



REPORT

The 2024 Performance Report on the New Jersey Division of Child Protection and Permanency

By the Staffing and Oversight Review Subcommittee (SORS)
of the New Jersey Task Force on Child Abuse and Neglect

“Children are the world’s most valuable resource and its best hope for the future.”

– *John F. Kennedy* –

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I. Executive summary

Purpose of the report

New Jersey's child protective system is operated by the Division of Child Protection and Permanency (DCP&P) within the New Jersey Department of Children and Families (DCF).

This report is required by New Jersey state law, and it is the second annual report describing how New Jersey's child protective services system is performing and to make recommendations on how to improve the system.

DCP&P was under federal court oversight via a federal monitor for nearly 20 years. In 2023, federal oversight of DCP&P ended with the execution of an Exit Plan and Agreement, which helped shape new legislation that required an annual DCP&P performance review by a diverse, public stakeholder group.

The author of the report is the Staffing and Oversight Review Subcommittee (SORS) of the New Jersey Task Force on Child Abuse and Neglect comprised of at least 18 volunteer, public members including parents with lived experience with DCP&P, an attorney representing children, an attorney representing parents involved in DCP&P, a county human services director, foster parents, a member of a child advocacy organization, an alumni of the foster care system, a member of a state-based child abuse prevention organization, DCF senior staff and service providers.

SORS retained an independent contractor to help carry out its oversight responsibilities. Montclair State University is the current contractor and was retained to work with SORS in April 2025.

Areas the report covers & major data sources

SORS secured most of the quantitative data in this report from four main data sources: the [Rutgers NJ Child Welfare Data Hub](#), data received directly from DCF, DCF's centralized quality improvement process or Annual Cycle [Collaborative Quality Improvement \(CoQI\)](#) process reports, and the most recent [Annual Program and Services Report \(APSR\)](#) presented to the federal government.

To organize the report and provide the most comprehensive understanding of DCP&P's performance as possible, reporting areas fall into two broad categories:

1. Foundations represent resources that child welfare systems must possess in order to work effectively with children and families. In this report, foundational resources include staffing, case practices, and operational funding and resources, including a robust data collection system.
2. Pillars describe how DCP&P interacts with children and families from the point they first encounter the system to the point where they exit the system.

Performance in many of these areas reported on can be measured in different ways. Given this, SORS has dedicated substantial time and effort to learn more about the performance areas and the data available to determine which would best measure performance at this time.

It is important to point out that for most of the areas SORS is reporting on, there can be many factors that explain why the outcomes are what they are; some are related to factors under DCP&P or parental control, but some are outside their control. For example, a reason why visits between caseworkers and parents occur is that caseworkers schedule the visits at mutually agreed upon times, and a reason why visits do not happen may be because a parent's employer changes the work schedule, so the parent can no longer make the scheduled visit. For this reason, SORS took a lot of time to understand context and nuance associated with the performance areas under review, and additional areas for inquiry to further explain outcomes are described in report recommendations.

Major findings

This section of the report addresses some of the major findings across all the foundations and pillars for 2024.

I. Foundations

Foundations are the building blocks upon which children and families interact with New Jersey DCP&P. In this report, we address foundations as they relate to a stable and qualified workforce, effective ways of working with families, and the financial resources needed to provide child welfare services.

Staffing

DCP&P staff are key to fulfilling the Division's mission to assist all New Jersey residents to be safe, healthy and connected. There is an undeniable connection between positive outcomes for children and families and a supported, stable, competent workforce delivering high quality services.

DCP&P has maintained a high caseload compliance rate of at least 90% for the last seven years across all worker types. Worker retention at every level has been high over the last several years, and has continued to increase in this reporting period; however, as indicated in the 2023 report, the current workforce does not necessarily reflect the gender or racial make-up of the children and families involved with DCP&P.

Training for new caseworkers encompasses orientation, pre-service training, and foundational training. Nearly all new caseworkers completed orientation and pre-service training, and 87% completed foundational training within 18 months in 2023, up from 76% in 2022. Eighty-eight percent of existing employees completed required annual training; however, there was variation in completion rates among Local Offices with 15 Local Offices having a 100% completion rate and one Local Office having a 60% completion rate. Similarly 88% of new supervisors completed the full suite of training.

The current maximum nurse-to-child ratio, according to a memorandum of understanding between DCF and Rutgers School of Nursing, should be 1:40 for children in [out-of-home placement](#), and in 2024 that ratio was 1:35. At the end of 2024, there were 10 nurse vacancies compared to 13 at the end of 2023.

Case Practice

To strengthen their [existing case practice model](#), DCP&P adopted the evidence-based [Solutions-Based Casework](#) model in January 2022. A noted strength of DCP&P's case practice in 2024 were [safety interventions](#), the [stability and continuity for children who enter out-of-home placement](#), and the [ability to support families' concrete needs](#). In 2024, areas for improvement in case practice included engagement with and assessment of families and with fathers, the quality of [supervision](#), and [ongoing and long-term planning](#) for children. In 2024, three practice areas were identified as needing the most improvement: maintaining family and community connections for children in out-of-home placements, engagement of children, and assessment of children's social and mental health.

Operations

This foundation includes having adequate financial resources in order to meet families' needs. Within DCP&P, this includes a review of NJ's child welfare data collection system and funding for families. SORS concluded that DCP&P has adequate funding to meet the physical and mental health services that child welfare-involved children need and also maintains a case management and data collection system which meets the guidelines set by the federal government.

DCP&P recommends, refers, and coordinates services for the children and families with whom they work. Over half of these families are financially at-risk for not being able to meet their basic needs. DCP&P addressed some of these gaps with emergency funding provided by both flexible funds and Local Office Business Account Funds. On average, each case received about \$11,700 in 2024, but there was variation in the amount received.

II. Pillars

1. Front Door

DCP&P becomes involved in cases where there is some indication that families cannot adequately care for children. Child protective investigations are timely and of high quality. Services and supports are provided to families to prevent the use of out-of-home placement when it does not jeopardize the safety of children. When children can remain in their own homes, they experience stability in their living situations, and family and community connections are preserved.

WHAT WORKS WELL

- ▶ Eighty-six percent of investigations into potential child abuse or neglect were completed in a timely manner (within 60 days).
- ▶ Over 90% of children who were served by DCP&P remained in their homes and 96% had their case plans reviewed every 6 months, consistent with case practice. Further, 90% were visited by a caseworker every month.

AREAS NEEDING IMPROVEMENT

- ▶ A disproportionate number of children of color were reported for potential or known child abuse or neglect, as compared with White children. One reason for the observed disparities may be the [intersection between race/ethnicity and socioeconomic status](#). Developing effective strategies to address families' social service needs outside of DCP&P may reduce disparities.

2. Out-of-Home Placement

Out-of-home placement is used as a temporary safety intervention, generally as a last resort. While children are in out-of-home care, they should be placed in the least restrictive settings, prioritizing kinship placements, in living situations, and preservation of existing family and community connections.

WHAT WORKS WELL

- ▶ Nearly 50% of children in out-of-home care were placed with kin. Although children in [kinship care](#) may stay in out-of-home placement longer, kinship settings should continue to be prioritized, as they are generally linked to [fewer placement disruptions and better outcomes for children](#).
- ▶ Over 80% of children in out-of-home care had stable placements – this means they had one or two placements in the first year after they were removed from home. [Children do best when they are placed in stable settings](#) and develop relationships with supportive adults - efforts to prevent placement disruptions should continue.
- ▶ Over 80% of children in out-of-home care were placed with their siblings. In most instances, children living in out-of-home care [do better when they are placed with siblings](#); thus, maintaining high rates of sibling placements is instrumental.

AREAS NEEDING IMPROVEMENT

- ▶ The rates of kinship placements were lower for Black and Hispanic children, compared to White children. Adolescents were also less likely to be placed in kinship care compared to their younger counterparts. Efforts to increase kinship placements, particularly for children of color and older children, are recommended.
- ▶ About 67% of children in out-of-home placement had at least one weekly visit with a parent - a decline compared to years 2023 and 2022. DCP&P should make efforts to reduce preventable barriers to parental visitation, such as inconvenient visitation hours and insufficient engagement with parents.
- ▶ About 68% of parents whose children had a permanency goal of reunification had twice-monthly visits with their caseworkers - a decline compared to the previous two years. Given the link between [caseworker engagement with parents and increased likelihood of reunification](#), continued efforts in this regard are recommended.

- ▶ The proportion of adolescents ages 13-17 with two or fewer placements in their first year of removal has declined in the past two years. Minimizing placement disruptions for adolescents should remain a priority.

3. Well-Being

Children in out-of-home care should be provided with nurturing environments that support healthy growth and development, good physical and mental health, and adequate academic achievement. Services to address the needs of children in out-of-home care should be consistently available, and of high quality.

WHAT WORKS WELL

- ▶ Most children in out-of-home care received critical medical services. Over 90% received a pre-placement medical examination, 92% received a yearly, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)-compliant medical examination, and 86% received semi-annual dental exams.
- ▶ Most children in out-of-home care who were deemed eligible for an initial mental health screening received such screening (i.e., over 90% in 2024). Further, 92% of children who met eligibility criteria for ongoing mental health assessments received these ongoing assessments.
- ▶ DCP&P's internal quality review process resulted in a 94% quality rating on educational stability for children in out-of-home care. Maintaining educational stability meant that children continued attending their pre-placement school, or made a timely transition to a new school when continuing in their pre-placement setting was determined not to be in their best interests.

AREAS NEEDING IMPROVEMENT

- ▶ According to DCP&P's internal quality review, a substantial proportion of children in out-of-home care exhibited some degree of educational challenges or poor academic progress. The quality of DCP&P staff's communication with school personnel regarding children's academic performance and progress required improvement in nearly 40% of the cases reviewed.
- ▶ Data on educational, vocational, housing, and other outcomes for young people transitioning from out-of-home care (i.e., aged 18 to 21) is insufficient. The degree to which DCP&P staff maintained detailed and comprehensive

documentation of older youths’ outcomes required improvement in more than one-third of the cases reviewed. Continued efforts to obtain such data are necessary.

- ▶ While children aged 0-3 in out-of-home care were commonly referred to [Early Intervention](#) services to assess for developmental delays, it is not known how many children were found to have developmental challenges, and whether or not they received services if such challenges were identified. Efforts to collect this information are needed.

4. Exit From Out-of-Home Placement to Permanency

[Permanency](#) helps children [form and maintain attachments](#) to their parents or [caregivers](#). It is essential for children’s development to provide them with a secure foundation, to establish connection to others in relationships that last over time, and to support children’s optimal physical and emotional growth and health.

WHAT WORKS WELL

- ▶ Overall, there has been substantial stability in the ways and patterns by which children exit out-of-home care. While stability alone does not equal success, stability indicates consistency in the way that children exit out-of-home placements.
- ▶ The numbers are small, but there has been an overall 3-point increase in the number of children exiting foster care into [kinship legal guardianship](#) arrangements, which helps to maintain children’s

life-long connections. This increase was more pronounced among Black/African American children, with an 8-point increase.

WHAT NEEDS IMPROVEMENT

- ▶ Less than 40% of children who were in out-of-home placement were reunified with their families within 24 months, a [common period in child welfare permanency planning](#). Overall, this has decreased 5 points in the last two years. On average, this decline was present for children, regardless of age or race. This area for improvement may tie in with the recommendation to increase caseworkers’ engagement with parents, which may help to facilitate timely reunifications. Examining service utilization among family members may shed light on barriers to a swifter reunification. Another possible barrier to timely reunification could be court processes and timelines.
- ▶ There was a 3 point increase to 12% from 9% of children, who exited out-of-home care to be reunified with their families within 12 months, but then re-entered out-of-home placement within the next 12 months. The numbers were very small, but among available data, the results show that this was more pronounced among infants, who are particularly vulnerable. This warrants monitoring through the coming years.

Based on the totality of these findings, specific [recommendations](#) have been formulated for DCP&P, state offices, and the SORS committee. ■



II. Purpose of the report

The purpose of this report is to provide information that describes the 2024 performance of New Jersey’s child protective services system, inclusive of DCP&P, the courts and system provider partners. The conclusions in the report were drafted by the Staffing and Oversight Review Subcommittee (SORS) of the [New Jersey Task Force on Child Abuse and Neglect](#), a multidisciplinary and multistakeholder group. New Jersey’s child protective system, the [Division of Child Protection and Permanency](#) (DCP&P), within the [New Jersey Department of Children and Families](#) (DCF), also has a membership seat on SORS. SORS is responsible for reviewing, analyzing and making recommendations regarding DCP&P’s performance in specific areas: outcomes of children and families, staffing, and operations. This review and analysis resulted in specific recommendations from the SORS subcommittee about potential improvements and future directions for the division, in order to better support the children and families of New Jersey. Conclusions expressed in this report reflect deliberations of this all-volunteer subcommittee.

In 1999, the State of New Jersey and DCP&P (then the Division of Youth and Family Services) were sued in a class action lawsuit, which stipulated that the State failed to protect children from abuse and neglect. In 2003, the parties reached an initial settlement agreement that directed system reform and resulted in federal court oversight and monitoring via an

appointed neutral federal monitor. The suit ended in 2022, when New Jersey met and/or exceeded most of the requirements of the settlement agreement. With the end of federal oversight, the State committed to self-monitoring through the enactment of P.L. 2022, c130, a law requiring SORS to review the performance of DCP&P annually.

Accordingly, this report is required by New Jersey state law (N.J.S.A 9:6-8.75) and mandates a review of DCP&P’s performance in specific areas that SORS has sorted into two categories (see Appendix A for additional information):

1. Foundations of Child Protection & Permanence
 - 1.1. Staffing
 - 1.2. Case Practice
 - 1.3. Operations
2. Pillars of Performance
 - 2.1. The Front Door
 - 2.2. Out-of-Home Placement
 - 2.3. Child Well-Being
 - 2.4. Exiting the System to Permanency

The same law that requires this assessment to take place also directs that this report be delivered to the governor, legislature, and public, creating an ongoing and public reporting mechanism on child welfare performance and outcomes in New Jersey. ■



III. Description of the Department of Children and Families (DCF) and the Division of Child Protection and Permanency (DCP&P)

DCF is a state agency devoted to providing services and support to New Jersey's children, youth, and families. The agency is comprised of approximately 6,600 staff whose primary responsibilities are to assist and empower residents to be safe, healthy, and connected to their community, county, state, and federal resources.

The work of DCF is carried out through a range of evidence-based, family-centered programs and services provided by a network of state staff and community-based providers. The agency's practices focus on addressing trauma, strengthening protective factors, and promoting equity for all families.

Collectively, DCF and its partners work to promote the safety of the children they serve; increase kinship placements and family connections when out-of-home care is warranted; prevent child abuse and neglect and promote strong families; integrate consumer voice in all relevant programs and services; cultivate a culture of transparency and accountability; provide an integrated and inclusive system of care for youth; and safeguard staff and promote their professional satisfaction.

DCP&P is one of several divisions and offices within DCF, and its [mission](#) is to assist all New Jersey residents to remain safe, healthy and connected. With a staff of more than 4,500 workers, DCP&P is responsible for investigating allegations of child abuse and neglect and, if appropriate, arranging for the child's protection and the family's treatment.

DCP&P staff engage in a range of activities, such as investigation, assessment, and case management, through more than 40 Local offices across the state. Additional services are provided through community-based organizations which contract with DCF. Services are designed to meet the needs of each individual family and may include counseling, parenting skills classes, substance use treatment, in-home services, residential placement, and more. The federal government requires that all states provide [reasonable efforts](#) to reunify the families engaged with state child welfare agencies.

The majority of children involved in DCP&P remain in their homes with their original families; however, if DCP&P determines that a child has been harmed or is in imminent risk of harm, the agency may remove the child from their original family, and place that child in out-of-home care. While children are in out-of-home placement, DCP&P staff typically assess the needs of the original caregivers and connect them to individualized services, with the goal of eventually reunifying the family when children's safety can be assured. DCP&P, parents, the [law guardian](#) (an attorney assigned to represent the child's interest), and an attorney for the parents appear in court periodically for mandated conferences and status checks, as well as for a permanency hearing to determine the child's permanent placement. Utilizing a federally mandated timeline, DCP&P reviews progress towards reunification, and may explore alternative permanency plans when necessary, such as [kinship legal guardianship](#) or adoption, so that the child achieves permanency as soon as possible. The family court ultimately determines whether a child can be safely returned to their original caregivers, or if alternative arrangements are required.

During the years under federal court oversight, DCF administration and leadership focused on a vast array of practice improvements, such as training and professionalization of frontline and supervisory staff, data transparency, and allocation of funds to make more resources available for children, youth, and families in the community. These improvements resulted in meeting the requirements and various performance metrics of the Settlement Agreement and successor agreements, and allowed for the end of federal oversight. This is a significant accomplishment and the culmination of nearly two decades of efforts to bring about positive change for New Jersey's children, youth, and families. ■

IV. Description of the Staffing and Oversight Review Subcommittee (SORS)

SORS is one of five subcommittees of the [New Jersey Task Force on Child Abuse and Neglect](#). The law, [P.L. 2022, c.130](#), expanded SORS’ responsibilities to review, analyze, and make recommendations regarding DCP&P’s performance in specific areas, such as the outcomes of children and families, staffing, and operations. This review and analysis resulted in specific recommendations from SORS about potential improvements and future directions for DCP&P in order to better support New Jersey’s children and families.

This same law also directed the Task Force to appoint at least 13 members to SORS who meet certain criteria. Members must include a representative of a state-based child advocacy organization, an individual who formerly lived in foster care in New Jersey, an

attorney who represents parents involved in child protection services, an attorney regularly engaged in the representation of children in out-of-home placement, a county human services director, a parent with previous DCP&P involvement, a [resource parent](#) currently licensed by the State, and a representative of a state-based child abuse prevention organization. Appendix B lists current members of the SORS subcommittee.

When its charge was expanded as a result of the 2022 law, SORS completed an extensive planning process to prepare for SORS’s new responsibility to publish its first annual report in December 2023. Both the initial [planning report](#) and the [first annual report](#) are available to the public. ■



V. Big-picture background data on the children involved in DCP&P

In 2024, a total of 31,203 children and their families were involved in some way with DCP&P.

Who are these 31,203 children?

- ▶ Most children were aged 12 or younger: under 1 (5%), ages 1-5 (27%), 6-12 (38%), ages 13-17 (26%) and ages 18 and over (4%).
- ▶ Children of color comprised 71% of all children – almost three times as many children of color as children who were White. The breakdown of children by race/ethnicity is: Hispanic (35%), Black (32%), White (24%), another race (4%), and missing/undetermined (5%).
- ▶ Children who were Black/African American were involved in DCP&P at a rate that was almost 2.5 times more than their proportion in the general population (32% and 13%, respectively). Children who were White were involved at a little more than half the rate of their proportion in the general population (24% and 43%, respectively).
- ▶ With regard to gender, half the children were identified as male and half as female.
- ▶ There has been very little change in the age and race of children served between 2022-2024

This information is further illustrated in Table 1.

Table 1: Children Served by DCP&P, by Age and Race/Ethnicity

	2022	2023	2024	2022-2024 Change
Age				
Under 1	6.0%	5.5%	5.4%	-0.6
1-5	28%	27%	27%	-1
6-12	37%	38%	38%	+1
13-17	25%	25%	26%	+1
18+	4.6%	4.3%	4.2%	-0.4
Race/Ethnicity				
Black/ African American	31%	32%	32%	+1
Hispanic	34%	35%	35%	+1
White	26%	24%	24%	-2
Another Race	4.3%	4.4%	4.4%	+0.1

Note: The 2024 numbers are based on 31,203 youth; [Rutgers NJ Child Welfare Data Hub](#)

How do children become involved with child welfare services?

- ▶ In New Jersey, [everyone is a mandated reporter](#) for suspected/known child maltreatment; this means that anyone who has “reasonable cause” to believe a child has been abused or neglected is required to make a report to the state’s child abuse hotline.
- ▶ In 2024, the hotline received [61,040 reports](#) of alleged abuse and neglect representing [94,844 children](#).
- ▶ New Jersey uses a [four-tiered system](#) for the outcomes of investigations of potential maltreatment:
 - *Substantiated*: A preponderance of the evidence establishes that a child is abused or neglected
 - *Established*: A preponderance of the evidence establishes that a child is abused or neglected, but the act or acts committed or omitted do not warrant a finding of substantiation upon consideration of aggravating and mitigating factors.
 - *Not established*: There is not a preponderance of the evidence that the child is abused or neglected, but evidence indicates that the child was harmed or placed at risk of harm
 - *Unfounded*: There is not a preponderance of the evidence indicating that a child is abused or neglected and the evidence indicates that a child was not harmed or placed at risk of harm
- ▶ DCP&P conducted investigations for all 94,844 children; 2,270 of these children (2%), were substantiated or established for maltreatment; 97% of the children (approximately 92,138) were not found to be abused or neglected (not established or unfounded). Since 2020, between 2 and 4% of [reports investigated](#) have been substantiated or established as abuse and/or neglect.

This information is further illustrated in Table 2.

Table 2: Outcomes of Reports

	2022	2023	2024	2022-2024 Change
Substantiated/Established	3.5%	3.5%	2.4%	-1.1
Not Established	40%	39%	38%	-2
Unfounded	56%	58%	59%	+3

Note: The 2024 numbers are based on 94,844 children referred; [Rutgers NJ Child Welfare Data Hub](#)

Why are children involved in child welfare services?

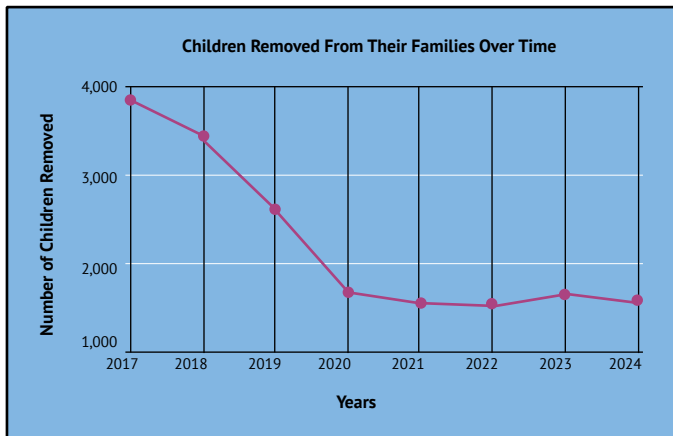
- ▶ In 2024, about 2,270 children were identified as maltreated. Most, 63%, were identified as neglected, 12% as physically abused, 11% as sexually abused, and 14% as experiencing multiple types of abuse.

This information is further illustrated in Table 3.

Table 3: Children Abuse/ Neglect, by Type of Abuse/Neglect

	2022	2023	2024	2022-2024 Change
Type of Abuse/ Neglect				
Neglect	66%	64%	63%	+3
Physical	9.2%	9.7%	12%	+2.8
Sexual	13%	13%	11%	-2
Multiple	11%	13%	14%	+3

Note: The 2024 numbers are based on 94,844 children referred; [Rutgers NJ Child Welfare Data Hub](#)



Which children are removed from their families and placed in out-of-home care?

