siblings school attendance and/or school performance. In 82 percent of applicable investigations, investigators obtained information from educational (day care or school) providers about the child(ren)'s and siblings educational status. As discussed below, practice in contacting other important collaterals is less consistent. DCF did not meet the MSA standard.

Areas for Improvement

- ***Case records did not consistently contain documentation of required pre-investigative conferences between workers and supervisors.*** Pre-investigative conferences are supervisory conferences that take place prior to initiating an investigation involving a caseworker and at least one supervisor. DYFS policy requires that pre-investigative conferences be held for all investigations to determine strategy and to ensure that DYFS policy is followed. Reviewers found documentation of a pre-investigative conference in 62 percent of investigations.

[5] Most of the investigations where reviewers determined that the risk assessment only "partially" reflected investigative information primarily was due to the investigator missing an element of the case history.
[6] One investigation was deemed not applicable for this question because the alleged perpetrator was unknown.

- ***Investigators did not routinely interview the source of the child abuse and neglect report.*** Contacting the source of the child abuse/neglect report is standard DYFS policy for all allegations. Of the 242 investigations, 77 had anonymous sources and therefore could not be interviewed. Investigators interviewed reporting sources in 68 percent of the remaining investigations. In 27 percent of applicable investigations, there was no evidence that the investigator attempted to make contact with the source of the child abuse/neglect report.

- ***Investigators often failed to make collateral contacts with persons that may have had information relevant to the investigation.*** Based on DYFS policy and good case practice, reviewers assessed whether investigators attempted contact of any kind with a range of collateral contacts that may have had information applicable to the investigation and whether the investigator succeeded in making those contacts. Collateral contacts are typically interviews, but other methods of contact such as police background checks and questionnaires regarding the safety of the child completed by doctors and school personnel were accepted in the review as a successful contact.[7] The MSA requires (CPM V.1) that appropriate interviews with collaterals take place in 90 percent of investigations. Results show that DYFS met this standard only in contact with law enforcement (94% of relevant investigations). Investigators contacted educational professionals in 82 percent of relevant investigations and medical professionals in 77 percent of relevant investigations. For the investigations in which reviewers determined that contacting a mental health professional was relevant, a mental health professional was contacted in 61 percent of those investigations. In investigations where reviewers determined a family friend had information relevant to the investigation, contact with the family friend occurred in 62 percent of the investigations, and was not attempted in 36 percent of investigations. Of the investigations in which reviewers determined contacting a child care provider would have been helpful in the investigation, a child care provider was contacted in 35 percent of those investigations. Of the investigations in which the reviewers determined that contacting a neighbor was relevant to the investigation, a neighbor was contacted in 52 percent of those investigations.

- ***Documentation was insufficient to determine whether interviews with children were conducted in accordance with policy.*** Investigators are required to interview alleged maltreated children outside the presence of a caretaker or parent, according to DYFS policy, the MSA and good case practice (CPM V.1) Documentation was clear that the child was interviewed alone for 59 percent of child victims. For 14 percent of children, there was documentation that the child was interviewed with someone else present. Children were interviewed in the presence of another adult (non-DYFS staff) (6%); in the presence of siblings (5%), in the presence of other children twice (1%), and in the presence of their caretaker (2%). However, for 28 percent of alleged maltreated children, reviewers could not determine who was present when interviews took place. In these situations, case notes indicate the child was interviewed, but it was not clear whether the interview was conducted in private as dictated by policy.

[7] A successful "contact" is a documented interview or documented exchange of information relevant to the investigation.

- ***Strengths and Needs Assessments were not completed for each child.*** DYFS policy requires investigators to conduct two types of Strengths and Needs Assessments –one for the parent/caregivers in relationship to the children and another for all children for whom a protective services case will be opened as a result of a child abuse/neglect investigation, and all children with an open protective case, as part of a reassessment process.[8] In 70 percent of applicable investigations, the Child/Caretaker Strength and Needs Assessments were completed, but in only half (51%) of applicable investigations was the second type of assessment-- the Child Strengths and Needs Assessments--completed for every child in the family.

- ***Case plans were not developed in all cases that required them.*** Case plans are required to be developed in 45 days for all families who will receive ongoing services from DYFS. DYFS policy also requires that families be involved in the development of case plans. Reviewers found that 55 percent of applicable cases had a case plan developed. Further, 12 percent of families were not involved in the development of case plans. Both these findings suggest more work needs to be done to clarify DYFS policy and support investigators in working with families to develop case plans.

- ***Investigative determinations need improvement.*** DYFS policy requires that at the conclusion of an investigation, the investigator must determine whether or not the preponderance of the evidence indicates that maltreatment occurred for each allegation for each allegedly maltreated child, and determine whether the allegations are "substantiated" or "unfounded." Reviewers found that documentation supported DYFS' determination(s) or conclusion(s) regarding the allegations under investigation in 87 percent of investigations; in seven percent of investigations, reviewers found that documentation only partially supported the investigator's determination(s); and in six percent of investigations, reviewers found that the documentation did not support the investigator's determinations. Additional work is needed to ensure consistent practice and documentation in investigative determinations.

[8]DYFS Policy 10:129-2.9 Requirements for Formal Investigation

III. METHODOLOGY

The investigations case record review (review) was conducted between January 31 and February 8, 2011. The Review Team consisted of four staff members of the *Charlie and Nadine H. v. Christie* Federal Court Monitor (Center for the Study of Social Policy/CSSP), and eight staff members from the Department of Children and Families (DCF). A total of thirteen individuals reviewed cases each day during a seven day period.

The Monitor's staff designed a sampling plan, developed a structured data collection instrument, trained the Review Team members, employed a quality assurance approach to ensure inter-rater reliability, and utilized Statistical Package for the Social Sciences (SPSS) for data analysis. These activities were accomplished as follows:

1. Sample Plan and Implementation

The universe of investigations for the review was all investigations opened between October 15th and October 31st 2010 which had been completed by January 28, 2011. In that time period, 2,515 investigations met these criteria. A random sample of 242 investigations was drawn from the universe of 2,515 to meet a 95 percent confidence level and six percent confidence interval. The Review Team read 245 records; three records were dropped from the findings because upon review they failed to meet the review criteria.

The Review Team used a structured instrument (see Appendix B) for data collection. Each team member had access to NJ SPIRIT and hardcopy records related to each investigation.

2. Data Collection

The structured data collection instrument used to review the records was produced using Survey Monkey, an online software tool used for creating surveys and questionnaires. This instrument was designed in collaboration with Troy Blanchard, Ph.D. of Louisiana State University. Drafts of the instrument were reviewed by DYFS staff. Three CSSP staff pilot tested the instrument in early January 2011 and made adjustments as necessary. In addition, minor adjustments were made during the first days of the review.

3. Reviewer Training

Each reviewer participated in a four hour orientation facilitated by a CSSP staff member. The orientation included: reviewing the data collection tool, navigating NJ SPIRIT, and reviewing an example case record. The results of the test case record were discussed in-depth to ensure uniformity in data collection and decision making.

4. Quality Control and Assurance

During the review period, Monitor staff checked all data collection instruments for completeness and internal consistency prior to data entry and analysis. The first three cases and every tenth case thereafter per reviewer received a full second review by Monitor staff to ensure consistency and inter-rater reliability among the reviewers. Of the 242 records reviewed, 57 received a full second review.

5. Data Analysis

The data collection instruments were coded into a format that allowed statistical analysis using the SPSS program. Reviewer's comments for each investigation were also captured and reviewed.

6. Limitations of Case Record Review

The case record review relied on documentation in NJ SPIRIT and hardcopy investigation case files. The Review Team found instances of incomplete documentation. The Team concluded that there may have been additional efforts to reach out to collaterals and family members that were not documented and therefore not credited in the review. Additionally, case record reviews in general have inherent limitations in assessing the comprehensiveness and quality of service delivery.

IV. FINDINGS

1. Allegation Type

As reflected in Table 1 below, there are 32 types of child abuse and neglect allegations that can be assigned to an investigation in New Jersey. A single investigation may contain multiple allegations. The most common allegation in the investigations reviewed was "substantial risk or physical injury/environment injurious to a [child's] health and welfare," 156 (53%) of all allegations were in this category. "Inadequate supervision" was the second most likely allegation assigned to the investigations reviewed, occurring 41 times (14%) of all allegations. "Cuts, bruises, welts, abrasions, and oral injuries" was identified 23 times (8%) of all allegations. The following table details the distribution of allegation types and the overall findings of the investigation by allegation.

Table 1: Allegation Type
n=242 investigations*

Allegation	Substantiated	Unfounded	Total	Percent of all Allegations
Substantial risk or Physical Injury/Environment Injurious to Health and Welfare	18	138	156	53%
Inadequate Supervision	3	38	41	14%
Cuts, Bruises, Welts, Abrasions, and Oral Injuries	2	21	23	8%
Environmental Neglect	0	11	11	4%
Substantial Risk of Sexual Injury	2	7	9	3%
Inadequate Food	0	7	7	2%
Inadequate Shelter	1	5	6	2%
Medical Neglect	1	6	7	2%
Risk of Harm due to Substance Abuse (by the Parent/Caregiver or the Child)	0	7	7	2%
Lock-Out	0	4	4	1%
Sexual Penetration	2	2	4	1%
Educational Neglect	1	2	3	1%
Abandonment/Desertion	1	2	3	1%
Sexual Molestation	1	2	3	1%
Burns	1	1	2	1%
Other	1	7	8	<1%

Source: CSSP Case Record Review, 2011

*The total number of allegations is greater than the number of cases reviewed as investigations can be assigned multiple allegations.

