



PRINCE WILLIAM COUNTY, VIRGINIA

Prince William County, Virginia

Internal Audit of Social Services - Department of Social Services - Child and Family Services Division's Child Protective Services Units (Investigations, Intake, Treatment and Prevention/Assessments)

**Prepared By:
Internal Auditors**

March 4, 2015



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March 4, 2015

The Audit Committee of
 Prince William County, Virginia
 1 County Complex Court
 Prince William, Virginia 22192

Pursuant to the approved internal audit plan for fiscal year (“FY”) 2014-15 for Prince William County, Virginia (the “County”), we hereby present the internal audit of the Department of Social Services - Child and Family Services Division’s Child Protective Services Units (Investigations, Intake, Treatment and Prevention/Assessments). We will be presenting this report to the Audit Committee of Prince William County at the next scheduled meeting on June 23 , 2015. Our report is organized in the following sections:

Executive Summary	This provides a summary of the issues related to our internal audit of the Social Services’ Child and Family Services Division’s CPS Units (Investigations, Intake, Treatment and Prevention/Assessments).
Background	This provides an overview of the Social Services’ Child and Family Services Division’s CPS Units (Investigations, Intake, Treatment and Prevention/Assessments) and its processes covered as a part of this audit.
Objectives and Approach	The internal audit objectives and focus are expanded upon in this section as well as a review of the various phases of our approach.
Issues Matrix	This section presents the results of our audit procedures, including our findings and recommended actions as well as management’s response, responsible party and estimated completion date.
Process Maps	This section provides a depiction of each process in flow chart format.
Appendix	This section provides an organizational chart of the Social Services’ Child and Family Services Division’s CPS Units (Investigations, Intake, Treatment and Prevention/Assessments).

We would like to thank the staff and all those involved in assisting the Internal Auditors in connection with the internal audit of the Social Services’ Child and Family Services Division’s CPS Units (Investigations, Intake, Treatment and Prevention/Assessments).

Respectfully Submitted,

INTERNAL AUDITORS

Executive Summary

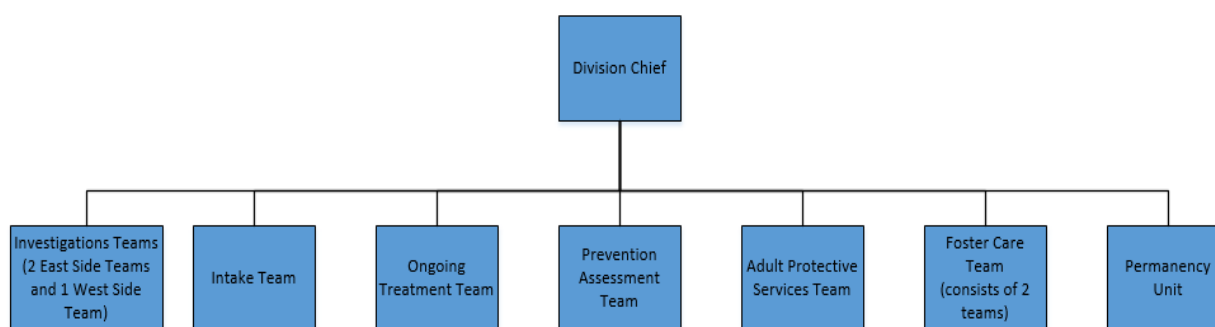
Executive Summary

The Department of Social Services provides the residents of Prince William County (PWC) with a range of services to include juvenile justice residential and community-based services and homeless programs; and is also responsible for providing citizens with federally mandated programs including Child and Adult Protective Services, SNAP (Food Stamps), Medicaid, and Temporary Assistance to Needy Families (TANF), Employment and Child Care subsidies. The mission of the Department of Social Services is “to enhance the quality of life in Prince William County by affording individuals and families the support, protection and safety necessary to enable them to build self-reliant lives.”

Child Protective Services is a mandated program. Organized within the Child and Family Services Division, CPS encompasses several units of operations. Reports/referrals of allegations of abuse/neglect of children under the age of 18 come to the Intake Unit for screening to determine whether or not they are valid. If valid, then an investigation or family assessment is conducted by the Investigations Unit. After the investigation, the Ongoing/Treatment Unit continues serving the child and family with counseling, case management and temporary or short-term care services for children that have been abused and/or neglected if deemed appropriate. In some cases, the case components do not meet the level required for investigations, but there is enough concern to warrant an assessment which is handled by the Prevention/Assessment Unit. The Child and Family Services Division also has other mandated programs such as Adult Protective Services, Foster Care and Permanency (Adoption). These latter Units were not tested.

CPS is a locally administered program however, the Virginia Department of Social Services (VDSS) is responsible for establishing and implementing State CPS policy, providing training to CPS workers, staffing the statewide CPS hotline, and maintaining the automated information system for CPS (OASIS). The PWC CPS program takes its approach based on the methodology developed by the VDSS, the principles of which state the following:

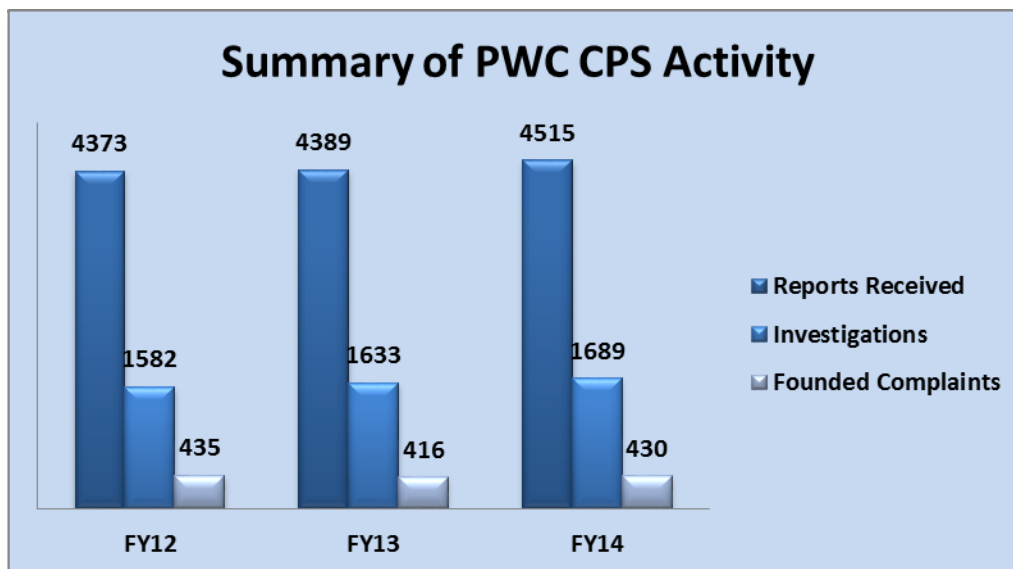
- All children and communities deserve to be safe
- Practice is family, child, and youth-driven
- Children do best when raised by families
- All children and youth need and deserve a permanent family
- Partnering with others is important to support child and family success in a system that is family-focused, child-centered, and community-based
- How we do our work is as important as the work we do



Previously the department reported to the Board of Social Services who provided administrative oversight and authority. Currently, the department reports to the County Executive. The new Social Services Advisory Board serves as advisors with no administrative authority.

Executive Summary - continued

Below is a depiction of the number of reports, investigations, and founded complaints that occurred for each of the previous three fiscal years:



Source: Prince William County Department of Social Services Annual Report July 1, 2013 – June 30, 2014.

Recurrence of Maltreatment State Goal- no more than 5.4%

Children who had a referral with a founded disposition during the six-month period ending 11/30/14

County	No Recurrence	Recurrence	Total	% of No Recurrence
Prince William	628	1	629	0.20%
Loudoun	657	15	672	2.20%
Fairfax	1083	1	1084	0.01%
Arlington	167	3	170	1.80%
Alexandria	289	3	292	1.00%
State Goal				5.40%

Reoccurring Cases – Prince William County

Key Measures	FY 12	FY 13	FY 14 Adopted	FY 15 Adopted
Decrease in reoccurring cases of child abuse and neglect	1.15%	0.72%	1.10%	1.05%

Source: FY 2015 Social Services Budget Document

Executive Summary - continued

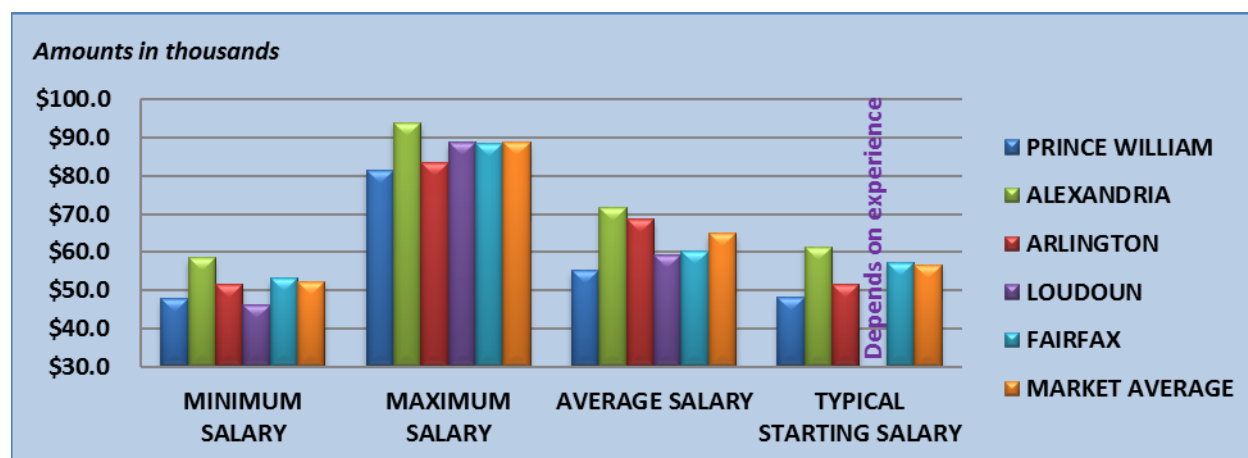
Turnover

Over the last ten years, 66 Family Services Worker II or Social Worker II level employees terminated employment from the Child Protective Services Unit. Of these 66 workers, 44 were employed with the department for less than 2 years, 22 for less than 1 year, and only 9 were terminated due to disciplinary reasons.

Year	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	Avg.
FSW II Turnover	6%	13%	11%	13%	15%	7%	16%	13%	20%	25%	2%	13%
County Wide	14%	10%	9%	8%	8%	8%	7%	8%	10%	11%	TBD	9%

Salary Comparison

Below is a graphical depiction of the salary comparisons for the Family Services Worker II (or comparable) classification amongst the jurisdictions surveyed:



The following section provides a summary of the issues identified during our procedures. We have assigned relative risk factors to each issue identified. A summary of issues identified and their relative risk rating is provided below. This is the evaluation of the severity of the concern and the potential impact on the operations. There are many areas of risk to consider including financial, operational, and/or compliance as well as public perception or 'brand' risk when determining the relative risk rating. Items are rated as High, Moderate, or Low.