- ▶ The number of children removed from their families decreased by 64% over the last eight years (from 3,849 children in 2017 to [1,573](#) children in 2024).
- ▶ The number of children removed from their families decreased from 1,655 in 2023 to [1,573](#) in 2024.
- ▶ In the U.S., every state has a [disproportionate number of children who are Black removed from their homes](#) by the child welfare system. In New Jersey, about four times more children who are Black/African American were removed from their families than children who are White in 2024 ([2.2 vs. 0.5 per 1,000 children](#) respectively). There was a 5 point increase in the percent of children who were removed who are also Black/African American, as compared with a 7 point decrease in children who were White.

This information is further illustrated in Table 4.

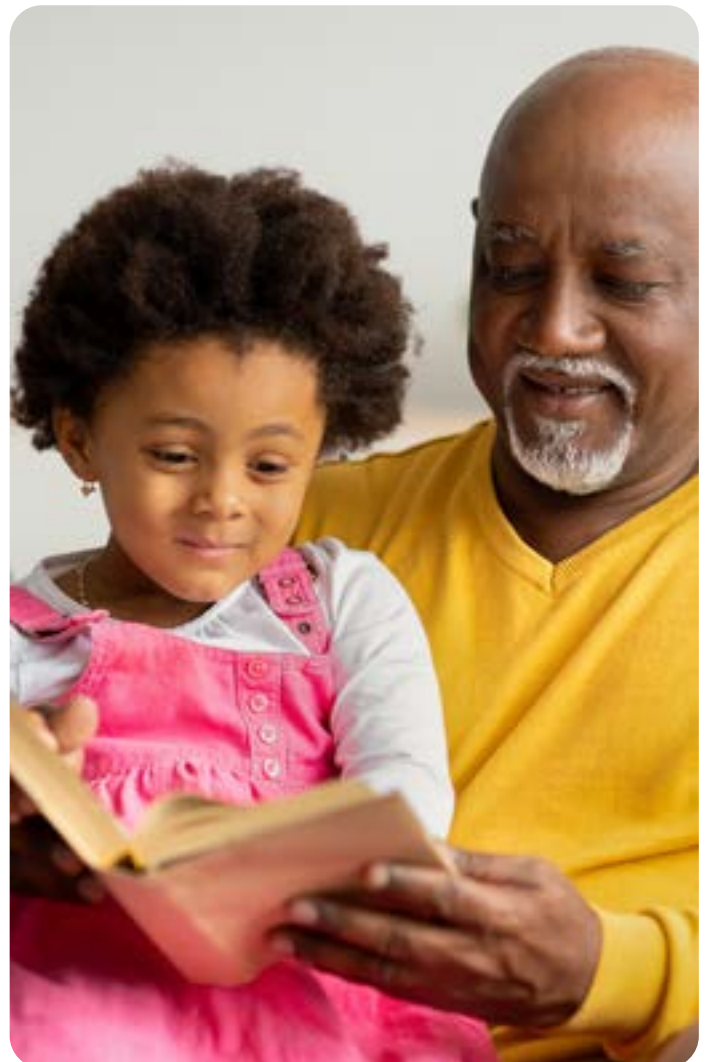




Table 4: Children Entering Out-of-Home Placement, by Age and Race/Ethnicity

	2022	2023	2024	2022-2024 Change
Age				
Under 1	23%	21%	24%	+1
1-5	31%	30%	28%	-3
6-12	24%	26%	27%	+3
13-17	22%	23%	22%	0
Race/Ethnicity				
Black/ African American	36%	41%	41%	+5
Hispanic	24%	26%	26%	+2
White	33%	27%	26%	-7
Another Race	6.3%	6.1%	5.7%	-0.6

Note: The 2024 numbers are based on 1,573 youth; [Rutgers NJ Child Welfare Data Hub](#)

Where do the children live?

- ▶ Most children, 91% (or 28,266) [were served in their homes](#); 9% (or 2,937) were residing in out-of-home care.
- ▶ Of the 2,937 children living in out-of-home care, nearly half, or 47%, lived with a family member (kinship care), 39% lived with non-kin, 12% lived in an institutional setting ([congregate care](#)) and 1% lived independently on their own.
- ▶ There are not substantial differences in where children live between 2022-2024.

This information is further illustrated in Table 5.

Table 5: Children in Out-of-Home Placement, by Placement Type

	2022	2023	2024	2022-2024 Change
Placement				
Congregate Care	9.0%	10%	12%	+3
Independent Living	2.3%	1.6%	1.4%	-0.9
Kinship Care	45%	46%	47%	+2
Resource Family	43%	42%	39%	-4

Note: The 2024 numbers are based on 2,937 youth; [Rutgers NJ Child Welfare Data Hub](#)

VI. The report data

The performance areas in this report fall into two broad categories: (1) foundations, which includes staffing, operations, and case practice, and (2) pillars, which includes how children and families become engaged with DCP&P, the services received while families are engaged with DCP&P, child well-being, and exiting the system. Performance in these areas can be measured in many different ways. SORS dedicated substantial time in 2023 and 2024 to learn more about the wide variety of child protective services data available that would allow them to meet the legislative requirements of their subcommittee.

Main report data sources

SORS secured the data in this report from four main sources, summarized in Table 6. The first is an interactive, online data dashboard, the [Rutgers NJ Child Welfare Data Hub](#), that provides annual data on all children actively involved with DCP&P in areas such as referrals to the state's child abuse hotline; the characteristics of children involved with DCP&P; the types of abuse and neglect; and for children in out-of-home placement, their [placement stability](#) and when and how they leave out-of-home care. Second, SORS received data directly from DCF for select quantitative measures such as the timeliness of visits between caseworkers and parents and the immunization status of children in foster care. For both sources, calendar year 2024 was the most current year that data were available. SORS primarily used calendar year 2022 as the baseline year, as this was the last full year of the federal monitor's oversight. With the 2024 report, there are now three data points (2022, 2023, and 2024) for most measures.

Additionally, a small portion of data came from DCF's centralized quality improvement process or Annual Cycle [Collaborative Quality Improvement \(CoQI\)](#) process. DCF derived most of the data for the Annual Cycle CoQI from case record reviews on the topics of investigations, the outcomes of older youth, children's educational outcomes, and case practice. The CoQI reports cover different periods of time and different numbers of family cases, and these reports are referenced throughout this report. It should be noted that many measures in these reports are new, so limited baseline data is available.

Finally, data for the staffing foundation comes from the most recent [Annual Program and Services Report \(APSR\)](#) presented to the federal government. These reports share the state's progress towards meeting the goals, objectives, and strategies in the [Child and Family Service Plans \(CFSP\)](#) reviewed by the federal government and outline the planned activities for the coming fiscal year. Topics addressed in both the CFSP and APSR include: permanency for children, well-being of children and their families, and the nature, scope, and adequacy of existing child and family-related social services.

Report data and measures over the years

Child welfare is an evolving field - what was considered best practice two decades ago has likely changed today. During the years under federal oversight, DCF became a national leader in some of the country's significant shifts in child welfare practice and priorities, such as keeping children with their original families when possible, and when that is not possible, trying to ensure that children live with their kin.

As best practices evolve, the metrics that SORS tracks may change; new metrics may be added, and metrics that are no longer relevant or useful to collect may no longer be used. Similarly, as continuous quality improvement practices in child welfare and health and human services mature, it is possible that SORS, in consultation with DCF, will adopt new oversight methods and/or join new processes adopted by DCF. This information is further illustrated in Table 6. ■

Table 6. Sources of Data in the 2024 SORS Data

Source	Description	Type of data	Year most current available	Baseline year data
Rutgers NJ Child Welfare Data Hub	Provides child welfare data, primarily on a yearly basis, on the topics of hotline referrals, children served by DCP&P, maltreatment and placement stability and permanency, and is a collaboration between DCF and the Institute for Families at the Rutgers University School of Social Work	Quantitative	2024	2022
Data Directly from DCF	Provides selected data points, primarily on a monthly basis, related to several DCF divisions, including DP&P	Quantitative	2024	2022
DCF Collaborative Quality Improvement (CoQI) Brief	Provides findings from DCF's 2023 Annual Cycle Collaborative Quality Improvement Process (CoQI) derived from record reviews	Qualitative and Quantitative	2023	Some measures are new, so limited baseline data is available
2020-2024 Final Annual Program and Services Report	Provides an annual update on the progress made by states toward the goals, objectives, and strategies in their Child and Family Service Plans reviewed by the federal government, and outlines the planned activities for the upcoming fiscal year	Qualitative and Quantitative	2023	2019 for caseloads

VII. The performance review

In order for child welfare systems to ensure the safety, permanency, and well-being of children, there are [foundational resources](#) to which organizations must have access. These resources, which we call “Foundations” include a stable and qualified workforce, effective ways of working with families, and the financial resources needed to conduct this work. These foundations are the building blocks upon which children and families interact with DCP&P. Each of the foundations evaluated in this report are described below.

The Three Foundations:

1. **Staffing:** DCP&P staff are key to fulfilling the [division’s mission to assist all NJ residents to be safe, healthy, and connected](#). Staffing considerations include recruiting, retaining, and promoting skilled staff who can help DCP&P achieve its mission.
2. **Case Practice:** This foundation describes [how DCP&P interacts with families](#). Thoughtful case practices include identifying desired outcomes, principles, theory of change, evidence-informed practice, process and quality of care and service array. In addition to its [case practice model](#), originally published in 2007, New Jersey also adopted Solution Based Casework in 2023.
3. **Operations:** This foundation includes having adequate financial resources in order to meet families’ needs, through both service provision and helping meet concrete needs. In DCP&P, this includes a review of NJ’s child welfare data collection system and funding for families.

Foundation 1: Staffing

DCP&P staff are key to fulfilling the division’s mission to assist all New Jersey residents to be safe, healthy, and connected. Existing research indicates that there is a relationship between [positive outcomes for children and families and a supported, stable, and competent workforce delivering high-quality services](#).

Pursuant to the state law enacted in 2022, SORS is required to report on an expanded set of staffing-related issues. Prior to that time and since its inception, SORS was charged with staffing oversight.

This Foundation on staff covers four main outcomes: 1) staff caseloads, 2) staff retention, recruitment, and hiring, 3) staff training, and 4) nurse workforce.

Staff Caseloads

A caseload is the number of families assigned to a caseworker in a specific period of time. [Manageable caseloads are important for both families and child protective services staff](#). When child welfare staff have reasonable caseloads, they have the time to engage children and families and deliver quality services, which can result in improved child safety, well-being, and permanency. Manageable caseloads also help improve caseworker job satisfaction, reduce stress and burnout, and contribute to higher staff retention rates.

DCP&P has maintained a high caseload compliance rate of at least 90% for the last seven years. DCP&P employs three major types of caseworkers: intake, permanency, and adoption caseworkers. A brief description of each caseworker’s role and the caseworker supervisor’s role is presented in Table 7, along with their allowable maximum caseload sizes. The chart also shows DCP&P’s compliance with the maximum caseload size standards as an average for the years 2022 and 2023. For example, an average of 97% of all intake caseworkers in 2022 met the caseload size standard of 12 or fewer investigations at a time, of which 8 or fewer could be new families, because new families typically require more caseworker time.

Across all types of caseworkers for which data is available, and for supervisors, DCP&P maintained high caseload size compliance rates in 2022 and 2023, the years with the most recent data – between 93% and 100%. See Table 7 for additional detail. ■

Table 7: DCP&P Caseworkers

Type	Role	Caseload standard	2022 average caseload compliance	2023 average caseload compliance	Change from 2022 to 2023
Intake	Receive referrals from the child abuse hotline and investigate allegations of abuse and neglect	No more than 12 families at a time and no more than eight new referrals per month	97%	93%	-4
Permanency	Provide services to families whose children remain at home and to families whose children have been removed/ in placement	No more than 15 families with a maximum of ten children in placement	100%	100%	0
Adoption	Find permanent homes for children who cannot safely return to their parents	No more than 15 children	99%	99%	0
Supervisor to Worker	Provides support and supervision of caseworkers among a wide variety of supervisory responsibilities	No more than five workers assigned to a supervisor	100%	100%	0

Note: [2020-2024 Final Annual Program and Services Report](#)

Additionally, DCF employs caseworkers as part of the [Institutional Abuse Investigations Unit](#) (IAIU). IAIU responds to allegations of abuse in institutional settings such as correctional facilities, [shelters](#), and foster homes. The caseload standard for the IAIU is that workers should handle no more than 12 families at a time and no more than eight new referrals per month. Caseload data was available from the [Commissioner’s Monthly Reports](#). The average caseload compliance with this standard was 99% in both 2023 and 2024.

Staff Retention, Recruitment, and Hiring

The recruitment and retention of knowledgeable, engaged and committed staff is foundational to a child protection agency’s ability to support children and families so they achieve the best outcomes. When caseworkers stay in their jobs and turnover is low, [research shows](#) that investigations are more likely to be completed in a timely manner, workers are able to better engage with children and families, there is better overall service delivery, and the

safety, permanency and well-being of children is improved. High turnover can have a [negative impact](#) on relationships with families, interrupt continuity of services, leave remaining caseworkers with less time to assist children and families, delay service delivery, and lead to poorer safety, reunification and permanency outcomes.

Staff Retention

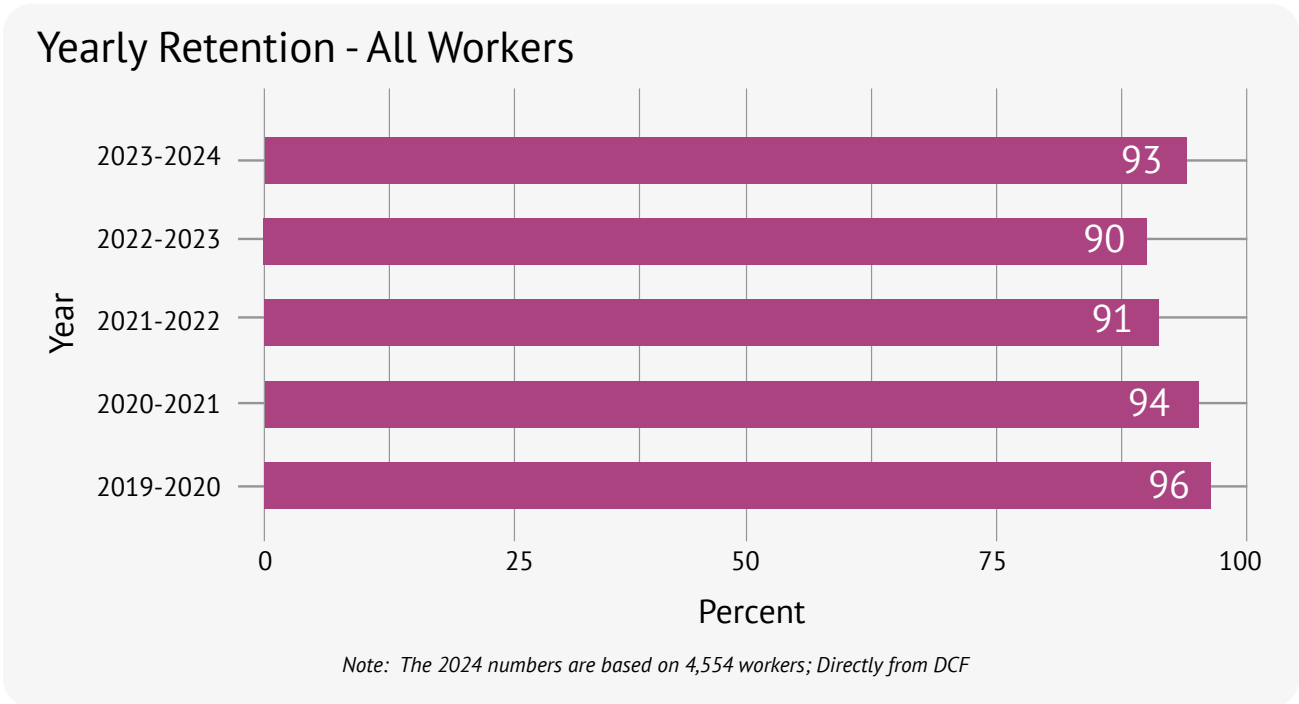
Child welfare organizations across the country have continuously struggled to retain staff, with national annual attrition rates generally ranging [between 20%](#)

[and 40%](#) for new frontline staff. In New Jersey, attrition rates for frontline staff have been markedly lower compared to these national averages.

Overall, DCP&P has maintained a stable workforce with between 90% and 96% of workers remaining employed each year. While there had been a slight decrease in worker retention in the past few years , DCP&P retained 93% of its staff in 2023-2024. This information is detailed in Figure 1.

Yearly retention of Assistant Family Service Specialists has remained high, with between 87% and 94%

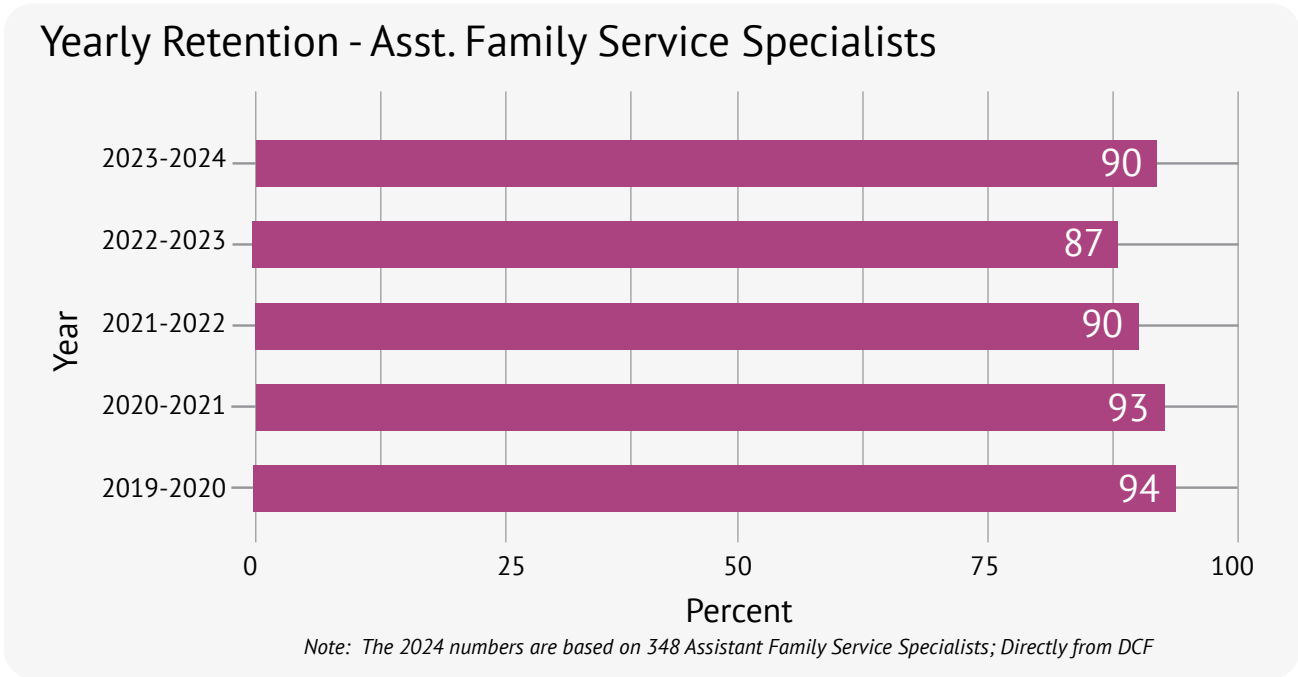
Figure 1.



of workers with this job title remaining employed each year. While there had been a slight decrease in retention of Assistant Family Service Specialists between 2022 and 2023, that rate increased again

between 2023 and 2024 when DCP&P retained 90% of its Assistant Family Service Specialists. This information is detailed in Figure 2.

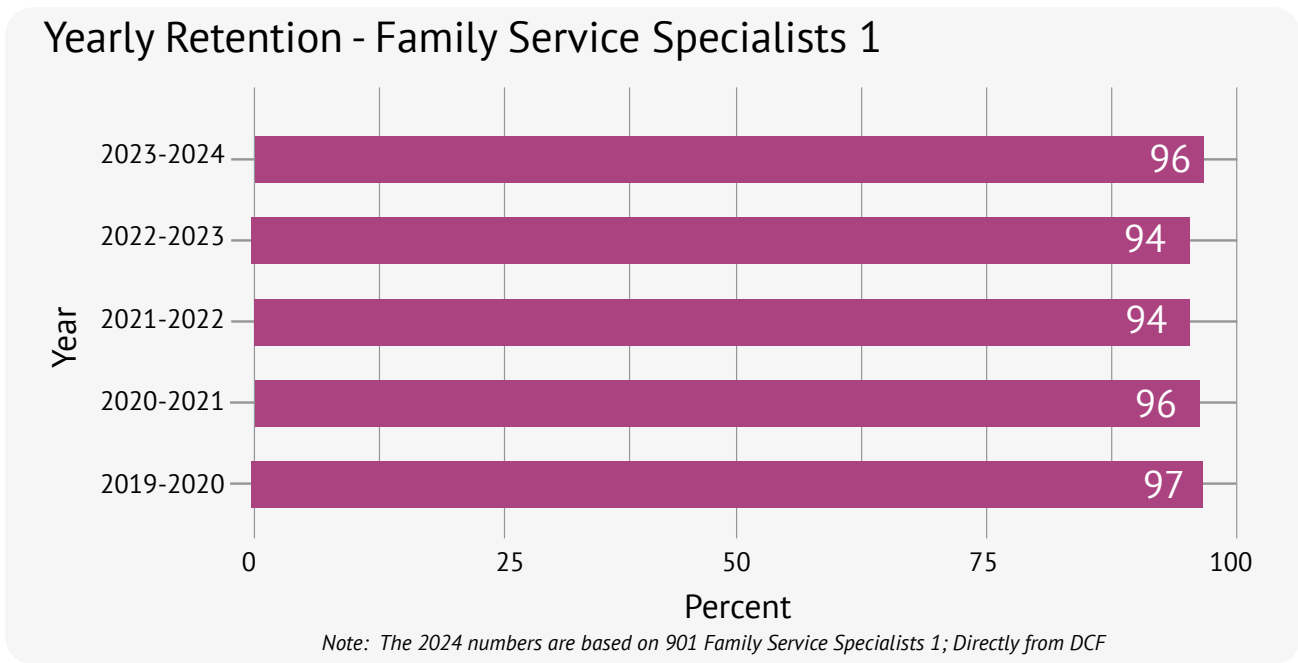
Figure 2.



Yearly retention of Family Service Specialists 1 has remained the highest of all direct practice staff, with between 94% and 97% of workers with this job title

remaining employed each year. This information is detailed in Figure 3.

