



New Jersey Department of Children and Families Policy Manual

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THE ALLEGATION-BASED SYSTEM

6-1-2009

Specific allegation drives response -- The Allegation-Based System directs the child protective service response, based on the specific nature of the presenting allegation. Policy establishes required components for investigating each specific allegation.

32 allegation types -- The Allegation-Based System is comprised of 32 types of child abuse/neglect allegations. Child abuse/neglect reports accepted at the State Central Registry (SCR) for investigation and response are strictly limited to the allegations listed in the system.

See [CP&P-II-A-1-100](#), State Central Registry, Centralized Intake, for details on screening incoming reports based on the Allegation-Based System approach.

Child abuse/neglect report allegation types:

- **Child Death** -- Allegation of Harm #1/51
- **Head Injuries** -- Allegation of Harm #2/52
- **Internal Injuries** -- Allegation of Harm #4/54
- **Burns** -- Allegation of Harm #5/55
- **Poison Noxious Substances** -- Allegation of Harm #6/56
- **Wounds** -- Allegation of Harm #7/57
- **Bone Fractures** -- Allegation of Harm #9/59
- **Substantial Risk of Physical Injury/Environment Injurious to Health and Welfare** -- Allegation of Harm #10/60
- **Cuts, Bruises, Welts, Abrasions and Oral Injuries** -
- Allegation of Harm #11/61

- **Human Bites** -- Allegation of Harm #12/62
- **Sprains/Dislocations** -- Allegation of Harm #13/63
- **Tying/Close Confinement** -- Allegation of Harm #14
- **Risk of Harm due to Substance Abuse (by the Parent/Caregiver or the Child)** -- Allegation of Harm #15/65
- **Torture** -- Allegation of Harm #16
- **Mental and Emotional Impairment** -- Allegation of Harm #17/67
- **Sexually Transmitted Diseases** -- Allegation of Harm #18
- **Sexual Penetration** -- Allegation of Harm #19
- **Sexual Exploitation** -- Allegation of Harm #20
- **Sexual Molestation** -- Allegation of Harm #21
- **Substantial Risk of Sexual Injury** -- Allegation of Harm #22
- **Inadequate Supervision** -- Allegation of Harm #74
- **Abandonment/Desertion** -- Allegation of Harm #75
- **Inadequate Food** -- Allegation of Harm #76
- **Inadequate Shelter** -- Allegation of Harm #77
- **Inadequate Clothing** -- Allegation of Harm #78
- **Medical Neglect** -- Allegation of Harm #79
- **Failure to Thrive (Non-Organic)** -- Allegation of Harm #81
- **Environmental Neglect** -- Allegation of Harm #82
- **Malnutrition (Non-Organic)** -- Allegation of Harm #83
- **Lock-Out** -- Allegation of Harm #84
- **Medical Neglect of Disabled Infants** -- Allegation of Harm #85 (See N.J.S.A. 30:4C-11(d))
- **Educational Neglect** -- Allegation of Harm #86

Focus on impact to child, not parental behavior -- The Allegation-Based System focuses on the impact that an incident or series of circumstances has on a child. The system de-emphasizes parental behavior.

Child Protective Investigator

Consult the Manual -- When assigned a CPS report to investigate, consult the unique subsection in CP&P-II-E, Subchapter 1 dedicated to that specific allegation, to

ascertain the required components of your investigation.

CODING FOR ABUSE OR NEGLECT

12-30-2004

Numbers depict abuse/neglect -- In the system, each allegation is assigned one or two code numbers to depict allegation of harm:

- Code numbers between **1 - 50** designate “**abuse.**”
- Code numbers **greater than 50** designate “**neglect.**”

The absence of a code number in one of the series implies that the absent series does not apply to the given allegation. Example: A child death, allegation of harm #1/51, could be due to either child abuse (#1) or neglect (#51); inadequate supervision has a “neglect” code only (allegation of harm #79).

“INITIAL” INVESTIGATION VS. “FORMAL” INVESTIGATION

12-30-2004

Key thresholds -- Reports must meet a threshold at screening, to be accepted for CPS investigation. A second threshold must be met, to warrant CP&P continued efforts to investigate.

- The first threshold is explained in screening policy, [CP&P-II-A-1-100](#).
- The second threshold is explained throughout CP&P-II-E, Subchapter 1, in discussions about the “initial investigation” and the “formal investigation.”