- *High Risk Items* are considered to be of immediate concern and could cause significant operational issues if not addressed in a timely manner.
- *Moderate Risk Items* may also cause operational issues and do not require immediate attention, but should be addressed as soon as possible.
- *Low Risk Items* could escalate into operational issues, but can be addressed through the normal course of conducting business.

The details of these issues are included within the Issues Matrix section of this report.

Executive Summary - continued

Issues	Risk Rating
1. Staffing Levels/Length of Vacancies, Employee Training, & Reporting Structure	High
<p style="text-align: center;">Reporting Structure</p>	
<p>Upon review of the Division’s organization structure we noted that the Division Chief has 10 direct reports, 1 Family Services Manager from each team. This structure imposes not only a heavy burden on the Division Chief, but also poses a potential risk for future succession planning. Succession planning is important for knowledge transfer and role transition to ensure the Division is fully prepared for anticipated or unexpected change and allow for minimal disruption of services. The current Division Chief has significant knowledge and oversight responsibility of the various CPS Division programs that make her key to the day-to-day operations. Failure to adequately prepare for turnover at key positions could negatively affect operations.</p>	
<p style="text-align: center;">Staffing Levels / Length of Vacancies</p>	
<p>As of November 2014, there were several vacancies across the various CPS teams (within the scope of our review) including: six vacancies on the investigations teams, one vacancy on the intake team, and one vacancy on the permanency unit. As of January 2015, several of these vacancies were since filled and there is now only one vacancy on the treatment team and one vacancy on the permanency unit. The positions were vacant for periods between 3 and 8 months. As of June 2015, there were three new vacancies across the various CPS teams that were within the scope of our review, specifically occurring on the investigations teams. Additionally, the one vacancy for the permanency unit was still unfilled.</p>	
<p>We noted several instances indicating that low staffing levels may be resulting in noncompliance with State Statute, a delay in disposition of investigations and timeliness of contacts. Examples are detailed in the issue section.</p>	
<p>Additionally, it was brought to our attention that the pay of CPS workers in surrounding districts is higher than that of the County which has contributed to an increase in staff turnover rates.</p>	
<p style="text-align: center;">Employee Training</p>	
<p>We reviewed a sample of 10 CPS employee training files covering the intake, investigations, and ongoing treatment teams and noted several exceptions related to compliance with State Statute for completion of employee training courses.</p>	
<p>Additionally, we noted the Core Competencies evaluation form, State Training Check List Tool, and / or VISTA Training Transcript documents were not maintained in 9 of the 10 employee files. These are valuable tools that are useful in order to track, monitor and ensure that each employee is meeting the State and County training requirements on a timely basis.</p>	

Executive Summary - continued

Issues	Risk Rating
2. Documentation of compliance with State Statute & County Procedures – Family Assessments, Investigation, Referrals, and Ongoing Treatment Cases	Moderate
<p>We tested compliance with State Statute and County procedures for a sample of Family Assessments, Investigations, Screened-out referrals, and Ongoing Treatment Cases and noted multiple exceptions in the below listed areas. We performed a comparison of compliance metrics with other nearby Counties and included our results in the background section of this report.</p> <ul style="list-style-type: none"> • Timely completion and documentation of the SDM Safety Assessment in OASIS • Timely documentation of interviews in OASIS • Meeting of disposition deadlines • Timely mailing of disposition letters to required contacts • Taping of Face to Face interviews • Documentation of notes to evidence attempts to contact collateral for interviews • Accurate completion of information fields in OASIS • Meeting of response priority time frames • Completion of Family Needs Assessment and Safety Plan documents • Timely completion of Service Plan and Risk Re-Assessments (for ongoing treatment cases) • Conducting required monthly frequencies of Face to Face contacts (for ongoing treatment cases) • Second eyes review on screened out referrals • Completion of cases staffing forms • Timely case closure <p>Details of these exceptions are detailed in the issue section below.</p>	
3. Documented Policies and Procedures	Moderate
<p>During our review, we noted that documented policies and procedures governing the County's investigation, family assessment, and ongoing treatment functions were not in alignment with current practices.</p> <p>The Virginia Department of Social Services provides guidance in the form of a State Child and Family Services Manual which references State Statutes. Prince William County's Division of Child Protective Service's internal standards are more stringent than or in addition to the requirements mandated by the state. For example, PWC has implemented tighter deadlines for conducting the first meaningful contact and closure of a case after a disposition has been determined. In addition, there are procedures in place for frequency of documentation of interviews within OASIS, timeliness of disposition letters, and documentation in case files including case disposition staffing forms.</p> <p>Currently, the Division has documented Standard Operating Procedures (SOP) that are available for reference through the County's intranet. These procedures are documented in the form of various word documents, rather than in one all encompassing manual. Additionally, the SOP documents were last updated in 2008 / 2009. Per discussion with management, the Division is in the process of updating and consolidating their policies and procedure manuals to better align with current practices.</p> <p>Centralized, standardized, and documented procedures provide vital information to employees in the event of absence and employee turnover, and assist with succession/back up planning or other occurrences. Proper documentation, approval and communication of up to date policies and procedures are key tools to ensure employees meet management expectations and uphold intended processes. Inconsistent information in underlying documents increases the risk of noncompliance with intended procedures.</p>	

Executive Summary - continued

Issues	Risk Rating
4. Inconsistent Practices and Documentation of Files	Moderate
<p>During our testing and walkthroughs, we noted several practices and documentation of case files that were not consistent across teams as follows:</p> <ul style="list-style-type: none">• Case Staffing forms and Audit Checklist forms were not consistently used across teams.• Employee training files were not consistently documented and monitored by each team manager including use of Core Competencies forms, training transcripts, and state training checklists.• Management practices vary across teams. For example, some teams encourage workers to spend the first hour of each day entering information into OASIS while others allow workers to spend one day per week documenting in OASIS.• The procedures for assignment of cases to workers vary by team.• There is no consistent method documented for workers to follow for scheduling and keeping track of the frequency of contacts (for ongoing cases). <p>Consistency is crucial in order to ensure managers and staff interpret and utilize policies across teams in the same way.</p>	

Background

Background

Overview

The Department of Social Services provides the residents of Prince William County (PWC) with a range of services to include juvenile justice residential and community-based services and homeless programs; and is also responsible for providing citizens with federally mandated programs including Child and Adult Protective Services, SNAP (Food Stamps), Medicaid, and Temporary Assistance to Needy Families (TANF), Employment and Child Care subsidies. The mission of the Department of Social Services is “to enhance the quality of life in Prince William County by affording individuals and families the support, protection and safety necessary to enable them to build self-reliant lives.”

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Previously the department reported to the Board of Social Services who provided administrative oversight and authority. Currently, the department reports to the County Executive. The new Social Services Advisory Board serves as advisors with no administrative authority.

Referrals

When an initial report of child abuse and/or neglect is received by CPS (this is called a ‘Referral’), the Intake team screens the call based on state requirements and county guidelines to determine if further investigation is necessary. This includes entering information into the OASIS system and completing the Structured Decision Making (SDM) Intake Tool within OASIS. The Intake Tool will determine if the report is valid, if it will be screened-in to become an investigation or family assessment, and the appropriate response priority.

Background – continued

The PWC CPS program standards exceed State requirements in several areas in order to address the needs of the community in a more immediate fashion. For example, the County required response timeframes for validated reports are more stringent than those required by the State, as follows:

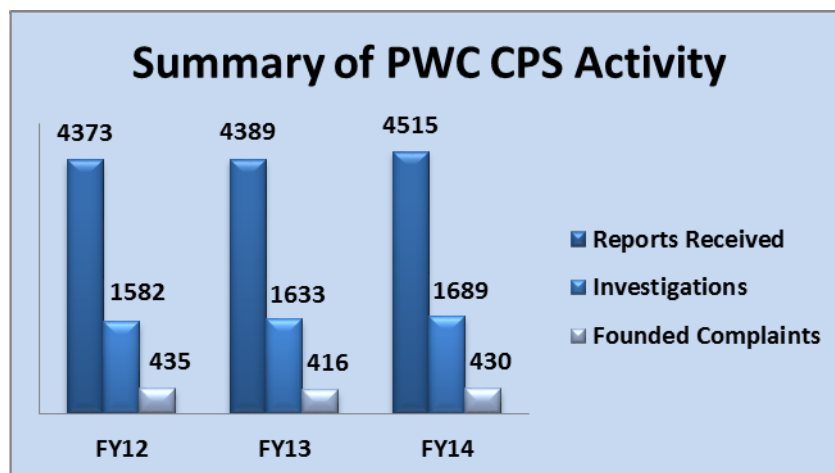
Response Priority	State Requirement	PWC Requirement
R1 – High	24 hours	4 hours
R2 – Moderate	48 hours	24 hours
R3 – Low	5 business days	72 hours

Investigations & Family Assessments

Reports that are determined to be valid are assigned to a CPS investigator who conducts either an investigation or a family assessment. The immediate danger to the child and the severity of the alleged abuse or neglect are considered at intake in determining whether an investigation track or family assessment track is taken. While some of the steps involved in an investigation are very similar or even the same as those in a family assessment, there are varying statutory mandates required in both. An investigation results in a finding of whether or not abuse or neglect has occurred, while a family assessment does not. Valid reports must be investigated within 45 days from the date of the report, with potential for a 15 day extension. In cases where an allegation may involve criminal charges, the investigation can be conducted jointly with law enforcement.

The investigation or family assessment process includes conducting interviews with the child, parent(s)/family, alleged abuser, collateral (i.e. the individual who reported the abuse) and any other necessary contacts, and completion of a safety assessment, safety plan and/or family needs assessment, and risk assessment. The assigned Family Services Worker will document the results of each interview and assessment in OASIS and hold a meeting with their designated Family Services Manager to determine the disposition of the Investigation: Founded or Unfounded, or for Family Assessments, they will determine if further services are needed.

