



The New Jersey State Central Registry 2011 Assessment

A Report by the Office of Performance Management and Accountability

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Commissioner

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REVIEW OF THE NEW JERSEY STATE CENTRAL REGISTRY (SCR)

I. Introduction and Purpose of the Review

One of the most important child protective services functions is to receive and promptly and appropriately respond to reports of suspected child abuse or neglect. With every call, decisions are made which could potentially affect the safety, well-being and chance for a stable, permanent future of a child and his or her family. The unit responsible for receiving and responding to reports of child abuse and neglect is often the most visible face of public child protection. The manner, speed and clarity with which public child welfare system receives, screens and acts on calls from the public greatly influence how the community interacts with and perceives a State's overall child protection performance.

In 2004, during the initial stages of New Jersey's child welfare system reform efforts, the Department of Children and Families (DCF) created a 24 hour hotline system, the Statewide Central Registry (SCR). The purpose of the SCR is to receive, prioritize and dispatch responses to suspected child abuse and neglect and assessments for child welfare services. Prior to the inception of the SCR, calls were taken at local offices of the Division of Child Protection and Permanency (DCP&P).¹

The SCR serves as the main entry point to New Jersey's public child protection system. Today, SCR receives on average nearly 15,000 calls a month and is staffed by over 100 full and part time employees. Calls received are coded into different categories for review and action. Information gathered from calls related to alleged child abuse or neglect or alleged risk to a child are referred to local DCP&P field offices for investigation, with pre-established timeframes for the field's response by the local offices.

Purpose of the Review

In 2011, DCF's Office of Performance Management and Accountability (PMA, formerly the Office of Continuous Quality Improvement) and DCP&P leadership joined with staff from the Center for the Study of Social Policy (CSSP), [the Court-appointed Monitor for the Charlie and Nadine H. v Christie child welfare class action lawsuit], to assess the overall quality and effectiveness of the SCR. The review was designed to answer questions in four key areas:

- **Information Gathering:** How well do SCR Screeners collect information from callers? Do SCR Screeners use appropriate engagement skills to collect the most valuable and pertinent information? In addition to exploring the nature and content of the report, do Screeners ask a series of required questions to assess other potential areas of concern present in the home?
- **Documentation:** Upon the completion of the call, do SCR Screeners completely and accurately document the content of the call in a clear, concise and understandable manner? When a field response is required, do Screeners provide and transmit the documentation and necessary identifying information to the DCP&P Local Office in a timely manner?
- **SCR Screener Professionalism:** Do SCR Screeners engage callers in a manner that reflects both professionalism and competency? Do they ask questions in a logical, caring and non-judgmental manner?

¹ The Division of Youth and Family Services (DYFS) was re-named the Division of Child Protection and Permanency (DCP&P) on July 1, 2012.

Are Screeners able to gather sufficient information and make informed decisions about the call and appropriate next steps?

- Intake Decision-Making: Do SCR Screeners make accurate and appropriate decisions about how to code a report for the appropriate further actions based on the information gathered?

This is the third formal assessment of New Jersey's SCR operations since it was created in 2004. An assessment conducted in 2008 "...found SCR operations to be well-maintained, professional and appropriately focused on the timeliness and quality of the response to the public's reports of child maltreatment." This review builds and expands on that assessment by evaluating additional responsibilities of a child abuse hotline. It confirms that improvements identified in the 2008 assessment have been sustained and that, in critical areas of responsibility, SCR is able to meet its responsibilities and is an effective "front door" for New Jersey's child protection system.

This report contains key findings from the 2011 Review, along with data and analysis in the areas of information collection and documentation, screener performance, and intake coding and decision making. Recommendations for continuous process improvement area also included.

The report is organized in six sections:

- Section II: Methodology
- Section III: Key Findings
- Section IV: Summary of Findings
- Section V: Performance Strengths / General Comments
- Section VI: Recommendations
- Appendix A: Review Instrument
- Appendix B: Overview of Coding Categories
- Appendix C: Intake Coding Disagreements

II. Methodology

Reviewers

The SCR review was conducted from November 30 to December 7, 2011. The survey was performed on-site, in SCR central office in Trenton, NJ. The review team consisted of selected DCP&P Local Office supervisory staff, representatives from the PMA and staff from the Center for the Study of Social Policy (CSSP). In total, fifteen individuals functioned as reviewers. In addition, three DCF staff and one staff from CSSP performed ongoing quality assurance (QA) activities, which included reviewing a sampling of surveys completed by the review team, as well as all instances where there was a coding disagreement between the Screener and the reviewer. Significant contributions were also made by DCF's Office of Information Technology and Reporting with respect to the sample extraction and presentation.

Training and Support

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

Sample

The sample for the review was drawn from all calls received by the SCR in October 2011, a high call volume month representative of trends typical for that time of year. Selecting a month directly prior to the review month offered a current representation of policy and practice. During the month of October 2011, Screeners handled 15,591 calls, an increase of 401 calls (2.6%) from total calls reported in September 2011 (15,190). The average monthly number of calls since October 2010 has been 14,886².

To achieve results with no more than a 5% margin of error and 95% confidence rating, a sample size of 367³ was selected from DCF's four intake categories: a) Child Protective Services (CPS)-Family, b) CPS-Institutional Abuse, (IA), Child Welfare Services (CWS), and Information and Referral (IR). The sample was weighted to reflect current percentages of actual calls received during the month of October, 2011: 60% CPS, 5% IA, 20% CWS, and 15% IR. Additionally, the sample was stratified to insure that there were calls reviewed for full and part-time Screeners, and on four different days/shifts, including a weekend day. Because of the shift overlaps and weighted sampling, a fully accurate analysis of quality by shift could not be performed with the information collected during the review.⁴

Intakes with a corresponding telephone call were selected, while intakes from written correspondence, such as letters or electronic mail, were eliminated. Using the same ratio as above, an over-sample of 45 intakes were identified to be used as substitutions for rejected intakes due to poor quality of the tape recording or for selected cases that were found not to fall within the review scope.

Calls in the review sample reflected the work of 93 of 229 full and part-time Screeners.

² DAR-NJSM-1: Monthly Screening and Investigation Report for October 2011

³The sample was refined from the 15,591 calls for October 2011, to 8,335 which comprised all calls in the four selected intake categories. A total of 2,442 calls were randomly selected from the high volume shifts as well.

⁴ This issue may be worthy of further study utilizing a more specialized data collection instrument in combination with a broader scope of shift sampling

Data Collection Instrument

The data collection instrument was designed based on a tool created in 2008 in collaboration with senior SCR management, the Office of the Child Advocate and the DCF Quality Analysis and Information Unit. Revisions were made to reflect updated policies and practices. The instrument included eleven sections:

1. Reviewer Information
2. Referral Basics and Timing
3. Call Content
4. Information and Referral Only
5. CPS Family/CPS IA Only
6. Child Welfare Services Only
7. Quality of Call
8. Phone Hold
9. Documentation
10. Reviewer Judgment
11. Other Comments

Basic Review Methodology

The basic review methodology required the trained reviewers to listen to tape recordings of selected SCR calls and to review the written documentation in NJ SPIRIT (the State's automated case process system) completed by the SCR worker following the receipt of the call. Reviewers then filled out a structured survey instrument to assess the quality and effectiveness of the screening process. A copy of the survey instrument can be found in **Appendix A**.

The 367 intakes in the final sample were randomly divided between fifteen reviewers. Each reviewer was given a packet of 24-25 written Screening Summaries (Form DCF-1), re-printed from NJ SPIRIT⁵. The Screening Summaries coincided with intake call recordings downloaded to the reviewers' computer workstations. Reviewers were asked to listen to the call, review the initial intake documentation and make determinations as to the quality of the intake. Reviewers documented their input by completing a survey created in the web-based application *SurveyMonkey*®. Reviewers were asked to assess the quality of the Screening Summary as an accurate and thorough document when compared to the referral telephone call; therefore, due to time constraints and magnitude they were not expected to search NJ SPIRIT for additional information regarding a family's past history with DCP&P. In daily practice at SCR, however, Screeners are required to search NJ SPIRIT and to use this information to make coding decisions. Any change to the coding of calls that occurred after the initial call based upon a review of NJ SPIRIT or supervisory consultation fell outside the scope of this review, regardless of when it occurred.

Data Analysis & Quality Assurance

Survey results were analyzed using *SurveyMonkey*® and Excel. Quality assurance included a review of initial surveys completed by all reviewers and, as needed, internal discussion on specific cases as needed during the course of the review and with input from SCR leadership as process questions arose. Intake coding disagreements identified during the review process were given a secondary review by QA staff⁶ and discussed with the reviewer and SCR leadership as necessary. In some instances⁷, QA staff agreed with the Screener's initial coding decision and the assessment by the reviewer was reversed. A detailed list of Intake Coding Disagreements can be found in **Appendix C**.

⁵ Many Screening Summaries were not complete as some could be in excess of 20-50 pages when extensive DCP&P history existed and, therefore, it was often not feasible to re-print the entire document.

⁶ The QA team was comprised of the DCF Assistant Commissioner, the Director of the Office of Quality, the Office of Quality-Quality Assurance Coordinator and CSSP staff.

⁷ Reversal occurred in 23 of the 47 coding disagreements and is discussed in detail in the section of Intake Coding.

III. Key Findings

Engagement, documentation and performance were seen by reviewers as **major strengths** of SCR. In fact, in 358 of 367 calls reviewers noted performance strengths in the areas of call quality, documentation or both.

Overall, this assessment found that:

- Screeners were professional, polite, respectful and competent in their interaction with callers;
- Screeners consistently gathered the majority of critical information needed in order to appropriately assess complaints and assess families in need of services;
- Documentation by Screeners was generally accurate and complete; and,
- Screeners made appropriate decisions regarding response time and coding.

Information Collection and Documentation

Data Collection

Critically important for thorough screening is the need to collect and/or request required information from the caller not otherwise spontaneously given. Reviewers found that SCR Screeners consistently gathered the majority of critical information needed. Examples include:

- Information on the alleged identity of the perpetrator was collected or requested in 99% of calls
- Information on the relationship of the alleged victim to the perpetrator was collected or requested in 99% of calls
- Information on alleged perpetrators access to the victim was collected or requested in 99% of calls

While the overall assessment of data collection was very good, additional focus is needed to improve the frequency of compliance in asking several mandated questions, including:

- Information on mental health issues (collected in 73% of applicable CPS calls and 65% of applicable CWS calls)
- Information regarding the primary language of the family (collected in 46% of applicable CPS calls and 37% of applicable CWS calls)
- Data on whether a paramour would require a criminal background check (collected in 70% of applicable CWS intakes and 44% of applicable CWS intakes)

Reviewer comments included:

“The Screener’s conduct was exemplary. She was professional, polite, cheerful and engaging. She asked relevant, necessary and mandated questions. She addressed all of the reporter’s concerns and the reporter appeared satisfied with the Screener’s treatment of the information she received...”

“[The] Screener obtained all necessary information, in a timely, organized and professional fashion, in order to initiate the necessary follow up by the Division”.

“[The] Screener asked very focused questions and remained objective throughout the call.”

Documentation

In this area reviewers assessed whether a Screener accurately transferred information gathered during an intake call to the Screening Summary. This was another area of strength for SCR, as reflected below:

- Overall documentation was determined to be excellent in 84% of calls
- Required NJ SPIRIT searches were documented in 85% of calls

Reviewer comments included:

“[The] Screener was provided with extensive information from caller and was able to discern what was relevant and documented [it] in the Screening Summary accordingly.”

“[The] Screener documented all information provided by caller accurately; including addresses, etc. Screener was able to utilize NJ SPIRIT to locate the mother and case name of one of the teenagers in the home where the concerns are being reported. This is very helpful to field investigators!”

Screener Performance

The review found SCR Screeners to be professional and competent in their interactions with callers, as reflected below:

- In 88% of calls, Screeners asked relevant questions in a logical sequence to obtain information from the caller regarding the reasons/circumstances that prompted the call
- In 95% of calls, Screeners demonstrated competency and professionalism during the course of the call

This positive assessment of screener performance is critically important as SCR screeners are often a caller’s first contact with DCF.

Reviewer comments included:

“[The] Screener tone was excellent. Her professionalism was evident by the respect in the way she talked and the manner in which she allowed the caller to talk.”

“[The] Screener did an excellent job in reflecting back to the caller the information obtained; which subsequently prompted the caller to provide some more details relative to the concerns reported...”

“The Screener was able to professionally handle a caller who was speaking quickly and at times in a curt manner. Screener was very polite and responsive to the caller's concerns”.

Decision Making

In the overwhelming majority of cases Screeners made appropriate decisions regarding response time and coding.

- Recommended field response time was appropriately assigned in 89% of applicable calls
- Calls were appropriately coded to an investigation, assessment or IR in 87% of calls

Reviewer comments included:

“[The] Screener did an excellent job attempting to separate and organize the information pertaining to two separate cases in one call”.

“[The] Screener did an excellent job remaining calm and engaged while caller seemed to be all over the place with her allegations and families involved.”

IV. Summary of Findings

A. Information Collection and Documentation

This first section details whether basic identifying information was collected for all call types. Results are grouped by call type and the type of activity the Screener performs:

- Information Collection
- Documentation

Results of All Calls

The scope of this review was limited to Child Protective Services (CPS) Family and CPS Institutional Abuse (IA), Child Welfare Services (CWS) and Information and Referral (IR) that were received via telephone only. In addition to non-telephone intakes, specifically excluded were intakes classified as IO (Information Only), RI (Related Information), and No Action Required (NAR)⁸. The review examined the quality and outcome of the interactions between Screener and caller for those calls in which a field response may be required.