The Initial Investigation -- Timely first steps taken to determine the validity of an allegation comprise the “initial investigation:”

- Each allegation type provides requirements which comprise the initial investigation.
- Basic components include in-person contact with the child victim, the child victim’s parent(s), siblings, and the alleged perpetrator; a field visit to the client home; and required contacts with relevant professionals and collateral sources of information, such as the treating physician.

Proceeding forward -- Each allegation then presents requirements for proceeding to a “formal investigation.”

The Formal Investigation -- The steps taken to complete an investigation, after the assigned child protective investigator has determined through an initial investigation

and consultation with his or her Supervisor that the allegation has merit, comprise the “formal investigation.”

TIMEFRAME FOR PROCEEDING/DOCUMENT DECISION

12-30-2004

Child Protective Investigator

Within 14 Calendar Days -- Make the decision whether to proceed to a formal investigation within 14 calendar days from your office’s receipt of the report as an assignment from State Central Registry.

Consult your Supervisor before making your decision.

Document the decision AND supervisory approval on a web-based Contact Sheet, CP&P Form [26-52](#).

Note: With the onset of NJ SPIRIT, Release Two (on or about September, 2005), document the decision on a SPIRIT Case Note.

BREAKDOWN OF COMPONENT PARTS OF CHILD PROTECTION INVESTIGATION

12-30-2004

Separate policy subsection for each allegation -- Each, individual allegation is detailed in an individual subsection of this manual, starting at [CP&P-II-E-1-100](#), Child Death.

Breakdown -- Each allegation is broken down as follows:

- Coding of abuse/neglect. “**Allegation of Harm**” number(s) are assigned at **Subsection 01**.
- **Definition**. Each allegation is uniquely defined at **Subsection 02**. Some allegations are defined in detail.
- “**Taking a Report**.” Screening guidelines are provided for State Central Registry (SCR) Screeners. This subsection includes a discussion of:
 - “**Acceptable Reporters**” -- (note: most allegations can be called in by any individual who has knowledge and concerns; other allegations, for example, may only be accepted from a doctor or health professional).
 - “**Usage**” explains what entails an “abuse” report and what entails a “neglect” report, as relevant to the given allegation.

These overall screening guidelines are found at **Subsection 03**.

- **“Investigating a Report”** is explained in **Subsection 04**, including a discussion of **“Documentation/Evidence Needed to Support a Finding”** of the given CPS allegation.
- **“Requirements for an Initial Investigation”** are provided in **Subsection 05** -- what specific steps are needed to complete a comprehensive initial investigation.
- **“Requirements for Proceeding to a Formal Investigation”** are laid out in Subsection 06.
- **“Requirements for a Formal Investigation”** are provided in **Subsection 07** -- what specific steps are needed to complete a comprehensive initial investigation.
- **“Required Medical Information and/or Consultations”** are discussed in **Subsection 08**, where appropriate.
- **“Law Enforcement Notification and Involvement”** is discussed in **Subsection 09**.
- **“Notification of Findings”** -- who, specifically, CP&P notifies of the individual finding determination -- is identified in **Subsection 10**.
- **“Reference to Related Policy”** is made in **Subsection 11**.
- A **“Discussion”** of additional information, details, tips for investigation, etc. is offered in **Subsection 12**.

STRUCTURED DECISION-MAKING

12-30-2004

Initial investigation components -- The following SDM™ tools must be completed during each initial investigation:

- **Child Safety Assessment**, CP&P Form [22-22](#)
- **Family Risk Assessment**, CP&P Form [22-23](#)

Note: When a Child Safety Assessment identifies a safety factor, necessitating development of a Safety Protection Plan, the plan must detail how it will be monitored. Stating that “CP&P will monitor” is not sufficient.

Also, it is not appropriate to construct a plan where a non-offending parent is expected to be the “monitor,” to ensure that the alleged perpetrator will not harm, or have further access to, the child victim, when the non-

offending parent does **not** believe that the child was abused.

Example: If a mother is accused of kicking her baby, leaving bruises, it is not an appropriate Safety Protection Plan to state that the father will not allow her to be alone with the baby, if the father believes the bruises were accidental.

Formal investigation components -- The following SDM™ tools must be completed when an allegation undergoes a “formal investigation,” or when the decision has been made to establish a service case:

- **Caregiver Strengths and Needs Assessment**, CP&P Form [22-24](#)
- **Child Strength and Needs Assessment**, CP&P Form [22-25](#)

See SDM™ policy at [CP&P-III-B-6-600](#), individual forms, and their form instructions.