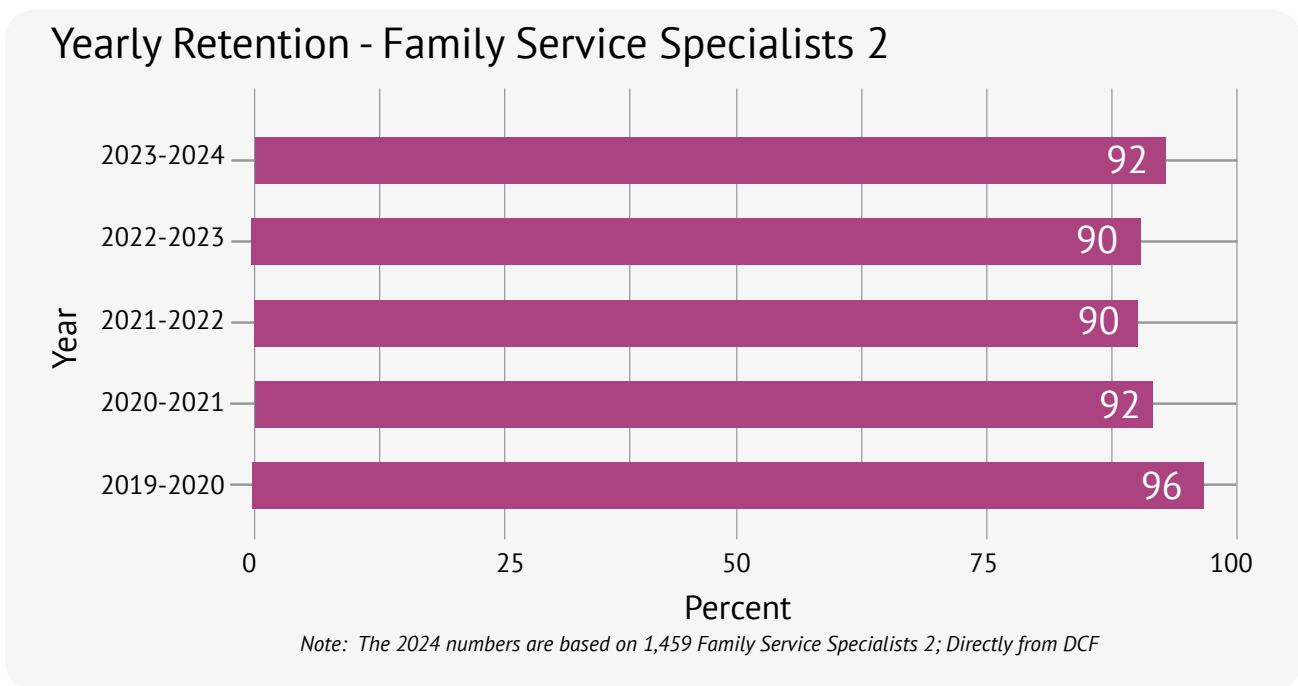
Figure 3.



Yearly retention of Family Service Specialists 2 has remained high with between 90% and 96% of workers with this job title remaining employed each year. While there had been a slight decrease in retention of Family Service Specialists 2 between 2021 and

2022 and 2022 and 2023, that rate increased again between 2023 and 2024 when DCP&P retained 92% of its Family Service Specialists 2. This information is detailed in Figure 4.

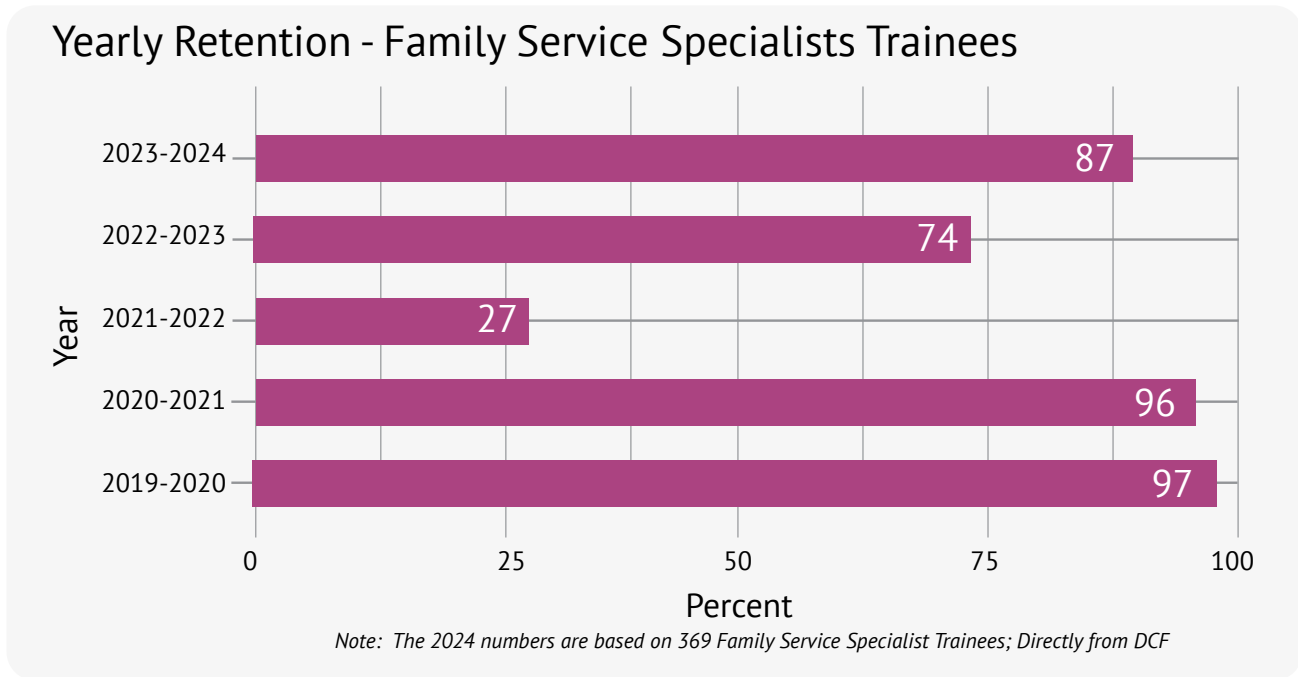
Figure 4.



Workers with the biggest challenge to retention have been Family Service Specialist Trainees. Between 2021 and 2022, retention was only 27%; however, that rate rebounded to 74% between 2022 and 2023 and has increased further to 87% between 2023 and 2024.

However, the most recent retention rate of Family Service Specialist Trainees is still lower than those in the 90+% range between 2019 and 2020 and 2020 and 2021. This information is detailed in Figure 5.

Figure 5.

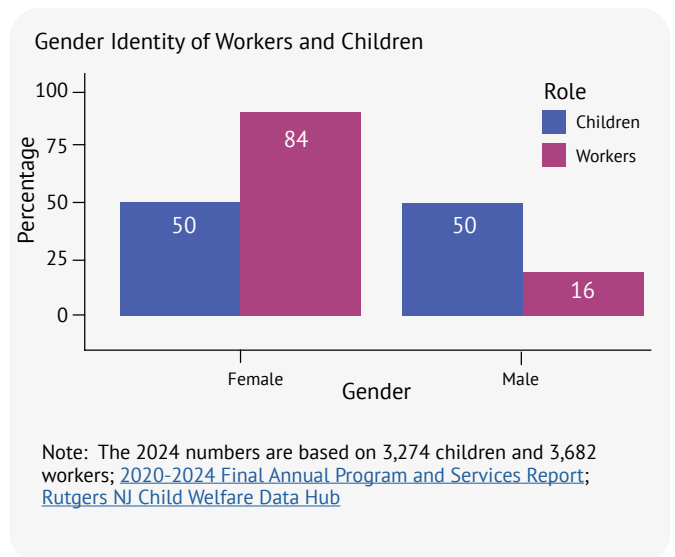


The Race and Gender of DCP&P Staff Is Not Reflective of Children’s Gender and Race

One way to help ensure that DCP&P staff have the values, knowledge, abilities and skills to adequately address their clients’ needs is to recruit people who have experience with the communities in which their clients live and operate – for example, staff who grew up in the same communities, or those who come from similar cultural backgrounds.

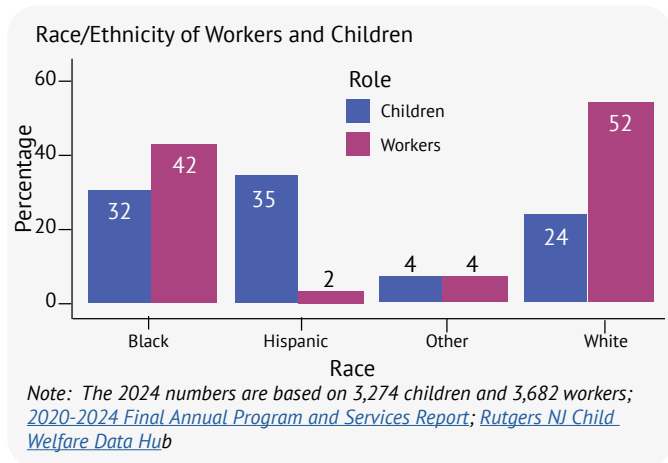
The most recent demographic data reported for DCP&P staff come from September 2023, and end-of-year data are available from 2023 for children in care. In terms of gender, half the children in care are male and half are female; however, the workforce is predominantly female. This is reflective of the [national child welfare workforce](#). Figure 6 illustrates this disproportionality.

Figure 6.



There are also racial disproportionalities between children and staff. According to available data, the largest group of staff are White (52%), followed by Black staff (42%); however, the largest group of children in care are Hispanic (35%), followed by Black (32%). A limitation of this analysis; however, is that race/ethnicity may not be assessed in the same way for children and staff. Race and ethnicity are challenging demographics to measure and [may change over time and in different settings](#). Figure 7 illustrates this disproportionately.

Figure 7.



Recruitment and Retention Strategies

DCP&P reported that it employed a variety of strategies to recruit and retain employees. Below are brief descriptions of some of these strategies.

Recruitment:

1. Career Fairs:

The Recruitment Unit attended 24 Career Fairs in 2024; this is inclusive of all applicable county, community, and college/university fairs, as well as all Civil Service Commission (CSC) job fairs. Additionally, in 2024, the Office of Human Resources (OHR) hosted the first DCF Career Fair.

2. Job Fests:

The OHR Recruitment Unit organizes and hosts “Job Fests” for the Family Service Specialist Trainee (FSST) title. These Job Fests are mass interview days hosted by the county/area.

3. College Engagement:

DCP&P began making connections with colleges/universities with related coursework for representatives to present to classes at the request of the professors.

Retention:

4. Pulse Surveys:

The Offices of Human Resources and Staff Health and Wellness continue to focus efforts on supporting employees across DCF by monitoring and improving recruitment, retention, safety and morale. An initial “Pulse Survey” was distributed to staff on October 3, 2024, to understand employees’ outlooks on a number of topics including employee engagement, workplace culture, or the impact of recent changes. Pulse surveys are meant to be short, frequent questionnaires sent to employees to gather timely feedback on specific topics.

5. Onboarding workgroup:

In January 2024, DCF Commissioner Christine Norbut Beyer created the DCP&P Onboarding Workgroup. The workgroup was originally convened to review onboarding strategies specific to DCP&P and make recommendations to update existing practice. The workgroup also explored recruitment and retention efforts. The workgroup was convened with representatives from a variety of staffing levels throughout DCP&P, the Office of Staff Health & Wellness, OHR, and the Office of Training and Professional Development to gain multiple perspectives, ideas, and to ensure staff voice informed recommendations.

Current onboarding, recruitment, and retention practices were reviewed, and improvement strategies were recommended with an overall goal of fostering a culture of connectedness and inclusivity as well as awareness of opportunities for professional growth and development.

The workgroup also reviewed the number of staff departures within the department, discussed the reasons why staff separate from DCF, and strategized approaches that can be implemented to retain staff. In addition, the Commissioner has elicited the expertise of the DCF Employee Council to help develop

effective strategies to improve the onboarding process for new staff.

The workgroup recommended that all DCF operations be required to have an onboarding plan that follows the general expectations for onboarding new staff, and created a sample checklist for leadership to include the following:

1. Officewide “welcome” email with new staff names displayed/kudos board.
2. Welcome Sign/Banner outside the new staff cubicle and main area in the office, as well as a Welcome Basket on the desk with items from the supply closet.
3. Building/office tour for new employees.
4. Set up virtual team meetings for new staff to meet staff who might be remote.
5. Identify someone in the Local Office who will train the new staff on business processes; and provide PowerPoints with how to manage regular, predictable tasks.

Staff Training

Initial and ongoing trainings are key to adequately preparing and supporting staff to understand their roles and responsibilities, keep up with current practices, and improve efficiency and effectiveness when working with children and families.

[Comprehensive and quality training](#) can also help improve job satisfaction, decrease staff turnover, and increase retention.

SORS is required to report on DCP&P’s efforts to maintain a comprehensive training program for child welfare staff and supervisors, with a focus on key areas, including: pre-service training covering the case practice model and permanency planning; adoption training; training on case management systems, and mechanisms for staff completing trainings to demonstrate competency in the required areas of training.

The [DCF Office of Training and Professional Development](#) coordinates training for all caseworkers, with new and existing caseworkers receiving different types of training. Information for this section of the report primarily comes from the [2020-2024 Training Plan](#).

New Caseworker Training

DCP&P requires its new caseworkers to engage in 18 months of training. DCF delivers the training in two phases: orientation/pre-service and foundational courses.

Pre-service training lasts roughly four months and starts with an orientation period that covers an overview of the mission and work of DCF, confidentiality of records, prevention of workplace violence, ethics, and racial bias and non-discrimination in the workplace. Pre-service period trainings include the following topics: the case management computer application, New Jersey Spirit, which is used for investigations, case management and adoption; child development and indicators of child abuse and neglect; Solution Based Casework; structured decision making and critical thinking; the importance of caseworker visits with children and families; car seat safety; promoting children’s safety, well-being and success; and focusing on families from screening to closing. DCP&P reported that the training is complemented with new caseworkers shadowing seasoned workers interacting with families.

During the pre-service training phase, new staff complete competency exams after most of the training modules, and they are expected to score a minimum of 70% to successfully advance to subsequent modules and complete the pre-service training.

Nearly all new staff consistently complete orientation and pre-service training. In data provided from DCF, in 2024, of 290 new hires, 99.7% completed this training. This is in comparison to [100% of new hires in 2022 and 2023](#).

Foundational training should be completed within 18 months of being hired. In 2022, 76% of new staff completed those courses on time and in 2023, 87% completed those courses on time. Reasons given for not completing the training within the 18 month time frame include missing one module within a course, a required court appearance, and staff time off.

Existing Employee Training

Beginning in 2024, existing employees, including supervisors, casework supervisors, case practice specialists and resource engagement specialists, were required to complete 20 training credit hours annually. Staff can meet their training requirements by taking courses offered by DCF’s Office of Training and Professional Development (OTPD), the New Jersey

Child Welfare Partnership, which is a collaboration between OTPD, Rutgers University and Stockton University, and the New Jersey Coalition to End Domestic Violence. There is a large selection of trainings that existing employees can take. Example topics include: strategies and practice tools for engaging kinship families, concurrent planning, human trafficking, substance use disorders, treatment and recovery, and domestic violence and DCP&P policy.

Annual completion of training for existing employees was noted as an area for improvement in the [2023 SORS report](#). In that report, it was noted that 78% of staff completed annual training, with six Local Offices attaining 100% training completion rates and one Local office attaining a 46% training completion rate. In 2024, using data provided by DCP&P directly to SORS, there was a substantial improvement in training completion rates. In 2024, 3,848 staff were required to complete annual training. Nearly 9 in 10 (88%) completed those trainings, with 15 Local Offices having the highest completion rate (at 100%) and one Local Office having the lowest rate at 60%.

Supervisor Trainings

New supervisor training consists of more than 12 days of coursework which includes topics such as transitioning roles, managing people, DCF administrative policies and practices, and Solution Based Casework supervision and case consultation. New supervisor training completion was high. Using data provided by DCP&P directly to SORS, it was noted that there were 52 supervisors appointed in 2024, with 46 (88%) completing the full suite of trainings. Some reasons provided for not completing the full training suite include: missing a full training, missing the final day of a multi-day training, and/or being appointed after a training was held and before it being offered again.

Nurse Workforce

Nurses are the frontline staff who provide medical screenings and care to children in out-of-home placements. Data for this outcome was provided to SORS directly from DCF. This outcome assessed two measures: 1) the ratio of Health Care Case Management (HCCM) nurses to children in care and 2) nursing vacancies.

In 2023, on average, there was one nurse for every 33 children in care, and in 2024, that ratio decreased to one nurse for every 35 children in care. This ratio meets the required ratio of one nurse per 40 children

in out-of-home placement. In December 2023, there were 13 nurse vacancies open, and in December 2024, there were 10 nurse vacancies open.

Foundation 2: Case Practice

[Case practice](#) in child welfare includes the manner in which child welfare agencies engage families and coordinate service provision. Ideally, child welfare agencies utilize case practice models that are evidence-based; that is, the manner in which agencies work have research-evidence that supports positive outcomes for children and families. Research clearinghouses, such as the [Title IV-E Prevention Services Clearinghouse](#) and the [California Evidence-Based Clearinghouse for Child Welfare](#), describe evidence-based practices that are used in child welfare settings.

A practice model for casework management in child welfare [should be theoretically sound and values based](#), as well as capable of being fully integrated into and supported by a child welfare system. The model should clearly articulate and operationalize specific casework skills and practices that child welfare workers must perform through all stages and aspects of child welfare casework in order to optimize the safety, permanency, and well-being of children who

78% of staff completed annual training, with six local offices attaining 100% training completion rates.

enter, move through, and exit the child welfare system. The overall purpose of a case practice model is to strengthen the quality and consistency of practice to improve outcomes related to child safety, well-being, and permanency.

To strengthen their [existing case practice model](#), DCP&P adopted the evidence-based Solution Based Casework (SBC) model in January 2022. [SBC](#) is a strengths-based framework that emphasizes a family's capacities, skills, and knowledge rather than focusing on deficits. The model is designed to support stronger partnerships between DCP&P staff and families, build family support networks, promote uniform case planning, conduct thorough behavior-based assessments, and develop action plans that reflect goals identified by the family. The California Evidence-Based Clearinghouse for Child Welfare rates SBC as a "[promising practice](#)" and SBC is used in multiple child welfare systems throughout the United States.

SORS is required to report on DCP&P's implementation of a case practice model that emphasizes the quality of their practices. More specifically, SORS is to report on particular components of the model – the performance of safety and risk assessments; engagement with youth and families; work with family teams; provision of individualized planning and relevant services; performance of continuous review and adaptation, and assurance of safe and sustained transitions from DCP&P.

As SBC is a relatively new practice model for New Jersey DCP&P, SORS analyzed data reported in DCP&P's 2023 and 2024 [Collaborative Quality Improvement Briefs \(CoQI\)](#), Case Practice Strengths and Challenges, to provide some early indicators on strengths and areas for improvement for SBC in New Jersey over the past two years. The CoQI process for assessing the case practice model varied substantially between 2023 and 2024, making it difficult to directly compare scores from one year to the next; however, both assessments identified strengths and areas for improvement, and these areas were compared and contrasted for this report. Data for the [2023 Case Practice Strengths and Challenges](#) brief were gathered from case records of families who were actively involved with DCP&P between October 2022 and June 2023. Data for the [2024 Case Practice Strengths and Challenges](#) brief were collected from families actively involved with DCP&P between February 2023 and September 2024.

Sampled cases included in the 2023 CoQI report were gathered from 760 cases of families who were involved with DCP&P for at least four months, while sampled cases included in the 2024 CoQI report were gathered from 817 active cases over the course of 14 months. In both reports, they included families who had at least one child in out-of-home care (33% in 2023 and 31% in 2024). Additionally, structured interviews of 122 families were implemented in 2024 to provide additional context. Of these families, 70% were served in-home, 21% had children in out-of-home care, and 9% were young adults. Beginning in 2024, quality scores were developed to denote the percentage of sampled cases in which best practices and policies were demonstrated.

Case Practice Strengths

A noted strength in both the 2023 and 2024 CoQI reports related to safety interventions. Quality scores for this outcome were 80% for children served in their own homes and 86% for children served in out-of-home care. In 2023, another noted strength was [support for children's living arrangements](#). This refers to assistance provided to families so they can keep children safely at home and in their communities. It also addresses whether children in out-of-home placements were provided with appropriate levels of supervision and support in their living arrangement and whether caseworkers were assessing each child's adjustment to their out-of-home setting. In 2024, an area of strength was stability and continuity for children who enter out-of-home placement. Quality scores were high in this area, with placement stability receiving an 89% quality score and school stability receiving a 94% quality score. Another area of noted strength in 2024 was DCP&P's [ability to support families' concrete needs](#). Material and household items make an important difference for DCP&P-involved families. Families who received support in obtaining basic materials and household items like furniture, diapers, and clothing noted that such support was an important element of achieving permanency.

Case Practice Areas for Improvement

Over the course of 2023 and 2024, noted areas for improvement have not changed drastically. In 2023, the cited areas for improvement were [family engagement](#), [ongoing family assessments](#), ongoing planning processes, and supervision. In 2024, the areas of improvement were [engagement and assessment of families](#), [engagement and assessment of fathers](#),

supervision, and ongoing and long-term planning. While the descriptors of these topics varied slightly from 2023 to 2024, areas for improvement covered similar areas of practice. In 2024, the quality score for family engagement for children served in-home was 55% and 51% for children in out-of-home placement. Ongoing family assessment for children served in-home had a quality score of 56%, and a quality score of 67% for children in out-of-home placement. Ongoing safety and risk assessment for children served in-home had a quality score of 59%, and a 67% quality score for children in out-of-home placement. Supervision for cases with children served in-home had a quality score of 61%, and a 65% quality score for children in out-of-home placement. While 94% of supervisors meet with caseworkers on a monthly basis to discuss cases, the quality of those meetings and documentation was a noted area for improvement in 2024. Ongoing family planning process has a 70% score for both children served in-home and for children in out-of-home placement. Long-term planning for children served in-home has a score of 66%, and a 67% score for children in out-of-home placement.

Case Practice Areas Needing the Most Improvement

In the [2024 Case Practice Strengths and Challenges brief](#), there were three practice areas with quality scores that were noted as having the most room for improvement: family and community connections, engagement of children, and assessment of children's social and mental health. [Maintaining family and community connections](#) are considered important components to supporting a child's well-being. This practice area was evaluated at a 75% quality score for families with children in out-of-home placement, while sibling connections had a score of 75% for families with children in out-of-home placement. [Caseworker engagement with children](#) is important to building relationships that impact assessment and case planning. Quality scores for this practice area were relatively low. For children served in their homes, the quality score in 2024 was 60%, and it was 66% for children in out-of-home placements. Children who come in contact with child welfare systems are often [traumatized](#) and may have [high social and emotional needs](#). Assessment of children's social and mental health is vital to [identifying needs and initiating appropriate treatment](#). In 2024, quality scores in this domain were 66% for children served in their own homes, and 76% for those in out-of-home placements.