Below is a depiction of the number of reports, investigations, and founded complaints that occurred for each of the previous three fiscal years:

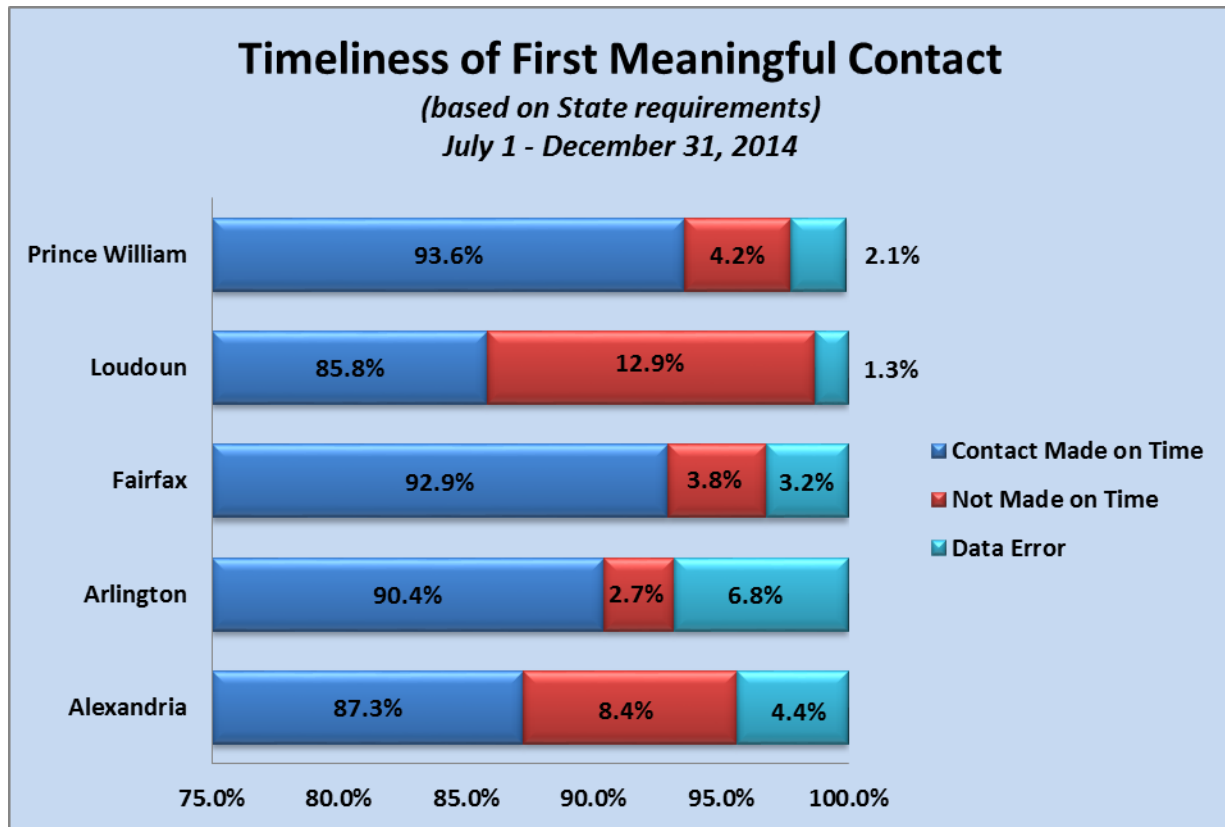


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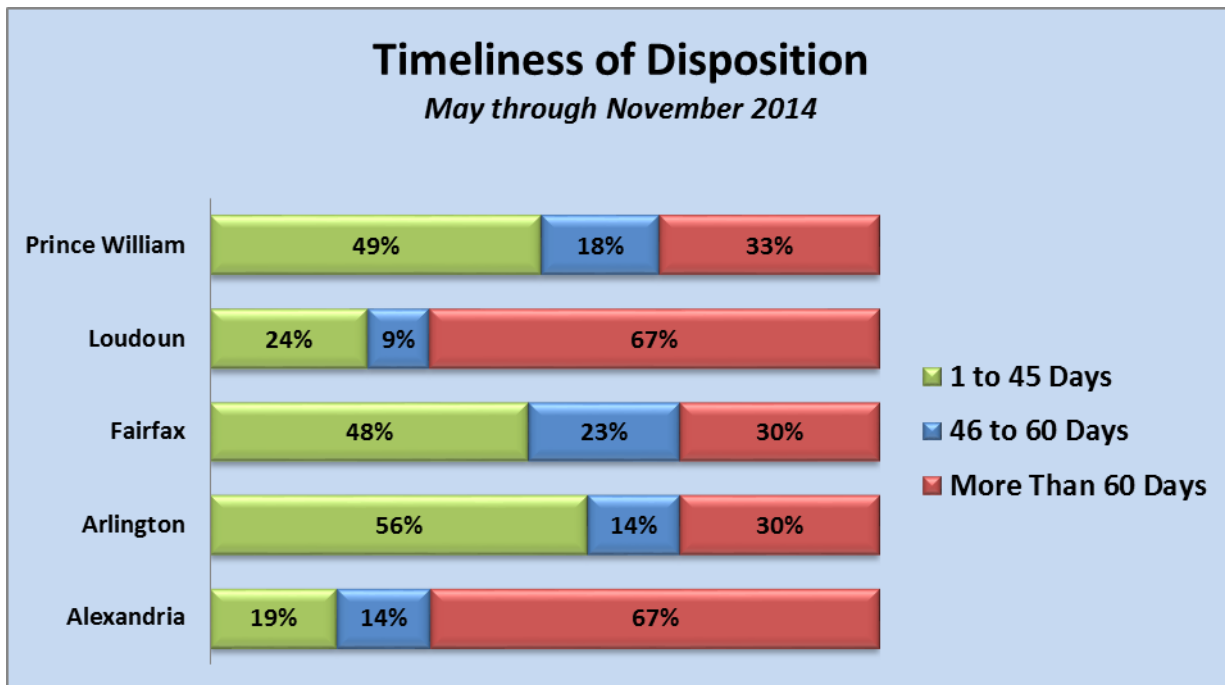
The next page consists of two graphs which illustrate a comparison by county of two crucial, State mandated metrics: First Meaningful Contact and Disposition Decision Timeliness.

Background – continued

Operational and Performance Analysis



Source: Data from SafeMeasure's Timeliness of First Completed Contact reports



Source: Data from SafeMeasure's Time From Referral to Worker Request for Disposition reports

Background – continued

Operational and Performance Analysis

Ongoing Treatment


Investigations and Family Assessments requiring ongoing services from PWC CPS are transferred to the Ongoing Treatment team. A meeting is held to transition the case from the investigation worker to a treatment worker who will then meet with the family, develop an initial service plan, and conduct face to face meetings with the child / family, the frequency of which is dependent upon the risk level of the original investigation.

Recurrence of Maltreatment State Goal- no more than 5.4%

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Key Measures	FY 12	FY 13	FY 14 Adopted	FY 15 Adopted
Decrease in reoccurring cases of child abuse and neglect 	1.15%	0.72%	1.10%	1.05%

Source: FY 2015 Social Services Budget Document

Emergency Duty

CPS investigations team members are required to work the emergency duty shift on a rotational basis (currently two weeks for every 16 week period), with one primary worker, one secondary worker, and one manager assigned each week. The emergency duty hours are Monday through Thursday 5 pm through 8 am and 5 pm Friday through 8 am Monday. The PWC DSS hotline does not accept call during these hours; however, calls received via the State CPS hotline or by the police during emergency duty hours are directed to the scheduled emergency duty worker for intake. Depending on the response priority of the report, the emergency duty worker may need to conduct the initial contact during emergency duty hours, rather than assigning the investigation to a daytime worker.

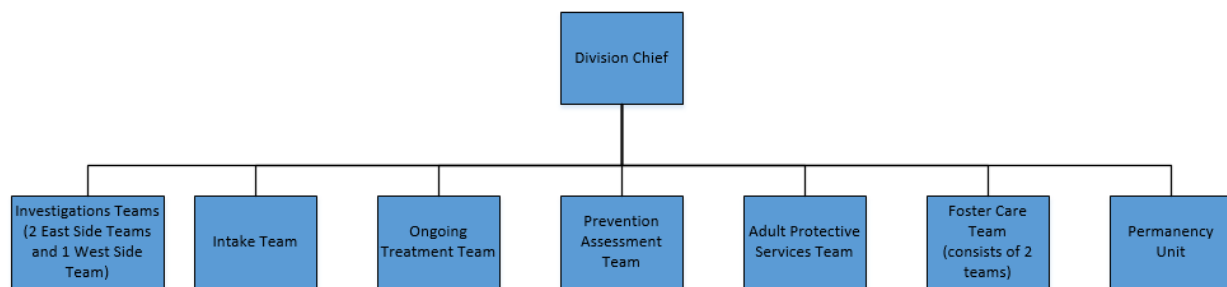
Background – continued

Operational and Performance Analysis

Staffing

The CPS Division is currently composed of 10 teams responsible for the various major CPS processes. Each of the 10 teams, listed below, report directly to the Division Chief of Services.

- Investigations Team (West Side)
- Investigations Team (East Side) – 2 teams
- Intake Team
- Treatment Team
- Permanency Unit
- Foster Care – 2 teams
- Adult Protective Services
- Prevention Assessment



Since PWC covers a large geographic region, the Investigations Teams are split between the West side and East side of the County. There are two teams that work out of the East-side office (Ferlazzo) and one team that works out of the West-side office (Sudley). Each team Manager implements certain practices that work best for their team and working style, which can vary amongst the Division.

At the start of our review, we noted there were several position vacancies due to employee turnover within the Division. As of January 2015, many of these vacancies were filled. As of June 2015, there were three new vacancies across the various CPS teams that were within the scope of our review, specifically occurring on the investigations teams. Additionally, the one vacancy for the permanency unit was still unfilled.

Information Technology Systems

The State of Virginia Department of Social Services mandates that local Social Services divisions utilize the state-wide On-line Automated Services Information System, OASIS. This web-based system provides basic functionality to automate processes and record information for child welfare programs and other social services, particularly for case management including investigations, referrals, and ongoing treatment.

In addition to OASIS, the State provides access to a web-based analytical service called SafeMeasures. SafeMeasures links directly with the existing data stored in OASIS to provide trend, comparative and current performance/outcome metrics. This data can be filtered down to any level within the organization (i.e. teams, individuals etc.) and can be drilled down to the underlying cases and case histories, enabling the local CPS department to effectively identify problem cases or caseloads quickly in order to implement corrective actions to prevent further issues. SafeMeasures analytics also enable local CPS departments to see how they are meeting state standards and monitor case deadlines.

Background – continued

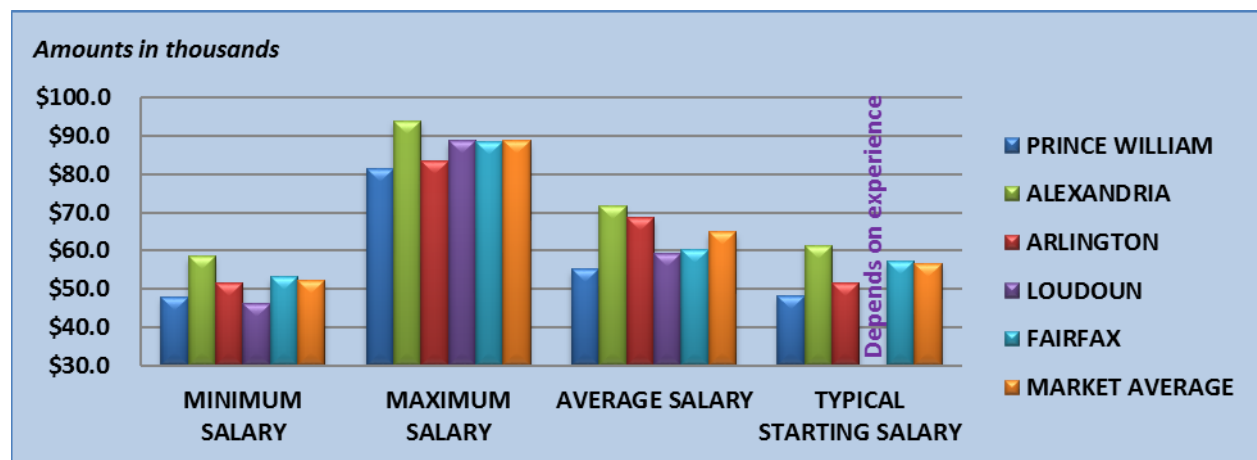
Operational and Performance Analysis

Salary Comparison

Through surveys performed by the County’s Human Resources department of surrounding jurisdictions, it was noted that the midpoint salary average of the County’s Family Services Worker II is 8% below the average market midpoint. The average actual salary of incumbents in similar positions in comparable jurisdictions is 15% higher than for PWC’s FSW-II’s. The survey data was inconclusive in determining the cause of these differences, but possible explanations for the difference may include lower initial starting salaries in PWC and less tenured employees in PWC (as a result of turnover). Generally speaking it appears that the typical starting salary for PWC’s FSW-II’s is lower than that of other jurisdictions for similar positions.