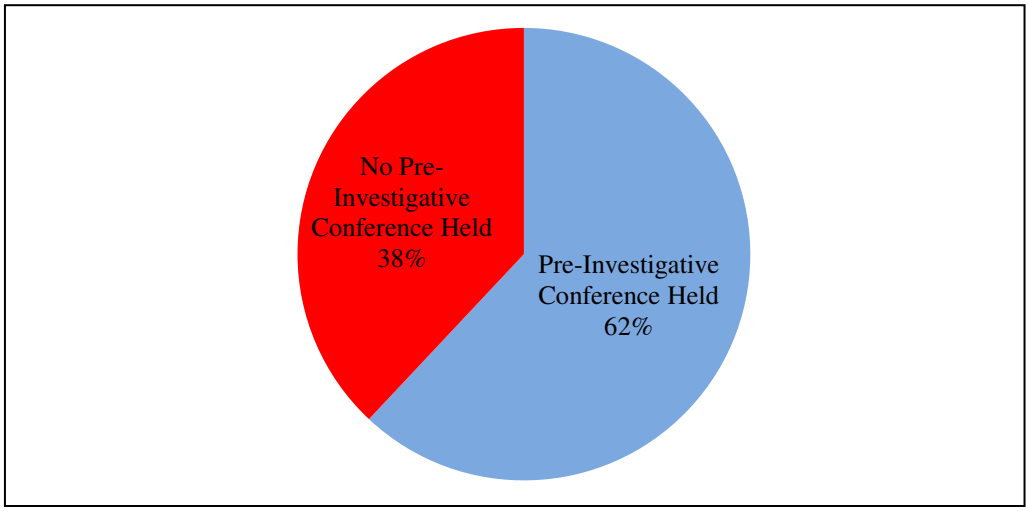
2. *Pre-investigation Conference*

DYFS investigations policy requires that a pre-investigative conference take place prior to initiating an investigation.[9] According to DYFS policy, pre-investigative conferences involve the worker, supervisory staff, as well as permanency staff, nurses, and other DYFS specialists such as substance abuse or mental health staff, if appropriate. DYFS policy requires that a pre-investigative conference be held, among other things, to plan:

- What collateral contacts are necessary and available to offer information;
- The order of interviews and collateral contacts;
- When and where the alleged maltreated child should be interviewed;
- Whether removal and placement of the child is necessary; and
- How the supervisor and worker will continue communication during the investigative process.

Reviewers assessed whether a pre-investigative conference was held, and, if so, who participated in the conference. Of 242 investigations, 155 (62%) had evidence of a pre-investigative conferences with a supervisor. There was minimal evidence of participation of other staff beyond the worker and supervisor in the pre-investigative conferences.[10] In 87 (38%) investigations, no pre-investigative conferences were held. (See Figure 1)

Figure 1: Pre-Investigative Conferences
n=242 investigations



Source: CSSP Case Record Review, 2011

[9] DYFS Field Operations Casework Policy and Procedures Manual, Section II. B. 218 Procedures Related to Intake/Screening.

[10] Reviewers were asked if additional participants other than caseworker and supervisor participated in pre-investigative conferences. In four investigations, the family's current permanency worker participated in the pre-investigation conference; DYFS staff who previously worked with child/family participated in one conference; current permanency supervisory staff participated in one conference; and four other conferences designated "Other" as the additional participant.

3. Response Time

The Department of Children and Families (DCF) is responsible, through its State Central Registry (SCR) at the Division of Children and Youth Services (DYFS), for receiving, screening, and appropriately responding to calls alleging child abuse and/or neglect. DYFS investigations policy requires workers to initiate investigations no later than the end of the work day for investigations designated by the SCR as requiring an "immediate" response, but no later than 24 hours from the time of receipt of the report by the field office.[11] The MSA requires (MSA III.B.2; CPM V.1) that 98 percent of investigations shall be commenced within the required response time. In 221 (91%) of the 242 investigations reviewed, investigators met the assigned response time, falling short of meeting the MSA requirement.

4. Alleged Maltreated Child Interviews

DYFS policy requires that investigators hold an "in person individual interview" with the alleged maltreated child within 24 hours of the report of abuse and/or neglect reaching the field office.[12] DYFS policy and the MSA (CPM V.1) require that all allegedly maltreated children must be interviewed privately.[13] The MSA requires that in 90 percent of cases, these children be interviewed outside the presence of a caretaker. The purpose of the interview is to help determine if the child is safe and whether the child has any injuries or conditions. Reviewers were asked to assess whether the child was interviewed, and if so, whether the child was interviewed alone, and if not, who was present at the interview.

Table 2 below shows whether alleged maltreated children were interviewed alone and, if they were not interviewed alone, who was present when the interview took place. A single investigation can involve multiple alleged maltreated children; the 242 investigations in this review involved a total of 368 alleged maltreated children. Of those 368 children, 218 (59%) interviews were conducted in private. In 14 percent of investigations, it was documented that the child was interviewed with someone else present; 19 children (5%) were interviewed with a sibling present, 8 children (2%) were interviewed with their caretaker present, 2 children (1%) were interviewed with another child present, and 23 children (6%) were interviewed with another adult present such as a school social worker or guidance counselor. Notably, in 103 interviews (28%), there was insufficient documentation to determine whether the children were interviewed alone.

[11] DYFS Policy 10:129-2.3 Time frames for initial investigation
[12] DYFS Policy 10:129-2.5 Requirements for an initial investigation
[13] DYFS Policy 10:129-2.5 Requirements for an initial investigation

Table 2: Individuals Present During Child Interviews
n=242 investigations*

	Percentage of All Alleged Maltreated Children Interviewed	Number of Children
Child interviewed alone	59%	218
Not clear if child interviewed alone	28%	103
Another adult (non-DYFS staff) present	6%	23
Sibling present	5%	19
Parent/Caretaker	2%	8
N/A, child not seen	1%	2
Other children present	1%	2
Percentages will not equal 100 percent since some children are counted twice if, for example, they were interviewed in the presence of both a sibling and a caretaker.		

Source: CSSP Case Record Review, 2011
*There are 368 total alleged maltreated children named in the 242 investigations included in this review.

5. Assessment of Safety

Investigators are required to assess the immediate protection and safety needs of children.[14] According to DCF policy, safety assessments are point-in-time determinations of whether or not a child is safe. DCF requires investigators to use a Structured Decision Making™ safety assessment tool to assess whether any children residing in the home that is being investigated is in immediate danger of serious physical harm. DCF policy requires investigators to conduct a safety assessment as part of the initial contact with the child.[15] The policy also requires the investigator to hold in-person, individual interviews with the alleged maltreated child, siblings, parents, other caregivers, and other adults and child(ren) in the home. Reviewers assessed whether a safety assessment had been completed and whether children were interviewed prior to completing the safety assessment. Reviewers found that safety assessments were completed for every investigation in this review. This meets the MSA requirements (CPM V.1). Of the 242 investigations, 217 (90%) interviews with the alleged maltreated child were conducted prior to the completion of the safety assessment form.

Investigators complete the safety assessment by looking at 15 specific safety factors concerning both the caregiver and the child. Examples of safety factors include:

- *Caregiver leaves child with a person unwilling to provide care.*
- *Child is fearful of caregiver(s) other family members or other people living in or having access to the home.*
- *Caregiver's explanation for the child's injury or physical condition is inconsistent with the nature of the injury or condition.*
- *The child's physical living conditions are hazardous and immediately threatening.*
- *Caregiver's drug or alcohol use seriously affects his/her ability to supervise, protect, or care for the child.*

[14] DYFS Policy 10:129-2.6 Safety Assessment and Risk Assessment
[15] DYFS Policy 10:129-2.6 Safety Assessment and Risk Assessment

There are nine interventions investigators may choose to carry out based on the safety assessment, ranging from a referral to community agencies to performing an emergency removal. The safety assessment provides three possible safety ratings: the child is considered safe, the child is in need of a safety protection plan, or the child is unsafe and requires a removal.

In 218 (90%) of the 242 investigations, reviewers, based on information documented in the case record, agreed with the safety decision either as noted on the safety assessment form or during the investigation. In 24 (10%) investigations, reviewers were concerned with the safety assessment, as exemplified in the following reviewer comments:

- *My concern is that the safety assessment was completed before a determination could really be made if the children were in fact safe.*
- *One of the children made a number of serious allegations regarding the alleged perpetrator, excessive drinking, gun in the home, marijuana smoking, gang involvement, previous unreported domestic violence, none of which seemed to be pursued by the investigator.*
- *It is unclear why nothing was done with the other child in the home. Allegations weren't related to her, but one child was already removed due to the environment. Father in home was arrested, but if he posts bail there was no safety plan regarding that.*
- *The safety assessment form is the concern. The form indicates that no safety concerns were identified and recommends that the children remain in the home. This does not match with the result of the investigation because both children were removed from the home.*

Despite some cases where reviewers noted areas for improvement, none of the investigations where reviewers raised concerns about the safety assessment were judged to require an immediate safety intervention.

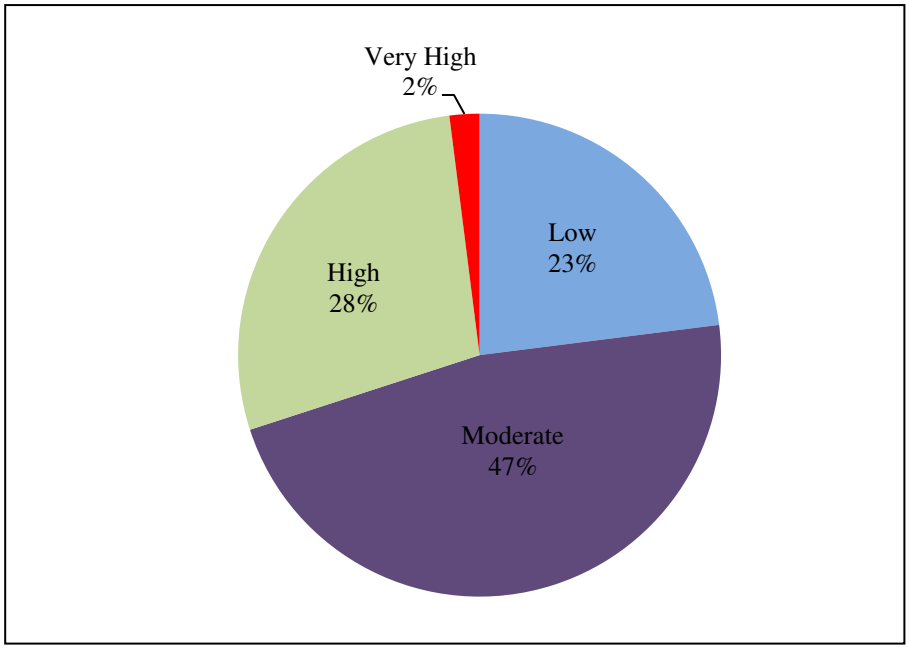
6. Risk Assessment

Use of Risk Assessment Tool

DYFS policy states that all families investigated for alleged child abuse/neglect must be assessed as to the risk of maltreatment in the next 18-24 months.[16] In all of the investigations a risk assessment tool was applied. This meets the MSA requirement for use of a risk assessment tool and process (CPM V.1). The DYFS's family risk assessment tool is a Structured Decision Making™ (SDM) form designed to guide investigators in making this determination. Family circumstances are assessed, based on a range of criteria to be at a "low, moderate, high or very high" risk of future abuse/neglect. In general, DYFS will open cases where the risk level is "high" or "very high." The circumstances of four families (2%) were determined to be at "very high" risk of future maltreatment of a child; 69 families (28%) were considered to be at "high" risk; 114 (47%) families were considered to be at "moderate" risk rating; and 55 families were considered to be at "low" risk (see Figure 2). Nine (4%) investigations in this review resulted in the removal of at least one child from their home during the investigation.