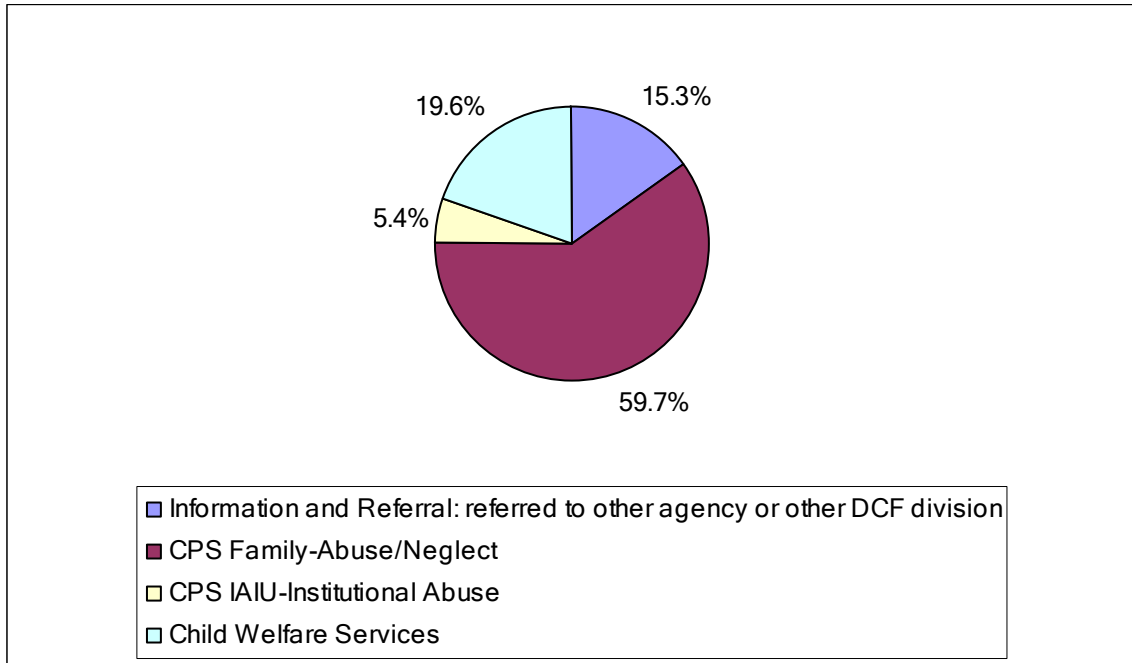
Calls outlining specific allegations of child abuse/neglect are coded as CPS. If the abuse/neglect occurred at home, the allegation is coded as CPS-Family. However, if the alleged incident(s) occurred to the child while in an out of home setting (i.e. foster care, day care or school), the call is coded as a CPS-IA. Additionally, if the caller raised concerns about a child (ren) that does not meet the criterion established by statute and policy of child abuse/neglect but DCP&P intervention is indicated, the call is coded as a CWS. When calls come into SCR that meet neither of those criteria, but the Screener is able to offer resources or information to the caller, the call can be coded as IR. (See Appendix B for further information).

As displayed in Chart 1, the review contained results for 56 intakes coded as IR, 219 intakes coded as CPS Family, 20 intakes coded as CPS-IA and 72 intakes coded as CWS.⁹

⁸ NARs included any CWS referrals to Differential Response (DR) agencies. Referrals to the DR pilot ended on February 12, 2012.

⁹ Sampling numbers (“n” values) may vary slightly in this report due to reviewer error.

Chart 1: Coding of the Call
n=367



Critically important for thorough screening is the need to collect and/or request required information from the caller not otherwise spontaneously given. For all types of calls contained in the sample, Screeners either collected or attempted to collect details on the caller's identity, contact information and what circumstances prompted the call in the vast majority of calls.

Specifically, the Screener collected or requested the caller's identity in 359 (98%) of 367 calls, the caller's contact information in 347 (95%) of 367 calls and the circumstances prompting the call in 367 (100%) of 367 calls. Additionally, Screeners accurately reflected in the Screening Summary the caller's identity in 344 (93%) of 367 calls, the caller's contact information in 333 (91%) of 367 calls and the circumstances prompting the call in 351 (96%) of 367 calls.

Information and Referral calls

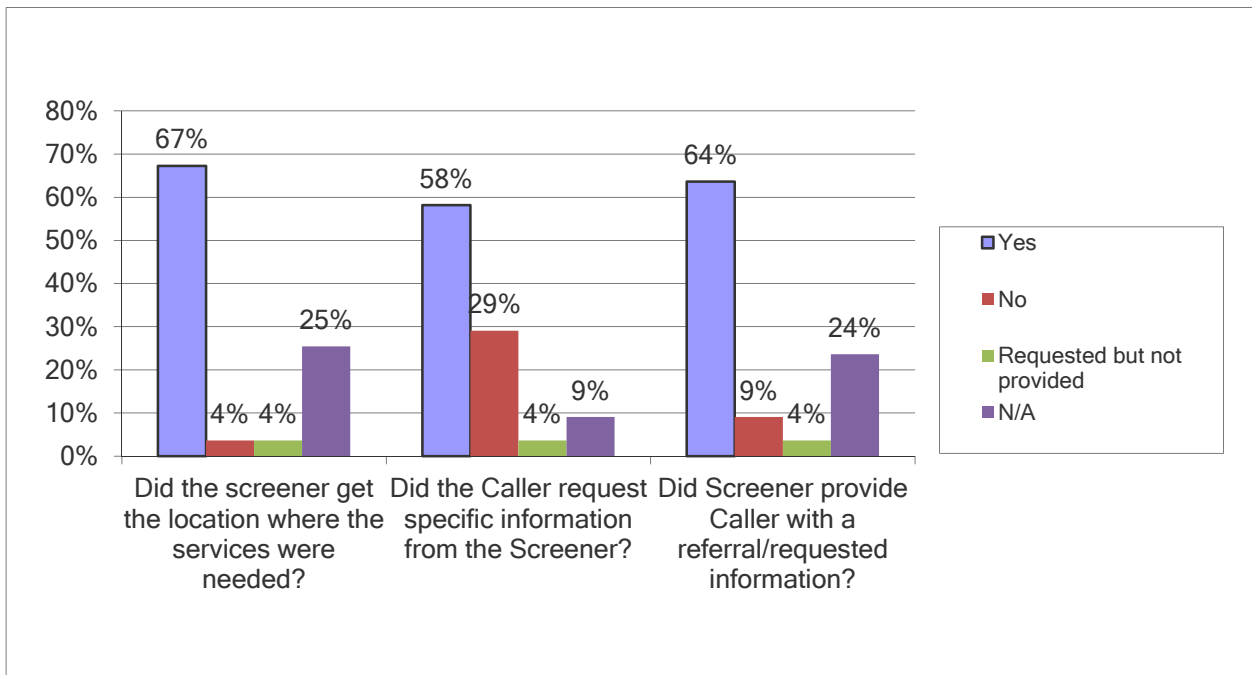
For the 56 intakes coded as **Information and Referral (IR)**, callers were either requesting services unrelated to a child protection situation or the information provided did not meet the criterion as determined by the law for a child abuse or neglect intervention. IR callers were provided information or referred to various types of entities including law enforcement, schools, as well as other state services. The survey results indicated that the choice ‘Other’ was selected in 34 (64.2%) of 53¹⁰ calls with respect to the question ‘what type of information was requested?’ There was a range of answers listed in the “Other” category; including questions about or referrals to school services, questions from other state child welfare agencies as well as questions about what constituted child abuse or neglect.

In 16 (30.2%) of 53 calls , *No Action Required (NAR)* was selected, meaning that the caller was not referred to another service or agency and/or that only information was requested by the caller and supplied by the Screener. This suggests that the IR-NAR and IO (Information Only)¹¹ coding choices may require clarification as they may be used interchangeably by some Screeners.

Information Collection

The results for IR calls are shown below in Chart 2. The review found that Screeners collected and/or provided the caller with key pieces of information in the majority of calls. In the review instrument, reviewers could select the option of “Yes”, “No”, “Requested but not provided” or “N/A”.

Chart 2: Specific Categories of Information Collected During IR Calls
n=55¹²



¹⁰ Due to reviewer data entry error, only 53 responses were captured.

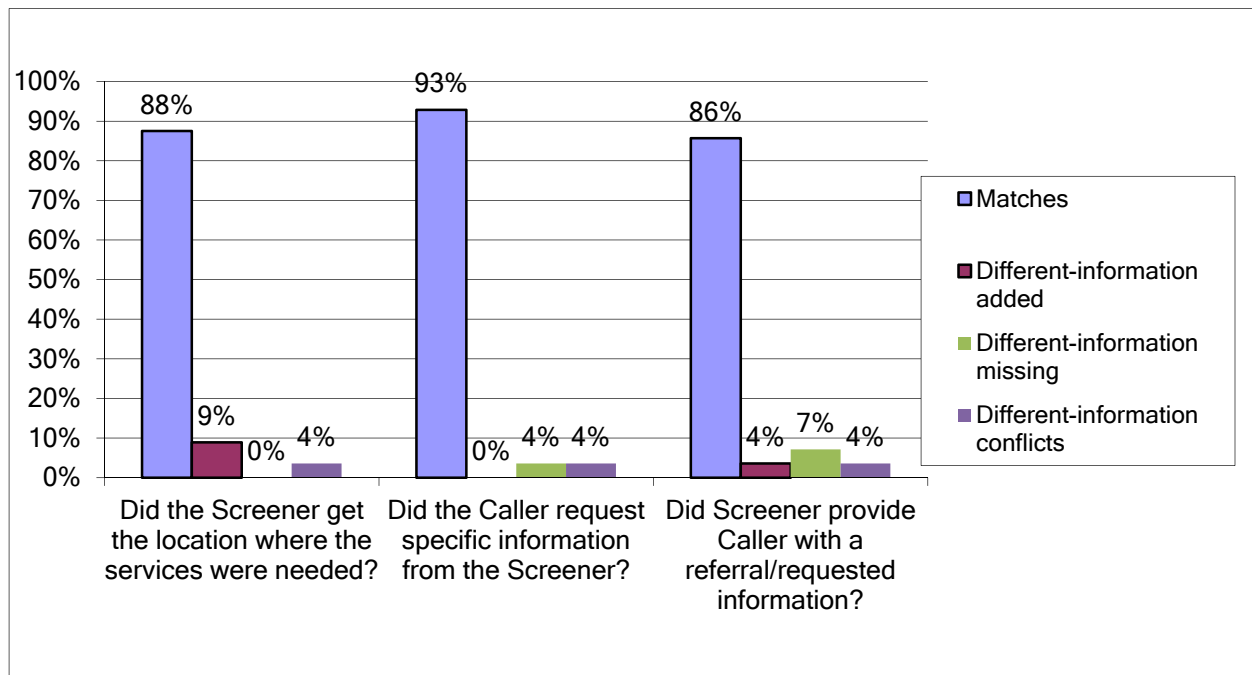
¹¹ “Information Only” means the provision of information in response to an inquiry, when the person making the inquiry is not alleging that a child is an abused or a neglected child.

¹² Due to reviewer data entry error, only 55 responses were captured.

Documentation

The results in Chart 3 show that the large majority of the information from the IR call was accurately included in the Screening Summary. If information is added by the Screener, that typically occurs by integrating NJ SPIRIT historical data or permitting stored information to 'auto-populate' required data fields in the intake summary.

**Chart 3: Accuracy of the Screening Summary Based on Information Received for IR calls
n=56**



Results for CPS Family or CPS-IA calls

As is the case for all calls, including those 239 intakes coded as **CPS-Family** or **CPS-IA**, Screeners need to collect as much information as possible in a relatively short period of time¹³. Since the information collected has a direct impact on the type of field response and the initial focus of the field investigation, accuracy of the information transfer is critical. In 156 (65.5%) of 238 intakes, calls were coded as *Substantial Risk of Physical Injury or Environment Injurious to Health and Welfare*. In 35 intakes (14.7%) of the 238, calls were coded as *Cuts, Bruises, Abrasions, Welts or Oral Injures*. *Inadequate Supervision* was used in 33 (13.9%) of 238 intakes. The remaining 5.9% were distributed across an additional 15 allegations.

Information Collection

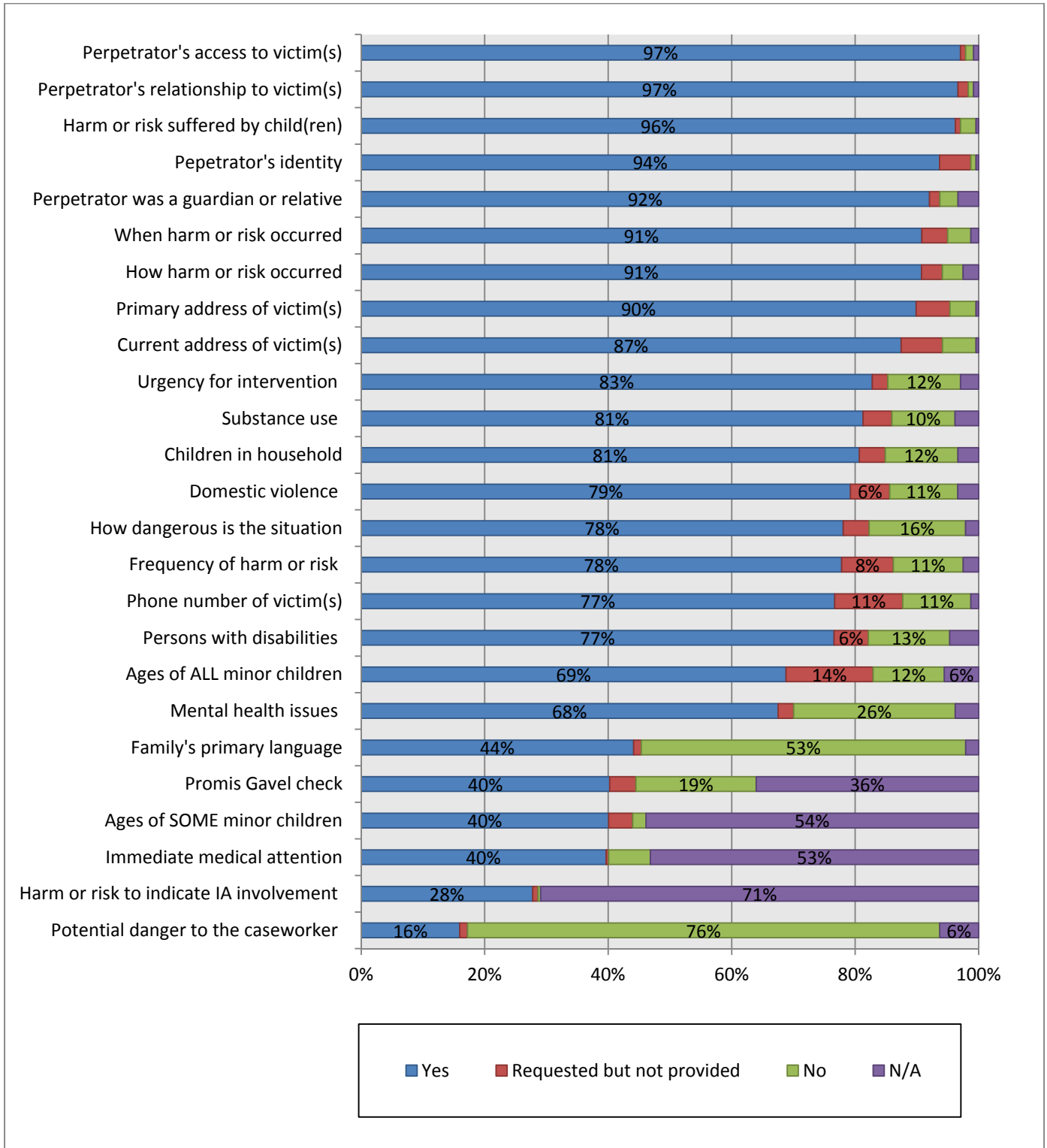
Chart 4 shows, in order of highest to lowest, the percentage of information gathered by Screeners in each particular category. In critical areas such as details about the alleged abuse and perpetrator, the presence of domestic violence, and age and location of the children in the home, Screeners consistently gathered or requested this information in 215 (90%) of 239 calls. Other required questions, such as the presence of mental health issues in the family/home, the need for a Promis Gavel Check to be performed¹⁴, information on the family's primary language and information on possible dangers for the responding caseworker¹⁵, had the lowest percentage of information collected. Screeners did in 84% of the 239 CPS calls, however, ask a question about "how dangerous the situation was".

