OCEAN COUNTY BOARD OF SOCIAL SERVICES

1027 HOOPER AVENUE
POST OFFICE BOX 547
TOMS RIVER, NEW JERSEY 08754-0547
(732) 349-1500
FAX#: (732) 244-8075
TDD#: (732) 244-3812

June 15, 2018
CRG:112

VIA EMAIL TO:

opra+request-1795-84d7a38a@requests.opramachine.com

Re: OPRA Request Received on June 6, 2018

Dear Time to Change – Jersey Style,

The Ocean County Board of Social Services (OCBSS) received your Open Public Records (OPRA) request on June 6, 2018. I am responding to your request as the Agency's Alternate Custodian of Records. The seven (7) business day deadline to respond to your request is June 15, 2018. This response is being provided to you on the seventh (7^{th}) business day after the Agency's receipt of said request. You requested copies of the following:

1. Copies and/or logs of all Ocean County Board of Social Services Reception Incident Reports for the time period of August 1, 2017 to December 31, 2017 for the Social Services Building(s).

2. A copy of a blank Social Services Reception Incident Report.

OCBSS does not maintain a record specifically titled Ocean County Board of Social Services Reception Incident Reports. However, we have identified and are providing documents which appear to respond to your request. Copies of these documents are being provided to you in electronic format via email at no charge.

Right of Appeal

If you wish to challenge a decision of the Custodian of Records denying access to a government record, you may:

1) Institute a proceeding to challenge the decision by filing an action in the Superior Court of New Jersey; or

2) File a Complaint with the Government Records Council in the Department of Community Affairs.

Thank you.

Very truly yours,

OCEAN COUNTY BOARD OF SOCIAL SERVICES

Colleen R. Golin
Board Counsel

/mf
Encls.

cc: Ms. Linda Murtagh, Director/Ms. Meredith Sheehan, Deputy Director, w/o encls.
OPRA File, w/encls.

ADM-F-115 (Rev. 02/10)

OCEAN COUNTY BOARD OF SOCIAL SERVICES

Incident Report Form

Not for Employee injury/illness

TO BE FORWARDED WITHIN 24 HOURS OF ANY INCIDENT

TO: Director/Legal Department DATE: 10/2/17

FROM: Michelle Blauser, SW Supervisor MEMO NO.: MB-M-2017:024

SUBJECT: Check all that apply:

- ☐ Threat to/about Employee ☐ Employee Indemnification
- ☒ Non-Employee Injury/illness and/or Property Damage/loss
- ☐ Employee/Agency Property Damage ☐ Sick (including threat/attempt of suicide)

1. Injured/Sick/Threatened Party/Damaged Property Owner

Name: [redacted] Date of Birth: [redacted] Sex: [redacted] M [redacted] F

Address: [redacted]

Employer's Name: N/A Telephone #.: [redacted]

Employer's Address:

Date/Time of Incident: 10/2/17 approximately 11:20am

Location of Incident: Bldg 4 Reception Area

Description of Incident: When client's name was called she stood up and fell forward onto her right knee. I met with client and she stated her right leg gave out when she stood causing her to fall. Client declined medical attention stating it happens often. Client was able to walk and I brought her into my unit for privacy. As we walked out of reception, another client [redacted] advised that the client hit her head. The client denied hitting her head. After gathering client's information I asked again if she wanted medical attention and she declined. She also again denied hitting her head. Client remained in the unit and was screened for back rent assistance under NPA grant.

Authority Contacted: M. Blauser, M Sheehan

2. Injury/Sick (including threat/attempt of suicide):

Description of Injury: Client fell forward on her right knee.

Suicide Threat/Attempt: Threat: No Attempt: No

What was injured party doing?

Was person transported for medical care?: No If yes, how?

To where?

3. **Property Damage**

Describe Property:

Estimated Value: $

Where can property be seen:

When can property be examined:

4. Witnesses:

Name: [redacted]
Address:
Telephone – Home: [redacted] Business:

Name:
Address:
Telephone – Home: Business:

5. Remarks:

6. Employee Indemnification:

Paid time to file complaint:	☐ YES	☒ NO
Legal Representation:	☐ YES	☒ NO
Paid time to attend hearing:	☐ YES	☒ NO

Director or Designee

c: Administrator

ADM-F-115 (Rev. 02/10)

OCEAN COUNTY BOARD OF SOCIAL SERVICES

Incident Report Form

Not for Employee injury/illness

TO BE FORWARDED WITHIN 24 HOURS OF ANY INCIDENT

TO: Director/Legal Department DATE: 11/13/17

FROM: SG James Thompson MEMO NO.: 1620

SUBJECT: Check all that apply:

- ☐ Threat to/about Employee ☐ Employee Indemnification
- ☒ Non-Employee Injury/illness and/or Property Damage/loss
- ☐ Employee/Agency Property Damage ☐ Sick (including threat/attempt of suicide)

1. Injured/Sick/Threatened Party/Damaged Property Owner

Name: [redacted] Date of Birth: N/A Sex: [redacted] M [redacted] F

Address: N/A

Employer's Name: N/A Telephone #.:N/A

Employer's Address: N/A

Date/Time of Incident: 11/13/2017 11:37 am

Location of Incident: Reception desk at 333 Haywood Rd Manahawkin, NJ 08050

Description of Incident: Client dropped papers and when she came up she hit her head on the Reception counter.

Authority Contacted: Director's office

2. Injury/Sick (including threat/attempt of suicide):

Description of Injury: Bumped head

Suicide Threat/Attempt: Threat: No Attempt: No

What was injured party doing? Talking to the receptionist

Was person transported for medical care?: No If yes, how?

To where?

3. **Property Damage**

Describe Property: N/A

Estimated Value: $N/A

Where can property be seen: N/A

When can property be examined: N/A

4. Witnesses:

Name: Lynsey Howell

Address: 333 Haywood Rd Manahawkin, NJ 08050

Telephone – Home: N/A Business: 6120

Name: SG James Thompson

Address: 333 Haywood Rd Manahawkin, NJ 08050

Telephone – Home: N/A Business: 6102

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5. Remarks: At above time and date, SG James Thompson got a report that a client [redacted] hit her head on the reception counter. Lynsey Howell reported to me that the client dropped her paperwork while at the reception desk. When the client bent down to pick up the paper she smacked her head coming back up on the counter. I went to go talk to the client to see if she needed medical attection. She stated she was fine and walked out the door and got in her car and left.

6. Employee Indemnification:

Paid time to file complaint:	☐ YES	☒ NO
Legal Representation:	☐ YES	☒ NO
Paid time to attend hearing:	☐ YES	☒ NO

Director or Designee

c: Administrator