[16] DYFS Policy 10:129-2.6 Safety Assessment and Risk Assessment

Figure 2: Overall Risk Rating
Based on Family Circumstances
n=242 investigations



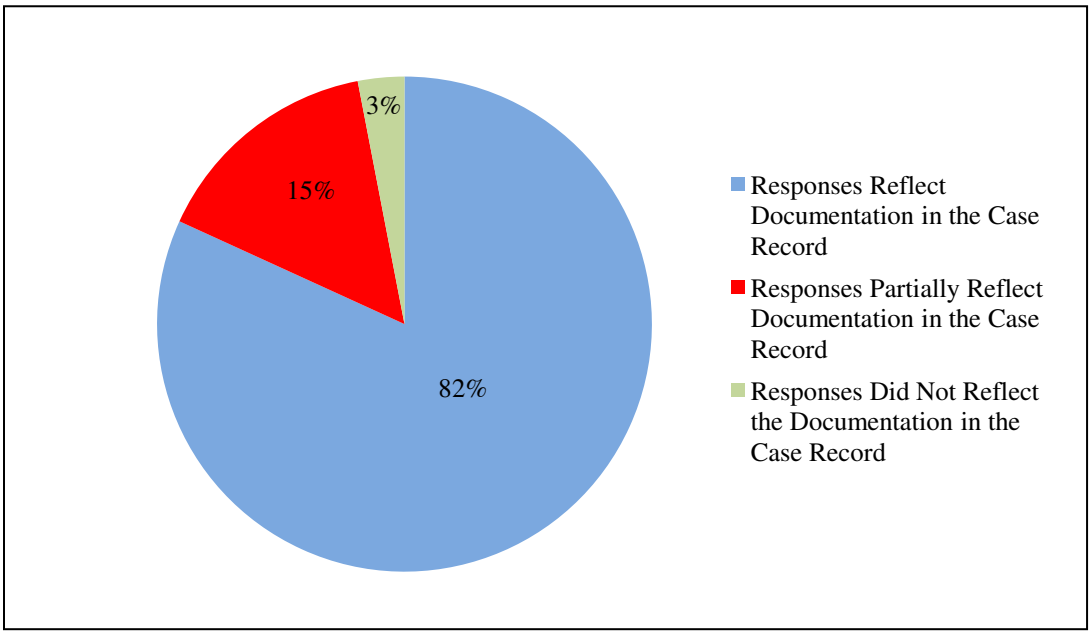
Source: CSSP Case Record Review, 2011

Documentation to Support Risk Assessment Tool Responses
DCF policy and the MSA (CPM V.1) also require investigators to gather sufficient information to understand and address risk of harm to children.[17] In order to complete the SDM tool, information such as the family's previous involvement with DYFS, developmental status of children, substance abuse and domestic violence history, and demographic data, such as the number and ages of the children in the home is required. The responses to these questions are automatically weighted in the determination of risk of harm to the children.

Reviewers were asked whether the responses on the risk assessment form were reflective of the information documented. Reviewers determined that in 197 (82%) investigations the responses reflected the information documented in the case record. In 37 (15%) investigations reviewers determined that the responses were partially reflective of the information, and in eight (3%) investigations reviewers determined that the responses did not reflect the information the investigator documented (see Figure 3). Reviewers commented that where responses were not reflective of the information documented, it was primarily due to the investigator missing an element of the case history when completing the form, such as not taking into account a history of substance abuse.

[17] DYFS Policy 10:129-2.6 Safety Assessment and Risk Assessment

Figure 3: Documented Support for Risk Assessment Ratings
n=242 investigations



Source: CSSP Case Record Review, 2011

7. Collateral Investigation Contacts

As discussed above, New Jersey has an allegation-based child protection system. There are 32 types of allegations that SCR accepts on its hotline for investigation. DYFS policy and good case practice require investigators to make the following contacts for every allegation as part of the range of activities of an investigation.[18]

- An in-person individual interview with the alleged maltreated child;
- An in-person individual interview with the alleged perpetrator;
- An in-person individual interview with all other adults and verbal children in the household; and
- An interview with the reporting source.[19]

In an allegation-based system, the nature of the allegation in part determines the course of the investigation. For example, in addition to the collateral contacts required for every investigation, an allegation of sexual molestation requires an investigator to contact physicians, law enforcement, and any alibi witnesses offered by the alleged perpetrator. An allegation of inadequate supervision would not require a collateral contact with a physician, but the investigator is required to observe the environment where the lack of supervision occurred. Reviewers commented that the allegation-based system is not applied uniformly statewide—and

[18] Depending on the nature of the allegations, DYFS policy often requires the investigator to make additional contacts, such as other community professionals who have firsthand knowledge of the family, and child protective workers in other states in which family members have resided.
[19] DYFS Policy 10:129-2.5 Requirements for an initial investigation

in some local offices additional collaterals are routinely sought though not required. Consequently, the review assessed investigations practice based on the standard procedures investigators are required to follow and overall good practice for every investigation, regardless of the allegation.

Alleged Perpetrator
Reviewers were asked to assess whether investigators conducted interviews with all of the alleged perpetrators, as required by DYFS policy.[20] In 235 (97%) of the 241 applicable investigations, investigators interviewed every alleged perpetrator named in the investigation.[21] In four (2%) investigations, only some alleged perpetrators were interviewed, and in two (1%) investigations there was no documentation of an interview with the alleged perpetrators.

Adults in the Household
Reviewers were asked to assess whether investigators conducted interviews with all of the adults in the household, as required by DYFS policy.[22] Reviewers found that of the 151 investigations in which there were adults other than the child(ren)'s caretaker in the home, investigators interviewed all of the adults in the home in 131 (87%) investigations. Investigators interviewed some of the adults in the home in 14 (9%) investigations and in six (4%) investigations, there was insufficient documentation that any adults in the household were interviewed.

Reviewers were also asked to determine if an adult who should have been contacted and was out-of- state was contacted. In 10 (4%) investigations, reviewers determined that an adult who should have been contacted was in another state. Reviewers found that of those 10 investigations, investigators interviewed the out-of-state adult in five (50%) cases.

Reporting Source
Of the 242 investigations, there were 77 investigations where the source of the report was anonymous. Out of the 165 remaining, the investigator contacted the source of the report in 113 (68%) investigations. Contact was attempted in an additional 8 (5%) investigations and in 44 (27%) investigations, the investigator did not attempt to make contact with the source of the child abuse/neglect report. Ensuring that investigators interview the source of report in every applicable case is an area in need of improvement.

Medical and Educational Providers
In appropriate circumstances, based on the type of allegation, DYFS policy requires investigators to interview medical and educational providers, as well as mental health professionals, law enforcement, child care providers, family friends, and neighbors.[23] Educational and medical providers have regular contact with children, making them key collateral contacts. The review protocol contained two questions specifically about requests seeking information from medical and educational providers. Documentation reflects that of 175 investigations in which the investigator requested general health information and/or an immunization history for at least one child in the home, reviewers found documentation of the receipt of information in 151 (86%) instances. There were instances where information was requested but not provided by

[20] DYFS Policy 10:129-2.5 Requirements for an initial investigation
[21] One investigation was deemed not applicable for this question because the alleged perpetrator was unknown.
[22] DYFS Policy 10:129-2.5 Requirements for an initial investigation
[23] DYFS Policy 10:129-2.5 Requirements for an initial investigation

collaterals. Reviewers assessed whether the investigator requested information from educational (day care or school) personnel about the child(ren)'s and siblings school attendance and/or school performance. In 168 (82%) investigations, reviewers found documentation of the receipt of information from educational (day care or school) providers about the child (ren)'s and siblings school status.

Other Collateral Contacts

Reviewers assessed whether investigators attempted contact of any kind with a broader range of collateral contacts that may have had information applicable to the investigation, and whether the investigator succeeded in making those contacts. The relevance of the collateral was determined by the nature of the allegations in the investigations. Collateral contacts could come in the form of interviews, but other methods of contact such as police background checks and questionnaires regarding the child completed by doctors and school personnel were counted in the review as a successful contact. The MSA requires (CPM V.1) that appropriate interviews with collaterals take place in 90 percent of investigations.

As reflected in Table 3 below, investigators made collateral contacts with law enforcement professionals in 177 (94%) applicable investigations. Collateral contacts were made in 167 (77%) applicable investigations with medical collaterals and 156 (82%) applicable investigations for school information.

Table 3 shows that for 77 investigations in which reviewers determined that contacting a mental health professional was relevant, a mental health professional was contacted in 47 (61%) investigations. In 26 investigations where reviewers determined a family friend had information relevant to the investigation, contact with the family friend occurred in 16 (62%) investigations, but was not attempted in 10 (38%) investigations. Of the 34 investigations in which reviewers determined contacting a child care provider would have been helpful in the investigation, a child care provider was contacted in 12 (35%) investigations. Of the 21 investigations in which the reviewers determined that contacting a neighbor was relevant to the investigation, a neighbor was contacted in 11 (52 %) investigations. The percentages below reflect that outside of law enforcement, schools, and medical professionals, investigators often failed to make collateral contacts with persons that may have had information relevant to the investigation.