¹³ See Chart 13.

¹⁴ DCP&P Field Operations Casework Policy and Procedures Manual II B 212.3 dated 11/22/2004 states : "Paramour cases" -- When accepting a child abuse/neglect case in which the alleged perpetrator is a parent's paramour, or the parent/caregiver is currently involved with a significant other/paramour, the Screener must check the paramour's name against Promis/Gavel files, the New Jersey Courts' computer criminal record check.

¹⁵ 'Potential danger to the caseworker' included questions regarding weapons in the home and criminal activities.

Chart 4: Specific Categories of Information Collected During CPS Calls
n=239

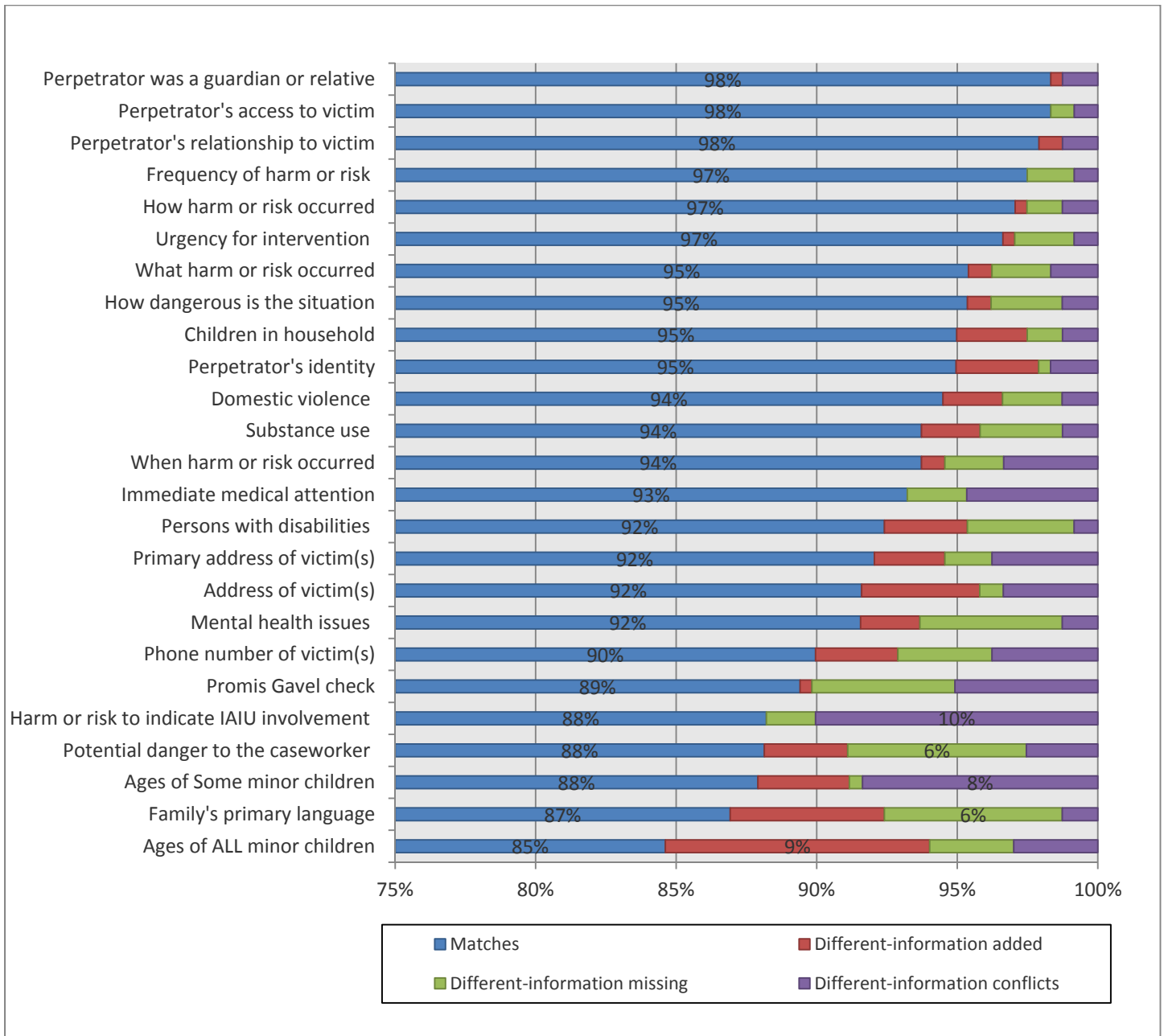


Note: Values ≤ 5 % are not displayed in the Chart.

Documentation

Chart 5 represents the accuracy of the transfer of the information provided for the 239 CPS- Family and CPS-IA calls. While there are areas that can be improved, the overwhelming majority of Screeners accurately collect and document information about the allegations, including the basic demographics of the family and circumstances of the alleged incident.

**Chart 5: Accuracy of the Screening Summary Based on Information Received for CPS calls
n=239**



Note: Values ≤ 5 % are not displayed in the Chart.

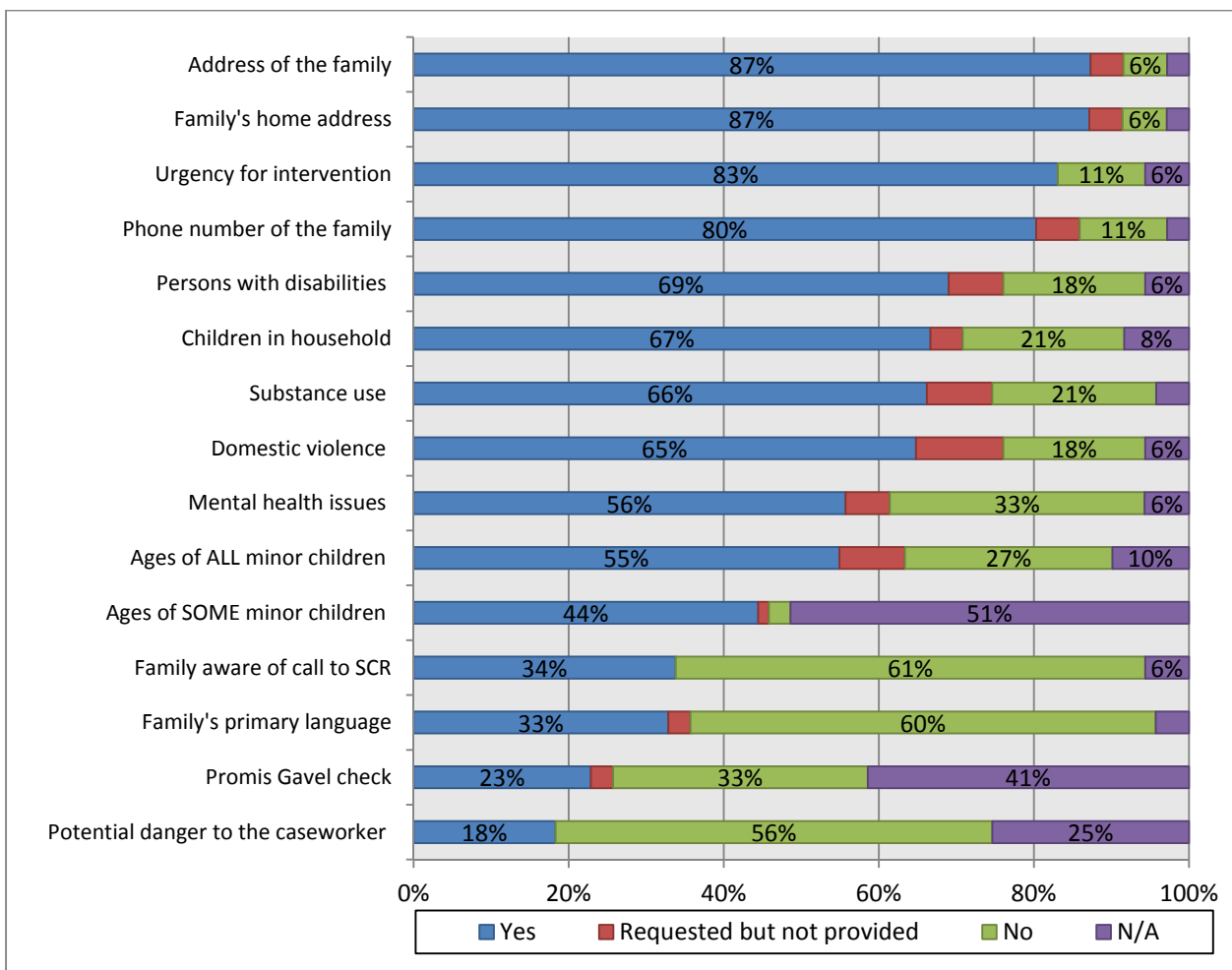
Results for CWS Calls

There were 72 calls in the sample coded as Child Welfare Services (CWS). Many of the same questions asked of callers reporting CPS issues were asked of callers reporting a situation coded as CWS. For example, Screeners ask all callers basic information on the child/family's whereabouts and urgency for intervention. However, since there is no allegation of child abuse, there are no questions about victims or perpetrators. For questions regarding the family functioning, the presence of domestic violence or mental health issues, it is evident in charts 6 and 7 that Screeners collect similar information with both CWS and CPS calls.

Information Collection

Chart 6 shows strengths and areas that need to be improved in information collection of CWS calls. For example, the collection or requesting of basic demographic information occurred in nearly all of the calls, but information about the primary language occurred less often. Since these calls also received a field response to complete an assessment of the situation, the mandatory questions regarding context of the family setting and safety for the responding worker must be consistently asked.

Chart 6: Specific Categories of Information Collected During CWS Calls
n = 72



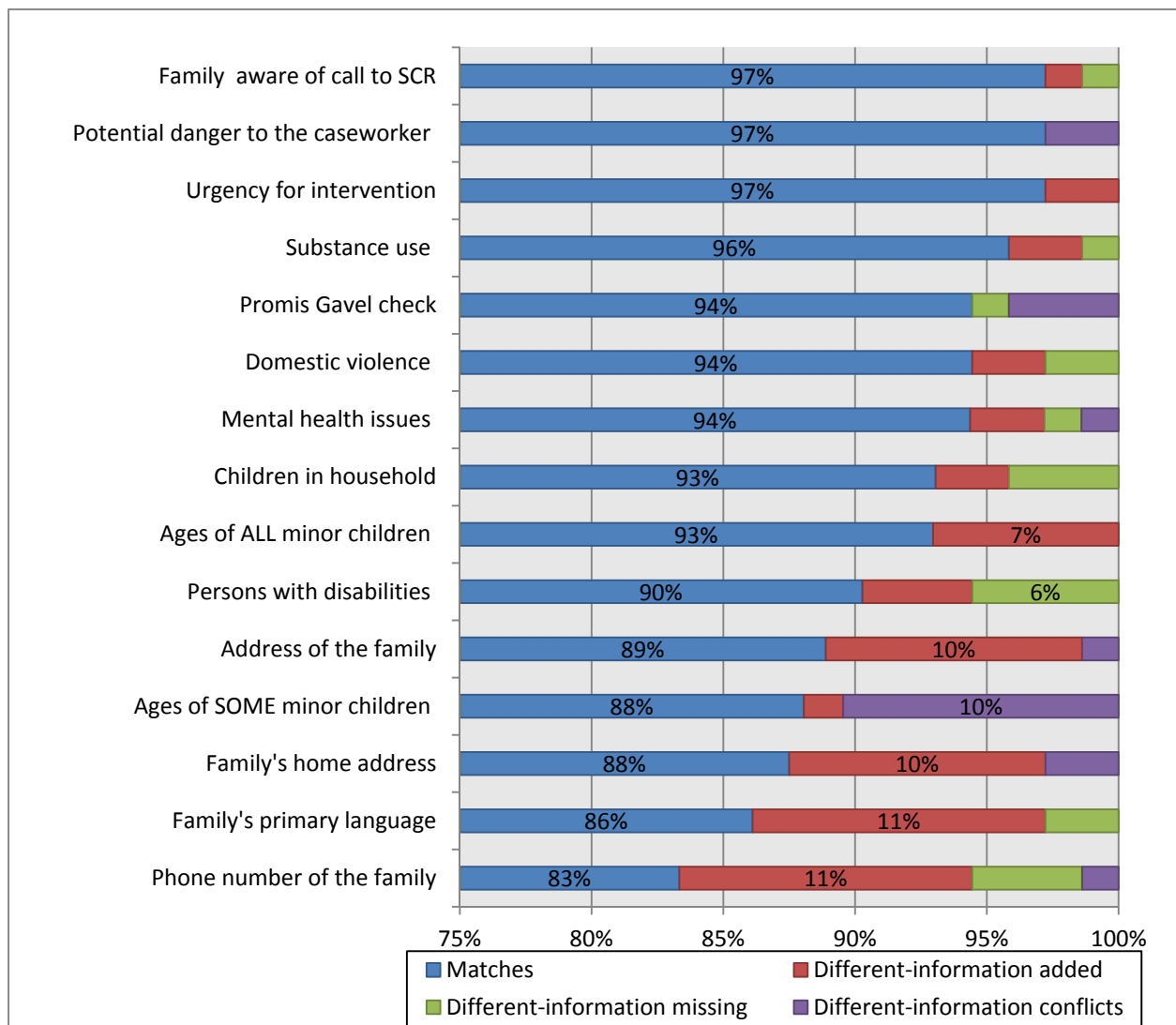
Note: Values ≤ 5 % are not displayed in the Chart.