It should be noted that as a result of the County’s Annual Benchmark Survey, this classification is slated for an upgrade from Grade 14 to Grade 15. (FSW-III are also slated for a one grade increase).

Below is a graphical depiction of the salary comparisons for the Family Services Worker II (or comparable) classification amongst the jurisdictions surveyed:



Turnover

Over the last ten years, 66 Family Services Worker II or Social Worker II level employees terminated employment from the Child Protective Services department. Of these 66 workers, 44 were employed with the department for less than 2 years, 22 for less than 1 year, and only 9 were terminated due to disciplinary reasons.

Year	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	Avg.
FSW II Turnover	6%	13%	11%	13%	15%	7%	16%	13%	20%	25%	2%	13%
County Wide	14%	10%	9%	8%	8%	8%	7%	8%	10%	11%	TBD	9%

Objectives and Approach

Objectives and Approach

Objectives

The objectives of this audit were to determine whether the control environment in place within the Social Services' Child and Family Services Division's CPS Units is adequately designed and operating effectively. Our procedures focused on the following key Child Protective Services processes/programs:

- Referrals
- Investigations
- Family Assessments
- Ongoing Treatment services

Approach

Our approach consisted of the following three phases:

Understanding and Documentation of the Process

During this phase we conducted interviews with representatives from the Child Protective Services division to discuss the scope and objectives of the audit work, obtained preliminary data, and established working arrangements. We also obtained copies of financial and operational reports and other documents deemed necessary. We reviewed the applicable State and County policies and procedures as well as Board minutes related to this internal audit.

Detailed Testing

The purpose of this phase was to test compliance and internal controls based on our understanding of the Child Protective Services (CPS) processes listed above. Our fieldwork testing was conducted utilizing sampling and other auditing techniques to meet our audit objectives outlined above. The time period of CPS reports received covered by testing was May 15, 2014 through November 19, 2014. Specific procedures performed included:

- Gathering and evaluating background information on the County's Child Protective Services operations and procedures and any required controls or documentation.
- Testing a sample of 20 Referrals, 25 Investigations (which included 2 Cases referred to Ongoing Treatment), and 20 Family Assessments, to determine if County policies and procedures and State requirements were followed, and appropriate supporting documentation was recorded in OASIS.
- Reviewing training and background checks obtained by employees to assess compliance with applicable State and County requirements.
- Reviewing staffing levels and benchmarking case loads per worker against established models to evaluate adequacy and organization of current staffing.
- Assessing the overall Child Protective Services processes (as listed above) and controls in place to determine adequacy and effectiveness.

Reporting

At the conclusion of this audit, we summarized our findings related to the Child Protective Services division. We reviewed the results of our testing with the Director of Social Services and Child Protective Services Division Chief, as well as the Office of the County Executive. We will report the results to the Audit Committee on May 12, 2015.

Issues Matrix

Rating	Issue																																							
High	<p>1. Staffing Levels/Length of Vacancies, Employee Training, & Reporting Structure</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0; text-align: center;"> <p>Reporting Structure</p> </div> <p>Upon review of the Division’s organization structure we noted that the Division Chief has 10 direct reports, 1 Family Services Manager from each team. This structure imposes not only a heavy burden on the Division Chief, but also poses a potential risk for future succession planning. Succession planning is important for knowledge transfer and role transition to ensure the Division is fully prepared for anticipated or unexpected change and allow for minimal disruption of services. The current Division Chief has significant knowledge and oversight responsibility of the various CPS Division programs that make her key to the day to day operations. Failure to adequately prepare for turnover at key positions could negatively affect operations.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0; text-align: center;"> <p>Staffing Levels / Length of Vacancies</p> </div> <p>As of November 2014, there were several vacancies across the various CPS teams (within the scope of our review) including: six vacancies on the investigations teams, one vacancy on the intake team, and one vacancy on the permanency unit. As of January 2015, several of these vacancies were since filled and there is now only one vacancy on the treatment team and one vacancy on the permanency unit. The positions were vacant for periods between 3 and 8 months. As of June 2015, there were three new vacancies across the various CPS teams that were within the scope of our review, specifically occurring on the investigations teams. Additionally, the one vacancy for the permanency unit was still unfilled.</p> <p>When vacancies remain unfilled for long periods of time, existing workers take on higher case loads and work levels increasing the risk of late case resolution.</p> <p>It was brought to our attention that the pay of CPS workers in surrounding districts is higher than that of the County which has contributed to an increase in staff turnover rates.</p> <p>Per our analysis and review of surrounding counties, as noted in the background section on page 13 the midpoint salary average of the County’s Family Services Worker II classification is 8% below the average market midpoint of the surrounding districts surveyed. It should be noted that as a result of the County’s Annual Benchmark Survey, this classification is slated for an upgrade from Grade 14 to Grade 15. (FSW-III are also slated for a one grade increase).</p> <p>Over the last ten years, 66 Family Services Worker II or Social Worker II level employees terminated employment from the Child Protective Services department. Of these 66 workers, 44 were employed with the department for less than 2 years, 22 for less than 1 year, and only 9 were terminated due to disciplinary reasons. Through inquiry of surrounding counties, turnover within the CPS departments has not been a problem among their Family Service Worker IIs.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Year</th> <th>'05</th> <th>'06</th> <th>'07</th> <th>'08</th> <th>'09</th> <th>'10</th> <th>'11</th> <th>'12</th> <th>'13</th> <th>'14</th> <th>'15</th> <th>Avg.</th> </tr> </thead> <tbody> <tr> <td>FSW II Turnover</td> <td>6%</td> <td>13%</td> <td>11%</td> <td>13%</td> <td>15%</td> <td>7%</td> <td>16%</td> <td>13%</td> <td>20%</td> <td>25%</td> <td>2%</td> <td>13%</td> </tr> <tr> <td>County Wide</td> <td>14%</td> <td>10%</td> <td>9%</td> <td>8%</td> <td>8%</td> <td>8%</td> <td>7%</td> <td>8%</td> <td>10%</td> <td>11%</td> <td>TBD</td> <td>9%</td> </tr> </tbody> </table>	Year	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	Avg.	FSW II Turnover	6%	13%	11%	13%	15%	7%	16%	13%	20%	25%	2%	13%	County Wide	14%	10%	9%	8%	8%	8%	7%	8%	10%	11%	TBD	9%
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High	<p>1. Staffing Levels/Length of Vacancies, Employee Training, & Reporting Structure – continued</p> <p style="text-align: center;">Staffing Levels / Length of Vacancies - continued</p> <p>We noted several instances indicating that low staffing levels may be resulting in noncompliance with State Statute, a delay in disposition of investigations and timeliness of contacts:</p> <ul style="list-style-type: none"> • With the majority of the vacancies filled, during January 2015 FSWII's had an average of 18.1 active investigations/family assessments per worker and Ongoing Treatment Team FSWII's had an average of 11.4 active cases. The Child Welfare League of America recommends workers investigating allegations of abuse and neglect carry at most 12 active cases per month and workers handling in home or out of home ongoing cases carry 12-17 case per month. • In addition to higher than recommended average case loads, we also noted through interviews and discussion that the emergency duty schedule currently in place puts a significant burden on workers to respond to reports during the nights and weekends and also attend to their normal case load during the weekdays. Workers are on shift for one week at a time, and could potentially be out late into the night responding to a case, depending on the response priority of reports received during emergency duty hours, and are still also required to work regular hours during the day, Monday through Friday, in the office. • CPS staff spend a considerable amount of time performing paralegal type tasks such as completing court paperwork, requesting petitions, protective orders, etc. in comparison to that of surrounding counties which can be onerous for staff, especially during an emergency removal situation. The time spent on performing these types of tasks can cut into the time needed to perform regular case work duties. • CPS investigation team staff is also required to fill in for the intake team when one of the regular intake workers is out. This also takes time away from the duties necessary to attend to their regularly scheduled case load. • Lastly, staff is also responsible for handling appeals of cases that have been concluded. It can be a struggle to assign staff to an appeal due to the fact that workers that have previously been involved with the case should not handle the appeal. <p>The population of school aged children has increased by approximately 20% over the last 8 years. Such an increase in the population of local children typically results in an increase in CPS reports received as well.</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th colspan="9" style="background-color: #b8cce4;">Full Time Student Enrollment Count - PWC Public School's website</th> </tr> <tr> <th style="background-color: #b8cce4;">Year</th> <th style="background-color: #b8cce4;">06-07</th> <th style="background-color: #b8cce4;">07-08</th> <th style="background-color: #b8cce4;">08-09</th> <th style="background-color: #b8cce4;">09-10</th> <th style="background-color: #b8cce4;">10-11</th> <th style="background-color: #b8cce4;">11-12</th> <th style="background-color: #b8cce4;">12-13</th> <th style="background-color: #b8cce4;">13-14</th> </tr> </thead> <tbody> <tr> <td style="background-color: #b8cce4;">Count</td> <td>70,948</td> <td>72,989</td> <td>73,918</td> <td>76,862</td> <td>79,363</td> <td>81,937</td> <td>83,865</td> <td>85,452</td> </tr> </tbody> </table> <p style="text-align: center;">Employee Training</p> <p>We reviewed a sample of 10 CPS employee training files covering the intake, investigations, and ongoing treatment teams and noted the following:</p> <ol style="list-style-type: none"> 1. For one employee, course CWS5692: Recognizing and Reporting Child Abuse and Neglect-Mandated Reporter Training was taken 4 weeks after the hire date. Also, for Course CWS1500: Navigating the Child Welfare Automated Information System: OASIS, Modules 3-6 were not completed within 3 weeks of the hire date, as required by State Statute 	Full Time Student Enrollment Count - PWC Public School's website									Year	06-07	07-08	08-09	09-10	10-11	11-12	12-13	13-14	Count	70,948	72,989	73,918	76,862	79,363	81,937	83,865	85,452
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High	1. Staffing Levels/Length of Vacancies, Employee Training, & Reporting Structure – continued
	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px; text-align: center;"> Employee Training - continued </div> <ol style="list-style-type: none"> <li data-bbox="365 384 1446 474">2. For three employees, course CWS1500 Navigating the Child Welfare Automated Information System: OASIS was not completed, or there was no documentation to evidence such. This is a State Statute mandated course. <li data-bbox="365 491 1446 552">3. For two employees, all required CPS courses were not completed within the first 12 months of employment, as mandated under State Statute. <li data-bbox="365 569 1446 716">4. The Core Competencies evaluation form, State Training Check List Tool, and / or VISTA Training Transcript documents were not maintained in 9 of the 10 employee files. These are valuable tools that are useful in order to track, monitor and ensure that each employee is meeting the State and County training requirements on a timely basis. <li data-bbox="365 732 1446 919">5. There was no evidence on file that the Child Assessment Needs Survey (CANS) training was completed for 8 of the 10 employees. The Division Chief stated they will be scheduling a CANS Certification training for all CPS staff after this issue was brought to her attention. CANS training, an internal training under the child services act, is a tool for workers to utilize if a family is in need of services in order to request state funding. <li data-bbox="365 936 1446 1178">6. Concurrent Planning, an internal training that teaches CPS workers how to assist a family in working towards multiple goals at the same time, is conducted internally for workers as part of their new hire training and is evidenced on a sign-in sheet from the new hire training, maintained by team managers. New hire training is held approximately every 6 months. We were unable to review these sign-in sheets; however, we recommend a more formalized method for documenting evidence of completion of the Concurrent Planning training be maintained in each employee's training file. <p data-bbox="365 1194 1446 1255">Additionally, Core Competencies forms, which are used to track employee completion of training and skills, are outdated and need to be updated to reflect current practice.</p>
	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px; text-align: center;"> Recommendation </div> <p data-bbox="365 1320 1446 1625">We recommend Management review and determine the appropriate levels of staffing for the department to minimize risks of the current reporting structure as identified above. Consideration should be given to restructuring current positions to enable the Division to incorporate either a Deputy Chief position or other senior management positions to assist the Division Chief. In addition hiring or utilizing paralegal / appeals officers to assist in performing the numerous legal related tasks could reduce risk and balance work load. Analysis should be performed to determine if it would be ideal for one investigations team worker to have a lighter case load in order to be the designated staff for filling in for the intake team. The reporting structure should be revised to take into consideration risk, succession planning and subject matter expertise.</p> <p data-bbox="365 1642 1446 1761">The Division currently has a work group in place to evaluate and determine the best option for staffing the emergency duty hours and creating a new reporting structure. This group should continue to strive towards a solution that works best for all workers. Consideration may be given to having a designated emergency duty team.</p>