See Table 3 below for information on additional collateral contacts.

Table 3: Investigator Collateral Contacts* Relevant to the Investigation
n=242 investigations

Reviewer Determined Collateral Contact Relevant to the Investigation (number of relevant investigations)	Contact Occurred	Contact Attempted	Contact Not Attempted
Child Care Provider (34)	35% (12)	3% (1)	62% (21)
School (190)	82% (156)	2% (4)	16% (30)
Family friend (26)	62% (16)	0	38% (10)
Law Enforcement Professional (189)	94% (177)	1% (3)	5% (9)
Medical Professional (217)	77% (167)	8% (17)	15% (33)
Mental Health Professional (77)	61% (47)	4% (3)	35% (27)
Neighbor (21)	52% (11)	0	48% (10)
Relatives not in household (96)	64% (61)	0	36% (35)
Source of the report (165)	68% (113)	5% (8)	27% (44)
Substance abuse treatment provider (47)	68% (32)	6% (3)	26% (12)

Source: CSSP Case Record Review, 2011.
*"Contact" is defined as an in-person or phone interview, or supporting collateral documentation such as school transcripts or medical records. By DYFS policies, appropriate collateral contacts are case–specific depending on the nature of the allegation.

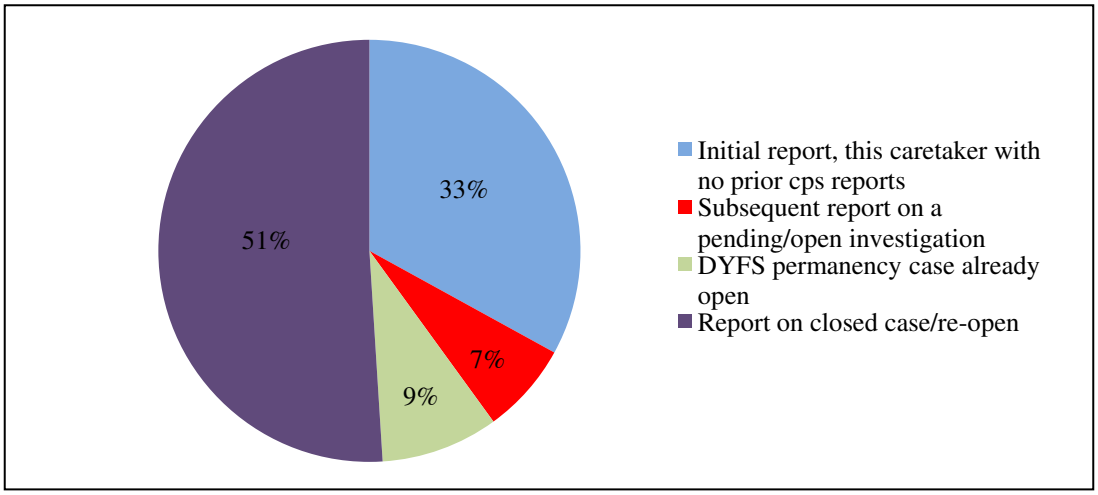
8. Prior DYFS Involvement

Understanding a family's history of involvement with DYFS is important to an investigation, particularly in light of the frequency with which the investigations demonstrate a prior report to the SCR. DYFS policy and the MSA (Section CPM V.1) require investigators to review the family's history with DYFS.[24]

As reflected in Figure 4 below, just over half (51%) of the families in the review had a history of a prior DYFS investigation. In addition, 22 (9%) investigations reviewed involved families with an open DYFS permanency case,[25] 17 (7%) investigations involved families with a subsequent report on a pending/open investigation. Just over one-third (33%) of investigations involved families with no previous DYFS contact.

[24] DYFS Policy 10:129-2.5 Requirements for an initial investigation
[25] A family with an open DYFS permanency case may be the focus of subsequent allegations. If this occurs, a new investigation is initiated. Permanency workers do not conduct investigations; an intake worker will be assigned to investigate the allegations of abuse or neglect while the family continues to work with the permanency unit.

Figure 4: Prior DYFS History
n=242 investigations



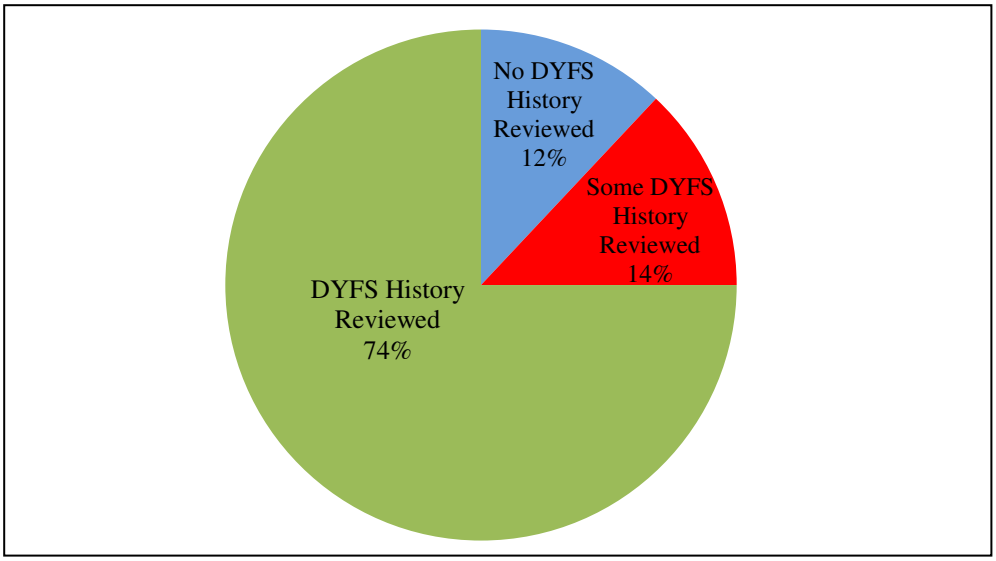
Source: CSSP Case Record Review, 2011

Reviewers assessed whether there was documentation that the investigator fully reviewed the child/family's past or current history with DYFS prior to or during the investigation. As reflected in Figure 5 below, there was evidence that out of 162 applicable investigations, in 120 (74%) investigators reviewed a family's prior history with DYFS. This does not meet the MSA requirement that 90 percent of investigations include a review of the family's prior history with DYFS. In an additional 22 (14%) investigations, reviewers found documentation that a family's history with DYFS was only partially reviewed. In an additional 20 (12%) investigations, reviewers found no evidence that investigators reviewed a family's history with DYFS. Practice on reviewing past DYFS history as part of an investigation is an area requiring improvement.

Although prior history was adequately reviewed in three-quarters of the cases, the following are reviewer comments when the reviewer determined that only some or none of the family's history of DYFS involvement was reviewed. (The reviewers did not write comments when a review of the family's history was appropriately done and documented.)

- *Family had extensive CPS history which is reviewed in the supervisor's notes and the closing summary; however this history is not included in the investigation summary and did not seem to inform the caseworker's investigation.*
- *The note in the investigative summary was that the family's history with DYFS was unknown. There were three different workers and three different supervisors within the first 48 hours of case assignment. It is not clear in the record if or how much these persons may have known about the family's history.*
- *The record reflects that the supervisor gave a directive for history to be reviewed however there is no written indication that the worker actually reviewed the history.*
- *There is evidence that the investigator was partnering with the permanency worker on this investigation. However, there is no clear summary of the history in the case contacts or investigative summary.*

Figure 5: Investigator Review of DYFS History
(Cases with prior DFYS involvement)
n=162 investigations



Source: CSSP Case Record Review, 2011

9. Strengths and Needs Assessments

Quality case practice requires an understanding of a family's strengths and needs. DYFS policy requires investigators to conduct Strengths and Needs Assessments for:

- All children for whom a protective services case will be opened as a result of a child abuse/neglect investigation;
- All children with an open protective case, as part of a reassessment process.[26]

Strength and Needs Assessments are used to assess family functioning and to help determine appropriate services to a family. Reviewers were asked to determine for each applicable investigation (1) whether the Child/Caretaker Strengths and Needs Assessment was completed for the caretaker; (2) whether the responses on the Child/Caretaker Strength and Needs Assessment form were reflective of information documented; and (3) whether the Child Strength and Needs Assessment was completed for each child in the family.

Reviewers found that out of 64 investigations where assessments were required, 45 (70%) Child/Caretaker Strength and Needs Assessments were completed. The Child Strengths and Needs Assessments were completed for every child in the family in 33 (52%) investigations. Reviewers assessed that responses to the Child/Caregiver Strengths and Needs Assessment were reflective of the information documented in 39 (60%) of applicable investigations. In six (9%) investigations, reviewers found that responses were partially reflective of the information documented, and in one (1%) investigation, responses were not reflective of the information documented. There were no Child/Caregiver Strengths and Needs Assessments in 19 cases.

[26]DYFS Policy 10:129-2.9 Requirements for Formal Investigation

10. Case Planning

Initial case plans are required to be completed within 45 days from case assignment from SCR for families who will receive ongoing services from the Division. The case plan serves as a roadmap for service delivery and is necessary to document and communicate appropriate services to reach resolution and permanency for children. DYFS policy also requires that families are involved in the case planning process. Reviewers were asked to determine whether a case plan had been created during the investigation, whether the family was involved in the development of the case plan, and whether aspects of the case plan were implemented prior to the closure of the investigation.

Of the 242 investigations, 64 cases were transferred to permanency for ongoing services or were already receiving services from the Division (see Figure 6). Therefore, according to DYFS policy, only 64 of the 242 investigations required case plans. A case plan was created in 35 (55%) of those 64 investigations. Of those families that received a case plan, 31 families (88%) were involved in the development of the case plan, 4 (12%) were not. At least some aspects of the case plan were implemented prior to the closure of the investigation in 27 (100%) investigations where the reviewer determined it was needed. Implementation of case plans took many forms, including completion of drug toxicology screens, enrollment in mental health services, supervision plans for children, and initiating housing assistance services.