SAFETY AND AGE OF THE CHILD

12-30-2004

Child victims of all ages -- Serious child abuse does occur with child victims of all ages. While safety assessment training identifies children under the age of six as being at higher risk than older children, **no** safety assessment declares older children to be automatically low risk.

In New Jersey, CP&P, as the State child protection agency, is mandated to ensure that all children under the age of 18 are safe from abuse/neglect. Staff cannot assume that any reported child of any age is at low risk of future harm. It is imperative that comprehensive safety assessments are completed for any child under age 18 who is referred for service.

SAFETY AND FAMILY INCOME LEVEL

12-30-2004

Child abuse/neglect at all socio-economic levels -- Abuse and neglect of children is not limited to any socio-economic group or specific geographic area of the state. Serious abuse cases have occurred in families at all economic levels, and in all parts of New Jersey. The fact that a child is from a family with a low, middle, or high income level should not impact the SDM™ safety assessment or risk assessment in any way.

Child Protective Investigator

Make a competent assessment of safety and risk for all children served by CP&P, regardless of the economic status of the family.

FORMAT FOR DOCUMENTING THE CPS INVESTIGATION

6-1-2009

State Central Registry (SCR) Screeners document child abuse/neglect allegations in NJ SPIRIT, as a printable Screening Summary, DCF [Form 1-1](#). The intake “assignment” is generated from the application, and forwarded to the field office for investigation. The entire screening process is explained in [CP&P-II-A-100](#), State Central Registry - Centralized Screening.

The Screening Summary, DCF Form [1-1](#), documents allegations and client identifying information only. Field staff document the field investigation in NJS by completing an Investigation Summary, printable as DCF Form [2-1](#).

ONE WORKER ONE FAMILY MODEL

4-4-2005

Assigned Permanency Worker -- Each CP&P service case is to be assigned to a Permanency Worker as the **primary Worker responsible for the family**, for the provision of case management. The **one**, assigned Permanency Worker will continue to serve the child and family until the service case is successfully closed.

If, after termination, the family again needs services new allegations are reported, and a service case is to be opened, the same Permanency Worker is assigned to work with the family, whenever possible.

Named within 60 calendar days -- The Permanency Worker is named after the determination is made to open a case for services, within 60 calendar days of the Local Office’s receipt of the abuse/neglect report from SCR (within 60 days for intakes meeting CP&P criteria for a child welfare service referral; see [CP&P-II-A-3-300](#)). A Permanency Worker may be assigned **before** the investigation is completed, once a decision is made by the Child Protective Investigator and Supervisor to open a service case.

If a service case will not be established, the matter is terminated, with no need to name a Permanency Worker.

NEW CPS ALLEGATION ON OPEN SERVICE CASE

7-22-2013

New allegations assigned to Child Protective Investigator; only LOM may make an exception -- As a general rule, if the State Central Registry receives a new CPS report on a family in open case status, a Child Protective Investigator is assigned to the investigation, while the Permanency Worker continues to work with the family, as a support to the child and family during the investigation and throughout the life of the service case.

The following **guidelines** apply upon receipt of a **new** CPS report on an open service case which is being assigned to a CPS Investigator:

- The Permanency Worker and his or her Supervisor are advised of the new allegation by electronic receipt of a copy of the Screening Summary, DCF [Form 1-1](#). NJS makes a Primary Assignment to the Permanency Worker; a Secondary Assignment is made to the Intake Worker.
- Upon receipt of the new CPS report, the assigned Child Protective Investigator and Supervisor contact the Permanency Worker and his or her Supervisor to confirm receipt of a new report.
- The Permanency Worker provides vital information to the Investigator regarding current issues with the family, including, but not limited to, the case goal, the case plan, the provision of services, the status of relatives and other supports, and the results of Family Team Meetings.
- The Investigating Worker may seek assistance from the Permanency Worker to better facilitate the investigation.
- If the child needs out-of-home placement, the Permanency Worker takes the lead in effecting the placement, while the Investigator proceeds with the investigation.
- Any disagreements between staff are brought to the attention of the Casework Supervisor or the Local Office Manager for resolution.
- The assigned Investigator and his or her immediate Supervisor have the responsibility for making the CPS finding determination, and completing and sending finding determination letters. Document the finding in the electronic case record, maintained in NJS.
- The assigned Investigator documents the investigation by completing the Investigation Summary, DCF [Form 2-1](#), in NJS, within the 60-day Intake time period. (The Investigator completes the report in 45

days; the Supervisor is given 15 days to approve the work; adding up to the 60-day Intake time period.)