Documentation

The Screening Summary provides the basis for a Screener to initiate an investigation or an assessment and is forwarded from SCR to a local DCP&P office electronically for assignment. The results in Chart 7 show that Screeners asked or obtained information that was accurately documented in the Screening Summary for the majority of categories for CWS calls. There were approximately three instances where the information heard in the call conflicted with the documentation in the Screening Summary. For example, a Screener made errors in documenting information like street address or primary language.

For CWS, the dominant service request was *Other Services/Requests* in 36 (50%) cases. Within that choice, the majority of the calls expressed concerns regarding: mental/behavioral health of a child; mental/behavioral health of a parent; housing/homelessness; or child placement services.

**Chart 7: Accuracy of the Screening Summary Based on Information Received for CWS calls
n=72**



Note: Values ≤ 5 % are not displayed in the Chart.

B. Screener Performance

Questions regarding Screener Performance were designed to elicit an assessment of the Screener's interaction with the caller. Since the Screener is often the first contact the caller has with the Department, it is the expectation that staff is professional and competent. Questions focused on the Screener's ability to be logically sequential, respectful, engaged, competent, clear, professional and genuinely helpful. These areas reflect both the standards for Screeners as well as the Department's overall Case Practice Model¹⁶, which focuses on key strategies to engage and partner with families.

In addition to questions about performance, the protocol also asked reviewers to identify when difficult situations were present. In 51 (14 %) of 367 cases, reviewers felt that the Screeners were presented with challenges during the call which seemed to present some difficulty in assessing the intake. Such challenges included but were not limited to:

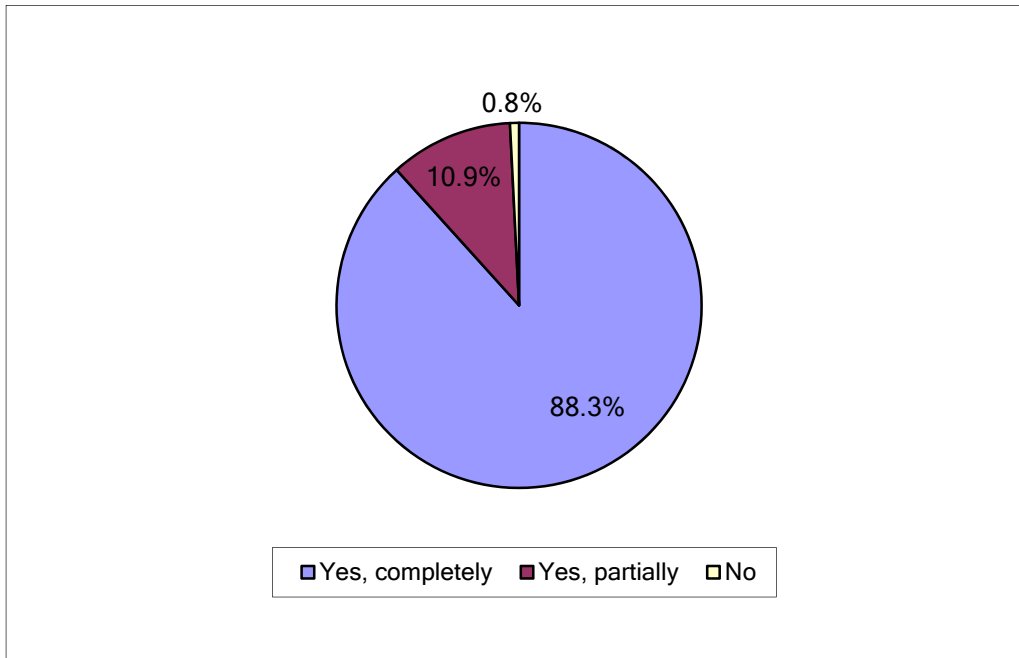
- Distraught or hostile callers;
- Multiple cases called in at one time;
- Significant call background noise including children crying, dogs barking, other people talking, or poor telephone connection;
- Missing or very limited information known by the caller necessary to make a sound intake decision;
- Difficulty in communicating due to language/accent of the caller.

Additionally, when there were generalized concerns expressed by the caller with, for example, explaining the next steps in the process or the coding of a report, the reviewer felt that the Screener made reasonable efforts to resolve them in 322 (96%) of 336 applicable calls.

The vast majority of Screeners performed very well on their ability to obtain information from callers. For example, as shown in Chart 8, in 324 (88%) of 367 calls reviewed, Screeners asked questions logically to elicit the reason for the call. A review of comments indicated that in only three calls (1%), the Screeners made irrelevant personal and judgmental comments to the caller, asked some questions in a non-sequential manner and/or omitted some required questions.

¹⁶ <http://www.state.nj.us/dcf/about/case/DCFCasePracticeModelJan2007.pdf>

Chart 8: Screener Obtained Information from the Caller (i.e. relevance of questions, logical sequencing, non-judgmental demeanor)
n=367



Additionally, over the course of several questions, the review assessed if the Screener demonstrated aspects of the DCF Case Practice Model’s core conditions: engaging the caller, displaying respect, genuineness and concern (Chart 9) and, conducting themselves in a professional and competent manner (Chart 10). Results indicated that Screeners performed quite well in each of these areas.

Chart 9: Screener demonstrated Respect, Genuineness and Concern
(i.e. use of Reflective Listening skills, calm and engaging voice)
n=367

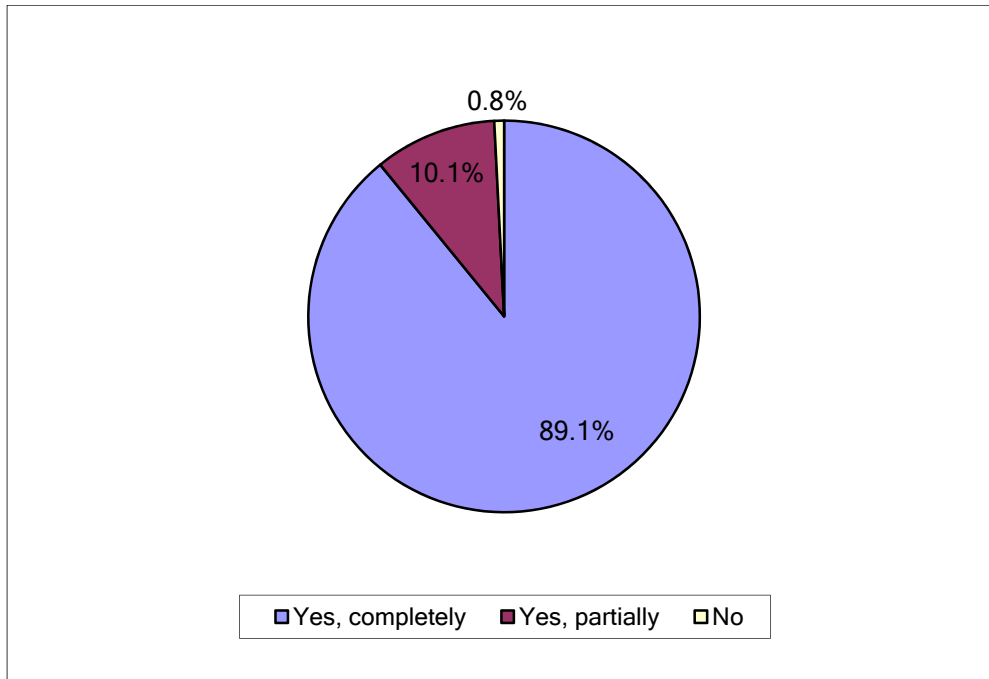
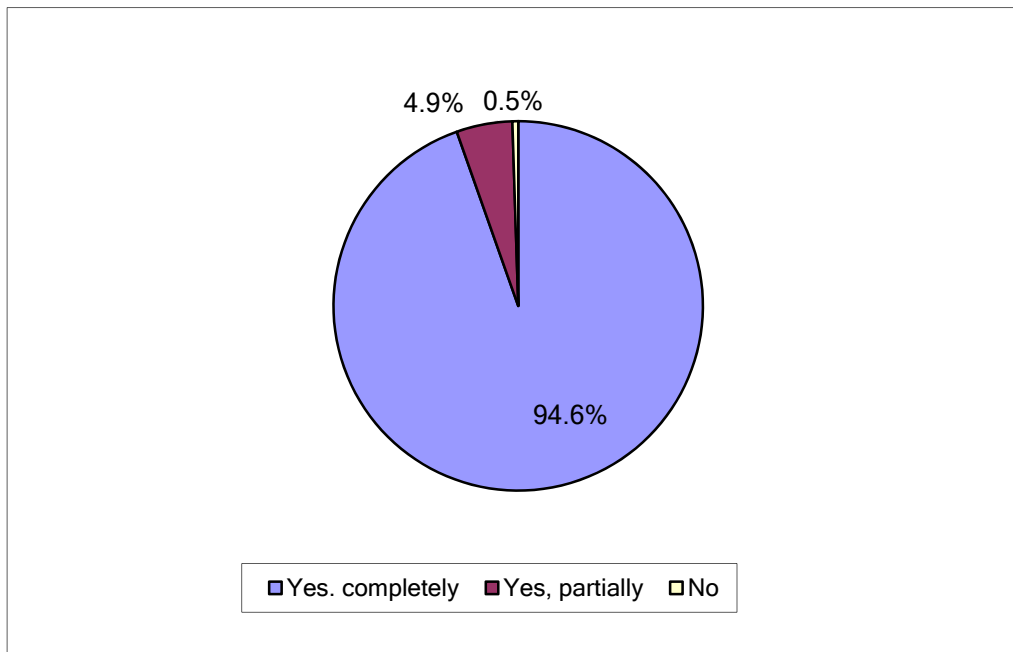


Chart 10: The Screener demonstrated Competency and Professionalism during the call. Even with challenging callers, the Screener remained composed, focused and professional. n=367



The level of engagement of the callers based on the actions of the Screeners was rated sufficient in 354 (96%) of 367 calls. Perhaps another indication of the effectiveness of engagement strategies is evidenced by the fact that the Screener was able to secure the caller's identity in 340 (97%) of 367 intakes. This is a significant achievement given the fact that New Jersey allows anonymous reporting. In the 13 (4%) of 367 calls rated adversely, reviewer comments indicated that increased validation of caller's concerns as well as more probing questioning would have enhanced the quality of the call.

Another key component of quality Screeners is the use of appropriate pace and volume in a manner that is direct and clear when speaking with callers that may be upset, agitated or in crisis. As shown in (Chart 11), Screeners were able to completely demonstrate this skill set in 346 (94%) of 367 calls and *Partially* in 21 (6%) of 367 calls.

Chart 11: Screener was Direct and Clear with Appropriate Pace and Volume
n=367

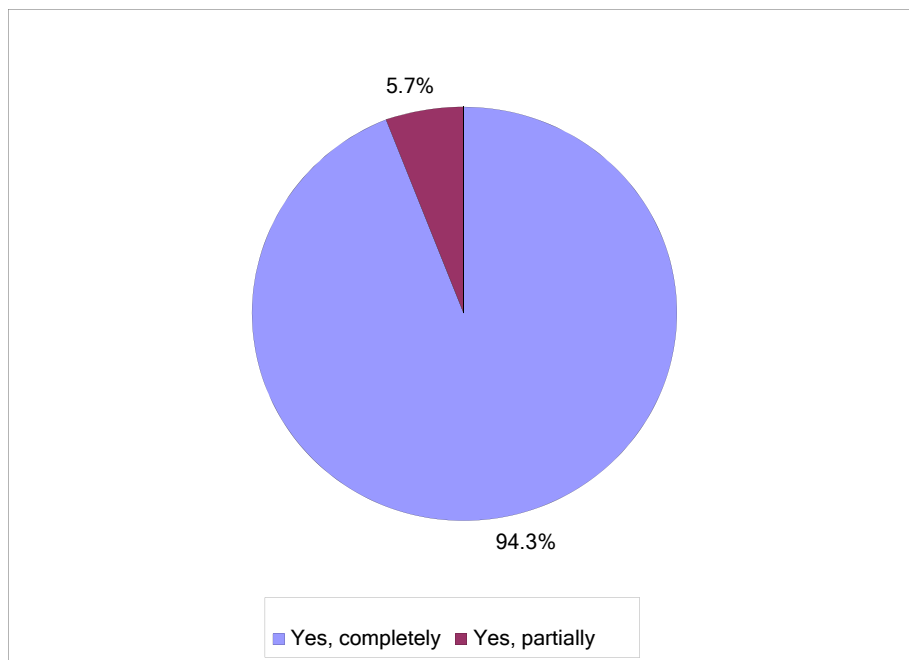
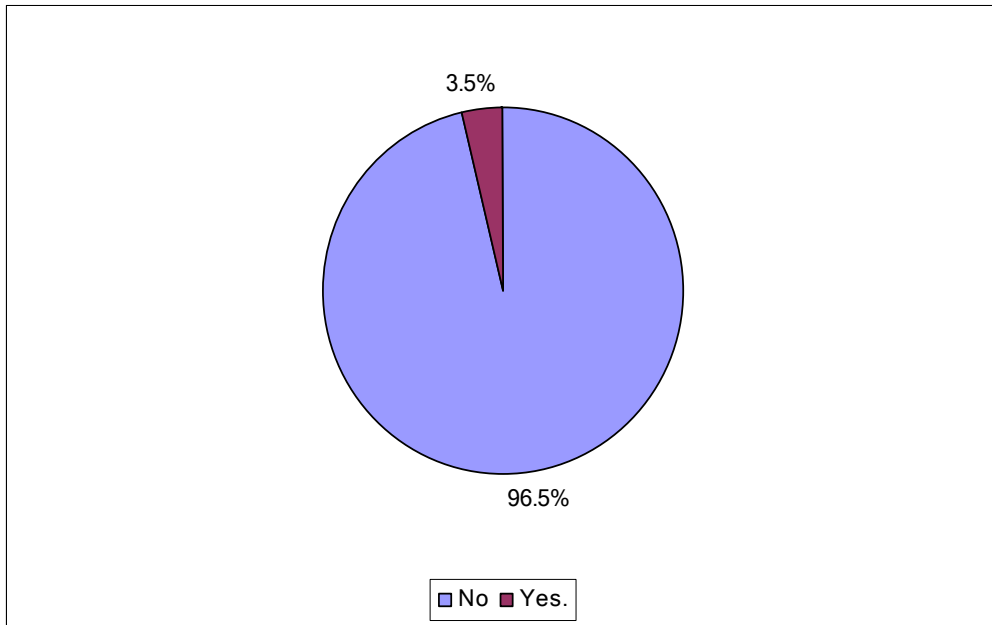


Chart 12 shows that in 13 (4%) of 367 calls, callers were dissatisfied with the response of the Screener. Comments indicate that in the clear majority of those intakes, the cause of that dissatisfaction was the caller's unwillingness to accept the Screener's decision (such as to not accept a case for field assignment based upon policy¹⁷) or when Screener pursued answers to required questions despite the caller's objections. Eight (61%) of the 13 calls were coded IR, meaning no field response was deemed necessary based on what the caller reported. Four calls (31%) were coded CPS and one call (8%) was coded CWS.