Rating	Issue
High	1. Staffing Levels/Length of Vacancies, Employee Training, & Reporting Structure – continued
	<p data-bbox="711 310 1084 342" style="text-align: center;">Recommendation - continued</p> <p data-bbox="363 359 1443 541">Based on the higher pay rates in surrounding districts which has led to an increased turnover rate for the County, we recommend the current pay rates be reviewed and adjusted for market impact accordingly during the next budget cycle. It has been represented to us by Human Resources that this is in consideration for fiscal 2016. This should have an impact on turnover and thus increase quality of documentation – see Issue #2.</p> <p data-bbox="363 558 1443 863">In conjunction with Issue #2, the Core Competencies forms should be updated to reflect current practices and should be incorporated in the SOP manual for ease of reference. The Chief of Services for the Division has given team managers a deadline for completing and ensuring all Core Competency forms and training transcripts are in their assigned team member files. We recommend a review of files with team managers be performed after this has been completed. Additionally, all State and County mandated trainings should be completed, and any new employees should obtain all required trainings within required timelines. This should be reflected in each employee’s individual training file for reference. Additionally, creation and documentation of a Division succession plan should be considered.</p> <p data-bbox="363 879 1443 999">Lastly, as mentioned in our recommendation in Issue #2, the Division should consider implementation of a routine (quarterly) quality assurance monitoring function, to assist with monitoring employee training compliance and documentation of compliance with State and County procedures.</p> <p data-bbox="737 1016 1058 1047" style="text-align: center;">Management’s Response</p> <p data-bbox="363 1064 570 1096">Planned Action:</p> <ul style="list-style-type: none"> <li data-bbox="393 1100 1443 1339">(A) The Emergency Duty workgroup submitted their proposal regarding the recommended changes to the Emergency Duty program in January 2015. On January 9, 2015, the proposed changes went into effect for a three-month trial period. The Division Chief and Emergency Duty workgroup were scheduled to meet on April 16, 2015 to review the data and the feedback from CPS staff regarding the proposed changes. On April 16th, 2015, the Emergency Duty workgroup requested that the trial period be extended to July 1 to allow each worker to have completed an Emergency Rotation twice. This request was approved by the Division Chief. <li data-bbox="393 1344 1443 1402">(B) At the time of the Audit, the CPS Division had several vacancies. Currently the CPS Division has three vacancies and the vacancies have been advertised. <li data-bbox="393 1407 1443 1587">(C) The Division Chief and Director are working with the County’s Human Resources (HR) Department to explore the available options to restructure the Services Division to meet the above recommendations. We hope to have restructure recommendations and CPS salary analysis report presented to the County Executive (CXO) in July 2015 and will seek BOCS approval where needed, as some state resources may be available to address the staffing concerns. <li data-bbox="393 1591 1443 1680">(D) The Division Chief and Services Management Team will develop a process for employee training files to ensure compliance to the State and Local training requirements. <p data-bbox="363 1707 777 1738">Responsible Party: Division Chief</p> <p data-bbox="363 1766 924 1797">Estimated Completion Date: December 2015</p>

Rating	Issue
Moderate	2. Documentation of Compliance with State Statute & County Procedures
	<div data-bbox="365 310 1442 342" style="border: 1px solid black; text-align: center; background-color: #e0e0e0;"> <p>Non-Compliance with State Statute</p> </div> <p data-bbox="365 363 1445 451">During our testing of Family Assessments, Investigations and Ongoing Treatment Cases, we noted instances where documentation in hard copy case files and the state CPS system, OASIS, did not support compliance with State Statute as follows:</p> <p data-bbox="365 468 812 499"><u>Family Assessments & Investigations:</u></p> <ol data-bbox="373 499 1453 1717" style="list-style-type: none"> 1. For 1 Investigation, the Response Priority time-frame based upon State Statute was not met. <ol style="list-style-type: none"> a. <i>Note: The First meaningful contact was not able to be made on this referral per the notes documented in OASIS. This referral was originally assigned to a Family Services Worker who went out on extended emergency medical leave and was later terminated due to performance issues. When this investigation was reassigned, the new worker had difficulty locating the original worker's case notes/records as they were not yet documented in OASIS. The new worker attempted to contact the family at this later date, but was unable to get in touch and after several attempts this investigation was determined to be "Unable to Complete".</i> 2. For 9 Investigations and 5 Family Assessments, the disposition deadline (45 days or extended 60 days) was not met and an explanation to support exceeding the deadline was not documented in OASIS. <i>Note: For 2 of the 9 Investigations, the case was originally assigned to a Family Services Worker that terminated in the middle of the case. This worker was on a performance improvement plan due to issues with work performance including time management, disorganization and frequency of absences.</i> 3. For 10 Investigations and 6 Family Assessments tested, the SDM Safety Assessment was not completed within 24 hours of the first meaningful contact, according to the assessment date documented in OASIS. 4. For 3 Investigations and 2 Family Assessments, there were no notes documented in the OASIS I&I (interviews and investigations) screen to evidence if any attempts were made to contact the collateral. In 3 instances the collateral was a police officer and in 1 instance, a school staff member. 5. For 5 Investigations, at least one of the face to face interviews noted in the OASIS I&I screen was not taped with no reason or no acceptable reason per State Statute documented. 6. For 1 Family Assessment, a Family Needs Assessment form was not completed. 7. For 4 Family Assessments, a Safety Plan was not created even though the Risk Level for the case was Unsafe or Conditionally Safe per the Risk Assessment. 8. For 2 Investigations and 1 Family Assessment, information fields in OASIS were not completed accurately as follows: <ul style="list-style-type: none"> • The box indicating substance abuse in the Referral Acceptance screen was not checked off in the OASIS Allegations screen for 2 Investigations; however, the Referral Narrative alleged of substance abuse. • The notes in the interview description box in OASIS for 1 Family Assessment stated that an interview occurred at the school; however, in the I&I screen, the box for location was selected as Home. 9. For 4 Investigations and 12 Family Assessments, the SDM Safety Assessment was not entered / created in OASIS within 3 days of the date the Safety Assessment was performed.

Rating	Issue
Moderate	2. Documentation of Compliance with State Statute & County Procedures - continued
	<div style="border: 1px solid black; text-align: center; background-color: #d9e1f2; padding: 2px;">Non-Compliance with State Statute - continued</div> <p>Ongoing Treatment Cases:</p> <ol style="list-style-type: none"> 1. For 2 Cases, the Frequency of Services was not specified in the Services Plan. 2. For 1 Case, the Service Plan was not created within 30 days of opening the case. 3. For 1 Case, the Service Plan and the Risk Assessment were not re-assessed within 90 days of the case opening. 4. For 2 Cases, the frequency of required face to face contacts was not met during the ongoing case as follows: <ul style="list-style-type: none"> • For 1 Case, only 1 visit/attempted face to face visit was made during the month of November 2014. Since the Risk Level for this Case was Moderate, there should have been 2 Face to Face visits conducted. • For 1 Case, 3 face to face visits were not conducted with the Family/Children for one month during which the case was open, as required for High Risk Level cases with children placed outside of the home. <div style="border: 1px solid black; text-align: center; background-color: #d9e1f2; padding: 2px;">Non-Compliance with Department Documented Procedures</div> <p>During our testing of Family Assessments, Investigations, and Screened-out Referrals we noted instances where documentation in hard copy files and the State CPS system, OASIS, did not support compliance with documented department procedures as follows:</p> <p><u>Family Assessments & Investigations:</u></p> <ol style="list-style-type: none"> 1. For 19 Investigations and 19 Family Assessments, at least one of the interview/interactions occurring during the case was not documented in the OASIS I&I screen within 24 hours of the interview/interaction occurrence. 2. For 8 Investigations and 5 Family Assessments, the disposition letter was not sent to required contacts within 2 days of the date a disposition was made. 3. For 4 Investigations and 1 Family Assessment, the Response Priority time-frame based upon PWC Guidelines was not met. The State's required response time-frame was met for 3 of the 4 investigations and the 1 family assessment. <ul style="list-style-type: none"> • <i>Note: The response time was not met for the 1 Family Assessment because the case was reassigned in the middle of the case to another worker because the original worker was called to address a CPS emergency. This was documented in the notes in OASIS.</i> • <i>Note: For 1 of the Investigations, the case was originally assigned to a Family Services Worker that terminated during the investigation. This worker was on a performance improvement plan due to issues with work performance including time management, disorganization and frequency of absences, which is why the response time was not met.</i> 4. For 9 Investigations and 8 Family Assessments, the In Home Investigation Narrative was not signed by the Manager, FSW Worker, or both to evidence review and closure of the case.