Foundation 3: Operations

SORS is tasked with reviewing DCP&P operations in five areas:

1. Service array
2. Funds to urgently support children and families
3. Funding for physical and mental medical services
4. Maintenance of a case management information and data collection system
5. Adjustment of support rates for foster parents

Service Array

The child welfare system throughout the United States has many roles. Chief among them is to [ensure the safety and permanency of children](#). Part of the way that this is done is by recommending, referring, and coordinating services for child welfare-involved children and families to reduce their risk for maltreatment. The same is true for services offered through New Jersey’s DCP&P. The services children and families secure during their involvement with DCP&P play a crucial role in reducing children’s risk of future maltreatment and working towards permanency. Relevant, accessible, high-quality services and resources are key to this process. Like all state child welfare agencies, DCP&P does not provide direct care services, but it partners with service agencies in the community to provide services intended to reduce risk of harm to children.

Pursuant to the [state law enacted in 2022](#), SORS is required to report on DCP&P’s provision of comprehensive, culturally responsive services to

The services children and families receive during their involvement with DCP&P are designed to reduce children’s risk of future maltreatment.

address the identified needs of the children, youth, and families the department serves. This includes, but is not limited to: services for youth ages 18 to 21; services for LGBTQI+ youth; mental health services; domestic violence services; preventive home visitation programs; trauma-informed care; and an adequate statewide network of [“family success centers.”](#)

Funds to Urgently Support Children and Families

Many child welfare-involved families [face significant financial hardship](#). It is estimated that [over half of families](#) with a child in out-of-home placement had inadequate resources to meet basic needs, inadequate housing, or were receiving public assistance. There are multiple ways to support low-resource families, to attempt to stabilize them, potentially reduce the risk for child abuse or neglect, and try to prevent out-of-home placement. Two of these mechanisms are through the use of [“flexible funds,”](#) and through [Local Office Bank Account \(LOBA\) funds](#). Both of these funding sources can be used to support children, families, and resource (e.g., foster) parents. There are also caps on how much can be spent every 12 months per open case.

Many state child protection agencies are able to use flexible funds, which are a combination of federal and state discretionary dollars, to meet pressing needs of families. Such funds can be used for [concrete needs](#), such as housing assistance, household items, service needs, healthcare expenses, or automobile repairs. They are intended to be used as [one-time supplements](#) to prevent families from reaching a crisis state, such as losing housing or transportation, and many times help to prevent a child’s removal from their caregivers. State child welfare offices have access to such funds to support identified families in need. Figure 8 shows that there is a \$10,134 limit on these funds, per case, every 12 months. Table 8 provides examples of what flexible funds can be spent on.

Figure 8: 12-Month Limits on Use of Flexible and LOBA Funds **Figure 9**

Flexible Funds	LOBA Funds
<ul style="list-style-type: none"> * Total, Per Case: \$10,134 • Child Well-being: \$500 • Resource Family: \$1,000 • Birth Family: \$8,634 	<ul style="list-style-type: none"> * Total, Per Case: \$1,600

Data source: NJ DCP&P, [Flexible Funds](#) and [LOBA Funds](#)

In addition to flexible funds, DCP&P local offices also have access to LOBA funds to help families in emergency situations. These are [described](#) as funds to assist clients with “payments for shelter, utilities, food, clothing, home repair, essential household equipment,

and other expenditures to remedy situations of an emergent nature.” Figure 9 shows that there is a \$1,600 limit on these funds, per case, every 12 months. Table 8 provides examples of what LOBA funds can be spent on.

Table 8: Description of Flexible Funds and Local Office Business Account Funds (LOBA)

Examples/Limits	Flexible Funds	LOBA Funds
Examples of covered expenses	Childcare, clothing, transportation, education (computers), enrichment (sports fees, vacation), food, furnishings (beds), housing (utilities), medical and dental care (vision and psychological care), and other supports (rent/mortgage, legal, car seat)	Clothing for children in placement (when entering placement, uniforms), transportation (primarily limited to children), food, furniture for children, hand rails, safety gates, security deposit for rental property, utilities, medications, eyeglasses, legal (birth certificate, guardianship papers), personal items, luggage, independent living (rent, food)
Examples of expenses not covered	Additional payments to a provider contracted with DCP&P, loans, gift cards, cell phones	Additional payments to a provider contracted with DCP&P, loans, gift cards, cell phones
Amount that can be spent in 12 months	\$10,134 per case, but in these specific amounts: child \$500; birth family \$8,634; resource/foster family: \$1,000	\$1,600 per case (child and family combined)

Data source: NJ DCP&P, [Flexible Funds](#) and [LOBA Funds](#)



Table 9 provides a summary of combined spending by DCP&P in 2024 for both flexible funds and LOBA funds. DCP&P spent a total of about \$12.5 million on urgent, emergency, or one-time spending allocations to support children, families, or resource (foster) families.

About one-third of these funds—about \$4.1 million—was spent on housing-related needs. The second largest share of funding—minus miscellaneous

spending—about 12% (\$1.5 million), was spent on transportation services, followed by 10% (\$1.3 million) on clothing services, another 10% (\$1.3 million) on support services, and 8% (\$1 million) on childcare services. There are no substantial differences between 2023 and 2024. Additionally, the percentage allocation indicates spending only and does not address need in each category or overall.

Table 9: 2023 and 2024 Combined Spending on Flexible Funds and LOBA Funds

Service	2023 Amount Spent (\$)	2024 Amount Spent (\$)	2023 % of Yearly Total	2024 % of Yearly Total
Housing-Related Services Total	4,347,869.00	4,116,361.46	34.16%	32.97%
Rent	3,257,336.00	2,998,793.00		
Housing	602,612.00	586,129.74		
Utilities	198,017.00	198,490.61		
Security Deposit	181,886.00	233,539.67		
Furniture	94,898.00	89,004.66		
Other Housing-Related Items	13,121.00	10,403.78		
Support Services	1,618,376.00	1,269,142.20	12.72%	10.17%
Transportation-Related Services Total	1,311,174.00	1,547,289.35	10.30%	12.39%
Transportation	\$1,259,774.00	\$1,502,158.50		
Child Transportation	37,561.00	32,312.00		
Car Seat and Bicycle Helmet	13,839.00	10,773.88		
Clothing-Related Services Total	1,255,802.00	1,334,459.69	9.87%	10.69%
Initial Clothing	557,048.00	586,245.52		
Special Clothing	506,365.00	565,455.42		
Clothing	188,277.00	180,494.87		
Luggage	4,112.00	2,263.88		
Child Care (including Respite Care) Total	1,088,722.00	1,086,743.70	8.55%	8.70%
Independent Living (food, clothing, rent, etc.)	457,860.18	336,369.43	3.60%	2.69%
Food	368,074.00	405,570.92	2.89%	3.25%
Health-Related Services Total	314,762.00	395,172.76	2.47%	3.17%
Medical/Dental	159,857.00	191,311.27		
Health (glasses, prescription, etc.)	154,905.00			
Additional Services Total (Enrichment, Miscellaneous, Other, Personal Items, Education, Personal Allowance, Legal, Vacation, Hurricane)	1,965,202.00	1,993,100.21	15.44%	15.96%
Grand Total	\$12,727,841.18	\$12,484,209.72	100.00%	100.00%

Data Source: Directly from DCP&P

Sufficiency of DCP&P Funding for Physical and Mental Health Services

As part of [New Jersey’s Coordinated Child Health Care Plan](#), all children are to receive an initial health care assessment within 24 hours of being removed from their home. In addition, children should receive a comprehensive medical evaluation within 30 days of entering out-of-home placement. This includes immunizations, dental examinations, mental health screening and assessment, and follow-up care and treatment. These approaches are also endorsed by the [American Academy of Pediatrics](#) for children in out-of-home care.

SORS is required to report on the sufficiency of funding for the following physical and medical services for children: pre-placement and entry medical assessments; dental examinations; immunizations; follow-up care and treatment; mental health follow-up care and treatment; and behavioral health treatment provided in the least restrictive setting for children and youth.

In 2024, SORS members met with DCF staff who reported that several federal and/or state policy mandates require that DCF provide these services. Accordingly, from their perspective, there are budget mechanisms in place that assure these services are funded, and adequate dollars are allocated each year. For example, if the amount allocated for these services in the state budget was insufficient in a single year, supplemental funds would be requested from the state legislature to fill the gap.

Maintain a Case Management Information and Data Collection System

SORS is also required to report whether DCP&P maintains a case management information and data collection system that allows for the assessment, tracking, posting/web-based publishing, and utilization of key data indicators with consistent definitions and methodology. To the best of its ability, SORS verifies the accuracy of DCP&P’s published data and encourages public reporting.

Starting in 1993, federal legislation [mandated](#) that all states implement a computer-driven information system of case management, called the Statewide Automated Child Welfare Information System (SACWIS). DCP&P meets this requirement through [NJ SPIRIT](#), which is a case management and financial system where DCP&P caseworkers and supervisors

enter all information about children and families. [SafeMeasures](#) is a web-based data monitoring and reporting service that pulls data from NJ SPIRIT and allows tracking of critical child welfare indicators by micro-to-macro levels, including worker, supervisor, local office, county, and statewide. It is used by different levels of staff to track, monitor, and analyze performance and trends in case practice and targeted measures and outcomes.

It is through these information systems that DCF is able to provide the open-access [Commissioner’s Monthly Reports](#) about the number and characteristics of children and families served in New Jersey, as well as the types of services provided. These information systems also make it possible for DCF to engage in their [Continuous Quality Improvement](#) activities and publications. DCF also continues to contract with the [Rutgers Institute for Families](#) at [Rutgers University School of Social Work](#) to produce the [NJ Child Welfare Data Hub](#), which includes information and maps on a multitude of measures concerning child and family well-being and casework practices, disaggregated by race, gender, age-level, and county. DCP&P’s case management and information and data collection system were noted strengths of NJ’s recent federal [Child and Family Services Review 2020-2024](#).

SORS determines that data accuracy remains high and that no further validation is needed at this time.

DCF provides open-access Commissioner’s Monthly Reports detailing the number and characteristics of children and families served in New Jersey, as well as the types of services provided.

Adjustment of Support Rates for Foster Care Parents

When children are removed from the care of their parents and placed in an out-of-home placement, those who provide care in that setting, whether that is a resource (foster) parent or a kinship placement, receive a financial stipend to cover costs associated with caring for the child. This funding comes from a [combination of federal and state dollars](#). These [payments cover incidentals](#), such as food, child care, transportation, car seats, bicycle helmets, clothing, housing, school supplies, and a child’s personal and reactionary needs. The rates vary by state and on a [child’s age and emotional and physical needs](#). The same is true for New Jersey.

The rates for financially supporting foster parents across the U.S. are determined by the U.S. Department of Agriculture. These [rates were set in 2017](#) and have not been adjusted for any state in the country since that time. New Jersey DCP&P uses these rates, as do all other states, to determine the financial support for those caring for children in out-of-home placements.

The Pillars: Child and Family Experiences and Outcomes with New Jersey Child Protection

In addition to foundational material, SORS focuses on four subsections or ‘Pillars’ for ease of organizing and understanding the measures. The pillars represent the sequential phases children and families may experience within child protective services. The descriptions are not a list of definitions of what subject matter each pillar includes, but instead describe the values and vision that are consistent with New Jersey DCP&P.

The Four Pillars:

1. **Front Door:** DCP&P becomes involved only when families cannot adequately care for children. Child protective investigations are timely and of high quality. Services and supports are provided to families to prevent the use of out-of-home placement when it does not jeopardize the safety of children. When children can remain in their own homes, they experience stability in their living situations, and family and community connections are preserved.
2. **Out-of-Home Placement:** Out-of-home placement is used as a safety intervention temporarily and only as a last resort. While in care, children are placed in the least restrictive setting, with kinship settings prioritized.
3. **Child Well-Being:** Children in out-of-home placement are provided with a nurturing home environment that supports healthy growth and development, good physical and mental health, and academic achievement. Services for specific needs of children in out-of-home care and their families are available and of high quality.
4. **Exit to Permanence:** Children exit out-of-home placement as quickly as possible for a safe, well-supported, family environment or other planned permanent living arrangement.



Pillar 1: The Front Door

The first area or pillar of performance is the Front Door Pillar, which focuses on the experiences of children and families as DCP&P investigates allegations of abuse and/or neglect, the way DCP&P staff handle investigations, and interactions with DCP&P staff when children remain at home. At the Front Door, the intent is that DCP&P only gets involved with families when they cannot safely take care of their children themselves. Investigations are intended to be timely and of high quality, and DCP&P connects families to services to prevent out-of-home placement.

While other Pillars have multiple outcomes, the Front Door focuses on families being able to stay together with three performance measures:

1. Percentage of investigations of abuse and/or neglect completed within 60 days
2. Percentage of all children who receive DCP&P services in-home on 12/31 of the calendar year
3. Percentage of children served in-home who had at least 1 caseworker visit per month

Many Allegations of Abuse or Neglect Are Made Each Year

The [State Central Registry \(SCR\)](#) is the mechanism for reporting allegations of abuse and neglect. In New Jersey, families enter the SCR when a call is made to the Child Abuse Hotline (1-877-NJ-ABUSE). In 2024, allegations involving 94,844 children were made to the SCR. This is a slight decline from 2023, in which allegations involving 98,655 children were made to the SCR.

The ages of children for which allegations of abuse or neglect vary. In both 2023 and 2024, the largest group of children for whom allegations were made were 6 to 12 year olds (41%), with the next largest group being 1 to 5 year olds (28%) followed by 13 to 17 year olds (24%). This data is described in Table 10.

Additionally, there is variation in the racial/ethnic identity of children about whom allegations are made. The largest group of children in both 2023 and 2024 were Hispanic (36%) followed by Black or African American children (29%) and White children (26%). This data is presented in detail in Table 10.

Table 10: Allegations of Abuse or Neglect Reported to the NJ State Central Registry (SCR) by age for 2023 and 2024

	Total allegations 2023 N (%)	Total allegations 2024 N (%)
Age		
Under 1	6,670 (7%)	5,797 (6%)
1 to 5	27,599 (28%)	26,925 (28%)
6 to 12	40,709 (41%)	38,931 (41%)
13 to 17	23,664 (24%)	23,170 (24%)
18 and over	3 (<1%)	21 (<1%)
Total	98,655 (100%)	94,844 (100%)
Race/Ethnicity		
Black or African American	28,926 (29%)	27,377 (29%)
Hispanic	35,643 (36%)	34,500 (36%)
White	25,743 (26%)	24,739 (26%)
Missing or Undetermined	3,944 (4%)	3,935 (4%)
Another race	4,399 (4%)	4,293 (5%)
Total	98,655 (100%)	94,844 (100%)

Note: [Rutgers NJ Child Welfare Data Hub](#)

Most Children and Families Received Timely Investigation-Related Services

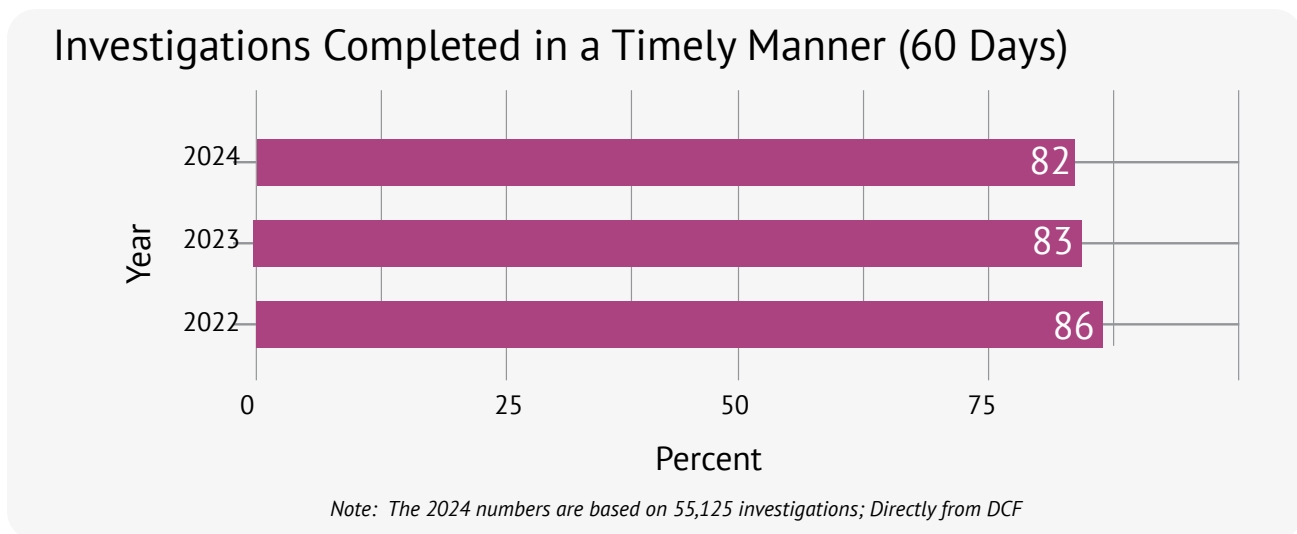
DCP&P responds quickly to allegations of abuse or neglect. According to the national [2023 Children's Bureau report on child maltreatment](#), the average response time in New Jersey, which is the time from the receipt of an initial referral to the first face-to-face contact in an investigation, was 22 hours in federal fiscal year 2023. This is a quicker response than the national average of 102 hours.

DCP&P has consistently completed most investigations for abuse and neglect in a timely manner, completing 82% of investigations in 60 days in 2024. This is a slight decrease from 83% in 2023 and 86% in 2022. This information is displayed in Figure 8 and was obtained directly from DCF.

danger, which would necessitate an immediate safety intervention. Risk assessments help determine the likelihood of children being maltreated in the future and whether a case should be closed after the investigation or if it should remain open for continued services. Nearly two-thirds (66%) of risk assessments in 2024 were of substantial and complete quality, which is an increase from the year prior (59%).

When a child protective services investigation is assigned, the intake supervisor must hold a pre-investigation conference with the caseworker to review the report and outline the required tasks. A post-investigation conference must occur after the investigation has started to ensure that the initial contact was appropriate and that safety, assessment, investigation, and risk-reduction factors were identified and addressed.

Figure 8.



Quality of Investigations

The quality of investigations and the investigative process were evaluated in both 2023 and 2024 by DCP&P. [The Collaborative Quality Improvement process \(CoQI\)](#) was designed to assess performance, develop improvement plans, and manage organizational change.

DCP&P reported that 81% of investigations were of high quality in [2024](#), which is the same as reported in [2023](#).

Caseworkers use safety and risk assessments to investigate cases of abuse and neglect. Safety assessments allow caseworkers to determine if children are currently in immediate or imminent

Pre-investigation conferences were rated as high quality in 77% of cases in 2024, compared to 76% of cases in 2023. Post-investigation conferences were rated as high quality in 73% of cases in 2024, compared to 66% of cases in 2023.

Most Children Remain with Their Families

In general, the least disruptive outcome for the Front Door Pillar is for families to remain together. Children who remain with their families often have [better outcomes over time](#) compared to children with out-of-home placements. Supporting families so children can safely remain at home also supports DCP&P's goal of promoting equity in placements, as children who are Black and Hispanic have [historically](#) been more likely than white children to be removed from their homes.

The percentage of children served by DCP&P who remain in their homes with their families has remained stable over the last three years with 91% of children remaining in their homes in 2024. This data is illustrated in Figure 9.

One of the major activities of DCP&P is to make sure caseworkers stay in close contact with children. Caseworkers visited children with open cases who remained living at home at least once per month in 90% of cases in 2024. This is up slightly from previous years (89% in 2023 and 88% in 2022). This information is illustrated in Figure 10.

Pillar 2: Out-of-Home Placement

Pillar 2 focuses on when children are moved to an out-of-home placement in order to secure their physical and emotional safety. Often called “foster care,” the term “out-of-home placement” more accurately represents all of the possible types of care settings in which children reside when not living with their parents or legal guardians. The intent of placement in out-of-home care is to provide a temporary and safe intervention for children whose parents or legal guardians are unable to meet their physical and/or emotional needs. While in out-of-home placements,

Figure 9.

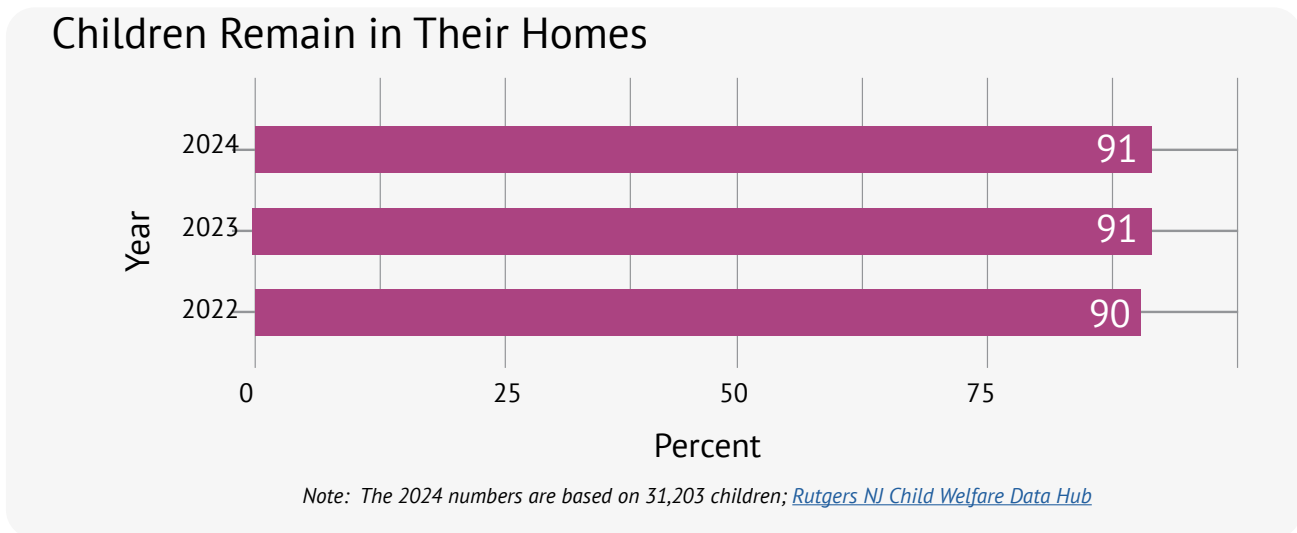
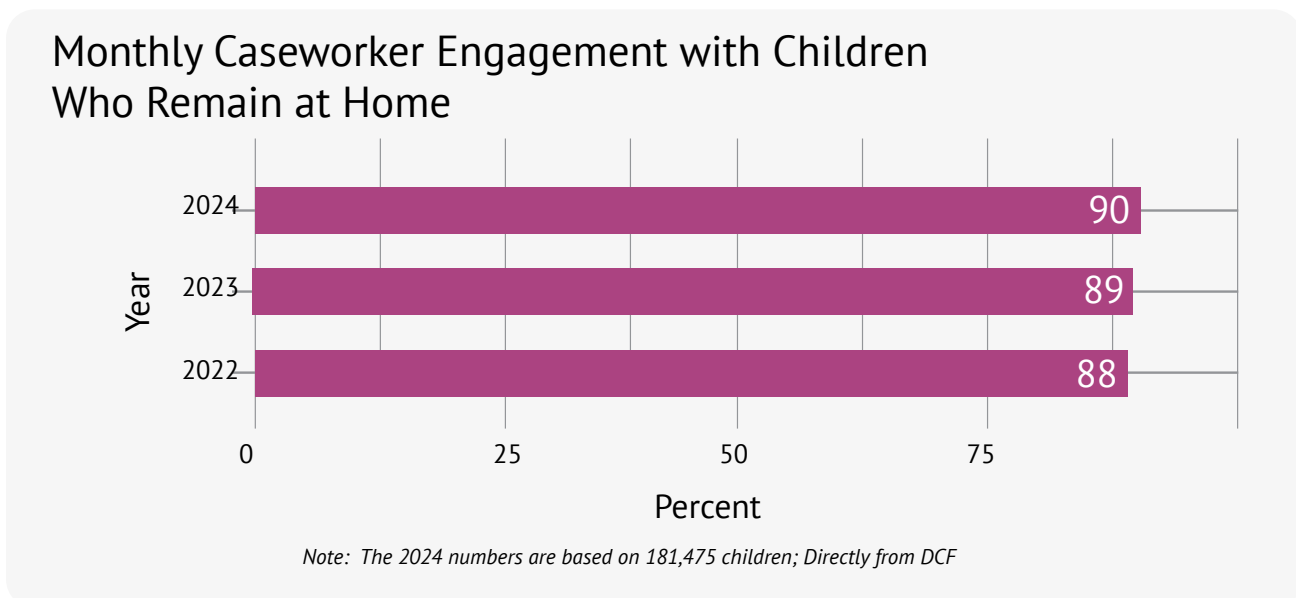


Figure 10



children are placed in the least restrictive setting possible and kinship care (i.e., family or friends) placements are prioritized over non-kin placements. Even when children are in out-of-home placements, the goal is for them to experience stability and safety in their living situations and to preserve family and community connections.