¹⁷ DCP&P Field Operations Casework Policy and Procedures Manual II B 208 dated 7/8/2005.

Chart 12: Dissatisfaction with Screener's Response Expressed by the Caller
n=367

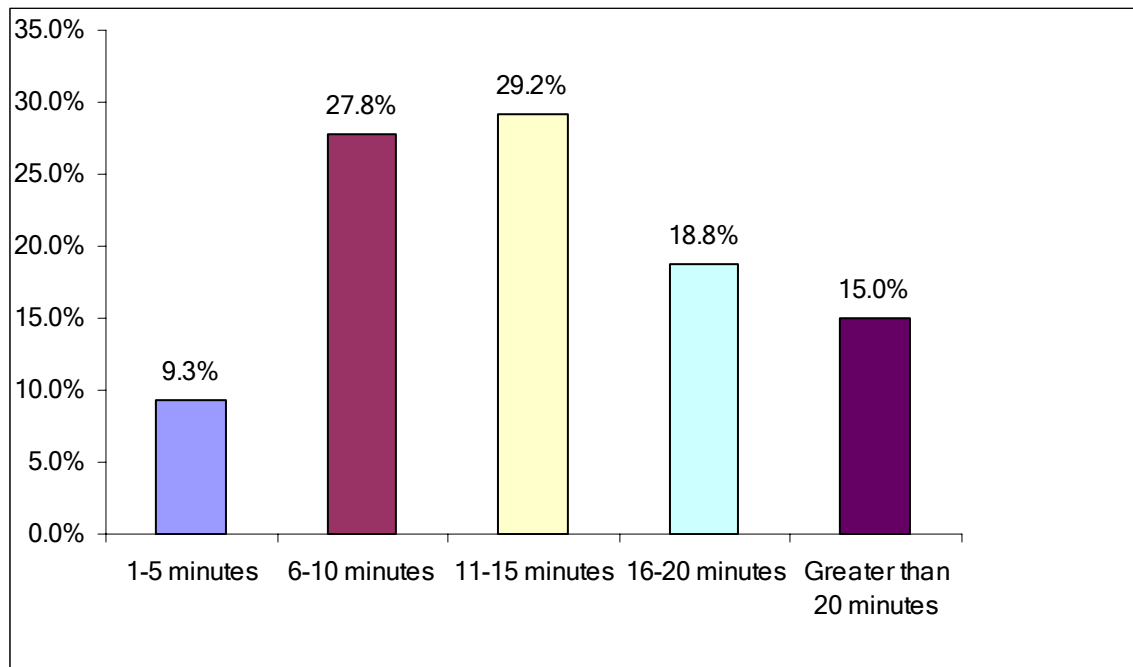


Responses to additional performance questions supported and reinforced the conclusion that Screeners interacted with callers in an effective and appropriate manner. For example, Screeners are required to summarize information shared by the caller during the course of the call to ensure the information collected is accurate. Screeners effectively reflected and summarized pertinent information for the caller in 341 (93%) of the calls. And in 307 (99%) of applicable calls, Screeners provided information on the next steps in the investigation or assessment process. Additionally, the review found that Screeners respectfully ended the call in 354 (97%) of the 367 calls.

C. Call Duration and Telephone Holds

Calls to SCR vary in duration as a function of the amount and complexity of the information required to be collected, including “hold” time and supervisory consultation. Chart 13 shows the duration of the calls in five (5) categories. The largest grouping of calls was in the category of 11-15 minutes with 29% or 107 of all calls.

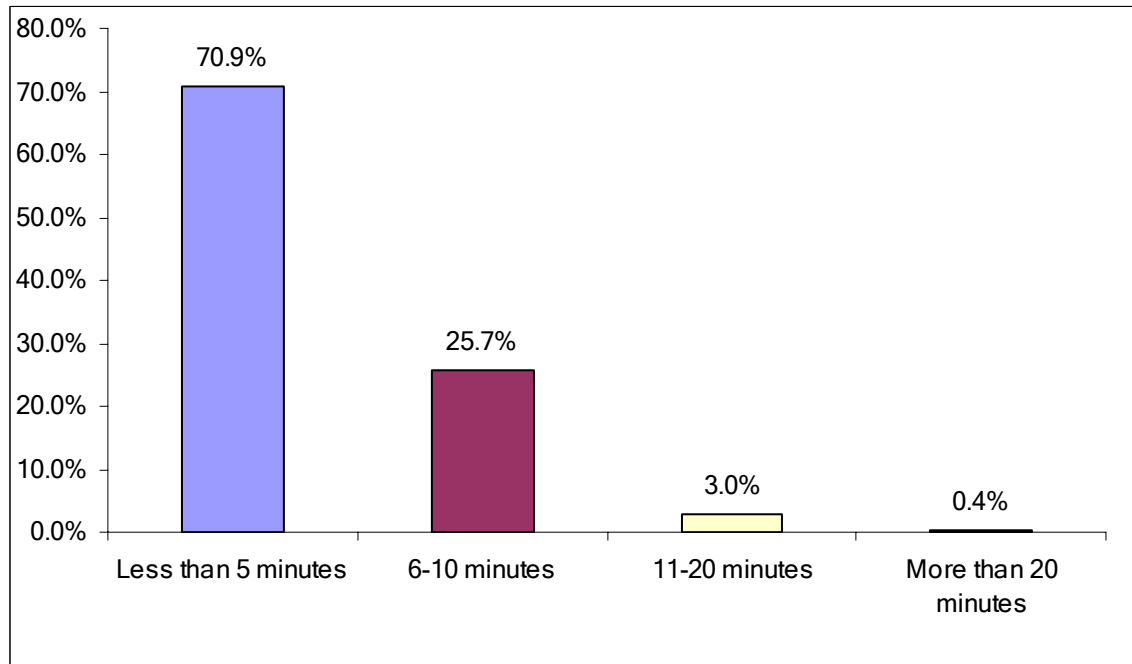
Chart 13: Total Duration of Call
n=367



All four intake types had call duration greater than 20 minutes: CWS:9 (12.5%) of 72 calls; CPS-IA:3 (15%) of 20 calls; CPS-Family:34 (15.5%) of 219 calls; IR:9 (16.1%) of 56 calls. The findings suggest that it is not the call type but rather the substance and complexity of the information in the call that determines the amount of time a Screener devotes to arriving at an accurate intake designation and assignment.

Screeners often need to put callers “on hold” to conduct a search of the family history in NJ SPIRIT, conference the call with a supervisor or conduct other routine activities. A series of questions were asked regarding the occurrence, frequency and duration of the caller being put “on-hold” by the Screener and how that interruption was handled by the Screener. Results indicate that callers were put on hold in 266 (72.5%) of 367 calls. In 60 (23%) of 263 calls, the caller was put on hold more than once. And in 226 (85%) of 266 calls involving a hold, the Screener addressed the length of the hold with the caller. The duration of a hold was less than 5 minutes in 188 (71%) of 265 calls. Chart 14 illustrates hold duration in more detail.

Chart 14: Total Duration of the Hold Period
n=266



NJ SPIRIT Searches

Screeners are required to search the NJ SPIRIT database in order to ascertain if previous DCP&P involvement exists with a child, family or individual.¹⁸ A search is typically conducted during a hold. Reviewers noted several examples of thoroughness in this area.

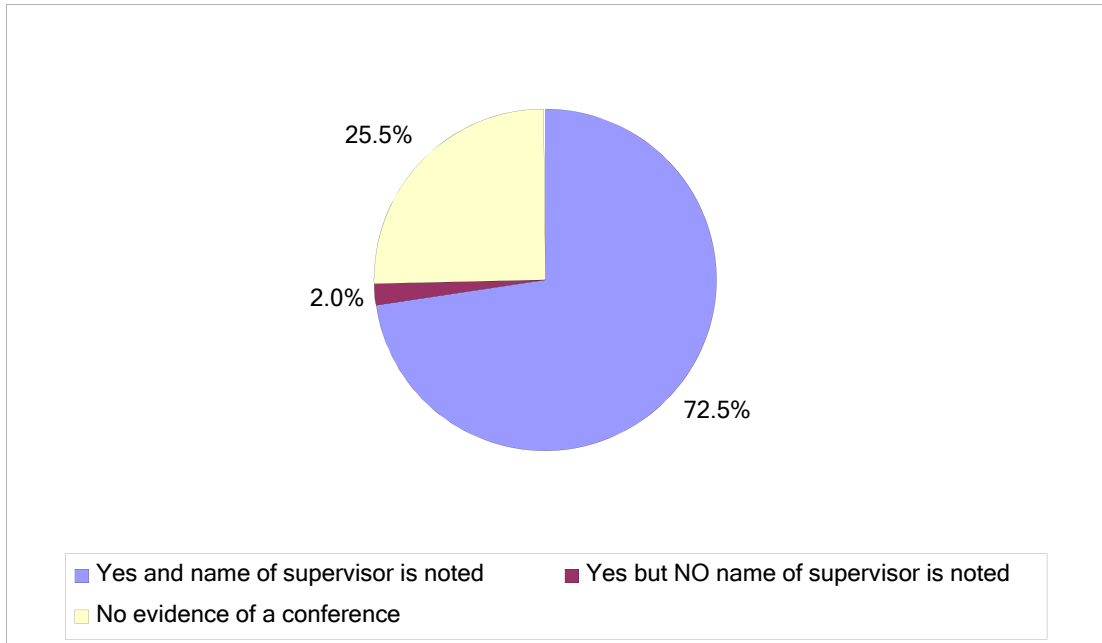
- Of the 367 calls, 279 (76%) families were previously known to DCF.
- There was evidence in the screening narrative that required NJ SPIRIT searches had been completed in 312 (85%) of the 367 cases.

It is SCR practice that uncertified Screeners¹⁹ have a documented conference with a named supervisor prior to making an intake decision. Survey results in Chart 15 indicate that this conference occurred in only 37 (72.5%) of applicable 51 calls. Regardless of the Screener certification status, the caller was informed that the Screener conferred with a supervisor during the hold in 75 (28%) of the 265 calls. Uncertified Screeners who documented a conference informed the caller of that conference in 17 (46%) of 37 cases.

¹⁸ DCP&P Field Operations Casework Policy and Procedures Manual II B 212 dated 11/22/2004 and 6/15/2011

¹⁹ An uncertified screener has not yet passed a competency review which allows them to make independent intake decisions and assignments.

Chart 15: Documentation of Supervisory Conferences
n=51

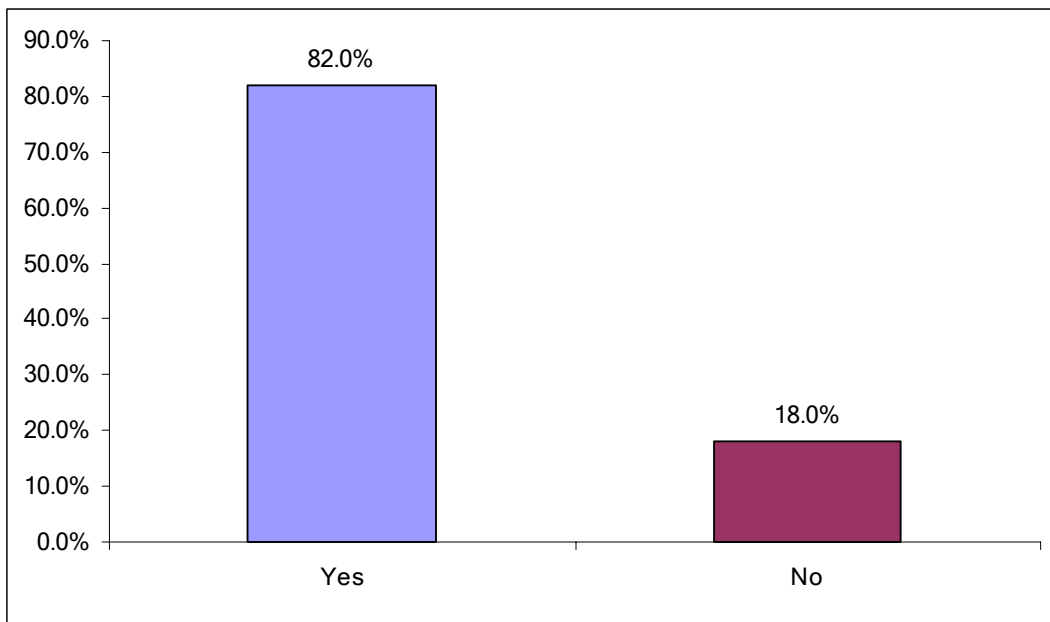


D. Quality of Documentation

Screeners must collect all relevant information from the referral source and transcribe that information to the Screening Summary which is used by the SCR supervisor and assigned caseworker, as necessary, to assess the appropriateness of the intake decision and commence a field assessment or investigation.

The reviewers collectively judged that the accurate and effective transfer of information occurred in 301 (82%) of 367 calls. Uncertified Screeners performed marginally better (2.7%) than certified Screeners, yet this is not regarded as statistically significant. This may be a function of the presence of required supervisory oversight for uncertified Screeners. There was a wide variety of reasons for an adverse “No” response as indicated previously in Charts 3, 5 and 7.

Chart 16: Accuracy of Caller’s Statements Reflected in Screening Summary
n=367



The survey instrument asks the following: “Was there evidence of information in the call that was relevant that was not included in the Screening Summary?” In 208 (56.7%) of 367 calls reviewers determined all relevant information was included in the Screening Summary. In 159 (43.3%) of calls reviewers found evidence of relevant information not included in the Screening Summary. When asked to support the rating, explanations of relevant information missing from the Screening Summary included:

- Simple inaccurate/absent transfer of demographic information that was supplied in the call, including the existence of other family or household members;²⁰
- Family dynamics and nuances including the child(ren)’s emotional and behavioral characteristics that were presented in the call;
- Information on the family’s culture and/or language was not documented;
- Information on possible witnesses to incidents and/or collateral sources of information that were mentioned was not documented;
- Past locations of the family, including residence in other states;

²⁰ Correlates to Charts 3, 5 and 7.

- The stated relationship of the caller;
- Clues to physically locating a family/residence, and;
- The level of concern/perceived urgency of the caller.