As an **exception**, the Local Office Manager may assign an investigation to the Permanency Worker already involved with the family during periods of exceptionally high intake volume or when the family would be better served by the Permanency Worker who already knows the family dynamics.

Requirement: The Permanency Worker attended First Responder Training.

Dodd or CPS crisis while at the home -- If, while performing an MVR or providing a direct service on an open case, the **Permanency Worker** finds the need for an emergency removal (Dodd), or a child protective service allegation is apparent, the Permanency Worker, upon consulting his or her Supervisor, shall **handle the case promptly, on sight, as necessary, to assure the child is safe.**

Case assignment formally determined -- After the child's safety is secured and the immediate crisis is calmed, the Permanency Worker, Supervisor, and the Casework Supervisor determine, together, whether the Permanency Worker or an Investigator shall be assigned the investigation. The Permanency Worker or Supervisor contacts SCR to generate a CPS allegation report (DCF [Form 1-1](#), Screening Summary).

Complete report in NJS -- Whoever is assigned the CPS report is responsible for completing DCF Form [2-1](#), Investigation Summary, within the 60-day Intake time period. See [CP&P-II-C-2-200](#).

NEW ALLEGATION -- ACTIVE INVESTIGATION 4-4-2005

New CPS report assigned to current Investigator -- Any new child protective service allegation received on an active investigation is assigned to the Child Protective Investigator who was assigned the original CPS report, under the direction of his or her immediate Supervisor.

If unavailable -- If the assigned Investigator is unavailable to respond to the new CPS report within the mandated timeframe, the Supervisor turns to another Investigator in the unit. That Investigator proceeds as follows:

- Start the investigation, in accordance with

initial response policy. Make good faith efforts to contact the child victim and family.

- Provide, or arrange for, services that are immediately necessary to protect the child (e.g., health assessment or medical examination, removal, etc.).
- Document/record his or her investigation activities in NJS.

When the assigned Investigator becomes available, he or she proceeds with the investigation in accordance with CP&P-II-E Subchapter 1, assuming full responsibility for the investigation.

CHILD WELFARE SERVICE REFERRAL -- ACTIVE PERMANENCY CASE

5-28-2013

New CWS referral assigned to Permanency Worker --

Any new Child Welfare Service (CWS) referral or request for services received at SCR on an active/open service case is assigned to the Permanency Worker for follow-up and response, under the direction of his or her immediate Supervisor. Such matters are **not** assigned to an Intake Worker.

Note: Workers and Supervisors do **not** contact SCR to generate CWS referrals. **ANY** exception to this policy requires Local Office Manager's approval. This policy strictly pertains to CWS referrals called into the State Central Registry from sources **outside** of CP&P. Such situations could include CWS referrals on active cases started by SPRU after hours.

Complete DCF [Form 3-1](#), CWS Assessment Summary -- When assigned a CWS referral from SCR, the Permanency Worker is required to complete DCF Form [3-1](#), CWS Assessment Summary, within the Intake timeframe, 60 days from assignment from SCR. The Supervisor approves the work in NJS.

CHILD PROTECTION INVESTIGATION WORKFLOW

11-29-2010

SCR Screener

1. Create an "intake" in NJ SPIRIT by documenting allegations of child abuse/neglect in a Screening Summary, printable as DCF Form [1-1](#). (Complete the CPS version. See form instructions.)

2. Identify the “type” of child abuse/neglect alleged, as applicable -- physical abuse, neglect, emotional abuse, or sexual abuse. Enter it in the New Jersey SPIRIT application.
3. Enter a “description” of the child abuse/neglect alleged by entering an allegation(s), as applicable. See [CP&P-II-A-2-200](#). **The allegation(s) entered shall guide the entire child protective service investigation.**
 - a. When **domestic violence** is alleged or suspected, see the [Domestic Violence Protocol](#) for additional considerations during the screening of the call.
4. Assign the report to the appropriate field office through NJS.
 - b. See detailed procedures for the SCR screening/report acceptance process at [CP&P-II-A-1-100](#).

Casework Supervisor/Assignment Designee

5. Assign the report to a unit/intake Supervisor.

Supervisor

6. Assign the report to a Child Protective Investigator.
7. Conference the report/assignment with the child protective Investigator. Involve the primary Worker (if the case is open/ active status), managerial, support, or specialty staff, as appropriate.