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Moderate	2. Documentation of Compliance with State Statute & County Procedures - continued
	<div style="border: 1px solid black; background-color: #e6f2ff; padding: 5px; text-align: center; margin-bottom: 10px;"> Non-Compliance with Department Documented Procedures - continued </div> <p><u>Screened-out Referrals:</u></p> <ol style="list-style-type: none"> 1. For 4 Screened-out Referrals tested, a 'second eyes' check was not performed, as evidenced in OASIS. All calls received by the PWC CPS hotline that are "screened-out" are to be reviewed by a Social Work Manager (i.e. second eyes check) prior to being approved in OASIS. 2. For 1 Screened-out Referral, the Referral should have been screened in. This Referral did not have a 'second eyes' check performed but if there had been one, it would have been screened in due to meeting the four criteria and OASIS history of cases. The foster care team was already providing foster care services for the children/family that this referral related to. As such, a notification would have been automatically sent to the Manager assigned to this child/family regarding this report in OASIS. <div style="border: 1px solid black; background-color: #e6f2ff; padding: 5px; text-align: center; margin-bottom: 10px;"> Non-Compliance with Department Procedures (Undocumented) </div> <p>During our testing of both Family Assessments and Investigations, we noted instances where documentation in hard copy files and the State CPS system, OASIS, did not support compliance with informal, undocumented department procedures as follows:</p> <ol style="list-style-type: none"> 1. For 12 Investigations and 13 Family Assessments, the Investigative Case Staffing form was not completed. 2. For 11 Investigations and 9 Family Assessments, the case was not closed within 10 business days / 14 calendar days of the disposition approval date, as noted in OASIS. <i>Note: This was calculated from the date the disposition was requested for approval in OASIS through the date the file closure was approved in OASIS.</i> 3. For 1 Investigation, while the response time was met, we noted there was a long gap of 12 days between the first attempted contact and the second attempted contact. <p><i>It is to be noted that the Division conducted their own internal review of the CPS teams in October 2013 and noted some of the same exceptions as documented in this issue.</i></p>

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Staff should ensure <u>all</u> interactions and contacts are documented in OASIS. This includes any attempted meetings, especially to document when the response time for first meaningful contact is met. • Meeting the disposition deadline is vital however, for instances where extenuating circumstances exist and the disposition deadline is not met, the reasoning for not meeting the deadline should be formally documented in a separate narrative within OASIS on or before the disposition deadline date. • Ensuring all documents such as the Safety Plan, Family Needs Assessment and Risk Assessment are completed and documented in OASIS timely. • For ongoing treatment cases, it is crucial that frequency of face to face meetings are maintained based on risk level, and documented in OASIS. • Disposition letters are to be sent out timely, after the disposition has been determined. • Review of referrals via the 'Second Eyes' check needs to be performed and documented in OASIS. • Completion of the case staffing forms to document when the disposition meeting occurred is mandatory. • Managers should ensure cases are closed timely and all documentation is reviewed. This should be documented on the hard copy file and in OASIS. • Workers should make sure all face to face investigation meetings are taped, unless an allowable reason for not recording the meeting is documented in OASIS. <i>Note: The Division is in the process of ordering additional tape recorders to ensure employees each have access to functioning tape recorders at all times.</i> <p>Additionally, we recommend Management continue to document instances of noncompliance with procedures in employee personnel files and follow the County's disciplinary procedures including verbal warning, written corrective action plans, etc.</p> <p>It is crucial that documentation of work performed and justification for noncompliance be maintained in OASIS for each case to serve as support and evidence in any potential audits, law suits inquiries from the public or the like that may come up considering the nature of the work handled by the CPS division.</p> <p>The Division may consider implementation of a routine quality assurance monitoring function on a quarterly basis, to assist with monitoring case compliance.</p> </td> </tr> </tbody> </table>	Recommendation	<p>We recommend the Division continue to conduct monitoring procedures including the Family Services Workers Team Manager's and the Division Chief's review of case timeliness, meeting frequency, completion of applicable assessments and documentation within SafeMeasures / OASIS and performance of status meetings with FSW staff regularly.</p> <p>In conjunction with updating the Standard Operating Procedures, as recommended in Issue #3, Management should hold a meeting with staff to re-emphasize the importance of State and County requirements including the following:</p> <ul style="list-style-type: none"> • Documentation of meetings and assessments on a timely basis in OASIS is critical. 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<p>We recommend the Division continue to conduct monitoring procedures including the Family Services Workers Team Manager's and the Division Chief's review of case timeliness, meeting frequency, completion of applicable assessments and documentation within SafeMeasures / OASIS and performance of status meetings with FSW staff regularly.</p> <p>In conjunction with updating the Standard Operating Procedures, as recommended in Issue #3, Management should hold a meeting with staff to re-emphasize the importance of State and County requirements including the following:</p> <ul style="list-style-type: none"> • Documentation of meetings and assessments on a timely basis in OASIS is critical. Staff should ensure <u>all</u> interactions and contacts are documented in OASIS. This includes any attempted meetings, especially to document when the response time for first meaningful contact is met. • Meeting the disposition deadline is vital however, for instances where extenuating circumstances exist and the disposition deadline is not met, the reasoning for not meeting the deadline should be formally documented in a separate narrative within OASIS on or before the disposition deadline date. • Ensuring all documents such as the Safety Plan, Family Needs Assessment and Risk Assessment are completed and documented in OASIS timely. • For ongoing treatment cases, it is crucial that frequency of face to face meetings are maintained based on risk level, and documented in OASIS. • Disposition letters are to be sent out timely, after the disposition has been determined. • Review of referrals via the 'Second Eyes' check needs to be performed and documented in OASIS. • Completion of the case staffing forms to document when the disposition meeting occurred is mandatory. • Managers should ensure cases are closed timely and all documentation is reviewed. This should be documented on the hard copy file and in OASIS. • Workers should make sure all face to face investigation meetings are taped, unless an allowable reason for not recording the meeting is documented in OASIS. <i>Note: The Division is in the process of ordering additional tape recorders to ensure employees each have access to functioning tape recorders at all times.</i> <p>Additionally, we recommend Management continue to document instances of noncompliance with procedures in employee personnel files and follow the County's disciplinary procedures including verbal warning, written corrective action plans, etc.</p> <p>It is crucial that documentation of work performed and justification for noncompliance be maintained in OASIS for each case to serve as support and evidence in any potential audits, law suits inquiries from the public or the like that may come up considering the nature of the work handled by the CPS division.</p> <p>The Division may consider implementation of a routine quality assurance monitoring function on a quarterly basis, to assist with monitoring case compliance.</p>			

Rating	Issue
Moderate	2. Documentation of Compliance with State Statute & County Procedures - continued
	<p style="text-align: center;">Management's Response</p> <p>Planned Action: Child and Family Services Division (Services) Management has brought together staff to contribute to the procedures on implementing the recommendations. Decisions were collaborative among the Division Chief, Managers and front-line staff.</p> <p>(A) The Services Division's Standard Operation Procedures (SOP) for CPS will be reviewed and updated. Any documents that are outdated and obsolete will be reviewed and removed from the SOP. CPS Managers and staff have been tasked to review the documents and make necessary changes to these documents. A Contractor has been hired to upload the revised documents on the SOP in a manual format. A Manager will be assigned the task to ensure the SOP is reviewed on a yearly basis for changes/revision. Manager/ Family Service Worker III will be assigned to have IT (Information Technology) privileges to upload new documents on the SOP throughout the year. As of June 9, 2015, the documents for the SOP have been updated and outdated forms have been removed. The contractor has worked with the Department's IT staff to have the current documents uploaded on the SOP website. The Contractor and Department IT staff is working with the County IT is regards to the formatting and desired structure of the SOP.</p> <p>(B) Disposition letters will be sent out within 5 business days instead of the previous noted 2 business days due to the increase of workload over the previous years. Administrative Staff from the Directors office has been assigned to complete the Disposition letters for staff. This process was implemented on 3/30/2015 and the CPS Managers, Administrative Staff and Division Chief have met to create the workflow and the workflow process which will be reviewed by May 1. The new process has been communicated to CPS staff through email and team meetings and will be added to the Services SOP. May 1, 2015, the new process has been implemented and the Administrative staff in the Directors office is preparing the disposition letters for the three CPS teams. In addition, the Administrative staff is exploring how to utilization automation to streamline the process.</p> <p>(C) To ensure that workers are taping interviews per CPS policy, extra tape recorders have been ordered to prevent equipment malfunction as a reason for not taping the investigation process. In addition, the Division Chief is working with the Department's IT personnel and the Director to purchase upgraded technology i.e. Tablets which would allow the worker to input documentation, take pictures and record interviews while in the field conducting investigations. As June 9, 2015, the Departments IT team is the process of purchasing workbooks that include, video, cameras and audio for staff.</p> <p>(D) Case staffing forms will no longer be utilized to document dispositions as it is duplicate work. Staffings and dispositions will be documented in Oasis, under the case contact screen and notated "as a case staffing/disposition". The Case staffing form is not required by the State but is a tool developed by the Department.</p> <p>(E) The second eyes review process has been carefully examined. How to document the "second eyes" review has been discussed with staff and will be documented in the Services SOP.</p>

Rating	Issue
Moderate	2. Documentation of Compliance with State Statute & County Procedures - continued
	<p data-bbox="743 308 1062 340" style="text-align: center;">Management's Response</p> <p data-bbox="391 348 1446 590">(F) Both Ongoing Treatment teams have discussed the findings regarding the face-to-face contacts. The Managers are reviewing the Structured Decision Making (SDM) contact standards with staff and will continue to monitor compliance through case staffings and review of Safe Measures. Staff will be trained on how to effectively utilize Safe Measures at the next Services Division meeting on April 27, 2015. SDM Case contact standards will be uploaded on the Services SOP. In addition, Safe Measures will continue to be a Standing Agenda item on the agendas for the Services Management group.</p> <p data-bbox="391 594 1446 743">(G) CPS Managers will conduct a training for all CPS staff to review CPS Policy, required mandated contacts, documentation guidelines and requirements. The Division Chief will continue to meet with the CPS Managers on a monthly basis to discuss worker caseloads, development of corrective action plans and/or next steps and the overall functioning of the CPS units.</p> <p data-bbox="370 774 1224 806">Responsible Party: Division Chief and the Services Management Team</p> <p data-bbox="370 835 922 867">Estimated Completion Date: December 2015</p>