11. Service Referrals

Table 4 below shows information on service referrals during the investigation process. DYFS policy and good case practice requires that services be put in place as quickly and effectively as possible in cases where services are required. Based on the documentation contained in case records, reviewers looked for caseworker referrals, services families were currently receiving, and services declined by parents. Investigators referred parents to substance abuse treatment in 54 (22%) investigations. Investigators made referrals for children's mental health treatment/evaluation in 32 (13%) investigations, and parent mental health services in 23 (10%) investigations. As reflected below, referrals were also made for services such as domestic violence intervention (4%) and financial assistance (3%).

Table 4: Service Referral by Investigators
n=242 investigations

Service	Referred	Parent Declined[27]	Already Receiving and Caseworker Verified
Child – Medical Treatment	7% (18)	* (1)	10% (24)
Child - Mental Health Treatment/evaluation	13% (32)	1% (2)	12% (29)
Child - Substance Abuse Treatment/evaluation	2% (5)	0	* (1)
Domestic Violence intervention	4% (10)	1% (2)	* (1)
Employment assistance	1% (2)	0	1% (3)
Financial assistance (TANF)	3% (7)	0	10% (25)
Housing assistance	2% (6)	0	4% (10)
Parent – Medical Treatment	0	0	4% (9)
Parent - Mental Health Services	10% (23)	1% (3)	12% (29)
Parent - Substance Abuse Treatment/evaluation	22% (54)	3% (7)	5% (13)
Parenting skills	2% (6)	1% (2)	* (1)
Other[28]			

*= less than 1%

Source: CSSP Case Record Review, 2011

12. Investigative Findings and Support for the Determination of Maltreatment

DYFS policy requires that at the conclusion of an investigation, the investigator must determine whether or not the preponderance of the evidence indicates that maltreatment occurred for each allegation for each allegedly maltreated child, and determine whether the allegations are "substantiated" or "unfounded." A single investigation may contain multiple allegations and therefore, multiple determinations. There were 293 allegations across the 242 investigations. In 212 of the 242 investigations, representing 88 percent (259) of all of the allegations, none of the allegations was substantiated by the investigation. In the 30 remaining investigations, representing 12 percent (34) of all of the allegations, one or more of the allegations was

[27] Services are voluntary and families have the right to decline services when an allegation is unfounded.

[28] Reviewers were given the option to write in additional services not captured in the categories above. Reviewers wrote in 30 additional services, with counseling, furniture, and Performcare (for future referral to child mental health services) being the three most often mentioned.

substantiated. Table 5 below provides the aggregate numbers regarding substantiated and unfounded allegations.

Table 5: Substantiated and Unsubstantiated Allegations of Child Maltreatment

Determination	Percent of Allegations
Substantiated	12% (34)
Unfounded	88% (259)
Total Allegations	293

Source: CSSP Case Record Review, 2011

Reviewers were asked to assess whether the case documentation supported the determination(s) for all allegations. For the overall sample of 242 investigations, reviewers found that documentation in 211 (87%) investigations supported DYFS's determination(s) or conclusion(s) regarding the allegations under investigation. In 17 (7%) of investigations reviewers found that documentation only partially supported the investigator's determination(s), and in 14 investigations (6%) reviewers found that the documentation did not support the investigator's determinations. The following are reviewer comments when the reviewer determined that documentation did not fully support the investigator's determination(s), capturing where there is need for attention to improve practices.[29]

- *While there was information from both the school and law enforcement available to make an 'unfounded' determination, there was missing information from the mother of the children, their physician, and no substance abuse evaluation for the grandmother as had been recommended.*
- *Investigator never got the full story. Never spoke to father, or paternal aunt (reporter).*
- *Child should have been seen by a pediatrician during the investigation and this information should have been documented in the investigation.*
- *Interviews with alleged abused child and parent support investigation finding but medical collateral information was lacking.*
- *Although the child's injuries are evident and biological father, biological mother, and child victim stories match, a medical evaluation was not immediately sought.*

13. Continuing Services

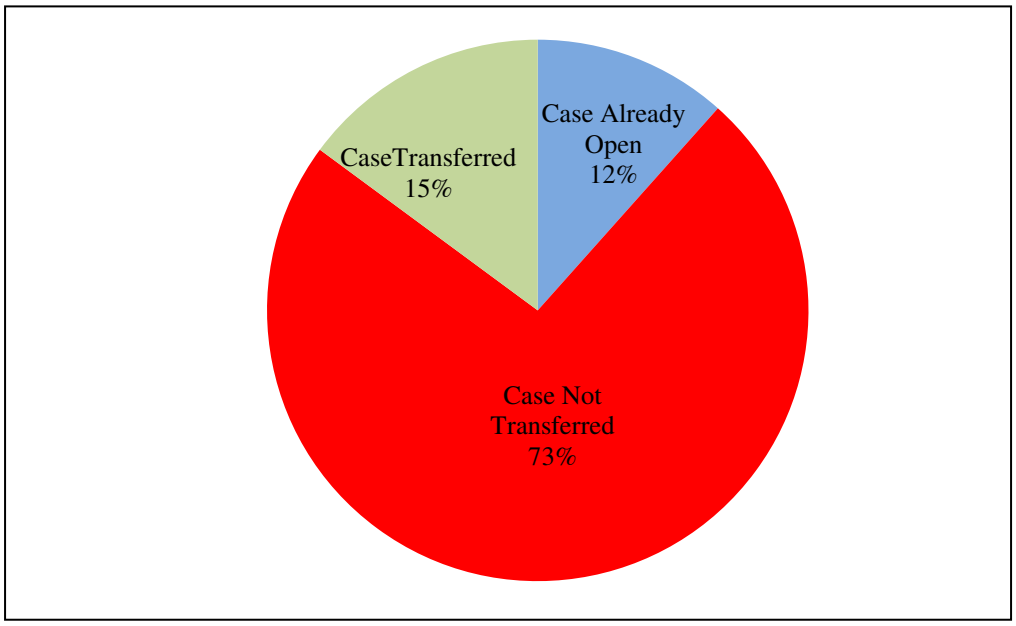
An investigator may determine during the course of an investigation that a family may benefit from continuing services, whether or not the allegation of abuse/neglect is substantiated. Families connected to continuing services are transferred from an investigator to a DYFS permanency worker for case management. The result of the family risk rating, not necessarily the determination of the allegations, is taken into consideration in whether a case is transferred. A

[29] Reviewers did not provide comments on 87 percent of cases where the documentation fully supported the determination.

worker and supervisor may override a moderate risk rating to assign a higher rating but cannot decrease a risk rating. Families are free to accept or decline services when an allegation is not substantiated.

Thirty-six investigations (15%) were transferred to a permanency unit for follow-up supports and services. One hundred seventy-eight (73%) investigations were not transferred to a permanency unit for ongoing services; in 28 investigations (12%) the family was already receiving services.[30] (See Figure 6)

Figure 6: Cases Transferred to a Permanency Unit for Ongoing Services
n=242 investigations



Source: CSSP Case Record Review, 2011

When looking at the correlation between the overall risk rating of the family and cases being transferred to a permanency unit, the data show that two (50%) of the four investigations that were rated at "very high" risk of maltreatment were transferred to a permanency unit for services; one family already had an open case with a permanency unit, and the fourth was a child death that was not substantiated for abuse and neglect. Additionally, 20 (29%) investigations rated at "high" risk; 13 (11%) rated at "moderate" risk, and one (2%) at "low" risk were transferred to a permanency unit for ongoing services.

[30] Acceptance of services by a family is voluntary if the investigation allegations are unfounded.

Table 6: Transfer to Ongoing Services by Risk Level
n=242 investigations

	Transferred to Permanency Unit for Ongoing Services	Family Already had an Open Case	Family not Transferred for Ongoing Services	Total
Very High Risk Assessment	66% (2)	33% (1)	* (1)[31]	4
High Risk Assessment	29% (20)	22% (15)	49% (34)[32]	69
Moderate Risk Assessment	11% (13)	11% (12)	78% (89)	114
Low Risk Assessment	2% (1)	0	98% (54)	55
Total	36	28	178	242

Source: CSSP Case Record Review, 2011

14. Timely Completion of Investigations

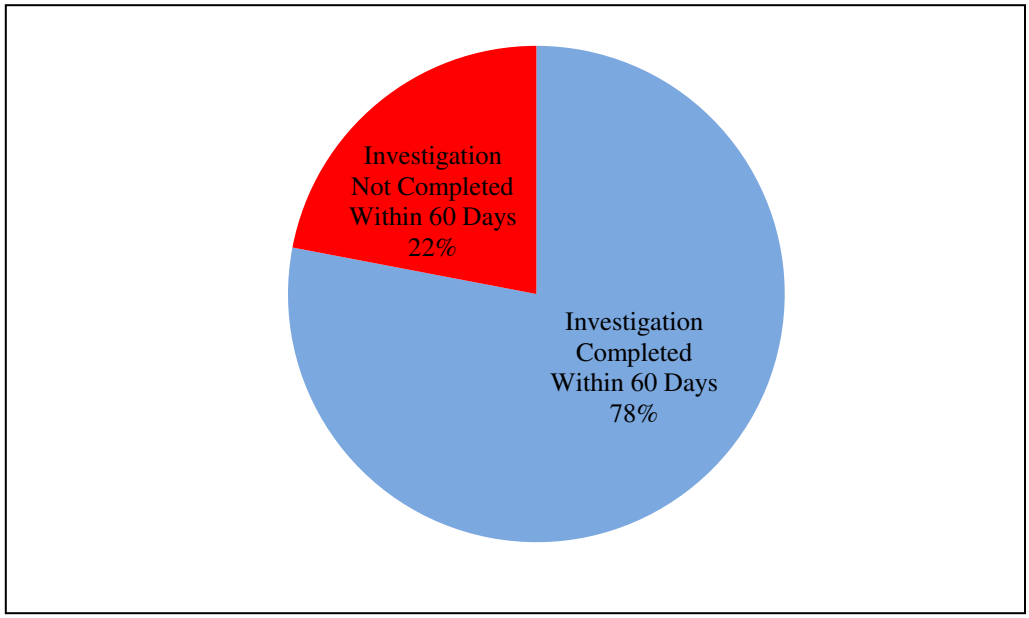
DYFS policy required that child abuse/neglect investigations be completed within 60 days of the receipt of the report.[33] The MSA requires (MSA III.B.3; CPM V.1) that 98 percent of all abuse/neglect investigations shall be completed within 60 days. Reviewers assessed whether the investigations were completed within 60 days, and, if not, whether there was documentation of the reasons as to why they were not completed in a timely manner. Reviewers were also asked to assess whether there were systemic barriers to completing the investigations. Reviewers found that 189 (78%) investigations were completed within 60 days. This finding does not meet the MSA requirement. In six (3%) investigations, reviewers indicated there was a systemic barrier to timely completing the investigations. (See Figure 7) Reviewers indicated those barriers included:

- *Investigator couldn't get needed information regarding the mother's mental health from the hospital without a signed release and mother refused to sign. The worker could not get a full assessment of the extent of the mother's mental health and had to rely on information reported by the family that could not be verified.*
- *An autopsy was necessary to determine the cause of death of the child, results were still pending.*
- *There was a letter stating there was a New Jersey Spirit Help Desk problem that delayed investigative approval.*

[31] This investigation involved a child death which was not substantiated for abuse or neglect. Child death is automatically coded as Very High Risk.
[32] Only one of these 34 investigations contained a substantiation of abuse or neglect. That case was determined to be a low quality investigation.
[33] DYFS Policy 10:129-5.3 Investigation Findings

- *Mother and child were actually living in another state and it took time to locate mom, interview her, and assess her home.*
- *Funding wasn't available to do a toxic screen for oxycodone, the drug the mother was allegedly abusing.*

Figure 7: Timeframe for Completion of Investigations
n=242 investigations



Source: CSSP Case Record Review, 2011

15. Notification of Investigation Findings

DYFS policy requires that the assigned worker provide notification of the specific finding of the child protective services investigation to each person identified as the confirmed or alleged perpetrator, and, as appropriate, the parent or caregiver with physical custody of the allegedly maltreated child at the time of the incident, the parent with whom the child resides, and the parent to whom the child will be returned (if the child is in out-of-home placement).[34] Reviewers were asked to determine whether there was documentation in the record that DYFS communicated with the required persons about the disposition of the investigation and next steps. Reviewers found documentation in 186 (77%) investigations that DYFS made the required communication.

16. Meeting Quality Standards

The MSA (Section CPM V.1) requires that investigations meet quality standards. Quality is defined in part by an assessment of whether appropriate decisions were made based on the information documented.

[34] DYFS Field Operations Casework Policy and Procedures Manual II C 507 Notification of Investigative Findings

Reviewers were asked to assess whether the investigator documented sufficient information to address the allegations and assess whether or not the child(ren)'s safety, risk, and well-being needs were being met. Of the 242 investigations, reviewers determined sufficient information was documented to make these determinations in 192 (79%) investigations. This does not meet the MSA requirement. For the 50 investigations for which reviewers determined insufficient information was documented, reviewers were asked to comment on why they came to that conclusion. Some examples of reviewer comments on missing information are:

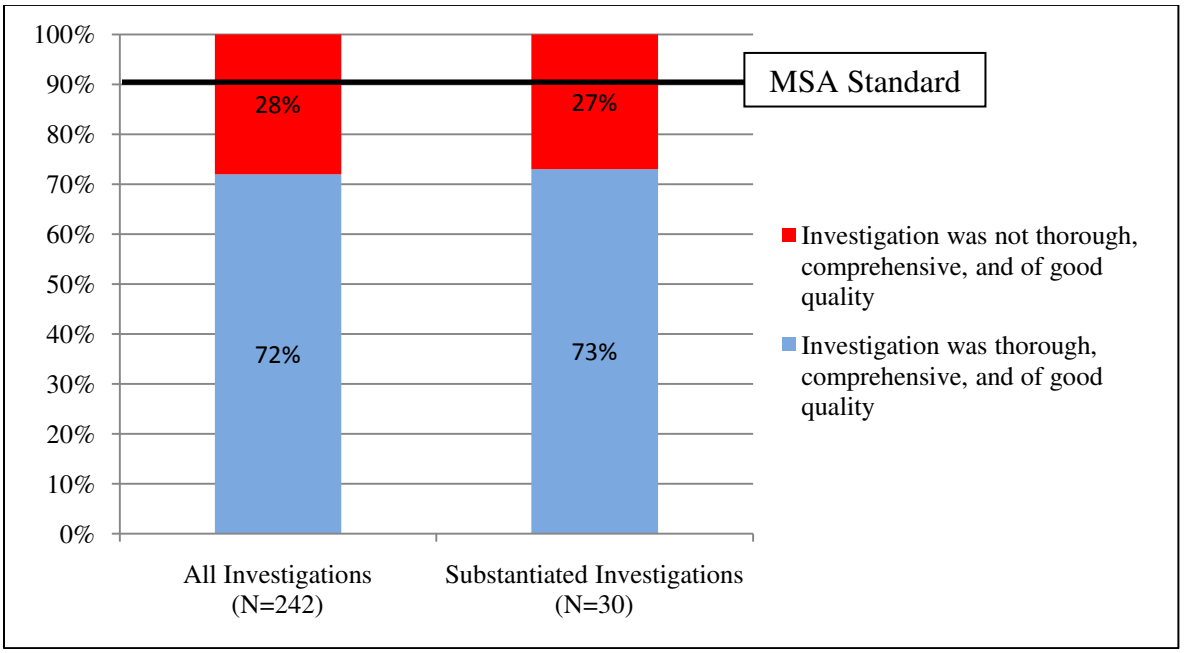
- *There is missing information that could have been gathered from alleged maltreated child's babysitter, maternal grandfather, paternal grandparents, and child's father. It is not clear where or if child attends school or daycare. This may be another set of information that is also missing from this investigation.*
- *Investigator should have spoken to child care provider, and probably could have spoken to neighbor report allegedly came from.*
- *There might have been critical follow-up information from the children's school, mother's boyfriend, neighbor who was in the home caring for the children the night before the second investigation, the children's father and the family members who live with him, and the domestic violence liaison. Investigator should have done a review of the existing case plan.*
- *There was missing educational information related to alleged maltreated child, medical information for both children, other adults who could have helped inform the investigation such as the maternal grandmother. There was not a formal interview with the reporter.*

Reviewers were asked to make a determination as to whether the investigation was "thorough, comprehensive and of good quality." In the reviewers' judgment, 174 (72%) investigations were thorough, comprehensive, and of good quality. This does not meet MSA requirement that 90 percent of investigations be thorough, comprehensive, and of good quality. Of note, of those investigations which were substantiated, 22 of the 30 (73%) investigations were judged by the reviewers to be thorough, comprehensive, and of good quality. (See Figure 8)

Reviewers cited the following examples of quality investigative practice:

- *Strong initial Family Team Meeting in the home of the father with strong family supports also participating.*
- *Good coordination of efforts between the investigator and the assessment workers. All information was included in the investigative summary.*
- *Investigative worker shared a newspaper clipping about mother being heavily involved in local community supports. The worker was operating from strength's based perspective.*
- *The investigator appeared engaged with the family as additional contacts were made with the family even through email.*
- *Timely response, entered into a safety plan with maternal grandmother. This was a good decision to ensure immediate safety.*

Figure 8: Quality of Investigative Practice
(for all investigations and for substantiated investigations)



Source: CSSP Case Record Review, 2011

V. RECOMMENDATIONS

Below are the Monitor's recommendations for improvements to DYFS investigative practice. The recommendations are intended to support DYFS' ongoing work. As discussed throughout this report, the review found many elements of good case practice as well as areas for improvement. There is much in place to build on as DYFS moves forward with additional policy, practice, and quality improvement efforts to ensure consistently high quality child protective services practice in New Jersey. The Monitor will work closely with DCF and DYFS staff to further refine the recommendations as the state's action plans for implementation are developed.

DYFS needs to clarify in policy and through additional training for staff and supervisors some of the areas of the investigative process and practice.

These include:

1. Pre-investigation activities including convening and documenting pre-investigation conferences and ensuring that a family's past history with DYFS is always explored and appropriately reflected in investigation activities and decision-making.

    - *Conferencing:* DYFS need to clarify for staff and supervisors that policy requires a pre-investigation conference between a worker, his/her supervisor and other relevant staff prior to initiating an investigation in order to plan what needs to be done to conduct a high quality investigation in accordance with DYFS policy and practice guidelines. Further, these conferences and the decisions made about how to proceed need to be documented in the case record and used by staff and supervisors for follow-up and accountability.

    - *Prior DYFS History*: DYFS must clarify through supervision and staff training the critical importance of reviewing a family's prior history with DYFS as part of the investigation and ensuring that the information and insights gained from the prior history are used in decision making. This is especially important given that over half the investigations in this review had prior DYFS history.

2. Interviews required during an investigation

DYFS policy is not consistently applied in practice regarding who is required to be interviewed in an investigation. Policy should clarify the core essential interviews for all investigations, including the need to interview the reporter of the alleged child abuse and neglect, core collateral contacts required for every case as well as required collaterals that are specific to the allegation(s). Further, through training and supervision, the policy requirement to interview children alone and outside of the presence of the caretaker needs to be emphasized.

3. Strengths and Needs Assessment

Additional training and supervision is required to ensure that each child requiring a strengths/needs assessment receives one. Required Strengths and Needs Assessments were completed for every child in the family in only half of the investigations in which they were required. Quality improvement efforts and supervision need to reinforce how the strengths and needs assessments are expected to be used to assist with case planning and the identification of services and supports that are offered to children and families.

Through quality improvement actions, supervision and training, DYFS needs to improve documentation practices in Investigations.

4. DYFS needs to improve the consistency and completeness of the documentation of investigative activities.

A fundamental part of good case practice is the documentation of actions and events that occur at every step of a case. The review found many instances in which documentation was incomplete. Documentation is important not only for supervision and accountability in a current investigation but is also essential when there are repeat reports over time regarding a family or child.

DYFS' use of the SDM Safety and Risk Assessment needs to be reassessed within the context of the Case Practice Model and the agency's movement to develop a differential response system.