Supervisor and/or Child Protective Investigator

8. Consult the unique subsection in CP&P II-E Subchapter 1 dedicated to the specific allegation, to ascertain the required components of the CPS investigation.
9. Determine, together, whether a “Buddy” should accompany the Worker into the field, and identify who the best buddy might be (e.g., a Specialist, such as the local adolescent Worker or substance abuse Worker, the Domestic Violence Liaison, a police officer, etc.). See [CP&P-IX-A-1-100](#). Also see the [Domestic Violence Protocol](#), Sections I and V.
10. For cases in open status (or recently closed), contact the primary/permanency Worker or Supervisor. Discuss the case history, including the results of prior CPS investigations. Review the case record.

11. For closed cases, obtain the recently closed case record from the Local Office file room; otherwise, request the case record from closed files. Review the case record, upon receipt.
12. Request that an archived case be re-activated in NJS (to permit on-line access to older case histories).
13. Review local and electronic I & R files (paper files and NJS).
14. If the family or the alleged perpetrator recently lived in another state, or a US political jurisdiction, contact the child protective services agency in that jurisdiction, to obtain any information that the agency may have about the family or alleged perpetrator.

Child Protective Investigator

15. Report the incident to, or seek assistance from, the County Prosecutor or the local police, when appropriate. See [CP&P-II-C-4-100](#).
 - Seek accompaniment from the police, when personal safety and welfare may be at risk.
 - Advise the County Prosecutor of serious allegations, or certain specified types of allegations, in accordance with policy. See [CP&P-II-C-4-200](#).
 - Seek access to the county's Child Advocacy Center, under the direction of the County Prosecutor's Office, when appropriate, to enhance the quality and integrity of the interview with the child victim (particularly when investigating allegations of child sexual abuse).
16. Consult (or the Supervisor consults) the local Multi-Disciplinary Team, the respective Regional Diagnostic and Treatment Center, the Domestic Violence Liaison assigned to the Local Office, the Child Health Unit Nurse, or other local, investigating or social service entity or specialist, as applicable to protocol adopted by the given Local Office or Area Office operation. See [CP&P-II-C-2-600](#) and the [Domestic Violence Protocol](#).
17. Contact (or the Supervisor contacts) the reporter, or initiate other significant collateral contact, when appropriate.
18. Take additional steps, if the child's parent or caregiver is involved with a paramour. See [CP&P-II-C-5-185](#).
19. Make initial, in-person contact with the child victim, to assure the child's immediate safety. Interview the child; ask

to see any identified injuries or conditions. If unable to contact the child victim, make good faith efforts.

20. If the child victim is with the reporter, interview the reporter, gather additional facts. (Examples: When seeing a child at school, interview his or her teacher; when seeing a child at the hospital, interview the doctor.)

21. Make initial, in-person contact with the parent/caregiver and other adults residing in the home, the child victim's siblings and other children in the home, and the alleged perpetrator. Conduct interviews, gather facts, and observe living conditions and interactions between family members.

22. If some, or all, household members are seen at the hospital or other location **away** from the family home, go to the home.

23. While at the client home, interviewing household members conducting the investigation, conduct a child safety assessment in accordance with Structured Decision-Making (SDM™) protocols. See [CP&P-III-B-6-600](#).

24. Consult the Supervisor if a safety factor is identified and a Safety Protection Plan is needed. See [CP&P-III-B-6-600](#).

25. Write a Safety Protection Plan with the parent/caregiver, when appropriate. If the child's safety cannot be secured, remove the child. See [CP&P-III-B-6-600](#), SDM™ Form [22-22](#) (in-home), [CP&P-IV-A-2-200](#), and CP&P Form [22-6](#) (out-of-home).

26. Give the parent a Parent's Handbook, CP&P Form [18-32](#). Review the Handbook with the family.

27. Give the parent a HIPAA Notification of Privacy Practices, DCF Form [HIPAA 1.A.1](#). Ask the parent to sign an acknowledgement/receipt, CP&P Form [11-50](#).

28. Document field response/investigation efforts in NJS, in an Investigation Summary, DCF Form [2-1](#).

Supervisor and Child Protective Investigator

29. Conference progress and status of the investigation. Complete the Child Safety Assessment, CP&P Form [22-22](#), at the conference.

Child Protective Investigator

30. Continue good faith efforts to contact the child victim, if unable to make contact. Seek guidance and structure from the Supervisor upon making continued attempts at contact.