Rating	Issue
Moderate	3. Documented Policies and Procedures
	<p>During our review, we noted that documented policies and procedures governing the Department's investigation, family assessment, and ongoing treatment functions were not in alignment with current practices.</p> <p>The Virginia Department of Social Services provides guidance in the form of a State Child and Family Services Manual which references State Statutes. Prince William County's Division of Child Protective Service's internal standards are more stringent than or in addition to the requirements mandated by the State. For example, PWC has implemented tighter deadlines for conducting the first meaningful contact and closure of a case after a disposition has been determined. In addition, there are procedures in place for frequency of documentation of interviews within OASIS, timeliness of disposition letters, and documentation in case files including case disposition staffing forms.</p> <p>Currently, the Division has documented Standard Operating Procedures (SOP) that are available for reference by staff via the County's intranet. These procedures are documented in the form of various word documents, rather than in one all encompassing manual. Additionally, the SOP documents were last updated in 2008 / 2009. Per discussion with management, the Division is in the process of updating and consolidating their policies and procedures manuals to better align with current practices.</p> <p>Centralized, standardized, and documented procedures provide vital information to employees in the event of absence and employee turnover, and assist with succession/back up planning or other occurrences. Proper documentation, approval and communication of up to date policies and procedures are key tools to ensure employees meet management expectations and uphold intended processes. Inconsistent information in underlying documents increases the risk of noncompliance with intended procedures.</p>
	Recommendation
	<p>We recommend the Department complete the revision and update of their Standard Operating Procedures to match current practices and required procedures so that it serves as a complete reference guide for CPS employees. Updates or enhancements to currently documented procedures should include:</p> <ul style="list-style-type: none"> • Document the length of time employees have to 'close' a case out in OASIS and the hard copy file and the procedures required to do so (i.e. 14 business days / 10 calendar days) • Clarify that all contacts and interviews are to be entered in OASIS within 24 hours • Clarify that dispositions will be entered into OASIS during the case staffing meeting and approved by the Manager during this meeting as well • Clarify that both FSW and Manager are to sign off on the printed Investigation Assessment Narrative form to evidence case closure • Include the requirement of a Case Staffing form and Audit Checklist form for all investigations and family assessments be completed and maintained in the file • Incorporate guidelines for how frequently and the number of times a FSW should attempt to contact mandated contacts (collateral, alleged abuser, family members, etc) before a case can be closed, when contact is unable to be made. As this can vary based on the case circumstances, we recommend general guidelines are documented with a disclaimer that the FSW Manager should be referred to for further guidance on a case by case basis

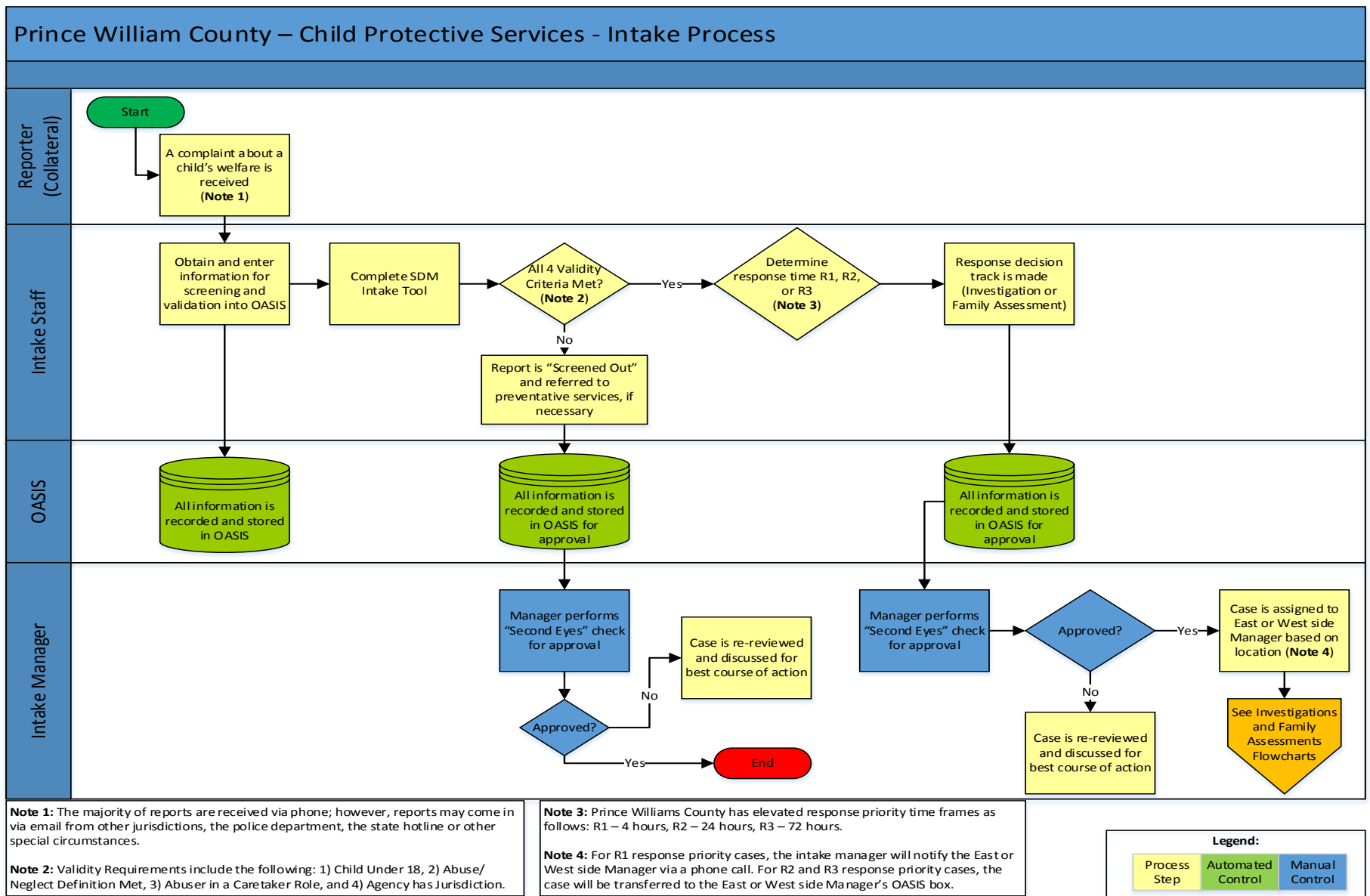
Rating	Issue		
Moderate	3. Documented Policies and Procedures - continued		
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Rating	Issue
Moderate	3. Documented Policies and Procedures - continued
	Management's Response
	<p>Planned Action: Child and Family Services Division (Services) Management has brought together staff to contribute to the procedures on implementing the recommendations. Decisions were collaborative among the Division Chief, Managers and front-line staff.</p> <ul style="list-style-type: none"> (A) Division Chief and Services Management Team will be reviewing the Employee Core Competency Form in April 2015 to remove requirements on the form that are no longer appropriate and incorporate Core Competencies developed by the State and PWCDSS training requirements. (B) May 1, 2015, Phase II will be implemented to address the issue of backlog of case closures. Effective September 1, 2015, the expectation of cases to be closed in 20 business days will be in effect. Due to the increase in workloads, it appears that case closures in 10 business days is unrealistic. May 1, 2015, Phase II was implemented and CPS staff is currently working on case closures. (C) The Services SOP CPS documents will be reviewed and updated. Any documents that are outdated and obsolete will be reviewed and removed from the SOP. CPS Managers and staff have been tasked to review the documents and make necessary changes to these documents. A Contractor has been hired to upload the revised documents on the SOP in a manual format. A Manager will be assigned the task to ensure the SOP is reviewed on a yearly basis for changes/revision. Manager/ FSW III will be assigned to have IT privileges to upload new documents on the SOP throughout the year. As of June 9, 2015, the documents for the SOP have been updated and outdated forms have been removed. The contractor has worked with the Department's IT staff to have the current documents uploaded on the SOP website. The Contractor and Department IT staff is working with the County IT in regards to the formatting and desired structure of the SOP. (D) Effective March 2015, CPS Staff have been informed through email, team meetings and the joint CPS team meeting that the Manager and the worker are required to sign Investigative and Family Assessment Narratives. (E) Case staffing forms will no longer be utilized to document dispositions as it is duplicate work. Staffings and dispositions will be documented in Oasis, case contact screen "as a case staffing/disposition". The Case staffing form is not required by the State but is a tool developed by the Department. CPS Managers will be required to utilize a form developed by themselves and approved by the Chief to ensure that all mandated contacts have been completed prior to staffing for disposition. (F) A new process has been developed regarding interviewing the collateral. Workers will make three attempts to interview the collateral. These attempts will include two telephone attempts and the last attempted contact will be through a letter. The letter will be sent to the collateral requesting contact with a final date to contact the worker. This letter has been developed, shared with the staff and uploaded on the Services SOP (G) Procedural guidelines regarding documentation, case staffings, review of case files will be incorporated in the updates Services SOP. <p>Responsible Party: Division Chief and Services Management Team</p> <p>Estimated Completion Date: December 2015</p>