This pillar has two major outcomes that are assessed. First, that children are placed with kin whenever possible, and second, that planning for permanence begins the day a child enters out-of-home care. In any instance where children are placed in out-of-home care, the primary goal is for them to be safely reunified with their families.

Outcome 1: Children and youth are placed with kin whenever possible.

This area of assessment focuses on seven different components of children’s experiences of out-of-home placement. When it was possible and the data allowed for it, we examined these indicators by different demographic characteristics.

1. Percent of children residing with kin
2. Percent of children residing with siblings
3. Percent of children maintaining contact with siblings when residing in different locations
4. Percent of adolescents, aged 13-17, residing in congregate care settings
5. Number of children under the age of 13 living in a shelter
6. Percent of children abused and neglected while in out-of-home care
7. Percent of children having regular, in-person contact with parents

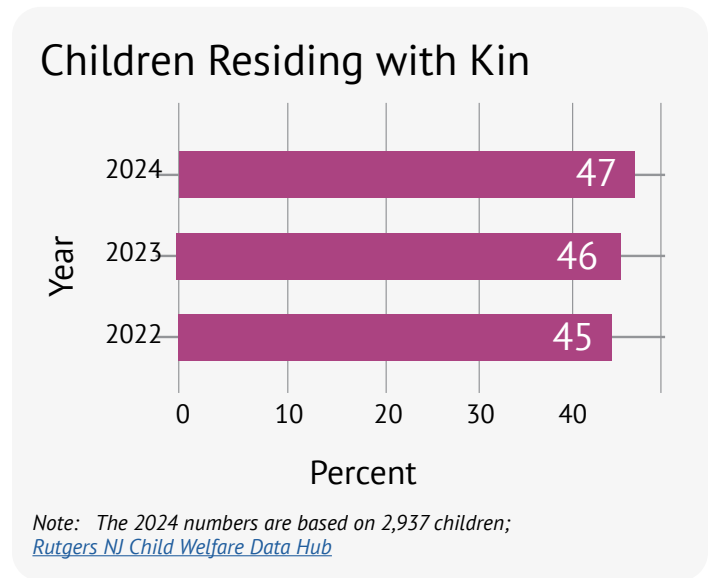
When children cannot live with their parents or legal guardians, they often do better living with kin.

Children Residing with Kin

There is some evidence to show that when children cannot live with their parents or legal guardians, they often do better living with kin, especially in terms of having [fewer behavioral problems](#). Children in out-of-home care also report feeling [safer when they are in kinship care](#).

As Figure 11 shows, in 2024, DCP&P placed 47% of children in out-of-home placement with their kin, which was similar to recent years.

Figure 11



There are some differences and disparities that emerge in terms of demographic characteristics. Table 11 shows that in 2024, out of all Black/African American children in out-of-home placement, 42% were placed with kin, compared with 46% of Hispanic children, and 57% of White children. There have not been drastic changes in these rates since 2022, but there has been a slight uptick in these percentages for all racial groups.

When the age of the child is considered, Table 11 shows that adolescents are less likely, sometimes by 20 points, to live with kin when in out-of-home care. That said, the placement rate has been relatively stable over the three years of data that is presented. The biggest change that was observed is among infant placements. In 2024, 47% of infants who were in out-of-home placements lived with kin, as compared to 51% in 2022. These rates should be monitored before definitive conclusions can be drawn. Overall, children ages 1-12 are most often placed with kin.

Table 11 Trends in Kinship Care Placement by Race/Ethnicity and Age 2022-2024

	2022	2023	2024	Change (22-24)
<u>Age</u>				
Under 1	51%	56%	47%	-4
1 to 5	55%	57%	58%	+3
6 to 12	50%	50%	53%	+3
13 to 17	33%	31%	33%	0
All Children	45%	46%	47%	+2
<u>Race/Ethnicity</u>				
Black/ African American	40%	43%	42%	+2
Hispanic	43%	44%	46%	+3
White	55%	53%	57%	+2
Another Race	40%	40%	43%	+3
All Races	45%	46%	47%	+2

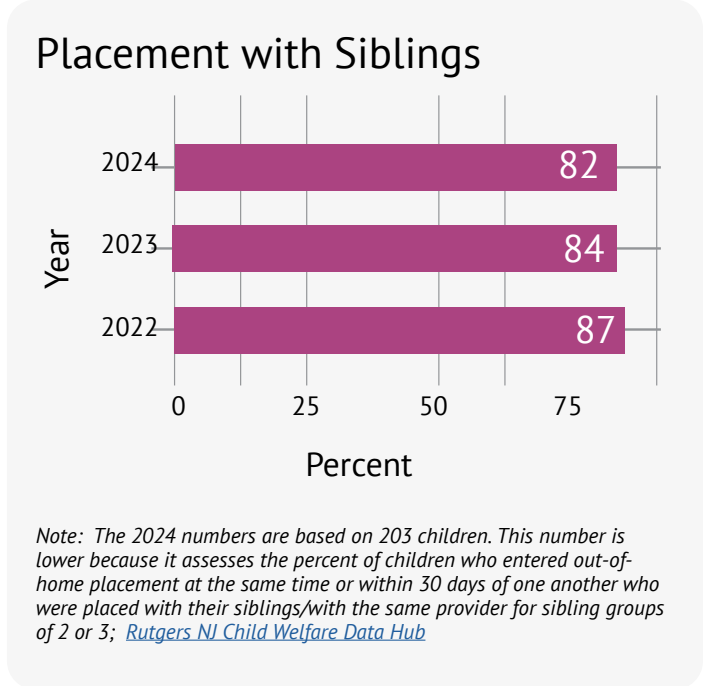
Note: The 2024 numbers for race are based on 2,937 youth; Note: [Rutgers NJ Child Welfare Data Hub](#)

Placements and Contact with Siblings

In most instances, children living in out-of-home care do better when they are placed with a sibling. It provides children in care with a unique source of support that is unparalleled. This may be particularly true for abused and neglected children who may have relied on each other to cope with trauma. Further, children placed with a sibling are less likely to have mental health problems, academic challenges, and they are more likely to report feeling close to their foster parents than children who are separated from their siblings through out-of-home placements. There is also evidence that living with siblings leads to more placement stability and leads to achieving permanency more quickly.

Figure 12 shows that in 2024, 82% of children were placed with their siblings. This is a 5 point decline since 2022. These rates should be monitored before definitive conclusions can be drawn about whether or not a downward trend exists in this area.

Figure 12



Percent of children maintaining contact with siblings when residing in different locations

When siblings are not placed together in the same residential setting, staying in regular contact is especially important. Figure 13 shows that in 2024, 84% of children in out-of-home placement had at least one visit per month with their siblings. The data shows that there is little difference across 2022-2024.

Figure 13

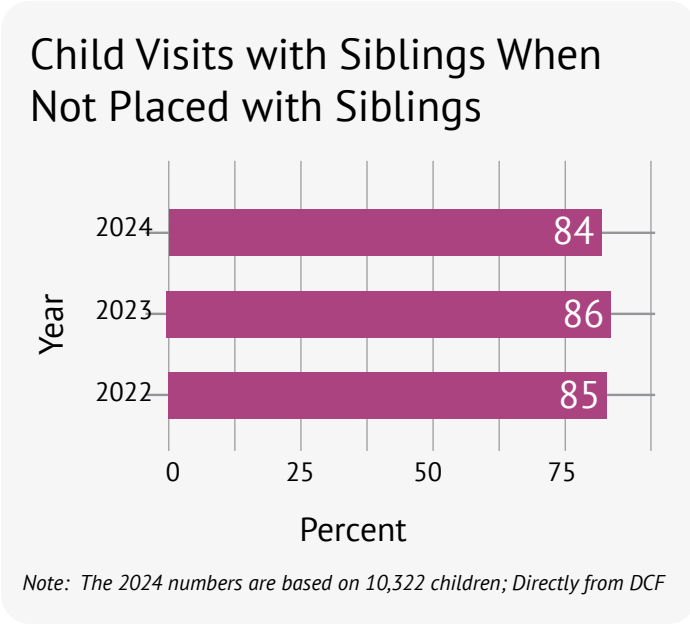
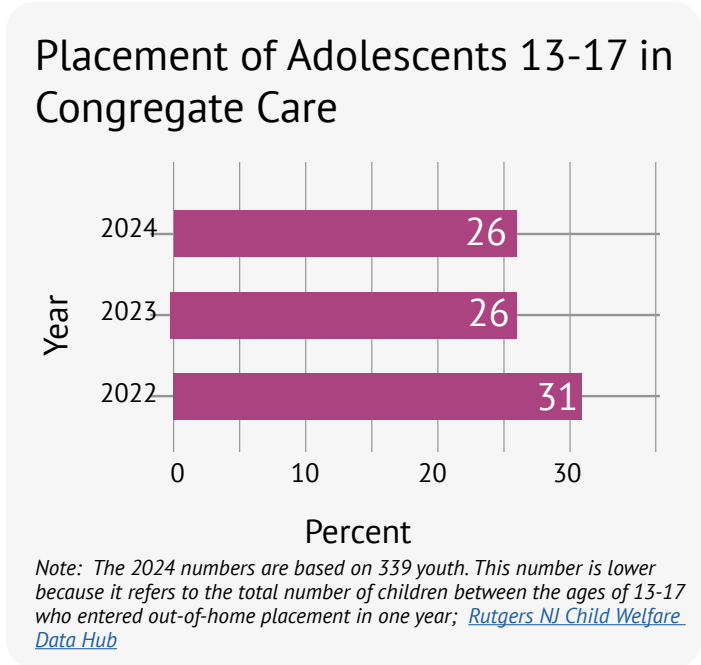


Figure 14



Children Placed in Congregate Care Settings

[Congregate care placements](#) include group homes, residential care facilities, or psychiatric hospitals. They are not a replacement for a family-like setting. Instead, they are [intended to be short-term placements](#) to address the immediate behavioral, emotional, or safety needs of youth. SORS assessed adolescents between the ages of 13-17 and the percentage of them who were placed in a congregate care setting. Figure 14 shows that 26% of youth were in congregate care settings in 2024, as compared with 31% in 2022. This may reflect changes brought about by the [Family First Prevention Services Act](#) of 2018, [which requires states](#) to reduce the placement of children in congregate care settings and that any such settings utilize evidence-based methods and meet certain criteria, such as for staffing and other licensing regulations. Table 12 shows that a strikingly lower percentage of Black/African American youth are placed in congregate care settings in 2024, as compared with 2022; a 14 point drop. But, there is also a 9 point increase for the percentage of Hispanic youth who are placed in congregate care settings.

Table 12 Trends in Congregate Care Settings Among Children Age 13-17, by Race, 2022-2024

Race	2022	2023	2024	Change (22-24)
Black/African American	36%	31%	22%	-14
Hispanic	25%	20%	36%	+9
White	24%	20%	22%	-2
Another Race	<10%	<10%	<10%	0
All Children	31%	26%	26%	-5

Note: The 2024 numbers are based on 339 youth. This number is lower because it refers to the total number of children between the ages of 13-17 who entered out-of-home placement in one year; Rutgers NJ Child Welfare Data Hub

Children Residing in Shelters

In addition to congregate care settings that address behavioral, emotional, and safety needs, on rare occasions, children are placed in shelters as an emergency, short-term placement. SORS assesses this for children under the age of 13. In 2024, 1 child under the age of 13 was placed in a shelter. In 2023, 0 children in this same age range were placed in a shelter.

2023=0

2024=1

Note: The 2024 numbers are based on 1,234 children under the age of 13; Directly from DCF

Children Experiencing Abuse or Neglect in Out-of-Home Placement

On rare occasions, when children are in an out-of-home placement, they may experience abuse or neglect in that setting. This is one type of “[institutional abuse](#)” and can include physical, sexual or emotional abuse or neglect of a child in a setting such as a foster care placement, school, group home, or detention settings. The [potential impacts of institutional abuse](#) on children include important implications for impaired mental health during childhood and into adulthood, difficulty establishing trusting relationships, and negative impact on well-being in adulthood including with employment, education, and relationships with others. Nationwide, [about 0.9% of children](#) in an out-of-home placement experienced institutional abuse. In New Jersey, allegations of institutional abuse are handled by the [Institutional Abuse Investigations Unit](#). Table 13 shows that less than 0.25% of children—fewer than 10 children—in out-of-home placement experienced abuse or neglect. This is fewer children than the reference year of 2022.

Table 13

Year	Total Number Children in Out-of-Home Placement	Total Number Children Experiencing Abuse/Neglect in Care	Percent
2022	4,691	13	0.28%
2023	4,547	<10*	^
2024	4,427	<10*	^

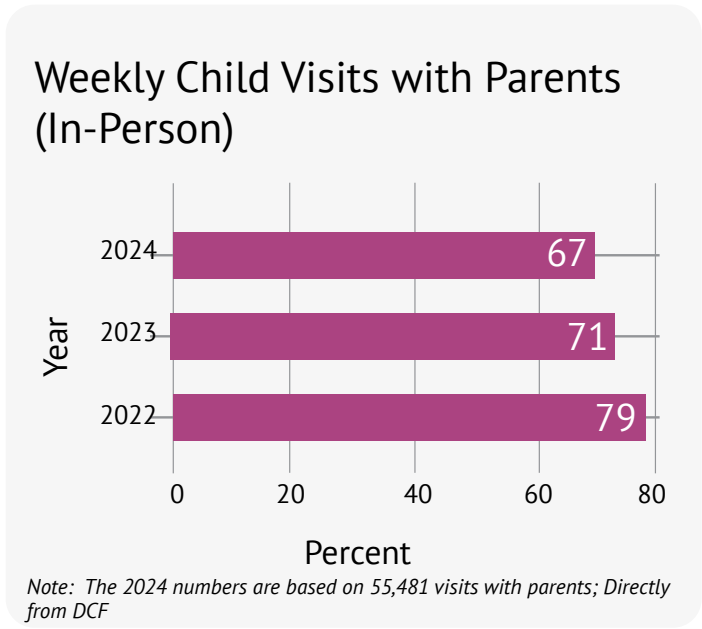
Note: *When numbers are fewer than 10 cases, the exact number is suppressed in order to protect the privacy of children and youth represented behind these numbers.

^The exact percentage of children experiencing this is unknown, but it is less than 0.25%. [Rutgers NJ Child Welfare Data Hub](#)

Child Contact with Parents When Children are in Out-of-Home Placement

Maintaining contact between children and parents while children are in out-of-home care is important for children’s development and well-being. It is considered to be an [essential part of the planning for reunification](#), making sure that the parent-child bond is strong and healthy, in case reunification takes place. [Scheduling and ensuring visits](#) between children and their parents is one of the core elements of child welfare services. Visits are most often held weekly or every other week. The frequency of visits may exceed or expand these timeframes based on the age or needs of the child. SORS assesses this area of DCP&P practice by examining the percentage of children who have a weekly visit with a parent. As Figure 15 shows, in 2024, 67% of children in care had at least one weekly visit with a parent. This is down 12 points since 2022.

Figure 15



Outcome 2: Planning for permanence begins as soon as a child enters out-of-home care.

This outcome was assessed with six different measures:

1. Percentage of children in care who had a case plan reviewed every 6 months while in care
2. Caseworker engagement with children and youth
3. Caseworker engagement with parents
4. Caseworker engagement with family teams

- 5. Stability in children’s living situations
- 6. The first step of the adoption process being initiated in a timely manner

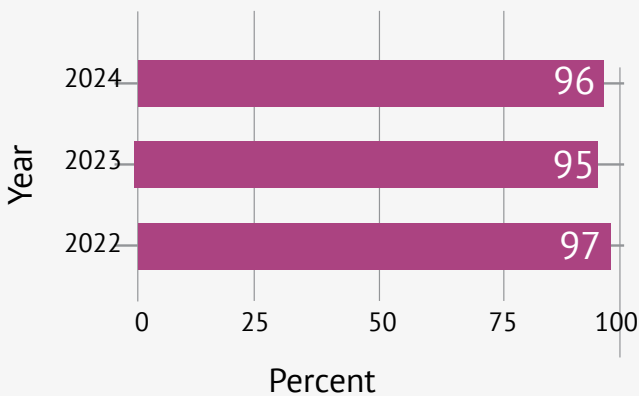
Out-of-home care is a temporary safety intervention for children, with the preferred goal of children returning to a permanent, stable living situation, ideally one in which family connections are preserved. [Stable attachments to parents and/or a parenting adult](#), siblings and extended family members are [crucial to children’s healthy development](#).

Staying focused on returning a child home or to another permanent living situation is critical throughout the time families are involved with DCP&P. Frequent caseworker contacts with children and families are strongly associated with [improved permanency outcomes](#). Additionally, when child welfare workers use family team meetings and effective engagement practices, [timely reunification and guardianship are more likely over the long term](#).

Over the past three years, nearly all children in care received case planning services every 6 months. Specifically, in 2024, 96% of children had their case plans reviewed every 6 months. Case planning services include the development of comprehensive case plans and the identification of appropriate supports to address the needs of the child and their family. This information is illustrated in Figure 16.

Figure 16

Individualized Planning and Services Identified in a Timely Manner

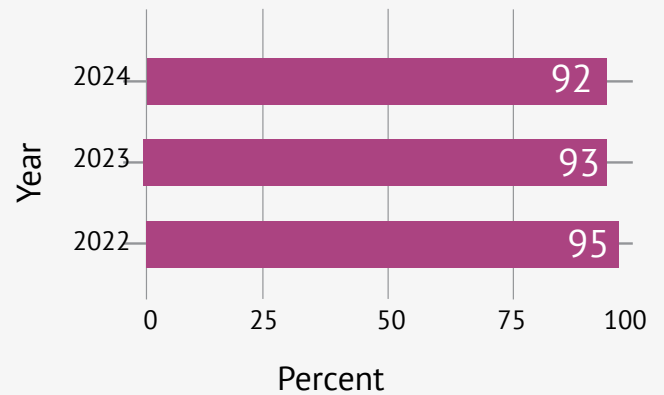


Note: The 2024 numbers are based on 4,803 children; Directly from DCF

Caseworkers are [expected to meet one-on-one](#) with parents and children regularly. The percentage of caseworkers meeting with children and youth at least once per month has remained high over the past three years. In 2024, 92% of children had at least one caseworker visit per month. Year-over-year data is shown in Figure 17.

Figure 17

Monthly Caseworker Engagement with Children and Youth

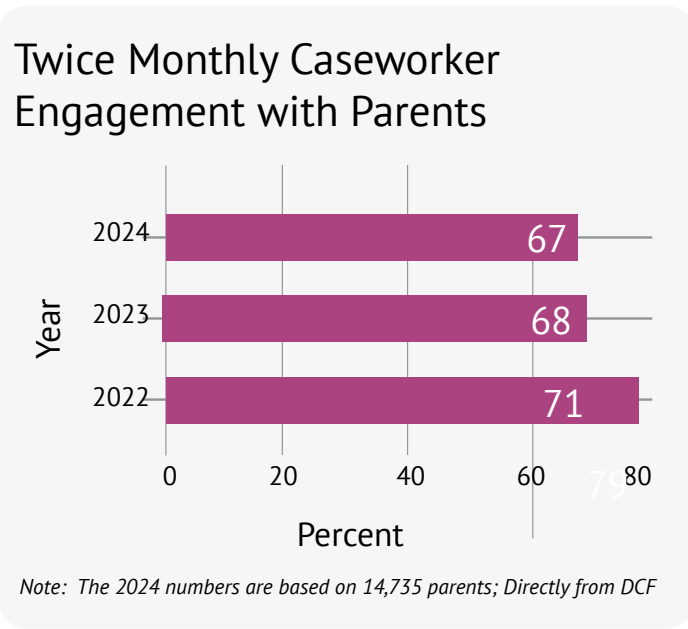


Note: The 2024 numbers are based on 31,751 children; Directly from DCF



Caseworkers need to be actively engaged with parents in order to facilitate reunification. For children in out-of-home care with a goal of reunification, there has been a decline in the percentage of twice monthly staff visits with parents. Nearly 7 in 10 (68%) parents of children whose permanency goal was reunification had twice-monthly visits with caseworkers. This is a reduction from 71% in 2023, and 79% in 2022. This is illustrated in Figure 18.