When asked to give an overall rating on the quality of the documentation in the Screening Summary for all intake types, an “excellent” rating was given in 309 (84.2%) of 367 cases.²¹ In the 5 (1%) calls rated as having *Poor* documentation, the reasons given included inadequate reference to known history, typographical errors and inaccurate narrative when compared to the audio.

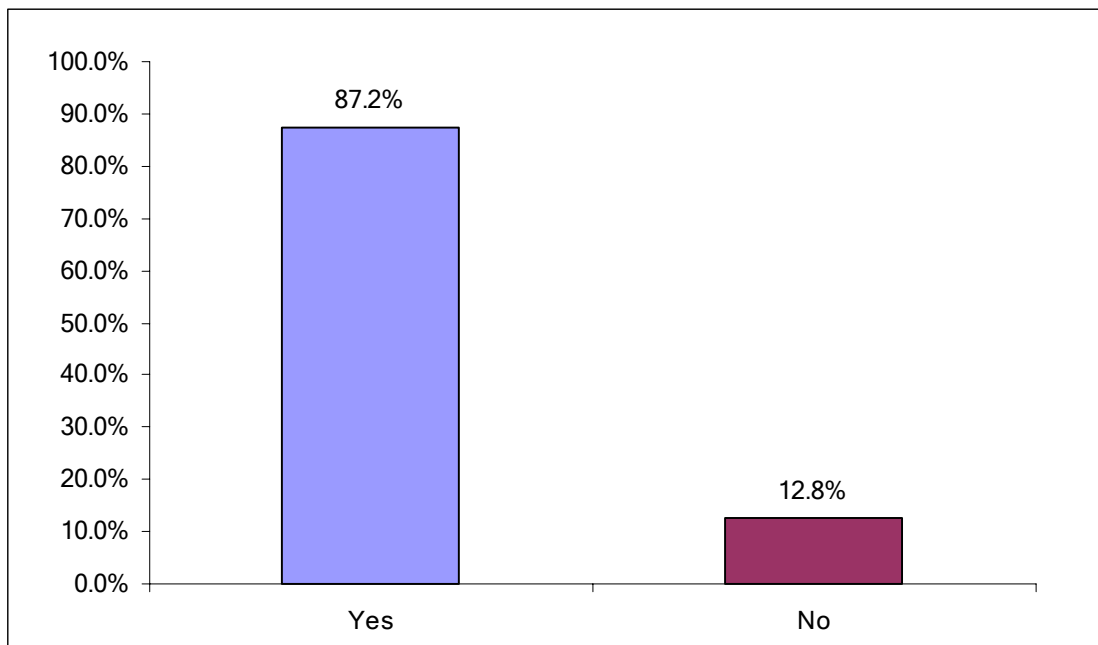
²¹ The survey question choices were “Excellent”, “Marginal” or “Poor”.

E. Intake Coding Decisions

As indicated earlier in the report, 56 intakes were coded by Screeners as IR, 72 as CWS, 219 as CPS-Family and 20 were CPS-IA.

Reviewers were asked to judge if the intake call was appropriately coded by the Screener as CPS, CWS or IR. Reviewers focused their judgments primarily on the content of the audio component of the intake. Chart 17 shows Reviewers determined 320 calls (87%) of 367 calls were appropriately coded, while calls (12.8%) of 367 intakes were assessed by reviewers to be coded incorrectly. The difference between certified and uncertified Screeners was judged to be statistically insignificant.

Chart 17: In the reviewer's judgment, was the call appropriately coded? n=367

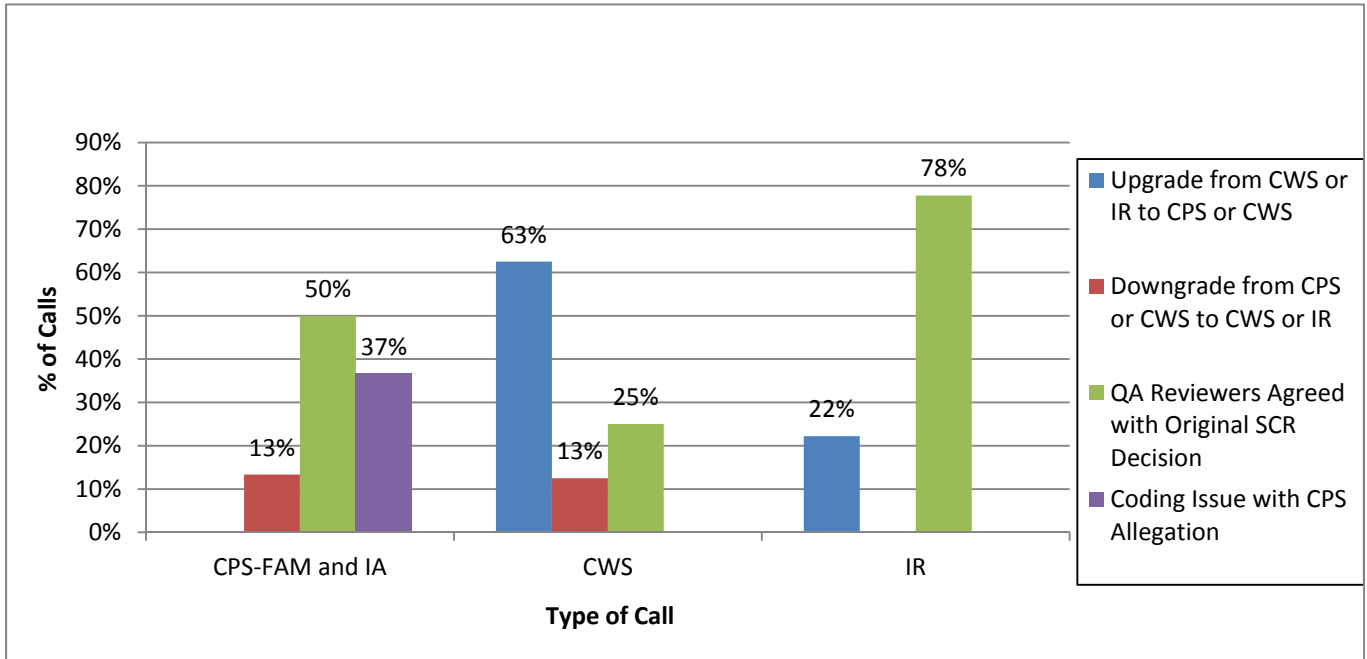


The 47 calls determined to be inappropriately coded by the reviewer were reviewed again as part of the quality assurance process. The scope of the review limited the reviewers' access only to single specific calls and related Screening Summary documents at a point in time. Therefore, the reviewer was unable to view subsequent documented decisions in NJ SPIRIT made by SCR supervisory staff after the Screener's documentation was completed. This included viewing related case history which may have been a factor in SCR's final determination of urgency and risk. The final PMA QA assessment is illustrated in Appendix C and Chart 18 and translates to the following conclusions:

- Seven (15%) of the 47 intakes should have been initially coded or **upgraded** to CPS;
- Five (11%) of the 47 intakes should have been **downgraded** to CWS, one to IR and one to RI.
- In twenty-four (51%) of the total 47 coding disagreements, the QA team determined the initial coding by the Screener was appropriate, that is, to **leave them as initially coded by the Screener**. The majority of those calls were found in the IR category.
- In eleven (23%) of the 47 coding disagreement calls, it was judged by the reviewer that while the initial CPS

coding was correct and an investigation did proceed, the documented intake allegation types according to the Allegation-Based System²² did not fully describe and codify all the concerns relayed by the caller.

Chart 18: Summary of Coding Disagreement Recommendations by Intake Type Following QA Review
n=47



After taking into account the QA review, the coding disagreement rate was recalculated to exclude those intakes where the QA review team determined that the original SCR decision was correct. With this reassessment, there remained 23 (6.2%) of 367 calls with a coding disagreement. Approximately half of the calls would have been upgraded to a CPS call and the other half downgraded to a CWS call. However, all of these calls received a field response

Related to intake coding is the requirement for the Screener to assign a response time to an intake (CPS or CWS) that requires assignment to a Local Office or IA Unit for a field response (n=311). This was assessed to have been done effectively, documented properly and in accordance with policy²³ in 278 (89%) of the 311 applicable calls. Thirty-eight (11%) of the 311 calls which were judged to be given an incorrect response time, 24 cases appear to be related to the intake categorization (CPS/CWS) as noted above. In the remaining 14 (5%) cases that were reportedly coded incorrectly, 6 (2%) were CWS and 8 (3%) were CPS, where a quicker response was required.

The assigned response time for 186 (77.8%) of 239 CPS reports was 24 hours; meaning the field office has up to 24 hours to respond to the report. The assigned response time for CWS reports was 72 hours in 58 (81.7%) of 71 calls.

²² DCP&P Field Operations Casework Policy and Procedures Manual II R 301 dated 6/1/2009

²³ DCP&P Field Operations Casework Policy and Procedures Manual II B 1400 dated 1/14/2008.

VI. Recommendations

As the 'front door' of the Department of Children and Families, the State Centralized Registry is clearly a strong operation reflected by the positive results of the review in the four key areas of focus: Information Gathering, Documentation, Screener Performance and Intake Decision Making. In the vast majority of calls in the sample, SCR met its core responsibilities to receive, assess, document and process concerns from NJ citizens about the safety and welfare of children. Callers received professional and courteous service by Screeners who engaged them, gathered pertinent information and appropriately coded the call. This is of particular significance given the high call volume, the critical nature of the work and callers who are often in crisis.

The strengths within SCR provide the groundwork to build upon for continued improvement. The recommendations noted below focus on supporting the infrastructure of the organization which will enhance accountability through improving supervisory oversight and quality assurance processes. Many of these recommendations are currently in place or planned for the near future.

Clarify Policy

SCR management should review several areas of policy related to the choices Screeners have when making a decision at the conclusion of the call. In particular, Screeners would benefit from having clearer understanding of the terms: Information and Referral, Information Only and No Action Required. Screeners would also benefit from a better understanding of the importance of gathering required information concerning family functioning and the home environment. For example, questions related to the primary language of the family, mental health and substance abuse provide valuable information for determining the appropriate code and helping the field worker prepare and respond appropriately. Finally, while they are not a substitute for skilled interviewing, SCR should review its use of templates and checklists to assist screeners in carrying out required work. Utilizing the experience learned from visiting the Texas Statewide Hotline, a best practice scenario should be developed with a questionnaire guide to assist with the decision-making process at SCR.

Training

All SCR staff currently receives 15 days of training in a comprehensive review program. To further enhance the skills and competencies of Screeners, it is recommended that SCR and the DCF Training Academy develop additional courses to help screeners improve skills in critical areas. SCR operates in a unique "call center" environment where staff are under constant pressure to gather critical information, make accurate decisions, and document the situation and to process paperwork. SCR administration should consider the development of "hands-on" training to assist screeners and supervisors to effectively operate in this type of environment. Training geared for supervisory staff along these same lines should be developed.²⁴

Supervision

Supervisors at SCR are a critical component to ensure Screeners perform expected job duties in high quality and competent ways. Unlike most operations SCR has the unique capability to provide supervision of staff by reviewing the

²⁴ SCR is collaboratively working with DCF's Training Academy and has already completed 3 day training for screeners with an additional 2 day training for supervisors.

recorded phone calls so that supervisors can assess the work of all Screeners. The use of this technology should be a critical component of supervision, by permitting supervisors and staff to listen to calls together to evaluate strengths and weaknesses of the communication between the caller and the Screener, as well as to follow the screening process at each critical juncture including documentation.²⁵

Quality Improvement

This review as well as previous reviews of SCR operations have provided valuable information about SCR operations, and should continue in the future. At the same time, they are labor intensive and too long a period of time can go by without important feedback to agency administration. To address this, SCR should develop and implement its own quality assurance (QA) capability that initially mirrors the kind of assessment undertaken in this review. For example, a robust QA process, including both internal staff from SCR and external staff from DCP&P administration and Local Offices should be in place to ensure high quality and competent practice. For example, routine reviews such as this one could be replicated on a smaller scale with greater frequency to ensure practice expectations and policy standards are being met. Adding external staff creates broader opportunities for learning in key areas such as obtaining required information, documentation and decision making. This would also facilitate the collaboration with DCP&P Local Office staff to gain further insight into what additional information is seen as valuable for field workers.

Additionally, SCR should consider the feasibility of allowing access to the recorded calls for staff in DCP&P Local Offices. This will further enhance the relationship between SCR staff and field staff leading to greater understanding about what information may be seen by the field as relevant to the investigation/assessment as well as provide an opportunity to resolve conflicting or unclear information within the Screening Summary.²⁶

²⁵ An upgrade to the call management system is currently being developed to allow for screeners to have access to their own calls at their desktop via email. This would allow self-reflection and evaluation on their own work. Also this new feature would enable supervisors to provide prompt feedback to the screeners.

²⁶ A Fall 2012 roll-out of this initiative is anticipated.

APPENDIX A
SCR REVIEW DATA COLLECTION INSTRUMENT

REVIEWER INFORMATION

*1. Reviewer Name.

- | | |
|--|--|
| <input type="radio"/> Abbie Dimeo | <input type="radio"/> Idalmis Toro |
| <input type="radio"/> Beth Bowman | <input type="radio"/> Judy Meltzer |
| <input type="radio"/> Blake Connor | <input type="radio"/> Katrina Tatem |
| <input type="radio"/> Christine Norbut-Mozes | <input type="radio"/> Kevin Ryan |
| <input type="radio"/> Colin Smith | <input type="radio"/> Martha Raimon |
| <input type="radio"/> Colleen Corbett | <input type="radio"/> Mickey Zawacki |
| <input type="radio"/> Dan Torres | <input type="radio"/> Rachel Paletta |
| <input type="radio"/> Elaine Ellerbee-Nurse | <input type="radio"/> Steve Mendez |
| <input type="radio"/> Felicia Soldrich | <input type="radio"/> Valencia Coleman |
| <input type="radio"/> Greta Anderson | <input type="radio"/> Yvonne Belmaachi |
| <input type="radio"/> Other (please specify) | |

*2. Reviewer Number [Source: SCR Review-Reviewer List]

REFERRAL BASICS AND TIMING

Information for this section can be found on your Excel Reviewer List and/or in the Screening Summary document.