5. Effective use of SDM protocols requires that workers have the skills to engage with families to assess needs and facilitate timely access to any needed supports. Further, the Monitor recommends that DYFS consider an overall assessment of the SDM Safety and Risk Assessment Tools to determine if recalibration is necessary and to incorporate/reflect new case practice standards. The creators of the SDM process and instruments recommend periodic calibration of the tools by jurisdictions and refresher training for staff after initial implementation.

Additional staff development and supervision is required to ensure that each family who requires a case plan is engaged as early as possible to jointly develop the case plan.

6. A core component of New Jersey's Case Practice Model is that case plans be developed with families. As services should be offered to families as early as possible, the case planning process frequently begins during the investigation. DYFS policy requires the development of case plans with families when cases are substantiated or when a family is transferred to a permanency unit for ongoing services. Case plans are developed to address not only safety issues but the appropriate identification and referral to services to address the family/child's needs. The Monitor recommends that there be a routine post-investigation supervisory conference on every case which includes a review of case plan development, service needs, and referrals.

DYFS should consider updating and simplifying its Investigation Policy Manual.

7. The DYFS Investigation Manual is unwieldy and difficult to negotiate. DYFS should update and simplify its investigations manual to create consistent requirements regarding collateral contacts, and case planning. DYFS should also eliminate outdated sections of the manual to account for recent changes in policy and practice and to make it more user friendly to staff.

8. As part of its overall review of Investigations policy, the Monitor recommends that DCF continue its review of the allegation based system in order to determine ways to provide clearer, more decisive direction to the field. In an allegation based system, policy directs specific activities based on the identified allegation of maltreatment. In the Monitor's opinion, this may have lead to the inconsistency in practice across the state and some confusion about core investigative activities and contacts that must be made in every investigation. The Monitor understands that DCF has been reviewing its adoption of an allegation based system and is assessing the pros and cons of any policy modifications.

Additional quality improvement activities are needed to support excellence in child protective services practice.

9. DCF has already begun to increase quality improvement activities related to child protective services investigations. The Department's Childstat process will begin this fall to consistently review the quality of investigations practice. In addition, the Monitor recommends developing a special review category of investigations where there have been multiple prior reports. For these investigations, a supervisory protocol should be developed that assures special supervisory oversight and follow-up.

APPENDIX A
MSA Requirements Related to Investigative Practice

Reference	Area (MSA Outcome #)	Quantitative or Qualitative Measure	Baseline	Final Target	December 2010 Performance[35]
MSA III.B.2 CPM V.1	3. Investigative Practice – Timeliness of Response	Investigations of alleged child abuse and neglect shall be received by the field in a timely manner and commenced within the required response time as identified at SCR, but no later than 24 hours.	In October 2008, 53.2% of investigations were commenced within the required response times.	For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be commenced within the required response time.	91% of investigations were commenced within required response time.
CPM V.1 MSA III.B.3	4. Investigative Practice – Timeliness of Completion	Investigations of alleged child abuse and neglect shall be completed within 60 days.	Between January and June 2008, 66-71% of investigations were completed within 60 days.	By June 30, 2010, 98% of all abuse/neglect investigations shall be completed within 60 days.	78% of investigations were completed within 60 days.
CPM V.1	5. Quality of Investigative Practice	Investigations will meet measures of quality including acceptable performance on the individual measures below.	Not Available	By December 31, 2009, 90% of investigations shall meet quality standards.	72% of investigations were determined to be thorough, comprehensive and of good quality.
CPM V.1	5. Quality of Investigative Practice	Locating and seeing the child and talking with the child outside the presence of the caretaker within 24 hours of receipt by field;	Not applicable (component of quality measure above)	Not applicable (component of quality measure above)	99% of children were seen by DYFS. In 59% of investigations, child was interviewed alone; in 28%, not clear if child was interviewed alone; in 14%, child was interviewed in the presence of another individual.

[35] All December 2010 Performance Data was obtained from the case record review sample.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Final Target	December 2010 Performance[36]
CPM V.1	5. Quality of Investigative Practice	Conducting appropriate interviews with caretakers and collaterals;	Not applicable (component of quality measure above)	Not applicable (component of quality measure above)	In 87% of investigations, all of the adults in the home were interviewed; in 9% of investigations, some adults in the home were interviewed. In 97% of investigations, every alleged perpetrator named in the investigation was interviewed. In 68% of investigations, the source of the report was contacted. Collateral contacts ranged from a high of 94% (law enforcement) to a low of 35% (child care providers).
CPM V.1	5. Quality of Investigative Practice	Using appropriate tools for assessment of safety and risk;	Not applicable (component of quality measure above)	Not applicable (component of quality measure above)	100% of investigations had a safety assessment completed. 90% percent of investigations had no safety concerns. Risk assessments were completed in 100% of investigations. Responses reflected the information documented in the record in 82% of investigations. In 15% of investigations, responses partially reflected information gathered.

[36] All December 2010 Performance Data was obtained from the case record review sample.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Final Target	December 2010 Performance[37]
CPM V.1	5. Quality of Investigative Practice	Analyzing family strengths and needs;	Not applicable (component of quality measure above)	Not applicable (component of quality measure above)	70% of Child/Caretaker Strength and Needs Assessments were completed. 60% of Child/Caregiver Strengths and Needs Assessment were reflective of the information documented.
CPM V.1	5. Quality of Investigative Practice	Seeking appropriate medical and mental health evaluations	Not applicable (component of quality measure above)	Not applicable (component of quality measure above)	86% of investigations contained documentation of the receipt of medical information.
CPM V.1	5. Quality of Investigative Practice	Making appropriate decisions	Not applicable (component of quality measure above)	Not applicable (component of quality measure above)	87% of investigations supported DYFS's determination(s) or conclusion(s) regarding the allegations under investigation.
CPM V.1	5. Quality of Investigative Practice	Reviewing the family's history with DCF/DYFS	Not applicable (component of quality measure above)	Not applicable (component of quality measure above)	74% of investigations reviewed the family's previous history with DYFS.

[37] All December 2010 Performance Data was obtained from the case record review sample.

APPENDIX B
NJ Instrument

1.

*** 1. Case Reviewer:**

*** 2. Date of review:**

MM DD YYYY

Enter date: / /

*** 3. CSSP Sample #:**

*** 4. Intake date:**

MM DD YYYY

Enter date: / /

*** 5. Investigations ID:**

*** 6. NJS Case ID :**

*** 7. Local Office:**

2.

*** 8. Are you able to complete the review of this investigation?**

- ◯ Yes
- ◯ No

3.

*** 9. Please provide the reason review cannot not be completed:**

4.

Substantial risk or Physical Injury/Environment Injurious to Health and Welfare	
Torture	
Tying/Close Confinement	
Wounds	

*** 11. What was the response time given to the report?**

- ◯ Immediate
- ◯ Within 24 Hours

*** 12. Was the required response time met?**

- ◯ Yes
- ◯ No

If 'No', please explain:

5.

*** 13. Indicate the type of report:**

- ☐ Initial report, this caretaker with no prior cps reports
- ☐ Subsequent report on a pending/open investigation
- ☐ DYFS permanency case already open
- ☐ Report on closed case/re-open

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

- ◯ Yes
- ◯ No

6.

*** 15. Indicate who participated in the pre-investigation conference, check all that apply:**

- ☐ Investigations Caseworker
- ☐ Investigations Supervisory Staff Person(s)
- ☐ Current Permanency Caseworker
- ☐ Current Permanency Supervisory Staff
- ☐ DYFS Staff Who Previously worked with child/family
- ☐ Nurse
- ☐ Other CHU staff
- ☐ Other

7.

*** 16. Please identify specialists or others who participated in the conference.**

Specialist #1	
Specialist #2	
Other #1	
Other #2	

8.

*** 17. Does the record reflect that the investigator reviewed the child's/family's history with DYFS?**

- ◯ Yes
- ◯ Some (please explain below)
- ◯ No (please explain below)
- ◯ N/A, no history

If 'Some' or 'No', please explain:

* **18. If the family or alleged perpetrator recently resided in another state or US political jurisdiction, did the investigator contact cps in that jurisdiction to obtain information about the family or alleged perpetrator?**

- ◯ N/A
- ◯ Yes
- ◯ No, please explain:

9. First Child (Page 1)

* **19. Enter the name of the child involved in this investigation (first name only):**

* **20. What was the role of the child in the investigation?**

- ◯ Alleged maltreated
- ◯ Sibling
- ◯ Other child in household
- ◯ Other child in the family, NOT in household

* **21. When during the time frame following the receipt of the report was the child seen?**

- ◯ Within 24 hours
- ◯ Within 48 hours
- ◯ Within 72 hours
- ◯ Beyond 72h
- ◯ Never seen

10. First Child (Page 2)

* **22. Did the investigator make a minimum of three, time-staggered attempts to contact the child in person within 24 hours of receipt of the report? (Good faith efforts)**

- ◯ Yes
- ◯ No

*** 10. Select all of the allegations which apply and indicate whether (overall, not child specific) the allegation was unfounded or substantiated.**

	Disposition/Determination for Allegation
Abandonment/Desertion	
Bone Fractures	
Burns	
Child Death	
Cuts, Bruises, Welts, Abrasions, and Oral Injuries	
Educational Neglect	
Environmnetal Neglect	
Failure to Thrive (Non-Organic)	
Head Injuries	
Human Bites	
Inadequate Clothing	
Inadequate Food	
Inadequate Shelter	
Inadequate Supervision	
Internal Injuries	
Lock-Out	
Malnutrition	
Medical Neglect	
Medical Neglect of Disabled Infants	
Mental and Emotional Impairment	
Poison/Noxious Substances	
Risk of Harm due to Substance Abuse (by the Prent/Caregiver or the Child)	
Sexual Exploitation	
Sexual Molestation	
Sexual Penetration	
Sexually Transmitted Diseases	
Sprains/Dislocations	
Substantial Risk of Sexual Injury	

*** 23. Indicate any steps taken following failed attempt(s) to see the child. (Check all that apply)**

- ☐ Consulted supervisor.
- ☐ Made additional attempts to contact the child/family at various times of the day and night.
- ☐ Requested that a SPRU worker attempt to contact the child/family.
- ☐ Contacted the reporter or identified collateral source for additional or clarifying information: verification of an address/the child's immediate whereabouts, directions to/a description of the home, etc.
- ☐ Contacted the local police to assist in locating the child/family.
- ☐ Contacted tha family's former caseworker or supervisor for assistance
- ☐ Search for family information in income supports records
- ☐ Determined to contact the family by phone
- ☐ None of the above

11. First Child (Page 3)

*** 24. Indicate who was present when the child was seen (interviewed)?**

- ☐ n/a, child interviewed alone
- ☐ parent/caretaker
- ☐ sibling
- ☐ another adult (non-DYFS staff)
- ☐ another child
- ☐ not clear
- ☐ n/a, child not seen

*** 25. Are there additional children involved in the investigation?**

- ◯ Yes
- ◯ No

12. Second Child (Page 1)

*** 26. Enter the name of the child involved in this investigation (first name only):**

*** 124. Describe contact with the alleged perpetrator and other adults in the chid's/family's home.**

	All Interviewed	Some Interviewed	None Interviewed	Not Applicable
Alleged perpetrators (if unknown perpetrator, select N/A)	◯	◯	◯	◯
Other adults in the household	◯	◯	◯	◯

55.