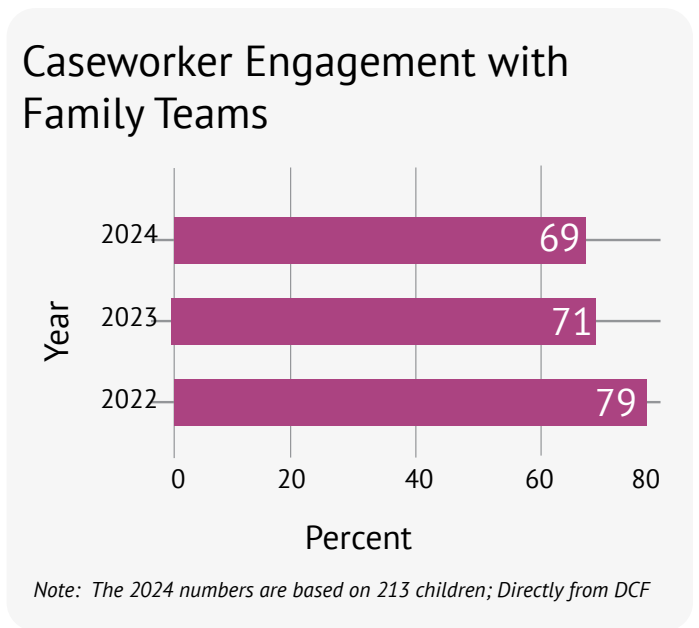
Figure 17



DCP&P staff work with family teams to convene regular family team meetings (FTM). Family teams are ideally comprised of important people in the life of a child in out-of-home care, including family members, foster/adoptive parents, neighbors, and friends, as well as representatives from the child’s natural support system, such as schools, therapists, and substance use treatment providers. Participants in family team meetings help assess and make decisions about what services and supports are needed, how and who should deliver the services, and how to identify and achieve success to end DCP&P’s involvement with the family. DCP&P policy requires a FTM within 45 days of entering out-of-home care, and every 6 months thereafter.

Of children who had been in care for at least 12 months and who had a permanency goal of reunification in 2024, 69% had at least three family team meetings. This is a decrease from 2023 (71%) and a greater decrease from 2022 (79%), and is illustrated in Figure 18.

Figure 18



Stability of Out-of-Home Placements

Children who are removed from their families do best when they can develop a [stable relationship with foster parents and have as few moves as possible](#).

A stable placement means children experience less disruption to their everyday activities. It enables children to not change schools as frequently, and stay connected to their friends, teachers, and community members.

Multiple placements may [delay permanency](#). Children with multiple placements often remain in out-of-home care longer and are at increased risk of leaving and then re-entering out-of-home care. Multiple placements increase safety risks for children and are associated with poorer school outcomes, higher need for mental health services, and challenges developing meaningful attachments with people.

For the 1,320 children entering out-of-home care for the first time in 2023, 83% had two or fewer placements in the first year of removal. This is similar to 2022 (84%) and a decrease from 89% in 2021. See Figure 19.

Figure 19

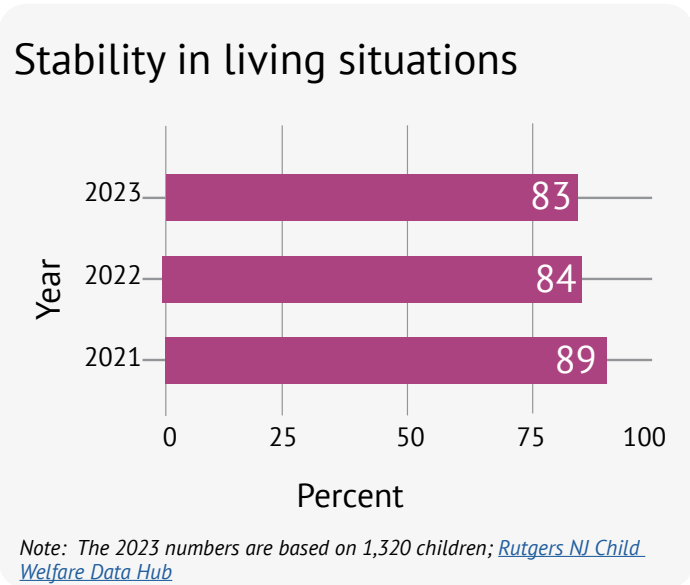


Table 14 provides a look at children with two or fewer placements in the first year of out-of-home care by age and race of the children. The youngest children had the most stable placements and the oldest children had the least. For children under 1 year old, stability has remained largely unchanged between 2021 and 2023. For those aged 1 to 5, there was a decrease in

placement stability from 2021 to 2022; however, it has remained relatively level between 2022 and 2023. For those 6 to 12 years old, stability has declined slightly over time with a high of 85% in 2021 and a low of 82% in 2023. Finally, there has been a steady decrease in placement stability for those aged 13-17 from a high of 80% in 2021 to a low of 71% in 2023.

Table 14 provides information on placement stability by the race/ethnicity of the children. While placement stability has decreased for all children over time, there are few differences by child race/ethnicity. In 2023, 82% of Black/African American children in out-of-home care experienced two or fewer placements in their first year. This is similar to 84% in 2022, and a slight decrease from 86% in 2021. For Hispanic children in 2023, 83% experienced two or fewer placements during their first year in care. This is a slight decrease from 85% in 2022, and a larger decrease from 89% in 2021. Similarly, in 2023, 86% of white children in out-of-home care had two or fewer placements in their first year. This is a slight improvement from 84% in 2022, but a decrease from 91% in 2021. Finally, for children of another race/ethnicity in 2023, 84% had two or fewer placements during their first year in out-of-home care. This is similar to 85% from 2022 and a decrease from 88% in 2021.

Table 14. Children with Two or Fewer Placements in

	2022	2023	2024	Change since 2021
Age				
Under 1	94%	93%	93%	-1%
1 to 5	91%	83%	84%	-7%
6 to 12	85%	83%	82%	-3%
13 to 17	80%	76%	71%	-9%
Race/Ethnicity				
Black/AA	86%	84%	82%	-4%
Hispanic	89%	85%	83%	-6%
White	91%	84%	86%	-5%
Another Race	88%	85%	84%	-4%

Note: The 2023 numbers for age are based on 1,101 children; [Rutgers NJ Child Welfare Data Hub](#)

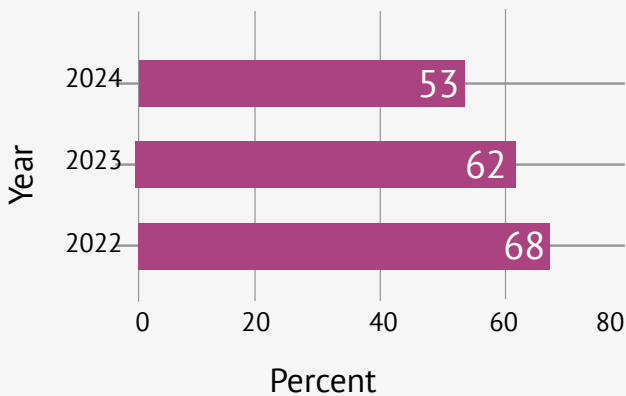
Their First Year in Out-of-Home Care by Age and Race.

Timeliness of initiating the adoption process

DCP&P files a petition to terminate parental rights when a child’s permanency goal becomes adoption. In 2024, DCP&P filed petitions within 42 days for 53% of the children whose goal became adoption, marking a decline from 62% in 2023 and 68% in 2022. This information is illustrated in Figure 20.

Figure 20

First Step of the Adoption Process Initiated in a Timely Manner



Note: The 2024 numbers are based on 396 children; Directly from DCF

Pillar 3: Well-Being

The third pillar of performance is well-being, focused on providing children and youth in out-of-home care with a nurturing environment that supports healthy growth and development, good physical and mental health, and adequate academic achievement. The goal is to provide high-quality, individualized services, which adequately address the needs of children and youth, as well as their families.

The third pillar includes two major outcomes. First, it examines whether children and youth in out-of-home care receive regular healthcare services. Second, it evaluates whether children and youth receive appropriate education and meet expected developmental milestones.

Outcome 1: Children and Youth in Out-of-Home Care Receive Regular Healthcare Services

Ensuring that children and youth attain their maximum health by receiving regular medical checkups, vaccines, screenings, and treatment is essential to help them reach their full potential. For children and youth in out-of-home care, [health is closely related to placement stability](#). Nationally, children in out-of-home care were found to disproportionately experience health challenges, including [higher rates of chronic medical and mental health conditions](#).

About a decade ago, DCF began providing a range of health care services for children in out-of-home care in each of the 46 local DCP&P offices throughout the state. The services are provided in [Child Health Units \(CHU\)](#) by nurses and administrative staff whose roles include developing a child health plan in collaboration with children’s families; providing specific health care services; and helping children, families and caseworkers navigate, schedule, and coordinate necessary services. Examples of specific nurse responsibilities include: performing health assessments before a child is placed in out-of-home care; completing mental health screenings as necessary; monitoring medications and treatment for mental health conditions; ensuring that comprehensive medical exams are scheduled in a timely manner; ensuring children are up to date with immunizations; working with the child’s health insurance company; and obtaining and reviewing medical records.

The child health care case management model was designed to ensure that the medical and behavioral health needs of children and youth in out-of-home care are adequately met. Through collaborations with the federal monitor, child welfare nursing staff, and the former New Jersey Office of the Child Advocate, DCP&P established standard measures to track medical and behavioral health care outcomes for children in out-of-home placement. These child health measures were developed to ensure the establishment of a cohesive system that could adequately meet the identified [child health performance goals](#). DCF publishes regular data on children who receive services from the CHU. In 2024, the following outcome measures were reported for children and youth in out-of-home care (comparison data for year 2023 is

provided, if available). The majority of the data reflects annual averages; for some measures, only monthly or quarterly data is available.

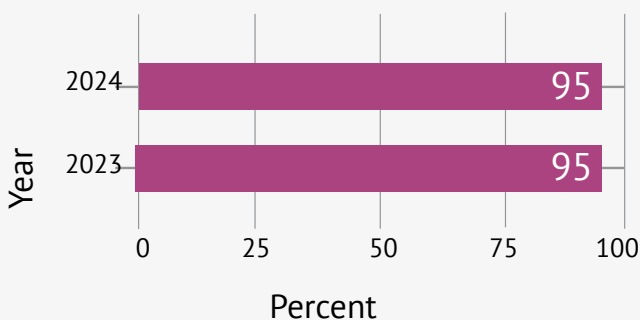
1. Percent of children who receive pre-placement medical assessment
2. Percent of children who receive a comprehensive medical examination within 30 days of removal
3. Percent of children receive yearly Early And Periodic Screening, Diagnostic, and Treatment (EPSDT)-compliant medical visits (all ages)
4. Percent of children under 2 years-old receive yearly EPSDT-compliant medical visits
5. Percent of children who receive dental exams semiannually
6. Percent of children who meet eligibility complete an initial mental health screening
7. Percent of children who meet eligibility complete an ongoing mental health screenin
8. Percent of children with reviewed and up-to-date immunization records

Pre-placement medical assessments: All children are required to receive a pre-placement medical assessment within 24 hours of removal from their home. The goal of this assessment is to examine the health status of the child at the time of removal, identify and develop a plan to address the child’s immediate (urgent and non-urgent) health care needs, document injury if present, and ensure that the child is free from communicable diseases.

As shown in Figure 21, in 2024, 95% of children received a pre-placement medical examination, similar to the share of children one year prior, based on data from December 2023 (95%).

Figure 21

Children receive pre-placement medical assessment

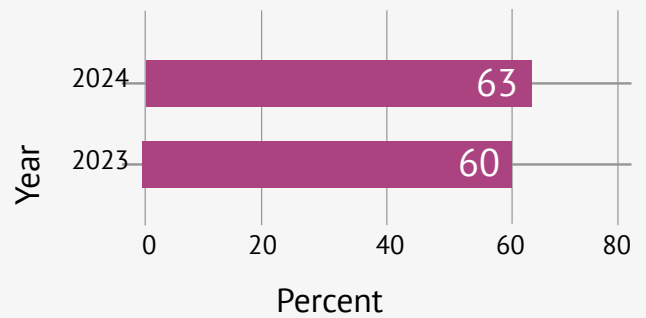


Note: The numbers are based on 1,084 children; Directly from DCF

Comprehensive medical examinations within 30 days of removal: A comprehensive medical examination must be completed for every child within 30 days of entering out-of-home care for the first time. This examination includes a full assessment of the child’s current health status, as well as their physical and developmental history. As shown in Figure 22, in 2024, 63% of children received a medical examination within 30 days of entering out-of-home placement, representing a 3-point increase compared to data from December 2023 (60%).

Figure 22

Children entering care receive comprehensive medical examinations within 30 days



Note: The numbers are based on 1,391 children; Directly from DCF

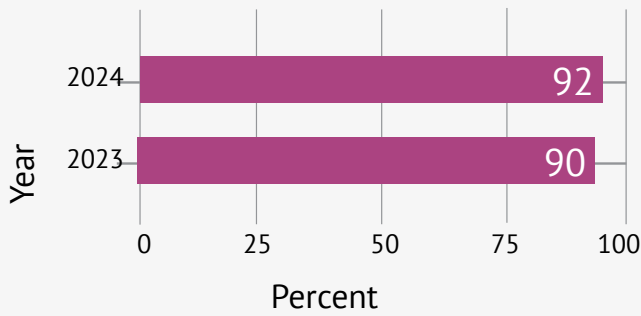


Annual EPSDT-compliant medical examinations: Children in out-of-home care must receive an annual EPSDT-compliant medical examination. This includes a physical exam, as well as other appropriate services, such as laboratory tests and immunizations, as necessary. As shown in Figure 23, in 2024, 92%

of children in out-of-home care received a yearly medical examination (a similar proportion to 2023). Nevertheless, in Figure 24, for children ages 2 or younger, the rates were markedly lower, at 68% (compared to 69% in 2023).

Figure 23

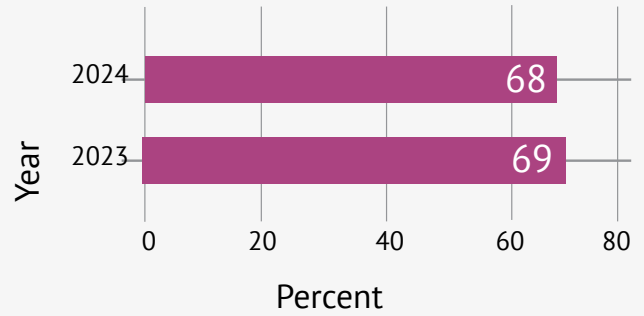
Children receive a yearly medical examination



Note: The numbers are based on 1,151 children; Directly from DCF

Figure 24

Children under 2 years old receive yearly EPSDT-compliant medical visits



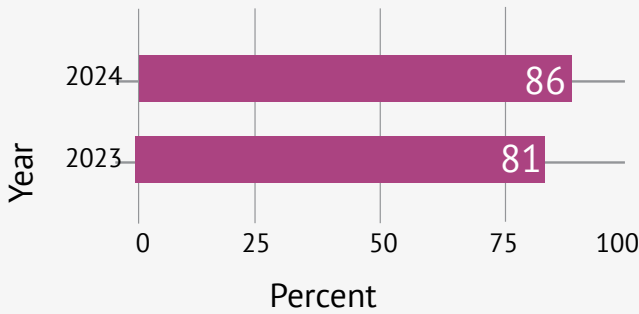
Note: The numbers are based on 529 children; Directly from DCF



Semiannual dental exams: Children in out-of-home placements must receive semi-annual dental exams to ensure that appropriate dental care is provided in a timely manner. As shown in Figure 25, in 2024, the average percent of children receiving semi-annual dental exams (86%) increased 5 points from 2023 (81%).

Figure 25

Children receive dental exams semiannually

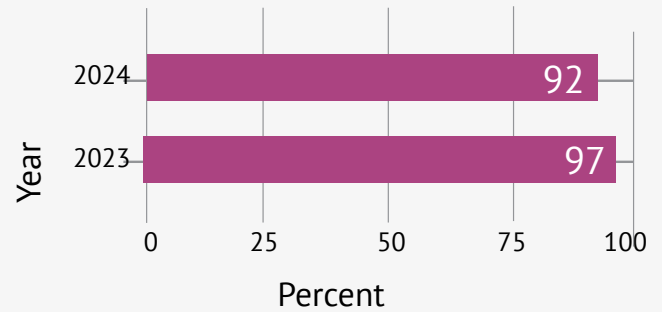


Note: The numbers are based on 20,936 children; Directly from DCF

Mental health screenings: Initial and ongoing mental health assessments are instrumental to [identify and evaluate the overall needs of children who enter out-of-home placement](#), and ensure that they receive appropriate services. Each child entering out-of-home care should receive a mental health screening by a qualified professional. This screening assists with learning about a potential history of trauma, and determining if a child has an identified or suspected mental health need that needs to be addressed through a more comprehensive assessment. As shown in Figure 26, in 2024, 92% of children deemed eligible for initial mental health screenings received such screenings - a 5-point decline from the year 2023 (97%). Moreover, 92% of children who met eligibility criteria for an ongoing mental health assessment received such ongoing assessments in 2024 (a similar proportion to the year 2023).

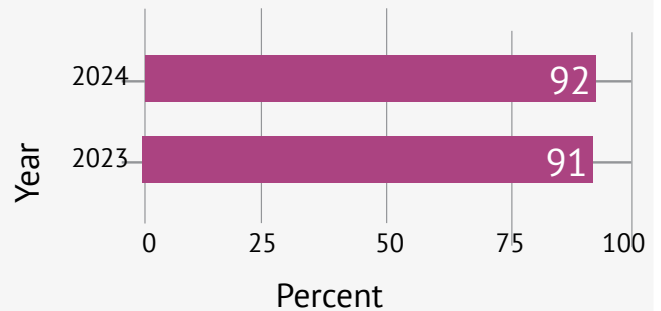
Figure 26

Children who meet eligibility and complete an initial mental health screening



Note: The numbers are based on 1,397 children; Directly from DCF

Children who meet eligibility and complete an ongoing mental health screening

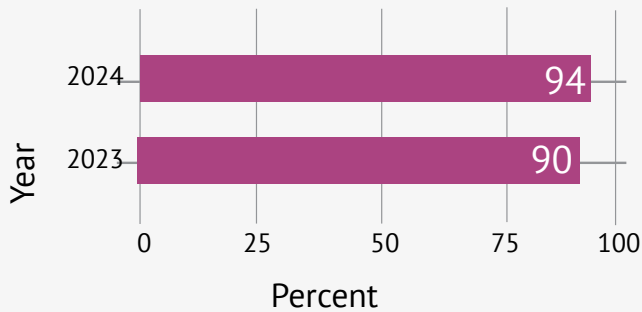


Note: The numbers are based on 4,897 children; Directly from DCF

Immunization record reviews: An annual immunization record review must be completed for all children in out-of-home placement to make sure they are up-to-date on their immunizations. As shown in Figure 27, in the last quarter of 2024, 94% of eligible children received such a review and had up-to-date immunizations, an increase of 4 points from the year 2023.

Figure 27

Completion of immunization record review for eligible children



Note: The numbers are based on 12,772 children; Directly from DCF

Outcome 2: Children and Youth in Out-of-Home Placement Receive Appropriate Education and Meet Expected Developmental Milestones

The majority of school-age children spend a substantial part of their lives focused on learning in some type of educational setting. As noted earlier in this report, stable placements are essential for promoting children’s health and well-being, including their educational attainment.

Many children and youth in out-of-home placements experience academic challenges. On a national level, about [70% of youth with histories of foster care receive a high school diploma by age 21](#), compared to the [national graduation rate of about 87%](#). Children in out-of-home placement [perform worse academically](#) and are [absent from school two times more](#) compared to children not in out-of-home placement.

The Quality of Children’s Educational Experiences

DCP&P assesses and publishes data related to the quality of children’s educational experiences, as part of the [Collaborative Quality Improvement \(CoQI\)](#) process conducted to assess performance, develop improvement plans, and manage organizational change. Rigorous sampling methods were used to identify the number of records to be reviewed, along with criteria to ensure the number of cases is aligned with the total number of cases open for permanency services for at least four months within each local office.

Based on the 2024 CoQI report, educational stability was generally a case practice strength, attaining a [94% quality score](#). DCP&P measured educational stability by assessing whether children continued attending their current school or educational placement, or if they made a smooth and timely transition to a new school when continuing in their pre-placement school was determined not to be in their best interests. Despite the strength in educational stability, in [53% of the cases reviewed](#), children experienced some degree of academic challenges, or exhibited poor academic progress. When academic challenges were present, DCP&P worked to put appropriate interventions in place (i.e., tutoring or other specialized services to address educational needs), attaining an [82% quality score](#) in this regard.

DCP&P assessed how well their staff maintained ongoing, high-quality communication with school personnel regarding children’s academic performance and progress. Based on the 2024 CoQI report, documentation of DCP&P staff’s communication with school personnel regarding the child’s performance and progress was an area where improvement may be necessary, with a [61% quality score](#).

Educational Outcomes of Youth Ages 18 to 21

For older youth ages 18 to 21, DCP&P examined their combined experience with education and employment. Specifically, DCP&P assessed whether these youth were either currently enrolled in an education or training program, or currently employed full-time or part-time, or whether there was documented evidence that DCP&P staff were engaged in consistent efforts to help them secure employment. Based on the most recent CoQI report available (for year 2023), [85% of older youth](#) were engaged in education or employment.

Additionally, DCP&P assessed how consistently staff maintained detailed and comprehensive documentation that reflected youths’ housing, employment and educational status, as well as staff’s efforts to support these outcomes. Based on the most recent CoQI report available (for year 2023), reviewers noted opportunities to enhance such documentation in 36% of cases.

Attainment of Developmental Milestones for Young Children

For very young children who are not yet in school, there are several ways to assess whether they are growing and developing as expected. Attainment

of stage-salient developmental milestones, such as crawling, walking, eating, dressing, speaking, and problem solving are generally expected for preschoolers, and these milestones form the foundation for children’s continued growth and learning in subsequent years. However, national studies consistently show that [developmental delays are relatively common among pre-school aged children in out-of-home care](#).

With regard to health and healthcare, DCP&P’s aim is for every child between the ages 0 and 3 entering out-of-home placement to secure a timely developmental screening (within 30 days of out-of-home placement). If a potential problem is detected, the typical process is for children to be referred for a more comprehensive assessment, and if a developmental delay is confirmed, children are typically referred for treatment.

Staff at the CHUs track whether developmental screenings have been completed and provide follow-up services as needed. In 2024, 77% of children from ages 0 – 3 received a referral to Early Intervention services, which is similar to the share of children referred for Early Intervention in 2023 (76%). (Figure 28). However, DCF does not currently publish data on how many children completed a developmental assessment following this referral, as well as the number of children with confirmed developmental delays who are receiving treatment.

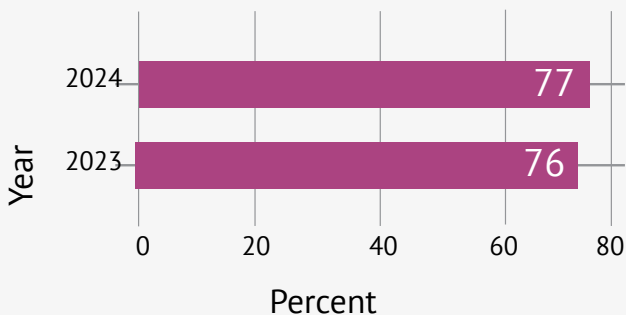
Pillar 4: Exit From Out-of-Home Placement to Permanency

The fourth pillar of performance focuses on children’s exit from out-of-home placement to permanency. Permanency helps children [form and maintain attachments](#) to their parents or caregivers. It can be essential for children’s development, to provide them with a secure foundation, to establish connection to others in relationships that last over time and to support children’s optimal physical and emotional growth and health.