*3. Survey ID Sample Number [Source: SCR Review-Reviewer List]

*4. NJ SPIRIT Intake ID Number [Source: SPIRIT Screening Summary]

*5. CLS ID # (Unique Identifier for each call) [Source: Reviewer List]

*6. Name of SCR Screener [Source: Reviewer List and Screening Summary]

*7. Screener Certification Status [Source: List of UNCERTIFIED Screeners]

- Certified
- Uncertified

***8. Does the screener have prior DYFS field experience [Source: List of Staff without Experience]**

- Yes
- No

***9. Date and time of Intake [Source: SPIRIT Screening Summary]**

MM DD YYYY HH MM AM/PM
Date/Time / / | :

***10. Starting Date and Time of Call [Source:NICE/(hand-written on the Screening Summary)]**

MM DD YYYY HH MM AM/PM
Call Start / / | :

***11. Ending Date and Time of Call [Source:NICE/Media Player]**

MM DD YYYY HH MM AM/PM
Call End / / | :

***12. What was the total duration of the call? [Source: NICE/Media Player]**

- 1-5 minutes
- 6-10 minutes
- 11-15 minutes
- 16-20 minutes
- Greater than 20 minutes

13. Date and Time Intake sent to Local Office [Source: SPIRIT Assignment Sheet Time Listed Under Assignment Designee] (Leave blank if coded I&R.)

MM DD YYYY HH MM AM/PM
Intake Sent / / | :

CALL CONTENT

***14. From listening to the call, did the screener collect the following information?**

[Source: NICE Tape]

	Yes	No	Requested but not provided	N/A
Caller's Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caller's Contact Information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Circumstances prompting Caller's call	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the screener contact the Language Line/request interpretation assistance with the call if needed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***15. Does the Screening Summary reflect the information the caller provided? [Source: SPIRIT Screening Summary]**

	Matches	Different-information added	Different-information missing	Different-information conflicts
Caller's Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caller's Contact Information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Circumstances prompting Caller's call	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Different, please explain.

***16. How was the call coded? (Check one) [Source: Spirit Screening Summary Intake Type Box]**

- Information and Referral: referred to other agency or other DCF division
- CPS Family-Abuse/Neglect
- CPS IAIU-Institutional Abuse
- Child Welfare Services

INFORMATION AND REFERRAL ONLY

17. From listening to the call, did the screener collect the following information? [Source: NICE Tape]

	Yes	No	Requested but not provided	N/A
Did the screener get the location where the services were needed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the Caller request specific information from the Screener?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did Screener provide Caller with a referral/requested information?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. For I&R calls, what type of information was requested in the call? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Financial Assistance |
| <input type="checkbox"/> Adult Services | <input type="checkbox"/> Food |
| <input type="checkbox"/> Bomb Threat | <input type="checkbox"/> Hang-up/Wrong Number |
| <input type="checkbox"/> Camp | <input type="checkbox"/> harassment/Threat |
| <input type="checkbox"/> Child Care Services | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Complaints | <input type="checkbox"/> Interstate Compact |
| <input type="checkbox"/> Court | <input type="checkbox"/> Juvenile Matters |
| <input type="checkbox"/> DHS Services | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> DCF Administrative | <input type="checkbox"/> Resource Family Information |
| <input type="checkbox"/> DCF Services | <input type="checkbox"/> SPRU |
| <input type="checkbox"/> Education | <input type="checkbox"/> State Government |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Family Support | <input type="checkbox"/> utilities |
| <input type="checkbox"/> Other (please specify) | |

19. Does the Screening Summary reflect the information the caller provided?

[Source: Spirit Screening Summary]

	Matches	Different-information added	Different-information missing	Different-information conflicts
Did the Screener get the location where the services were needed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the Caller request specific information from the Screener?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did Screener provide Caller with a referral/requested information?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Different, please explain.

20. For Information and Referral, to whom was the caller referred? [Source: SPRIT Screening Summary Referred To Box]. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Adoption Services | <input type="checkbox"/> IAIU |
| <input type="checkbox"/> Community Agency | <input type="checkbox"/> Interstate Services |
| <input type="checkbox"/> County (Other Agencies) | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> County Welfare Services | <input type="checkbox"/> Licensing |
| <input type="checkbox"/> Court/Legal Services | <input type="checkbox"/> Medical Services |
| <input type="checkbox"/> Crisis Intervention Unit (Mental Health) | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Division of Child Behavioral Health Services | <input type="checkbox"/> Mobile Response |
| <input type="checkbox"/> Division of Prevention & Community Partnership | <input type="checkbox"/> No Action Required |
| <input type="checkbox"/> Domestic Violence Services | <input type="checkbox"/> Other DHS Services |
| <input type="checkbox"/> DYFS Office | <input type="checkbox"/> Other NJ State Agency |
| <input type="checkbox"/> Emergency Services | <input type="checkbox"/> School District |
| <input type="checkbox"/> FAFS (for Foster and Adoption Inquiries) | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Family Crisis Intervention Unit | <input type="checkbox"/> Substance Abuse Services |
| <input type="checkbox"/> Hotline/800#/211 | |

CPS FAMILY/CPS IAIU ONLY

21. From listening to the call, did the screener collect the following information? [Source: NICE Tape]

	Yes	No	Requested but not provided	N/A
Number of children in household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information to determine ages of ALL minor children in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information to determine ages of SOME minor children in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complete address of current location of the alleged victim child (ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone number of the current location of the alleged victim child (ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alleged victim child (ren)'s primary address	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alleged perpetrator's identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alleged perpetrator's relationship to alleged victim(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alleged perpetrator's access to the alleged victim(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What harm or substantial risk of harm has the child (ren) suffered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That the alleged perpetrator was a parent or guardian, a parent's paramour, a relative, or an older sibling/half sibling or step sibling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When the harm or substantial risk of harm occurred	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With what frequency has the harm of substantial risk of harm occurred	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How the harm or substantial risk of harm occurred	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How dangerous is the child(ren)'s current situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgency for intervention to ensure safety of child(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location of the alleged harm or substantial risk of harm to indicate that IAUI involvement is appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where appropriate, a child required IMMEDIATE medical attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about persons with disabilities in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about substance use in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about mental health issues in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about domestic violence in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about a paramour that would require a Promis Gavel check	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was there information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

provided by the caller
about the family's
primary language

Was there any
information provided
by the caller to
indicate potential
danger to the
caseworker who will
intervene in the
situation

22. Does the Screening Summary reflect the information the caller provided?

[Source:SPIRIT Screening Summary]

	Matches	Different-information added	Different-information missing	Different-information conflicts
Number of children in household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information to determine ages of ALL minor children in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information to determine ages of SOME minor children in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complete address of current location of the alleged victim child (ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone number of the current location of the alleged victim child (ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alleged victim child (ren)'s primary address	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alleged perpetrator's identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alleged perpetrator's relationship to alleged victim(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alleged perpetrator's access to the alleged victim(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What harm or substantial risk of harm has the child (ren) suffered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That the alleged perpetrator was a parent or guardian, a parent's paramour, a relative, or an older sibling/half sibling or step sibling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When the harm or substantial risk of harm occurred	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With what frequency has the harm of substantial risk of harm occurred	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How the harm or substantial risk of harm occurred	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How dangerous is the child(ren)'s current situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgency for intervention to ensure safety of child(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location of the alleged harm or substantial risk of harm to indicate that IAIU involvement is appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where appropriate, a child required IMMEDIATE medical attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about persons with disabilities in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about substance use in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Information about
mental health issues
in the household

Information about
domestic violence in
the household

Information about a
paramour that would
require a Promis
Gavel check

Was there information
provided by the caller
about the family's
primary language

Was there any
information provided
by the caller to
indicate potential
danger to the
caseworker who will
intervene in the
situation

If Different, please explain.

23. For CPS calls, what allegation(s) was indicated in the documentation? [Source: SPIRIT Screening Summary Description Box]. (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Child Death | <input type="checkbox"/> Sexual Molestation |
| <input type="checkbox"/> Head Injuries | <input type="checkbox"/> Substantial Risk of Sexual Injury |
| <input type="checkbox"/> Internal Injuries | <input type="checkbox"/> Inadequate Supervision |
| <input type="checkbox"/> Burns | <input type="checkbox"/> Abandonment or Desertion |
| <input type="checkbox"/> Poisons or noxious substances | <input type="checkbox"/> Inadequate Food |
| <input type="checkbox"/> Wounds | <input type="checkbox"/> Inadequate Shelter |
| <input type="checkbox"/> Bone Fractures | <input type="checkbox"/> Inadequate Clothing |
| <input type="checkbox"/> Substantial Risk of Physical Injury or Environment Injurious to Health and Welfare | <input type="checkbox"/> Medical Neglect |
| <input type="checkbox"/> Cuts, Bruises, Abrasions, Welts or Oral Injuries | <input type="checkbox"/> Failure to Thrive |
| <input type="checkbox"/> Human Bites | <input type="checkbox"/> Environmental Neglect |
| <input type="checkbox"/> Sprains or Dislocations | <input type="checkbox"/> Malnutrition |
| <input type="checkbox"/> Tying/Close Confinement | <input type="checkbox"/> Lock-out |
| <input type="checkbox"/> Risk of Harm due to Substance Abuse by the Parent, Caregiver or the Child | <input type="checkbox"/> Medical Neglect of a Disabled Infant |
| <input type="checkbox"/> Sexually Transmitted Diseases | <input type="checkbox"/> Educational Neglect |
| <input type="checkbox"/> Sexual Penetration | <input type="checkbox"/> No Allegations Indicated |
| <input type="checkbox"/> Sexual Exploitation | <input type="checkbox"/> Unable to Determine Allegations |

24. What response time was coded for the allegation of abuse/neglect? [Source: SPIRIT screening Summary Response Time Box]

- Immediate
 24 Hours

CHILD WELFARE SERVICES ONLY

25. From listening to the call, did the screener collect the following information? [Source: NICE Tape]

	Yes	No	Requested but not provided	N/A
Number of children in household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information to determine ages of ALL minor children in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information to determine ages of SOME minor children in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complete address of current location of the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone number of the current location of the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family's home address	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgency for intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If appropriate, was there any information provided by the caller to indicate potential danger to caseworker who will intervene in the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about persons with disabilities in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about substance use in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about mental health issues in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about domestic violence in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Information about a paramour that would require a Promis Gavel check	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was there information provided by the caller about the family's primary language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was there information provided by the caller that the family was aware of this call to SCR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Does the Screening Summary reflect the information the caller provided? [Source: SPIRIT Screening Summary]

	Matches	Different-information added	Different-information missing	Different-information conflicts
Number of children in household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information to determine ages of ALL minor children in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information to determine ages of SOME minor children in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complete address of current location of the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone number of the current location of the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family's home address	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgency for intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If appropriate, was there any information provided by the caller to indicate potential danger to caseworker who will intervene in the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about persons with disabilities in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about substance use in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about mental health issues in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about domestic violence in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Information about a paramour that would require a Promis Gavel check

Was there information provided by the caller about the family's primary language

Was there information provided by the caller that the family was aware of this call to SCR

If Different, please explain.

27. For Child Welfare Services calls, what type of service was requested? [Source: SPIRIT Screening Summary Other Information Box]

- Adoption Services
- Child Services
- Court/Prosecutor Requests
- ICPC
- Juvenile Services
- Parent/Caregiver Services
- No Service Request Documented
- Other Services/Requests

28. What response was coded for Child Welfare Services referral? [Source: SPIRIT Screening Summary Response Time Box]

- Immediate
- 72 hours
- 5 days

QUALITY OF CALL [Source:NICE tape only]

***29. Did the screener ask relevant questions in a logical sequence to obtain information from the caller regarding the reasons/circumstances that prompted the call? Were questions focused and offered in a non-judgmental manner, avoiding slang terms and personal opinions?**

- Yes, completely
- Yes, partially
- No

If Yes-partially or No was chosen, provide an example(s) of the questions that should have been asked or what was the problem with the sequencing of questions.

***30. Did the screener demonstrate respect, genuineness and concern? Did the screener use reflective listening skills appropriately while using a calm and engaging voice?**

- Yes, completely
- Yes, partially
- No

If Yes-partially or No was chosen, briefly explain the deficiency.

***31. Was the caller sufficiently engaged in the call based on the screener's efforts? Did the screener utilize engagement skills when necessary?**

- Yes
- No. Please explain.



***32. Did the screener demonstrate competency and professionalism during the call? Even with challenging callers, did the screener remain composed, focused and professional?**

- Yes, completely
- Yes, partially
- No

***33. Was there evidence that the screener understood and accurately adhered to policy? If challenged on a policy issue, did the screener seek appropriate supervision?**

- Yes
- No
- N/A-no evidence

***34. Was the screener direct and clear in communicating with parties, explaining things when necessary, and speaking at an appropriate pace and volume to be clearly heard by the caller?**

- Yes, completely
- Yes, partially
- No

If Yes-partially or No was chosen, briefly explain.



***35. Did the screener summarize pertinent information to the caller?**

Yes

No. Please explain.

***36. Did the screener provide information on the next steps in the investigation and service process?**

Yes

No

N/A-call was I&R

***37. Did the screener acknowledge/respectfully end the caller?**

Yes

No

***38. Did caller express dissatisfaction with the screener's response?**

No

Yes. Please explain.

***39. Did screener make all reasonable efforts to resolve the caller's concerns?**

Yes

No

N/A

If No, please explain.

***40. Did screener face any challenges during the call, including but not limited to understanding or gathering information due to language/accent, background noise, or other environmental issues; explaining the process or adequately resolving the caller's concerns?**

- No
- Yes. Please specify.



***41. Was caller at any point put on hold?**

- Yes
- No

PHONE HOLD

42. Was caller put on hold more than once?

- Yes
- No

43. How long was the longest "hold" period? [Source: Media Player]

- Less than 5 minutes
- 6-10 minutes
- 11-20 minutes
- More than 20 minutes

44. Was the length of the hold addressed with the caller?

- Yes, Before the Hold
- Yes, After the Hold
- Yes, Before and After the Hold
- No

45. Did the screener indicate that s/he had conferred with his/her supervisor while the caller was put on hold?

- Yes
- No

DOCUMENTATION [Primary Source: SPIRIT Screening Summary]

***46. Was there evidence in the narrative section that the family was known to DCF?
[Source SPIRIT Screening Summary Other Intake Box]**

- Yes
 No

***47. Was there evidence in the narrative section that required NJS searches had been completed?**

- Yes
 No

***48. Was there evidence in the documentation narrative of the screener's conference with a supervisor (SFSSI or SFSSII or Administrator)?**

- Yes and name of supervisor is noted
 Yes but NO name of supervisor is noted
 No evidence of a conference
 N/A-screener is certified, no conference needed

***49. Was there evidence in the documentation that the screener consulted with OTHER SOURCES to include information not obtained through the initial call. This could include follow-up calls made by the screener or return calls from the initial caller.**

- Yes
 No

***50. Were any of the following circumstances documented? [Source: SPIRIT Screening Stated Problem/Request Box] (Check all that apply)**

- Law enforcement requested an immediate response
 A child died due to abuse/neglect and a sibling remained in the home/under the care of parent/caregiver.
 The child is a hospital "boarder child" or drug exposed newborn
 A child, under the age of six, was being left alone
 A child required immediate medical attention
 A child was being seriously physically abused
 A child suffered serious physical harm or sexual trauma and there is reason to believe that a parent, guardian or caregiver may have been responsible and the child's immediate safety needed to be assured
 A child suffered serious physical harm or sexual trauma and physical evidence may be lost if not immediately and properly documented
 None of these circumstances were documented

***51. Were any of the following circumstances documented? [Source: SPIRIT Screening Stated Problem/ Request Box]**

- Request for a home study under the Parole Exchange Program
- Request for a home study under the OCS/DYFS/Juvenile Justice Commission affiliation Agreement
- Request for a home study from another state's CPS agency
- ICPC request
- Call came in and referral was directed to SPRU worker because it was after 5pm, a weekend day, holiday, etc.
- None of these circumstances were documented.