*** 125. Are you able to determine the date the safety assessment was conducted by the investigator?**

◯ Yes

◯ No, unable to determine

56.

*** 126. List the date the safety assessment form was conducted by the INVESTIGATOR.**

Enter date: MM DD YYYY ☐ / ☐ / ☐

57.

*** 127. Were the alleged maltreated children interviewed before the time the safety assessment form was completed?**

◯ Yes (All Children)

◯ No

*** 128. Do you have concerns with the safety decisions either on the form or throughout the investigation?**

◯ Yes

◯ No

58.

*** 129. State concerns about the safety decisions, including whether all children were seen to make appropriate determinations.**

* **130. Are you able to determine the date the safety assessment form was APPROVED by a SUPERVISOR?**

- ◯ Yes
- ◯ No, unable to determine

59.

* **131. List the date the safety assessment form was approved by the supervisor.**

Enter date: MM ☐ / DD ☐ / YYYY ☐

60.

* **132. Did allegations relate to serious physical and/or sexual abuse?**

- ◯ Yes
- ◯ No

61.

* **133. Allegations related to serious physical and/or all sexual abuse, was there documentation of police notification?**

- ◯ Yes
- ◯ No

62.

* **134. Describe the nature of police involvement on the report(s) of serious physical and/or sexual abuse.**

63.

*** 135. Allegations related to serious physical abuse and/or all sexual abuse, check all which apply:**

- ◯ Child(ren) were seen at Child Advocacy Center
- ◯ Child(ren) were seen at a Regional Diagnostic Treatment Center
- ◯ Child(ren) at another location, please explain below
- ◯ There is no indication that children were evaluated as needed, please explain below
- ◯ Evaluation not needed, please explain below

If 'Child(ren) at another location' or 'There is no indication that children were evaluated as needed' or 'Evaluation not needed', please expain:

64.

*** 136. Did the investigator make contact with the following collaterals to inform the investigation? (Include review of hardcopy information, phone conversation or face-to-face interaction)**

	Yes	Attempted voicemail, mail, email, fax	No	Not Applicable
Child care provider	◯	◯	◯	◯
School	◯	◯	◯	◯
Medical professional	◯	◯	◯	◯
Law enforcement professional	◯	◯	◯	◯
Mental health professional	◯	◯	◯	◯
Neighbor when evidence indicates they may have information relevant to the investigation)	◯	◯	◯	◯
Relatives, beyond the other adults in the household (when evidence indicates they may have information relevant to the investigation)	◯	◯	◯	◯
Substance abuse treatment provider	◯	◯	◯	◯
Family friend	◯	◯	◯	◯
Source of the report	◯	◯	◯	◯
Other #1	◯	◯	◯	◯
Other #2	◯	◯	◯	◯

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

65.

* **137. In your opinion, was there a need for a medical evaluation in order to determine a finding?**

- ◯ Yes
- ◯ No

66.

* **138. Explain why, in your opinion, a child(ren) needed a medical evaluation.**

67.

* **139. Did the child(ren) who, in your opinion, needed a medical evaluation receive it?**

- ◯ Yes, all children
- ◯ Some children
- ◯ Requested parent take child for medical evaluation, but parent refused
- ◯ None of the child(ren) who needed a medical exam received it

If 'Some children', list the number of children that received the medical exam

68.

* **140. Did the investigator, or other staff, REQUEST general health information and/or an immunization history for the child(ren) (Exclude the information gathered from a medical evaluation performed to aid in determining a finding.)**

- ◯ Yes, for all children
- ◯ Yes, for some children (please explain below)
- ◯ No (please explain below)
- ◯ N/A (please explain below)

If Some, No or N/A, please explain why not needed or not applicable in this investigation

69.

* **141. Did the investigator RECEIVE general health information and/or an immunization history for all the child(ren) (Exclude the information gathered from a medical evaluation performed to aid in determining a finding.)**

- ◯ Yes, for all children
- ◯ Yes, for some children
- ◯ No

70.

* **142. Did the investigator gather information from educational (day care or school) personnel about the child(ren)'s and siblings educational status (such as, information about educational attendance, performance)?**

- ◯ Yes, for all children
- ◯ Yes, for some children (please explain below)
- ◯ No (please explain below)
- ◯ N/A (please explain below)

If Some, or No please explain why you believe this information was needed for this investigation.

* **143. Did the investigators gather sufficient information to address the allegations and assess whether or not the child(ren)'s safety, risk, and well-being needs are being met?**

- ◯ Yes
- ◯ Attemped
- ◯ No (Explain what information was missing or inadequately addressed)

71.

*** 144. Were the responses on the family risk assessment form reflective of the information gathered?**

- ◯ Yes to all questions
- ◯ Partially, to some questions (please explain below)
- ◯ No (please explain below

If 'Partially' or 'No', please explain:

*** 145. What was the overall risk rating for the family?**

- ◯ Low
- ◯ Moderate
- ◯ High
- ◯ Very high

72.

*** 146. Check which services were needed during the investigation and for which service a referral(s) was made:**

	Not Needed/Not Applicable	Needed	Referred	Parent Declined	Already receiving and cw verified
Child – Medical Treatment	☐	☐	☐	☐	☐
Child - Mental Health Treatment/evaluation	☐	☐	☐	☐	☐
Child - Substance Abuse Treatment/evaluation	☐	☐	☐	☐	☐
Parent - Mental Health Services	☐	☐	☐	☐	☐
Parent - Substance Abuse Treatment/evaluation	☐	☐	☐	☐	☐
Parent – Medical Treatment	☐	☐	☐	☐	☐
Parenting skills	☐	☐	☐	☐	☐
Domestic Violence intervention	☐	☐	☐	☐	☐
Employment assistance	☐	☐	☐	☐	☐
Financial assistance (TANF)	☐	☐	☐	☐	☐
Housing assistance	☐	☐	☐	☐	☐
Other #1	☐	☐	☐	☐	☐
Other #2	☐	☐	☐	☐	☐

If 'Other #1' or 'Other #2', or you believe a service was needed, please specify:

73.

* **147. Was there communication with the family about the disposition of the investigation and next steps?**

- ◯ Yes
- ◯ No

* **148. Was the family's case transferred to a permanency unit for ongoing services?**

- ◯ Yes
- ◯ No
- ◯ N/A, already open

74.

* **149. Was a Caregiver/Child Strengths and Needs Assessment completed?**

- ◯ Yes
- ◯ No

75.

* **150. Were the responses on the Caregiver/Child Strengths and Needs Assessment form reflective of the information gathered?**

- ◯ Yes to all questions
- ◯ Partially, to some questions (please explain below)
- ◯ No (please explain below)

If 'Partially' or 'No', please explain:

76.

* **151. Were Child Strengths and Needs Assessment forms completed for each child in the family?**

- ◯ Yes
- ◯ No

77.

* **152. Were the responses on each of the Child Strengths and Needs Assessment forms reflective of the information gathered?**

- ◯ Yes to all questions
- ◯ Partially, to some questions (please explain below)
- ◯ No (please explain below)

If 'Partially' or 'No', please explain:

78.

* **153. Was a case plan created during the investigation?**

- ◯ Yes
- ◯ No
- ◯ N/A, not needed

79.

* **154. Was the family involved in the development of the case plan?**

- ◯ Yes (please explain below)
- ◯ No (please explain below)

If 'Yes' or 'No', please explain:

* **155. Were aspects of the plan implemented prior to the closure of the investigation?**

- ◯ Yes (please explain below)
- ◯ Yes (some, please explain below)
- ◯ No
- ◯ N/A, not needed

If 'Yes' or 'Yes, some', please explain:

80.

* **156. Were there any systemic barriers affecting the investigator's ability to complete the investigation? (Examples include CAC, RDTC delays, school denying access, resource issues and judicial interference)**

◯ Yes (please explain below)

◯ No

If 'Yes', please explain:

81.

* **157. Does the information documented support the determination(s) for all allegations made in this investigation?**

◯ Yes – for all allegations

◯ Partially – for some allegations, but not all (please explain below)

◯ No, not for any allegations (please explain below)

If 'Partially' or 'No', please explain:

* **158. In your opinion, overall, was the investigation thorough, comprehensive, and of good quality?**

◯ Yes

◯ No

* **159. Please list three factors contributing to this being considered a quality/not a quality investigation:**

A:

B:

C:

* **160. Indicate the final date the investigator SUBMITTED the investigation for approval:**

Enter date: MM / DD / YYYY

82.

* **161. Indicate the date the supervisor approved the investigation for approval:**

Enter date: MM / DD / YYYY

83.

*** 162. If the investigation extended beyond 60 days after receipt of the report, was there documentation reflecting why?**

- ◯ N/A, investigation completed within 60 days of report
- ◯ Yes
- ◯ No

Yes, please explain:

84.

*** 163. Is there evidence of supervisory/managerial consultation/directives/decisions (not just the approval of forms) with the Investigator during the investigation (include directives issued immediately before investigation closing)?**

- ◯ Yes
- ◯ No

85.

*** 164. Please enter any additional comments:**