Permanency helps children to form and maintain attachments to parents or caregivers, which is crucial for their physical and emotional health.

Figure 28

Children referred to early intervention services



Note: The 2024 numbers are based on 407 children; Directly from DCF

This pillar assesses the following five areas:

1. The percent of children reunified with their families within 24 months
2. The percent of children living with relatives within 24 months
3. The percent of children in kinship guardianship placements within 24 months
4. The percent of children adopted within 24 months
5. The percent of youth who age out of care
6. The percent of children who re-enter out-of-home placement within 12 months of family reunification

Children exit out-of-home care and transition to a variety of placement settings which include reunification, living with relatives, kinship legal guardianship, adoption, and aging out of care to independent living. These different types of permanency placements are summarized in Table 15.

Table 15. Types of Permanency Living Arrangements for Children Exiting Out-of-Home Care

Reunification	Children return to the care of their parent(s) or the caregivers(s) they were living with when they were removed from their home.
Living with Relatives	Children live with a relative(s) who has custody. This includes children living with a parent not involved with DCP&P and children living with a relative who was granted custody by the court.
Kinship Legal Guardianship	A kinship legal guardian is a relative or close family friend who has cared for the child for at least a year and is appointed by the court to raise the child until the child's 18th birthday (or 21st if the child is disabled). KLG does not terminate the parents' rights. Parents can seek visitation and are financially responsible for the child.
Adoption	Adoption transfers all rights and responsibilities regarding the child to the adoptive parents. It terminates the birth parents' rights in every aspect of the child's life. The adoptive parents can also decide whether the birth parents can have contact with the child.
Reach Age of Majority	Youth ages 18–21 leave DCP&P to live on their own.

Note: [Permanency Planning Arrangements](#)

For most children, the goal is to return to the care of their parent(s) or the caregiver(s) with whom they were living when they entered out-of-home care. The other permanency options are living with relatives/kin without guardianship being transferred,

or another arrangement—kinship legal guardian—where guardianship is transferred. Other options for permanency arrangements are adoption, and for older youth, they may age out of care and live independently.



With the exception of youth aging out of care to independent living (“reach age of majority”), the measures for assessing permanency are taken using a cohort of children who enter out-of-home care in a given year and then are followed over time. This is called an “[entry cohort](#)” and permanency outcomes for children who entered into care are assessed at 12-month intervals for four years: 12, 24, 36, and 48 months. Table 16 shows these exit points and permanency placements for each entry cohort of

2020, 2021, 2022, and 2023. If one views Table 16 by looking across the rows, one can see that children are exiting care in 12-month periods that are comparable to one another, without much difference between entry cohorts at this point. Most of the remaining information in this section focuses on the 24-month exit cycle, which is a [common period in child welfare permanency planning](#). Exceptions to this are described in each section.

Table 16. Timeline to Exiting Out-of-Home Placement and Permanency Arrangements 2020-2022

	2020 Entry Cohort 1,530 Children	2021 Entry Cohort 1,440 Children	2022 Entry Cohort 1,392 Children	2023 Entry Cohort 1,542 Children
Exited in 12 mo.	32.7%	32.5%	32.7%	31.7%
Exited in 24 mo.	25.9%	27.0%	22.1%	–
Exited in 36 mo.	17.1%	17.2%	–	–
Exited in 48 mo.	7.6%	–	–	–
Unknown	16.7%	–	–	–

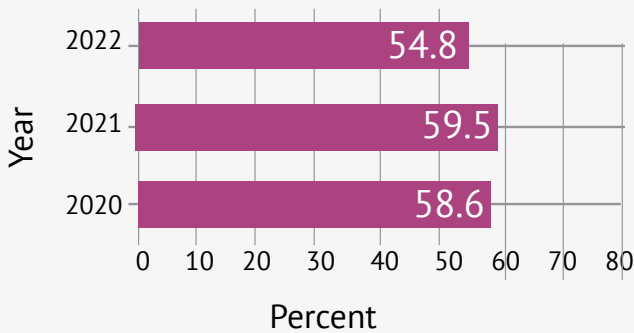
Note: [Rutgers NJ Child Welfare Data Hub](#)



Figure 29 shows the percent of all children who exited out-of-home care to permanency by 24 months for the 2020, 2021, and 2022 entry cohorts. Insufficient time has passed to calculate this for the 2023 entry cohort. Roughly, between 55-60% of children exited out-of-home placement for the 2020-2022 entry cohorts, within the lowest percent for the most recent cohort. This also means that roughly 40-45% of children remain in out-of-home placement by the 24 month mark.

Figure 29

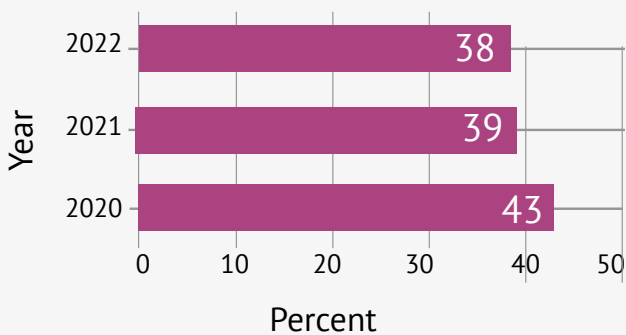
Percent of Children in Out-of-Home Care Who Exited to Permanency within 24 Months by Entry Cohort



Note: [Rutgers NJ Child Welfare Data Hub](#)

Figure 30

Reunification within 24 Months



Note: The numbers are based on entry cohorts for 2020, 2021, and 2022. Insufficient time has elapsed to assess entry cohorts from 2023 and 2024. The number of children in the entry cohort for 2022 was 1,440; [Rutgers NJ Child Welfare Data Hub](#).

Reunification within 24 Months

The primary goal for all children who enter out-of-home care is to be reunified with their families. Figure 30 shows the percent of children in entry cohorts 2020, 2022, and 2023 who were reunified with their families by the 24th month that they were in out-of-home care. Insufficient time has elapsed to assess entry cohorts from 2023 and 2024. There was a 5 point decrease in the percentage of children who were reunified during this time between the 2020 and 2022 entry cohorts. These changes are less substantial between 2021-2022. Thus, this data warrants further monitoring to determine potential trends over time.



Table 17 shows the breakdown in reunification rates by age and race/ethnicity. This shows a decline for all demographic groups from 2020-2022, with larger declines for Black/African American and Hispanic

children. These changes are less substantial between 2021-2022 entry cohorts. Thus, this data warrants further monitoring to determine potential trends over time.

Table 17. Children Who Were Reunified With Their Families within 24 Months of Entering Out Of-Home Placement, by Age and Race/Ethnicity

	2020 Entry Cohort 1,530 Children	2021 Entry Cohort 1,440 Children	2022 Entry Cohort 1,392 Children	2020-2022 Change
<u>Age</u>				
Under 1	35%	29%	29%	-6
1-5	51%	48%	45%	-6
6-12	51%	45%	45%	-6
13-17	35%	31%	31%	-4
<u>Race/Ethnicity</u>				
Black/African American	41%	39%	35%	-6
Hispanic	46%	40%	38%	-8
White	44%	39%	42%	-2
Another race	37%	30%	34%	-3

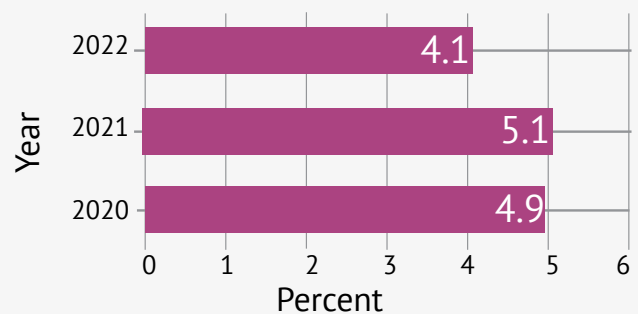
Note: The numbers are based on entry cohorts for 2020, 2021, and 2022. Insufficient time has elapsed to assess entry cohorts from 2023 and 2024. The number of children in the entry cohort for 2022 was 1,440; Rutgers NJ Child Welfare Data Hub.

Living with Relatives within 24 Months

When children cannot be reunified with their parents, one option is for them to live with relatives who have custody. This can include living with a parent who is not involved with DCP&P. This arrangement has to be granted by the court. Figure 31 shows that there was a small percent of families that fell into this range, between 4-5%, with no substantial difference between the 2020 and 2022 entry cohorts. Table 18 shows these differences by age and race. There are minimal differences between these demographic categories.

Figure 31

Percent of Children who Exit Out-of-Home Placement to Live with Relatives



Note: The numbers are based on entry cohorts for 2020, 2021, and 2022. Insufficient time has elapsed to assess entry cohorts from 2023 and 2024. The number of children in the entry cohort for 2022 was 1,440; Rutgers NJ Child Welfare Data Hub.

Table 18. Percent of Children Who Exit to Live with Relatives by 24 Month

	2020	2021	2022	2020-2022 Change
Age				
Under 1	4.1%	4.7%	3.4%	-1
1-5	5.5%	5.4%	2.3%	-2
6-12	4.0%	5.3%	<10*	-
13-17	6.8%	5.1%	9.1%	+2
Race/Ethnicity				
Black/African American	6.8%	5.0%	4.9%	-2
Hispanic	2.6%	5.0%	4.0%	+2
White	4.7%	5.9%	3.2%	-2
Another race	<10*	<10*	<10*	-

Note: The numbers are based on entry cohorts for 2020, 2021, and 2022. Insufficient time has elapsed to assess entry cohorts from 2023 and 2024. The number of children in the entry cohort for 2022 was 1,440: [Rutgers NJ Child Welfare Data Hub](#).

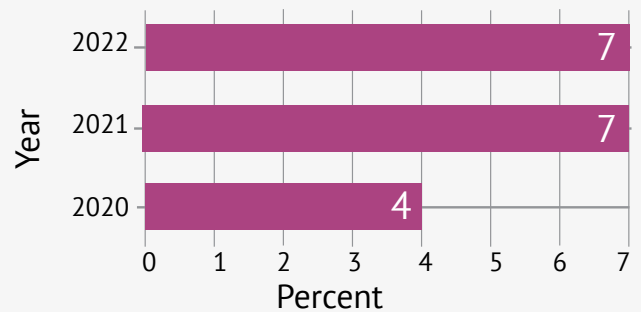
Kinship Legal Guardianship Within 24 Months

When children cannot be reunified with their families, sometimes they are placed with kin in a permanent guardianship arrangement. Fittingly, these placements are called “kinship legal guardianship” (KLG). In these situations, parents’ rights are not terminated, but guardianship is held by someone else.

Figure 32 shows that for children who were in the 2022 entry cohort, 7% were placed in a KLG arrangement. There is a 3 point difference between children who were placed in KLG arrangements at 24 months, comparing the 2020 versus the 2022 entry cohorts.

Figure 32

Kinship Legal Guardianship within 24 Months



Note: The numbers are based on entry cohorts for 2020, 2021, and 2022. Insufficient time has elapsed to assess entry cohorts from 2023 and 2024. The number of children in the entry cohort for 2022 was 1,440; [Rutgers NJ Child Welfare Data Hub](#).

Table 19 shows the rates of KLG placements for these same entry cohorts, by age and race. There are modest changes between 2020 and 2022 entry cohorts, with

the exception of Black/African American children, who had an 8 point increase in the use of KLG permanency placements.

Table 19. Children placed in Kinship Legal Guardianship within 24 months of entering out-of-home placement, by Age and Race/Ethnicity

	2020 Entry 1,530 Children	2021 Entry Cohort 1,440 Children	2022 Entry Cohort 1,392 Children	2020-2022 Change
Age				
Under 1	2.6%	4.4%	5.6%	+3
1-5	3.6%	8.7%	7.9%	+4
6-12	4.3%	8.3%	7.5%	+4
13-17	3.6%	5.5%	5.2%	+1
Race/Ethnicity				
Black/African American	2.3%	7.2%	9.6%	+8
Hispanic	5.7%	6.2%	5.1%	-1
White	2.6%	7.2%	4.5%	+2
Another race	<10*	<10*	<10*	<10*

Note: *When numbers are fewer than 10 cases, the exact number is suppressed in order to protect the privacy of children and youth represented behind these numbers; [Rutgers NJ Child Welfare Data Hub](#).

Adoption within 24 Months

When children who are in out-of-home placement cannot be reunified with their families, another permanent placement option for them is adoption. Figure 33 shows that for children who were in the 2022 entry cohort, 6% were adopted by 24 months. There is only a 1 point difference between children who were adopted by 24 months, comparing the 2020 versus the 2022 entry cohorts. However, 9% of children in the 2021 entry cohort were adopted by 24 months. Table 20 shows adoption rates for these same entry cohorts by age and race/ethnicity, with little difference between entry cohort years.

Figure 33

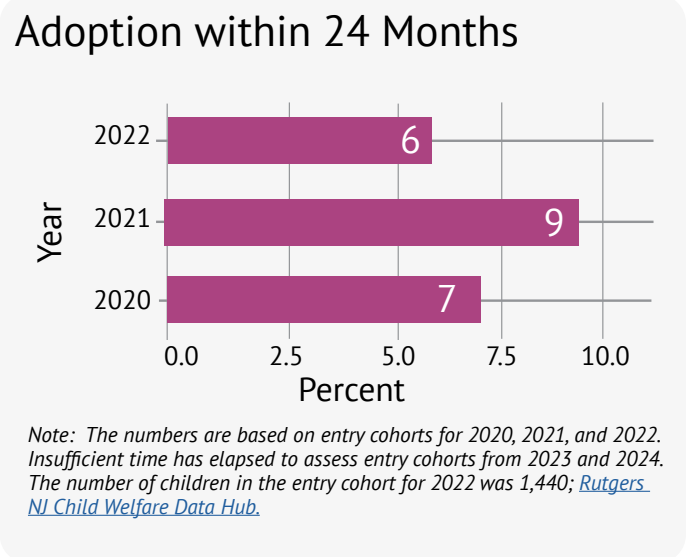


Table 20. Children Adopted within 24 months of entering out-of-home care placement, by Age and Race/Ethnicity

	2020 Entry 1,530 Children	2021 Entry Cohort 1,440 Children	2022 Entry Cohort 1,392 Children	2020-2022 Change
Age				
Under 1	17%	22%	18%	+1
1-5	3.9%	5.4%	3.9%	0
6-12	<10	2.9%	<10*	0
13-17	<10*	<10*	<10*	0
Race/Ethnicity				
Black/African American	5.7%	6.2%	3.9%	-2
Hispanic	5.9%	9.4%	4.2%	-2
White	10%	11%	8.4%	-2
Another race	<10*	<10*	<10*	0

Note: *When numbers are fewer than 10 cases, the exact number is suppressed in order to protect the privacy of children and youth represented behind these numbers; [Rutgers NJ Child Welfare Data Hub](#).

Reach Age of Majority

When children in out-of-home placement reach the age of 18 they can exit out-of-home care between the ages of 18 and 21 and transition to independent living. This outcome is not measured by entry cohort years, like the previous outcomes in this pillar. Figure 34 shows that there was minimal difference in the proportion of youth who aged out of care between 2022 and 2024. Table 21 shows these rates, but by race/ethnicity and again, shows little difference between 2022 and 2024.

Children Who Re-enter Out-of-Home Placement Within 12 Months of Exit

Once children are reunified with their families, the goal is that children will not need to re-enter out-of-home care. Re-entry to care within a short time is an indicator that the family is still struggling to keep children safe, often with the same struggles that brought them into care initially. Figure 35 shows the percent of children who exited out-of-home care to be reunified with their families within 12 months, but

Figure 34

Youth Who Age Out of Foster Care



Note: The numbers are based on 1,586 youth in 2024; [Rutgers NJ Child Welfare Data Hub](#).

then re-entered out-of-home placement within the next 12 months. The number of children involved in these statistics is considerably smaller because it is a fraction of families where children are reunified within 12 months. Among the families whose children were

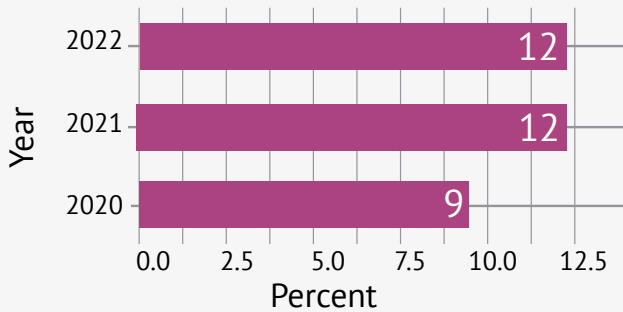
Table 21. Youth Who Age Out of Out-of-Home Placement, by Race/Ethnicity

	2022	2023	2024	2020-2022 Change
<u>Race/Ethnicity</u>				
Black/African American	7.8%%	10%	7.9%	0
Hispanic	7.9%	8.3%	8.6%	+1
White	6.0%	5.0%	5.6%	0
Another race	<10*	<10*	11%	-

Note: *When numbers are fewer than 10 cases, the exact number is suppressed in order to protect the privacy of children and youth represented behind these numbers; [Rutgers NJ Child Welfare Data Hub](#).

Figure 35

Ensure Sale/Sustained Transition from Agency-Children do not Reenter ops



Note: The numbers are based on a subset of children in entry cohorts for 2020, 2021, and 2022 who were reunified within 12 months. Insufficient time has elapsed to assess entry cohorts from 2023 and 2024. The number of children who reunified for the 2022 entry cohort was 353; [Rutgers NJ Child Welfare Data Hub](#).

initially reunified within 12 months (353 for the 2022 entry cohort), about 12% of children re-entered out-of-home care within the following 12 months. This represents a 3-point increase from 2020, but only a minimal change for 2021.

When broken down by age, we see that the youngest children, those 5 and under, are the most likely to be re-enter in out-of-home care within 12 months if they were reunified within 12 months of initial placement. These rates remain fairly high, ranging from 9.5% to 21.5%. Table 22. When looked at by race/ethnicity, rates remain fairly similar across all racial and ethnic groups.



Table 22. Children and youth who re-entered out of home placement within 12 months of permanency, by Age and Race/Ethnicity

	2020	2021	2022	2020-2022 Change
<u>Age</u>				
Under 1	11.1%	21.5%	15.1%	+4.0
1-5	<10*	9.9%	9.5%	-
6-12	<10	<10*	<10*	0
13-17	<10*	<10*	<10*	-
<u>Race/Ethnicity</u>				
Black/African American	11.5%	9.1%	10.0%	-1.5
Hispanic	<10*	9.6%	11.1%	-
White	<10*	17.1%	11.4%	-
Another race	0%	0%	<10*	-

Note: *When numbers are fewer than 10 cases, the exact number is suppressed in order to protect the privacy of children and youth represented behind these numbers; [Rutgers NJ Child Welfare Data Hub](#).



VIII. Performance areas SORS did not report fully on or at all in 2024

Since 2022, when [P.L. 2022, c130](#) was enacted, SORS has worked diligently to develop an appropriate reporting structure and create a roadmap to expand yearly reporting in compliance with state law. In 2024, there are some areas where SORS was unable to provide a full evaluation, or to evaluate at all, for a variety of reasons, including a change in evaluation consultants. Going forward, SORS plans to report on additional areas. To continue to fulfill its responsibilities, SORS anticipates making and implementing a plan to address these areas in 2025.

- ▶ **Area (d)** - Out-of-state behavioral health placement: providing the most appropriate and least restrictive placements when out-of-home placement is necessary – specifically precluding children from being placed in out-of-State behavioral health facilities without written approval from the Assistant Commissioner for the Children’s System of Care
- ▶ **Area (e)** - Service array: providing comprehensive, culturally responsive services to address the identified needs of the children, youth, and families the department serves, including but not limited to:
 - services for youth ages 18 to 21
 - services for LGBTQI+ youth
 - mental health, and domestic violence services for birth parents whose families are involved with the child welfare system
 - preventive home visitation programs
 - trauma-informed care
 - an adequate Statewide network of Family Success Centers
- ▶ **Area (f)** - - Providing medical care to children and youth residing in resource family care, including:
 - follow-up care and treatment and mental health assessment and treatment, where appropriate
 - behavioral health treatment provided in the least restrictive setting for children and youth
- ▶ **Area (h)** – Flexible funds: Making flexible funds available for use by caseworkers in crafting individualized service plans for children, youth, and families to:
 - sufficiently meet the needs of children and families
 - sufficiently facilitate family preservation and reunification where appropriate
 - ensure that families are able to provide appropriate care for children and avoid the disruption of otherwise stable and appropriate placements
- ▶ **Area (k)** – Adoption: generally beginning the process of preparing a child for adoption and seeking and securing an adoptive placement as soon as the child’s permanency goal becomes adoption, but in no case later than as required by federal law; conducting five-month and 10-month placement reviews for children in custody; developing a child-specific recruitment plan for all children with a permanency goal of adoption needing the recruitment of an adoptive family, as well as evaluating the sufficiency of funding for such processes. ■

IX. Recommendations

Recommendations for DCP&P

The data presented in this report point to considerable progress made in the past two decades to improve services for children, youth, and families involved with the New Jersey Division of Child Protection and Permanency. DCP&P has implemented substantial reforms during this time, including improved training and professionalization of frontline and supervisory staff, increased data transparency, ensuring allocation of funds to make more resources available in the community, and more. Nevertheless, additional improvements are needed in specific areas, as summarized in the recommendations below:

1. DCP&P should continue to undertake improvement activities in areas directly impacting the well-being of children, youth, and families involved with DCP&P. This includes improving the assessment of family needs and strengths, ensuring that all necessary services are provided in a timely manner to keep children safe, healthy, and connected, and adequately serving children and adolescents placed in out-of-home care. Specific areas in need of strengthening are:
 - a. Continue to monitor racial disparities in the allegations of abuse and neglect made to the State Central Registry (SCR). In 2024, children and youth of color represented about two-thirds of these reports, [much higher than their proportion in the state population](#). One reason for the observed disparities may be the [intersection between race/ethnicity and socioeconomic status](#). While DCP&P does not control the types of referrals made to SCR, disparities by race/ethnicity may persist at subsequent levels of engagement. Developing effective strategies to address families' social service needs outside of DCP&P may reduce the observed disparities in SCR referrals. Moreover, the efforts of the Subcommittee on Poverty, Neglect and Community Outcomes, as well as ongoing DCP&P staff anti-bias trainings, are instrumental to address disparities once families become engaged with the division.
 - b. Continue to improve the quality of family risk and safety assessments conducted as part of child abuse and neglect investigations. In 2024, about 66% of risk assessments were determined to be of substantial and complete quality. While this represents an increase from the year 2023, further improvements in this area are recommended.
 - c. When children are removed from their families, DCP&P should continue to emphasize kinship placements. In 2024, about 47% of children in out-of-home care resided with kin; however, the rates of kinship placements were lower for Black and Hispanic children, as compared to White children. Further, adolescents were somewhat less likely to be placed with kin compared to younger children. Continued efforts to increase kinship placements, particularly for older children and children of color, are recommended.
 - d. Increase the efforts to place children with their siblings, and help maintain sibling contact. Although more than 80% of children in out-of-home care were placed with their siblings in 2024, this number declined slightly compared to the last two years. For children who could not be placed with siblings, efforts to maintain ongoing sibling contact are essential.
 - e. Increase the timeliness of contact between children and their parents when children are placed in out-of-home care. In 2024, about 67% of children in out-of-home placement had at least one weekly visit with a parent - a decline compared to years 2023 and 2022. Although the frequency of parent-child visits may be affected by a multitude of factors outside the control of DCP&P, the division should make efforts to reduce preventable barriers, such as inconvenient visitation hours and insufficient engagement with parents.
 - f. Increase [caseworkers' engagement with parents to facilitate timely reunification](#). In 2024, approximately 68% of parents whose

children had a permanency goal of reunification had twice-monthly visits with their caseworkers - a decline compared to the previous two years. A similar decline has been observed with respect to the timeliness of family team meetings. Given the evidence on the link between caseworker engagement with parents and increased likelihood of reunification, continued efforts in this regard are recommended.