REVIEWER JUDGMENT

***52. In the reviewer's judgment, was what was heard on the call transferred to the SPIRIT Screening Summary? (accuracy of caller's statements reflected in screening summary)**

- Yes
- No

***53. Please briefly explain/support judgment for your response in the preceding question.**

***54. Was there evidence of information in the call that was relevant that was not included in the Screening Summary?**

- Yes
- No

***55. Please briefly explain/support judgment for your response in the preceding question.**

***56. In the reviewer's judgment, was the call appropriately coded?**

- Yes
- No

*** 57. Please briefly explain/support judgment for your response in the preceding question.**

*** 58. In the reviewer's judgment, does the SPIRIT Screening Summary documentation support the response priority of the call?**

- Yes
 No
 N/A-case was I&R

*** 59. Please briefly explain/support judgment for your response in the preceding question.**

*** 60. In the reviewer's judgment, was the response priority appropriately assigned?**

- Yes
 No
 N/A-case was I&R

*** 61. Please briefly explain/support judgment for your response in the preceding question.**

*** 62. Rate the quality of the documentation in the Screening Summary?**

- Excellent-Documentation used proper grammar, avoids slang, flows in a clear and concise and 'easy to read' manner. All required fields are complete.
 Marginal-Documentation needs work to improve writing and content clarity.
 Poor-Documentation is of poor quality overall.

***63. Did you rate the documentation 'Poor' in the preceding question?**

No

Yes. Provide specific examples that need improvement

OTHER COMMENTS

***64. Briefly provide any additional comments you believe provide important insights to the review of this call. Include areas needing improvement. If the comments are in reference to a previous answer, please include the question number.**

***65. Please note three strengths related to this call/report.**

APPENDIX B
OVERVIEW OF CODING CATEGORIES

The following are key SCR terms as referenced in this report and their working definitions: ²⁷

"Intake" means:

The process of documenting: a report of alleged abuse or neglect of a child (CPS); a request for services on behalf of a child, or a referral of a child for services (CWS); a call in which the caller provides additional or clarifying information about a current service case or active investigation (RI); informing a caller of, or referring a caller to, services available from other private or public sources (I&R); a call that requires no action by DCP&P (NAR); or a response to a simple inquiry (IO).

"Child Protective Service Report" means:

A "form" created by Screeners through NJ SPIRIT, which documents allegations of child abuse or neglect.

Four criteria must be met for DCP&P to accept a report of child abuse or neglect:

- 1) The alleged child victim is a **born child**, under 18 years of age.
- 2) The alleged perpetrator(s) is the child's parent, guardian or other **person in a caregiving role**, who has custody or control of the child.
- 3) The child victim(s) was **harmed or placed at substantial risk of harm**, meeting criteria specified in the Allegation-Based System. (See [II B 208.1](#).)
- 4) There is a **specific incident or set of circumstances** that suggest the harm or substantial risk of harm was caused by the child's parent, guardian or other person having custody or control of the child.

"Child Welfare Assessment," "Child Welfare Service," or "CWS" mean:

A request for services on behalf of, or the provision of information to express a concern about, a family or household who may need assistance in ensuring the basic health and welfare of a child who resides there, when the person making the inquiry is not alleging that the child is an abused or a neglected child.

A "CWS" is a situation where a potential service need exists for a child or family, but there is insufficient risk to justify a child abuse/neglect investigation.

"Information and Referral" or "I&R" mean:

The activity of informing a reporter about services available from public and private sources. Providing I&R is based on a determination of need; knowledge of DCP&P, DCF and the community's resources; and follow-up, where indicated. I&R may be given when the person making the inquiry is not alleging that a child is an abused or a neglected child.

An "I&R" is a situation where SCR or a Local Office can refer a caller directly to a non-DCP&P community provider for needed social services.

²⁷ From DCP&P Policy II B 204

"Information Only" means:

The provision of information in response to an inquiry, when the person making the inquiry is not alleging that a child is an abused or a neglected child.

"Intake Summary" means:

A "form" created by Screeners through NJ SPIRIT, which documents a child welfare service (CWS) referral or a request for information and referral (I&R). When used to document a CWS, the Screener forwards the Intake Summary to the respective field office for a child welfare service assessment in accordance with policy.

"NJ SPIRIT" (New Jersey Statewide Protective Investigation, Reporting and Information Tool) or "NJS" means:

An electronic, web-based case management system used to support DCP&P programs, services and operations, including case recording. NJ SPIRIT will automate much of the paperwork and tracking activity that are part of the Division's child welfare service delivery system. NJ SPIRIT is being built to meet Federal requirements for a Statewide Automated Child Welfare Information System (SACWIS). NJ SPIRIT is being implemented incrementally into DCP&P operations.

APPENDIX C
INTAKE CODING DISAGREEMENTS

SUMMARY OF CODING DISAGREEMENTS BY CASE (n=47)

ID #	PMA QA ISSUE TYPE/ RECOMMENDATION		
1	CPS-_036	Coding	Case was coded neglect but also should have been coded abuse for one child as that child had current injuries inflicted by the parent.
2	CPS_019	Coding	Child had a current injury on head. In addition to risk of injury coding, actual cut/laceration coding should also have been documented.
3	CPS_031	Coding	One sibling was abused, the other was not (coded substantial risk) yet both are coded as child victims of abuse. No concerns/incidents were presented about the sibling.
4	CPS_032	Coding	While substantial risk of harm is not incorrect, the additional allegations related to emotional impairment/abuse and parent's alcohol abuse are more fully descriptive.
5	CPS_034	Coding	For this spin-off case, the more accurate coding would be inadequate supervision instead of substantial risk of harm as a 14 year old frequently was left in charge of 4 children ages 6-12, one of whom has psychiatric issues.
6	CPS_061	Coding	Intake was coded environmental neglect. Alternately, substantial risk of harm/environment injurious to health and welfare would be appropriate to capture hygiene, school attendance and marking issues (mom wrote on child with a marker).
7	CPS_066	Coding	While CPS for physical abuse is accurate, there was also a concern regarding nutrition for that child. Inadequate food allegation would be appropriate as well.
8	CPS_071	Coding	Case coded as neglect with injury by both parents. However, should be mother only regarding the infliction of abuse, father should not be named as perpetrator.
9	CPS_073	Coding	Intake was coded abuse/substantial risk yet the child sustained an injury to her finger. Preferred coding would be current abuse with injuries.
10	IA_014	Coding	IA responded to allegation that foster child was exposed to DV between foster parents. A spin-off intake CPS Family would be appropriate for their biological child also in the home regarding DV incident(s).
11	IA_001	Coding	Child victim was bitten by another child at a resource home. This allegedly had occurred before. This should also be coded neglect of supervision by Resource Parent for not taking preventative action.
12	CPS_088	Downgrade	Caller had concerns for a child who was having a conflict with a neighbor child. Also presented were concerns for 2 sibs who did not reside in the home. The team felt that CPS was not justified but possibly could be CWS. In fact, the case was never assigned to the LO for CPS investigation as registered. When brought to the attention of SCR, it was stated that it was downgraded to IR at the time but not documented and changed in NJ SPIRIT. On 1/13/12, the correction was made in NJ SPIRIT and IR downgrade noted.

13	CPS_138	Downgrade	Caller was concerned about the children visiting with father who allegedly had marijuana growing on his property. There was no indication that the children were exposed to the plants in any form or what father's use was. Downgrade to IR-perhaps law enforcement.
14	CPS_096	Downgrade	The caller alleged that one child age 14 sexually molested his 4 year old cousin while at a family gathering. The 14 year old was named as the perpetrator yet clearly was not in a caretaking role. (2)CWS intakes for 2 child actors would be appropriate pending assessment of the role of the adults.
15	CPS_056	Downgrade	Child was assaulted by her adult sister who was not her caretaker. Family needs services but should be CWS with possible referral to law enforcement for the criminal assault.
16	CWS_035	Downgrade	Child did not return to resource home after school. Child found by SCR to be on approved visit of which the resource parent was not informed. Child not at risk, issue was resolved. An RI intake would be adequate.
17	CPS_027	Leave	Past domestic violence occurred in presence of 2 year old. Additionally, family lives in a basement with no kitchen or bed for child.
18	CPS_126	Leave	Substance abuse by the parent(s) was also part of the call. The additional allegation for parental substance abuse was appropriately coded.
19	CPS_149	Leave	The call was initially about a 13 year old child who had taken pills and needed medical attention. While there was no allegation of maltreatment for the current issue, the CPS code was used as physical abuse by the caretaker raised during the call but separate to the current incident.
20	CPS_008	Leave	Call was an appropriate upgrade of a CWS once it was learned that a child was exposed to parental drug possession and arrest.
21	CPS_017	Leave	Mother admitted in counseling to regularly smoking marijuana and using heroin. CPS coding is appropriate.
22	CPS_018	Leave	A review of NJ SPIRIT history supports assumed risk and CPS coding. There were 6 referrals since 2000; 1 substantiation in 2006. Mother currently allegedly gagging the children with a cloth. Mother has extensive mental health history.
23	CPS_022	Leave	Mother and 3-month old baby reported to be chronically homeless and have no current address (inadequate shelter). Mom's workplace was known.
24	CPS_025	Leave	Parents were currently smoking marijuana in presence of another's 5-month old baby in their care. CPS- Immediate was an appropriate coding.
25	CPS_040	Leave	Five year old child is hit on buttocks and face by mother. While there are currently no alleged marks/bruises, face/head hitting presents elevated risk. CPS coding is appropriate.
26	CPS_068	Leave	CPS was appropriate for neglect and abuse of one child who resides with his mother. Caller refused information to process 2nd CPS for sibling who resides with caller given her assertion that that child was not at risk and 'has been through enough'. Two intakes could not be generated.
27	CPS_098	Leave	CPS neglect is appropriate. CWS assignment reference in call was erroneous.

28	CPS_105	Leave	Child presented at hospital with suspicious leg fracture. CPS is appropriate as family has extensive history and mother is confirmed perpetrator of A/N of sibling.
29	CPS_171	Leave	Mother has mental health history and is abusing drugs. Appropriate CPS.
30	CPS_183	Leave	This is a spin-off case due to a blended family that describes concern for step-siblings due to DV episodes. Initial allegation was alleged abuse of 17 year old by father and step-mother.
31	CWS_015	Leave	Newborn was drug-free despite maternal history of drug abuse; CPS criterion is not met. CWS assessment is indicated to further ascertain possible risk and service needs.
32	CWS_069	Leave	Caller alleged inappropriate sexual contact between 2 children. Child not currently at that location. CWS assessment is appropriate as child is not presently at risk; upgrade to CPS later if indicated.
33	IR_033	Leave	Anonymous caller alleged neglect of infant by teen mom. Family address given turned out to be invalid/unknown despite search efforts by Screener including unsuccessful attempt to reconnect with caller.
34	IR_050	Leave	Referred as educational neglect by school yet school had not yet exhausted remedies available to them. Referred back to school for more action and to call back as necessary in the future.
35	IR_001	Leave	Child claimed that he was hit on the leg with an open hand by a parent. No marks/bruises were evident. A CPS criterion is not met. IR coding is appropriate.
36	IR_018	Leave	Estranged parent alleged mother was not mindful of potential choking hazards with 2 toddlers. Upon SCR supervisory review, the intake was upgraded to CPS on the same date.
37	IR_041	Leave	Behavioral health counselor called with concerns regarding the mother's use of corporal punishment. No marks/bruises were reported nor fear by child. I&R.-referral back to reporter for therapeutic intervention-was appropriate at that time.
38	IR_052	Leave	Reporter called with mental health concerns for a mother of 2 teens. No clear allegations of child abuse/neglect were reported. A CPS criterion was not met. IR was appropriate at that time.
39	IR_055	Leave	Police reported concerns for a 16 year old that had run away and was having ongoing conflicts with her mother. Intake was upgraded to CWS by SCR supervisor three days later (10/26/11)
40	CPS_048	Leave	Caller alleged that parents drink alcohol and smoke marijuana in front of their kids ages 10 and 13. Neglect is an appropriate coding.
41	IR_003	Upgrade	Caller alleged physical abuse upon a 7 year old by father during visitation. Intake was initially coded and reviewed as IR. When brought to the attention of SCR leadership by reviewer, intake was upgraded to CPS by SCR on 12/6/11 and assigned for a field response.
42	CWS_002	Upgrade	Child age 16 has left the home due to fear of father and his paramour. Child is reporting past unreported abuse with injury by father. Child has been told that 'if he doesn't like it, he can leave'.

43	CWS_003	Upgrade	This is a spin-off case for 2 biological children in the home who were possibly witnesses to severe abuse of step-sibling by step-mother. These 2 children were part of the initial SPRU investigation because of presumed risk. Criminal charges were being considered.
44	CWS_012	Upgrade	Child requires a psychiatric hospital admission and parent is refusing to consent. This should be coded CPS medical neglect with the same immediate response time.
45	CWS_033	Upgrade	School age child has not been in school for a year despite efforts by the district during that length of time. This should be coded CPS Educational Neglect.
46	CWS_054	Upgrade	Two female teen siblings were locked out of their home by their mother and had been living "place to place". One teen has psychiatric issues and requires medication and is alleging past abuse with injury by mother. This is an appropriate CPS referral: Lock Out +Abuse with Injury in addition to Inadequate Shelter/Homelessness.
47	IR_049	Upgrade	Child in RTC alleged that staff were twisting his arm and bending his finger backwards. No injury was noted. Intake was referred to IA for review but not assigned. This should have been coded CPS and assigned.