31. Make collateral contacts, in-person or by telephone. Conduct other follow-up, as appropriate to the given allegation.
32. Assess risk by completing a Family Risk Assessment, CP&P Form [22-23](#), in NJS. See [CP&P-III-B-6-600](#).
33. If all family members have not been seen, or if required work is outstanding, seek approval to extend the investigation beyond 60 days based on good cause.

Supervisor or Casework Supervisor

34. Grant approval to extend the investigation beyond 60 days, if good cause is established. Grant consent in 30-day increments.

Child Protective Investigator

35. Complete Case Summary for Closing/Transfer, CP&P Form [26-57](#), if the matter is being closed at intake **beyond** the 60 day Initial Response Program.

Supervisor

36. Review and approve Case Summary for Closing/Transfer, CP&P Form [26-57](#).

Child Protective Investigator

37. Make a **finding determination** (within 60 days of case assignment from SCR, whenever possible). Consult Supervisor with any questions, concerns, or delays. Document a finding determination for **each** individual allegation in NJS, in the Investigation Summary screen.

Write, and send, a finding determination notification letter within ten (10) days of making the finding determination.

Note: Consider whether to delay notification, providing that the delay will not put the child at risk, if: a) the police or County Prosecutor have determined that notification would interfere with a criminal investigation; or b) for a case in litigation, the Deputy Attorney General has determined that notification would interfere with court proceedings.

See [CP&P-II-C-6-300](#), Notification of Investigation Findings.

If an allegation is Substantiated, send a notification to law enforcement, using CP&P Form [9-32](#). Prepare the letter in NJ SPIRIT.

Supervisor and Child Protective Investigator

38. Conference the case. Determine whether further

CP&P intervention is warranted, based on the unique circumstances of the case, determined by the Investigator and Supervisor on a case-by-case basis, taking into account the client family's willingness and interest in continued CP&P intervention. This determination can be made **before** or after the CPS finding determination is made.

Child Protective Investigator

39. If the Supervisor and Investigator determine that **no further CP&P intervention is necessary** or required, proceed as follows:

- Conclude the investigation.
- Complete DCF Form [2-1](#), Investigation Summary, in NJS.
- Approve work in NJS. **Obtain supervisory approval.**
- Send notification to reporter. See CP&P [Form 26-64](#), Letter to Reporter/Referral Source.
- Initiate service referrals, as appropriate.

40. If continued CP&P intervention is necessary, and a **CP&P “case” is to be opened for services**, proceed as follows:

- Conclude the investigation.
- Complete DCF Form [2-1](#), Investigation Summary, in NJS.
- Approve work in NJS. **Obtain supervisory approval.**
- Send notification to reporter. See CP&P Form [26-64](#), Letter to Reporter/Referral Source.
- Complete an SDM™ Child Strengths and Needs Assessment, CP&P Form [22-25](#), in NJS for each child. See [CP&P-III-B-6-600](#).
- Complete an SDM™ Caregiver Strengths and Needs Assessment, CP&P Form [22-24](#), in NJS. See [CP&P-III-B-6-600](#).
- Complete a Case Plan in NJS, using CP&P [Form 26-81ab](#), Family Summary/Case Plan.
- Engage the family when developing the Case Plan. See [CP&P-III-B-5-500](#).

Involve the parent/caregiver in the process, and obtain his or her signature on the plan. Also

engage an older child in the process, and obtain his or her signature on the plan.

If the client is resistive to services and requests the case be closed, determine whether to seek relief from court. See [CP&P-I-A-1-150](#).

41. Complete the intake documentation, assessment, and, if opening a case, the Case Plan, **within 45 days** of SCR assigning the intake to the Local Office for response.

Intake Supervisor

42. Review and approve case recording in NJS within 15 days of completion by the Investigator, to permit case closing **or** case transfer from the Initial Response Program to the Case Management Program within 60 days of SCR assigning the intake to the Local Office for response.
43. If opening a CP&P service case, forward the “case” to the Casework Supervisor for case assignment.

Casework Supervisor

44. Identify an ongoing unit/Supervisor, and assign the case.

Ongoing Unit Supervisor

45. Name a Permanency Worker. Assign the case.

Child Protective Investigator and Permanency Worker

46. Do a joint visit to the client home, where the Child Protective Investigator introduces the Permanency Worker to the family/household members.

Child Protective Investigator

47. Identify data for entry into NJ SPIRIT, to close out the report, or open a case and link the family to services, as applicable to the case situation.
48. Submit case materials to clerical support, to assemble a “paper” case record (for a “new” case), or to update an active or closed case record.