- g. Continue efforts to reduce the number of adolescents placed in congregate care. In 2024, approximately 1 in 4 adolescents were placed in congregate care, similar to the year 2023. Although the rates of congregate care placements declined or remained stable for most racial groups, the proportion of Hispanic adolescents in congregate care increased between the years 2023 and 2024. This trend should be monitored in subsequent years, and steps to address it may be needed, if it continues.
 - h. Continue efforts to decrease placement instability for children and youth, in general, and for adolescents, in particular. The proportion of adolescents ages 13-17 who had two or fewer placements in their first year of removal has declined in the past two years. Given the link between [placement instability and negative child outcomes](#), minimizing placement disruptions should remain a priority.
 - i. Improve the timeliness of assessing - and addressing - children's medical, mental health, and developmental needs when they are placed in out-of-home care. For instance, in 2024, only about 63% of children received a comprehensive medical examination [within 30 days of removal](#). For children ages 3 or younger, referrals to [Early Intervention](#) services were made in 77% of cases; however, it is unknown how many children were assessed following a referral, and whether or not they received services if a developmental challenge was identified. Similarly, while more than 90% of children in out-of-home placement completed initial mental health assessments, the types of treatment services provided following these assessments were not reported. Ensuring that children's needs are assessed in a timely manner, and connecting eligible children to appropriate services in least restrictive settings should remain a priority.
 - j. Improve the assessment and documentation of children's educational progress while in out-of-home care. According to the data reviewed as part of the CoQI process, more than 50% of children exhibited some degree of educational challenges or poor academic progress. The quality of DCP&P staff's communication with school personnel regarding children's academic performance and progress required improvement in nearly 40% of the cases evaluated.
 - k. Improve the assessment and documentation of educational, vocational, housing, and other outcomes for young people ages 18 to 21 (i.e., as they transition out of foster care and begin living independently). Many outcomes (e.g., high school graduation, criminal justice involvement) are not routinely evaluated; therefore, it is difficult to identify areas of strength and challenge in this regard. The degree to which DCP&P staff maintained detailed and comprehensive documentation of older youths' outcomes required improvement in more than one-third of the cases reviewed during the most recent CoQI process.
2. DCP&P should continue to undertake improvement activities in several areas related to staffing, including:
 - a. Continue to increase the retention rate of Family Service Worker Trainees, which was 87% in 2024 (13 point increase from 2022-2023), as well as retention rate of the Assistant Family Service Workers, which was 90% in 2024 (3 point increase from 2022-2023).
 - b. Increase the number of caseworkers who are Hispanic, Spanish-speaking, Black, male, and have lived experience with DCP&P.
 3. Continue to regularly publish data on the quality of DCP&P services and activities, such as the [Collaborative Quality Improvement](#) (CoQI) Briefs, and the [Commissioner's Monthly Reports](#). The division should continue to expand the types of data published on a regular basis, to increase transparency and accountability.
 4. Continue to reduce the number of children DCP&P removes from their original families, particularly

by expanding existing and implementing new removal prevention strategies such as preventive legal assistance, targeted utilization of Flexible and LOBA Funds, anti-bias removal decision making, and enhanced training for court staff and other key stakeholders on child trauma due to family separation.

Recommendation for the Governor

Convene leadership from relevant state departments that address families' material needs, such as housing ([Department of Community Affairs](#)), health insurance, childcare, workforce and cash assistance ([Department of Human Services](#)), child welfare (DCF), and other key offices, to address issues that unnecessarily involve some families in DCP&P and may relate to racial/ ethnic disparities in SCR referrals. Developing effective strategies to address housing and food insecurity, inaccessible or unaffordable childcare, health and mental health-related challenges, lack of public transportation, and more, is imperative to reduce unnecessary involvement with child protective services. In the next few years, increased attention should be given to the needs of immigrant families, given the current and anticipated changes in federal policies related to immigration.

Next steps for the SORS Committee

SORS should continue to review and report on DCP&P's performance in a variety of areas that are under the committee's purview. This includes ongoing monitoring of various performance metrics described in this report, as well as expanding to domains that have not been sufficiently addressed, such as the availability of culturally-responsive services for children and families; placement of children out-of-state for behavioral health care; services for LGBTQI+ youth; preventive home visiting programs; the adoption process; effectiveness of DCF's recruitment and hiring practices, and more. SORS should identify domains where data is readily available and can be reviewed in the short-term, and work to develop longer-term plans for domains where limited information currently exists. To avoid unnecessary duplication of efforts, SORS should collaborate with existing DCF-based and external committees when reviewing specific areas (e.g., Subcommittee on Poverty, Neglect and Community Outcomes, child fatalities workgroup, etc.).

Short-term (i.e., one-year) priorities for the SORS Committee:

1. *Family engagement*: Given the observed declines in several metrics related to family engagement (e.g., caseworkers' engagement with parents; parent-child visits), SORS should develop plans to better understand existing trends. Specifically, SORS should explore potential reasons for the observed declines, both in terms of DCP&P policies, and external factors that may negatively impact engagement. In collaboration with their evaluation partners, SORS should identify relevant data that may shed light on current processes, and develop data-informed recommendations to improve family engagement.
2. *Reunification and reentry into care*: Based on the data reviewed, fewer than 40% of children in out-of-home care are reunified with their biological families within 24 months of removal. Additionally, some families struggle to keep their children safe after reunification, resulting in their reentry into care. SORS should examine how service utilization may impact reunification and re-entry trends, focusing specifically on housing assistance, childcare subsidies, cash assistance, and access to behavioral health services for children and their biological caregivers.
3. *Educational outcomes of children in out-of-home care*: Given that many children in out-of-home care were found to exhibit educational challenges and poor academic progress, SORS should request additional information about children's educational outcomes and the services they receive. For example, reviewing data on the educational supports available for these children (both within and outside of school systems) would be helpful to identify gaps and develop data-informed recommendations.
4. *Outcomes of transition-age youth*: Currently, limited information is available on the outcomes of young people who exit foster care between the ages of 18 and 21. The data presented in the CoQI reports does not provide a comprehensive picture of these youths' functioning; thus, it is difficult to make data-informed recommendations for improvement.

SORS should consider additional sources of information, such as the [National Youth in Transition Database \(NYTD\)](#), to examine youths' outcomes in the domains of education, employment, housing, criminal justice involvement, and more. Additionally, given existing evidence that remaining in [extended foster care](#) is linked to improved functioning for young people, SORS should explore how many youth remain in care past the age of 18 (including those who initially exit, and then re-enter extended care), and how the outcomes of these youth differ from those leaving care earlier. Given the longitudinal nature of the NYTD data, SORS can explore changes in youths' outcomes in the state over time.

5. *SORS membership*: As per [the legislation](#), SORS should include adequate representation from specific constituents, some of whom are not currently involved with the committee. In the next year, SORS should work to recruit additional members, such as a birth parent with a history of DCP&P involvement, an alumni of the state's foster care system, and a representative of the Administrative Office of the Law who is familiar with court procedures. The committee, in collaboration with its evaluation partners, should work to better engage all SORS members in various review processes, with a specific emphasis on adequately engaging members with lived experience in child welfare.

Long-term (i.e., three-year) priorities:

1. *The court system*: Begin to explore how the court system, and judges in particular, are involved in processes affecting DCP&P, including but not limited to: delays in court processes that may impact children's time to permanence; court involvement in the adoption process; the types of child welfare trainings received by court staff; the extent of staff's knowledge about child trauma and separation, and other relevant domains. In general, a better understanding of the court process will allow the committee to develop data-informed recommendations that can positively impact child and family outcomes.
2. *Effectiveness of DCP&P services*: Obtain additional information on various services provided by DCP&P, and the extent to which such services meet the needs of children, youth, and families across the state. Pursuant to the [state law enacted in 2022](#) directing SORS activities, this body is

required to report on DCP&P's provision of comprehensive and culturally-responsive services to address the identified needs of the clients served, including but not limited to: services for youth ages 18-21; services for LGBTQI+ youth; mental health and domestic violence services for birth parents; trauma-informed care; home visitation programs; services for children and families with disabilities, and others. Many of these service areas have not been explored to date.

3. *Experiences of foster parents*: Begin to explore the experiences of foster parents (kin and non-kin) and their interactions with the children in their care, children's biological parents, DCP&P staff, the court system, the educational system, and other stakeholders. Understanding the experiences of foster parents, as well as their demographics, training processes, and retention rates, can help identify areas of strength and challenge, and design recommendations for improvement.
4. *CoQI processes*: Reinstate SORS members' participation in DCP&P's quality improvement processes of family interviews and Local Office Collaborative Quality Improvement (CoQI). This will provide the committee members with direct input regarding key DCP&P performance areas from a broader set of stakeholders, such as biological parents and foster caregivers.
5. *Adoption-related indicators*: State law mandates that SORS report on various adoption-related indicators, such as the process of seeking and securing an adoptive placement as soon as the child's permanency goal becomes adoption; locating suitable adoptive families; evaluating the sufficiency of funding for adoption-related processes, etc. To date, these areas have not been explored in the SORS reports.

Note: DCF reported that it does not currently have some of the data, or data collection infrastructure to address some of the recommendations in this report or as mandated by statute, yet it is interested in exploring ways to obtain additional data. DCF reported it has been working since 2020 to implement an information management strategic plan to build its data capacity. SORS will continue to work with DCF to better understand its data capacity and how DCF could consider collecting new data to address the report's recommendations for which there is currently no data or capacity to collect it. ■

X. Appendices

Appendix A. Statutorily required performance areas

New Jersey law P.L. 2022, c130 directs SORS to report on the following areas – including assessing quality in section (b):

staffing levels and the most effective methods of recruiting, hiring and retaining staff

- (a) maintaining a case management information and data collection system that allows for the assessment, tracking, posting or web-based publishing, and utilization of key data indicators with consistent definitions and methodology, along with ensuring the accuracy of published data
- (b) implementing and sustaining a case practice model comprising a continuous set of activities that emphasizes quality investigation and assessment, which model shall include:
 - ▶ performing safety and risk assessments;
 - ▶ engaging with youth and families;
 - ▶ working with family teams;
 - ▶ providing individualized planning and relevant services;
 - ▶ performing continuous review and adaptation;
 - ▶ and ensuring safe and sustained transition from the department
- (c) guaranteeing that the operation of the department’s State Central Registry ensures that allegations of child abuse and neglect are received by the department’s field offices in a timely manner and investigations are commenced within the required response time identified by the State Central Registry
- (d) providing the most appropriate and least restrictive placements when out-of-home placement is necessary, and in so doing allowing:
 - ▶ children to remain in their own communities, be placed with or maintain contact with siblings and relatives, and have their educational needs met;
 - ▶ precluding children under age 13 from being placed in shelters;
 - ▶ precluding children from being placed in out-of-State behavioral health facilities without written approval from the Assistant Commissioner for the Children’s System of Care; and maintaining an adequate number and array of family-based placements to appropriately place children in family settings
- (e) providing comprehensive, culturally responsive services to address the identified needs of the children, youth, and families the department serves, including but not limited to:
 - ▶ services for youth age 18 to 21;
 - ▶ services for LGBTQI+ youth;
 - ▶ mental health, and domestic violence services for birth parents whose families are involved with the child welfare system;
 - ▶ preventive home visitation programs;
 - ▶ trauma-informed care; and
 - ▶ an adequate Statewide network of Family Success Centers
- (f) providing medical care to children and youth residing in resource family care, including:
 - ▶ appropriate medical assessment and treatment, pre-placement, and entry medical assessments under Early and Periodic Screening, Diagnosis, and Treatment (EPSDT);
 - ▶ guidelines, dental examinations;
 - ▶ up-to-date immunizations;
 - ▶ follow-up care and treatment and mental health assessment and treatment, where appropriate;
 - ▶ behavioral health treatment provided in the least restrictive setting for children and youth; and
 - ▶ evaluating the sufficiency of funding for these medical services
- (g) maintaining a comprehensive training program for child welfare staff and supervisors, including specialized training for investigators which training shall include pre-service training covering the case practice model and permanency planning, adoption training, and training on case management systems, and mechanisms for staff completing training to demonstrate competency on required areas of training
- (h) making flexible funds available for use by caseworkers in crafting individualized service plans for children, youth, and families to:
 - ▶ meet the needs of children and families
 - ▶ facilitate family preservation and reunification where appropriate
 - ▶ ensure that families are able to provide appropriate care for children
 - ▶ avoid the disruption of otherwise stable and appropriate placements

- (i) adjusting support rates for resource family care, adoption assistance, and independent living to ensure alignment with the United States Department of Agriculture estimates for the cost of raising a child or adolescent in the urban Northeast, the U.S. Department Housing and Urban Development Fair Market Value for average rent in New Jersey, the Internal Revenue Service estimates for monthly food and household expenses, and other appropriate State and national benchmarks identified by the subcommittee
- (j) strengthening and sustaining appropriate permanency and adoption practices for the children and youth the department serves, recognizing that the department’s permanency work begins at intake and encompasses the elements of the case practice model
- (k) generally beginning the process of preparing a child for adoption and seeking and securing an adoptive placement as soon as the child’s permanency goal becomes adoption, but in no case later than as required by federal law; conducting five-month and 10-month placement reviews for children in custody; commencing the adoption process as soon as a diligent search process has been completed and has failed to identify the location of both parents or a suitable family placement; and developing a child-specific recruitment plan for all children with a permanency goal of adoption needing the recruitment of an adoptive family, as well as evaluating the sufficiency of funding for such processes.

Appendix B. SORS Members

Staffing and oversight review subcommittee members			
	Name	Statutory category	Affiliation
1	Amanda Melillo	Representative of a NJ legislator	Office of Sen. Joseph Vitale, 19th Legislative District and Chair of the Senate Health, Human Services Committee
2	Angie Waters	Public member	Court Appointed Special Advocate of NJ (CASA)
3	Corinne LeBaron	Representative of a State-wide organization that supports resource and kinship parents	umbrella
4	Garnett Roberts-Batson	Parent who has previously had involvement with DCP&P	-
5	Gina Hernandez	Representative of a state-based child abuse prevention focused organization	Prevent Child Abuse NJw
6	Christine Beyer	DCF Commissioner or Designee	DCF
7	Laura Jamet	DCP&P Assistant Commissioner	DCF
8	Linda Porcaro	Public member	Somerset Office of Youth Services
9	Lisa Chapland (Co-Chair)	Former resource family parent	
10	Mary Coogan	Representative of a State-based child advocacy organization	Advocates for Children of NJ
11	Mary Hallahan	Resource family parent who is currently licensed by the State; adoptive parent	Education Administration
12	Marygrace Billek (Co-Chair)	Former County Human Services Director	Former Director, Mercer County Human Services
13	Scout Hartley	Alumni of the State's resource family care system	National Foster Youth Institute/Doctoral Student/Adjunct Professor OCC
14	Traci Telemaque	Attorney regularly engaged in the representation of children in out-of-home placement	Office of the Law Guardian
15	Suzanne Kreie	Public member	Coordinated Family Care
16	Lynette Rente	Attorney regularly engaged in the representation of parents in child protection matters	New Jersey Office of Public Defender
17	Elizabeth Sherwood	Attorney representing DCF	Division of Law
18	Katie Stoehr	DCF Commissioner or Designee	DCF

Appendix C. Brief description of Montclair State University evaluation team and its role in the report

The evaluation team for the 2024 SORS report is comprised of three faculty members from the Department of Social Work and Child Advocacy at Montclair State University (MSU) and three graduate students enrolled in the Master of Social Work program at MSU. Together, they bring expertise in child abuse and neglect, the child protection system, the child welfare workforce, out-of-home placement, and aging out of care. They also have experience in conducting community-engaged research, community and state-level program evaluation, assessing government programs and initiatives, and using large, administrative datasets to conduct child welfare-related research and evaluation.

Faculty Members

Emily M. Douglas, Ph.D., is a Professor at MSU. Her research focuses on policy and practice responses to family issues. Her scholarship examines the well-being of populations who are under-recognized and hard-to-reach and the workforce that serves such populations. She has been one of the leading voices in the domain of fatal child maltreatment and previously worked for a child death review panel. She also examines the health and help-seeking experiences of partner violence victims and is currently part of a four-person team examining the help-seeking experiences of men of color and immigrant men living with partner violence in the U.S. She has 60+ peer-reviewed publications and is the author or co-author of five books on the intersection of policy and child/family well-being. She has presented her work at multiple state houses, the Canadian Senate, and before a U.S. Congressional commission focusing on child maltreatment deaths. For 10 years, she served as a volunteer reviewer for cases of children in foster care with the Massachusetts Department of Children & Families. In 2016-2017, she served as a Society for Research in Child Development Congressional fellow in the U.S. Senate, where she was the lead author with the U.S. Senate Finance Committee on a special investigation into children's deaths in for-profit foster care settings. She has been invited by UNICEF's Innocenti Global Office of Research and Foresight to serve as a senior fellow, in 2026-2027, on a project concerning child protection system strengthening.

Svetlana Shpiegel, Ph.D., MSW, is a Professor at MSU. Her research focuses primarily on children, youth, and

families involved with the child welfare system and other systems of care. She is especially interested in early pregnancy and parenthood among young people aging out of foster care; the effects of early parenthood on youths' socioeconomic outcomes; the adjustment of LGBTQI+ youth in foster care, and the intersection between substance misuse and child welfare involvement. Dr. Shpiegel has expertise in both quantitative and qualitative research methodologies, as well as working with large administrative datasets, such as the National Child Abuse and Neglect Data System (NCANDS), the Adoption and Foster Care Analysis and Reporting System (AFCARS), and the National Youth in Transition Database (NYTD). Her work has been published in leading social work journals and funded by several large foundations, including the Annie E. Casey Foundation, Spencer Foundation, and others. She has authored and co-authored 40+ peer-reviewed publications exploring the adjustment of child welfare-involved youth and families, as well as other vulnerable populations.

Wendy Zeitlin, Ph.D., MSW, is an Associate Professor at MSU. She is a community-engaged scholar whose research focuses on underserved populations in public spaces, including public health. Her research centers on child well-being with a special emphasis on disability. She is especially interested in child welfare outcomes in families in which a parent has a disability and how to adequately serve these families. She also studies access and barriers to medical care for children who may be deaf or hard of hearing. Dr. Zeitlin has published over 30 articles in peer-reviewed journals and has authored four textbooks, including three related to quantitative research methods. In her role as an external evaluator, Dr. Zeitlin has helped large organizations and public health systems better understand the impact of their work. She currently serves on the Board of the Public Health Social Work section of the American Public Health Association.

Student Members

S. Bruhn, B.A., is a second-year Master of Social Work student at MSU. They completed their undergraduate degree in psychology at Muhlenberg College, where they conducted original quantitative research on attitudes towards treatment for depression across age ranges. At MSU, they are a graduate assistant and is

working on multiple qualitative research projects with social work and child advocacy professors that pertain to the experiences of LGBTQ+ individuals.

Jordyn Kennedy, B.A., is a second-year Master of Social Work student at MSU. She completed her undergraduate degree in psychology at Montclair State University. At MSU, Jordyn is a graduate assistant and is working on a qualitative research project with the social work and child advocacy professors that concerns child welfare. where she assisted a professor with her research about disability culture on campus. This consisted of interviewing students about their experience being disabled on campus and analyzing the data for common trends. Now, as a graduate assistant, she is working on this project.

Victoria Vargas, B.A., is a bilingual second-year Master of Social Work Student and research assistant at MSU. She graduated summa cum laude from MSU with a BA in Psychology and triple minor in Child Advocacy and Policy, Social Work, and Cognitive Science. Victoria is extremely passionate about areas of research and policy concerning disability, the LGBTQ+ population, and mental health. In 2024, she designed and implemented a policy for MSU's Continuing General Education Studies (CGES) program, which offers students with intellectual disabilities an integrated academic experience for certificate acquisition. Victoria now serves as a Curriculum Committee Member for the CGES program.

Appendix D. Acronyms

CoQI: Collaborative Quality Improvement

CPS: Child Protective Services

DCF: Department of Children and Families

DGP&P: Division of Child Protection and Permanency

EPSDT: Early and Periodic Screening, Diagnostic, and Treatment: comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid

FTM: Family Team Meeting

FSST: Family Service Specialist Trainee (FSST)

LOBA: Local Office Business Account

OHR: The Office of Human Resources

OTDP: DCF's Office of Training and Professional Development

SCR: State Central Registry

SACWIS: Statewide Automated Child Welfare Information System

SBC: Solution Based Casework

SORS: Staffing and Oversight Review Subcommittee



XL. References

Executive summary

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Stable attachments to parents and/or a parenting adult	Casey Family Programs. (2023). What Impacts Placement Stability https://www.casey.org/media/23.07-OFF-SF-Placement-Stability-Impacts.pdf
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identify and evaluate the overall needs of children who enter out-of-home placement	New Jersey Department of Children and Families. (2025). 2025–2029 Health Care Oversight and Coordination Plan https://www.nj.gov/dcf/childdata/njfederal/NJDCF_2025-2029_CFSP_Health-Care-Final.pdf

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Recommendations

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caseworkers' engagement with parents to facilitate timely reunification	Cheng, T. (2010). Factors associated with reunification: A longitudinal analysis of long-term foster care. <i>Children and Youth Services Review</i> , 32(10), 1311–1316. https://doi.org/10.1016/j.childyouth.2010.04.023
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About Montclair State University

Montclair State University is a public university that is rooted in community partnership and dedicated to providing a meaningful difference in the lives of others across New Jersey and beyond. Montclair offers over 300 programs and is New Jersey's second largest higher learning institution. The Department of Social Work and Child Advocacy offers undergraduate and graduate level programs that specialize in service, advocacy, and direct engagement with children, youth, and families. The Department's distinguished faculty draw from the disciplines that equip students with a multidisciplinary foundation to navigate the complexities of serving children, youth, and families throughout New Jersey and beyond. Faculty and students extend their work beyond the classroom through community-based service, policy development, and research to promote the well-being of children and families."