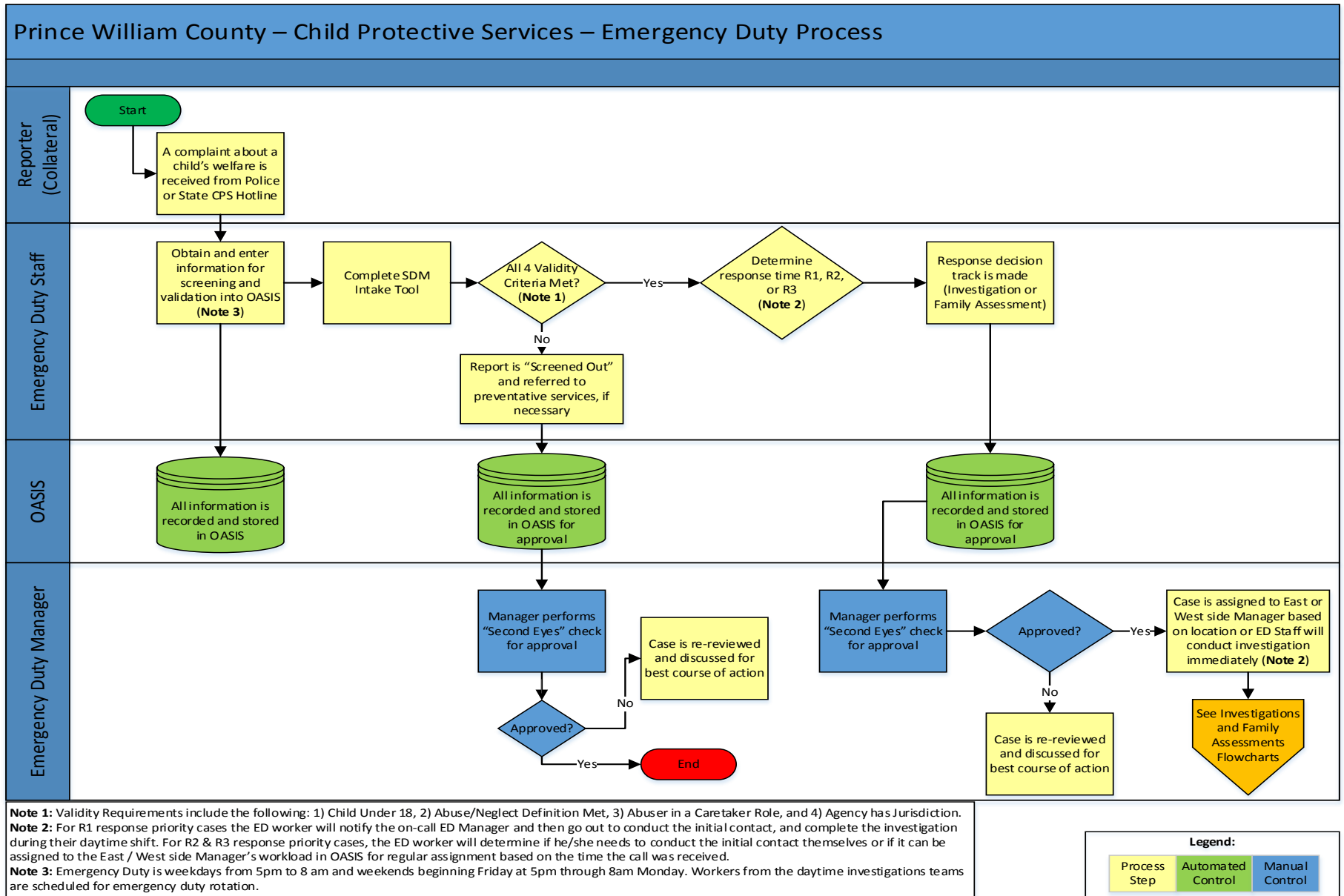
Rating	Issue
Moderate	4. Inconsistent Practices and Documentation of Files
	<p>During our testing and walkthroughs, we noted several practices and documentation of case files that were not consistent across teams as follows:</p> <ul style="list-style-type: none"> • Case Staffing forms and Audit Checklist forms were not consistently used across teams. • Employee training files were not consistently documented and monitored by each team manager including use of Core Competencies forms, training transcripts, and state training checklists. • Management practices vary across teams. For example, some teams encourage workers to spend the first hour of each day entering information into OASIS while others allow workers to spend one day per week documenting in OASIS. • The procedures for assignment of cases to workers vary by team. • There is no consistent method documented for workers to follow for scheduling and keeping track of the frequency of contacts (for ongoing cases). <p>Consistency is crucial in order to ensure managers and staff interpret and utilize policies across teams in the same way.</p>
	Recommendation
	<p>Enabling managers to implement work practices that best fit their team's work style is important in order to encourage and support productivity and efficiencies; however, we recommend the Chief of Services evaluate which procedures should be left up to each team Manager and which should be consistent across all teams. All practices, required forms and recommended procedures should be documented as part of the SOP (as recommended in Issues #3 above).</p>
	Management's Response
	<p>Planned Action: Division Chief is currently in the process of reviewing practices and processes to promote consistency across teams and compliance with CPS policy. The Services Division's Standard Operation Procedures (SOP) for CPS will be reviewed and updated. Any documents that are outdated and obsolete will be reviewed and removed from the SOP. CPS Managers and staff have been tasked to review the documents and make necessary changes to these documents. A Contractor has been hired to upload the revised documents on the SOP in a manual format. As of June 9, 2015, the documents for the SOP have been updated and outdated forms have been removed. The contractor has worked with the Department's IT staff to have the current documents uploaded on the SOP website. The Contractor and Department IT staff is working with the County IT in regards to the formatting and desired structure of the SOP.</p> <p>Responsible Party: Division Chief and Services Management Team</p> <p>Estimated Completion Date: December 2015</p>

Process Maps

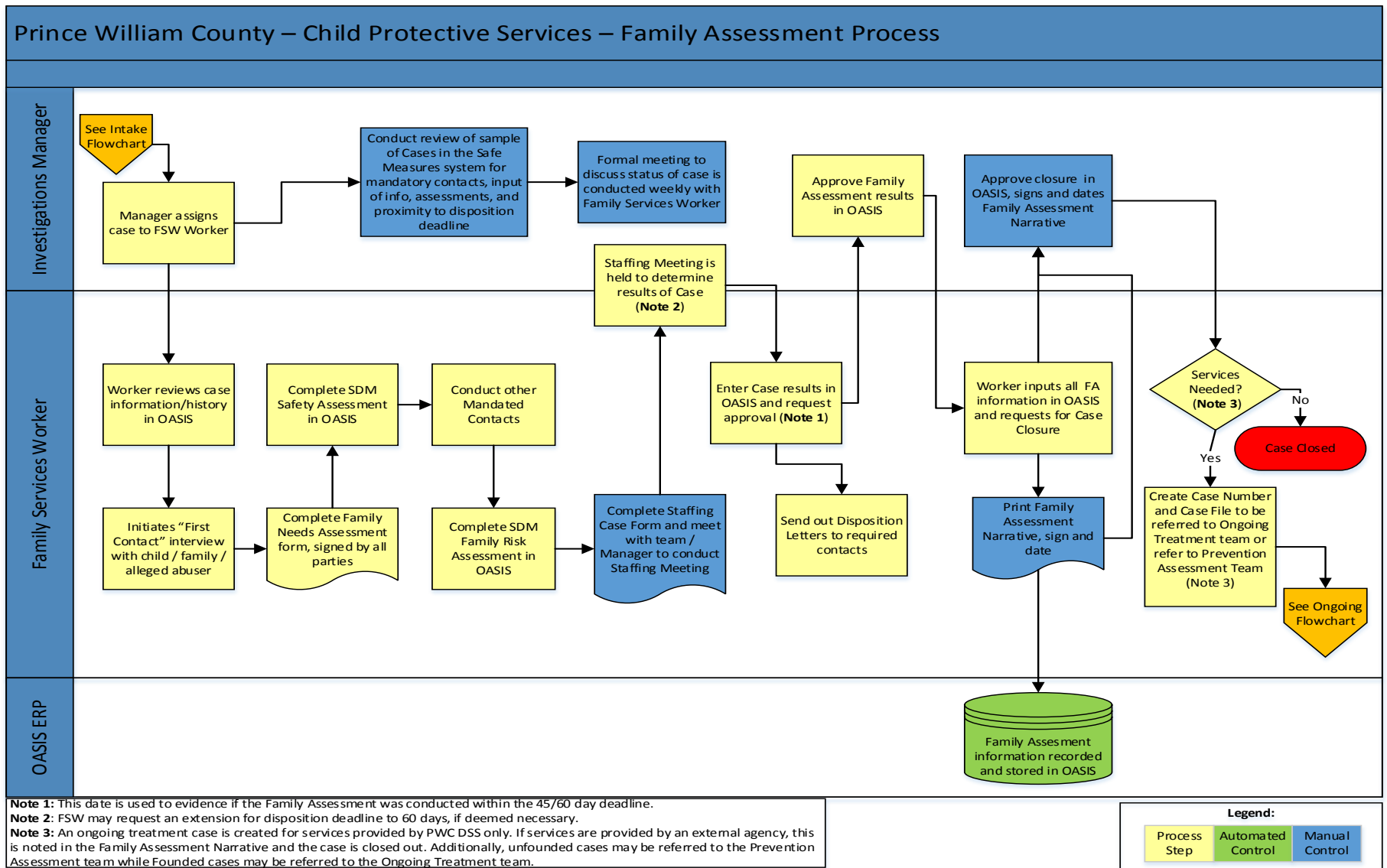
Process Maps



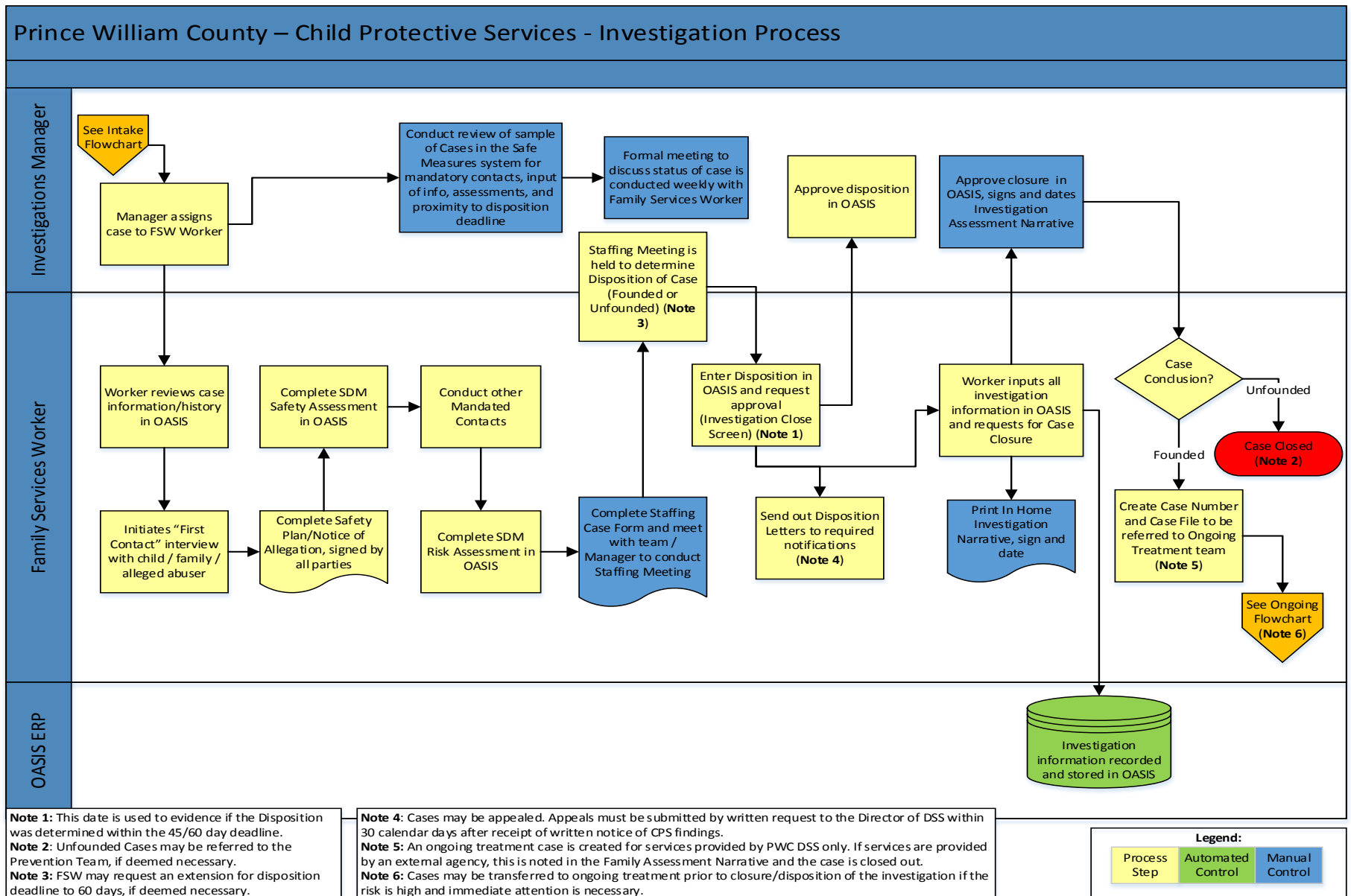
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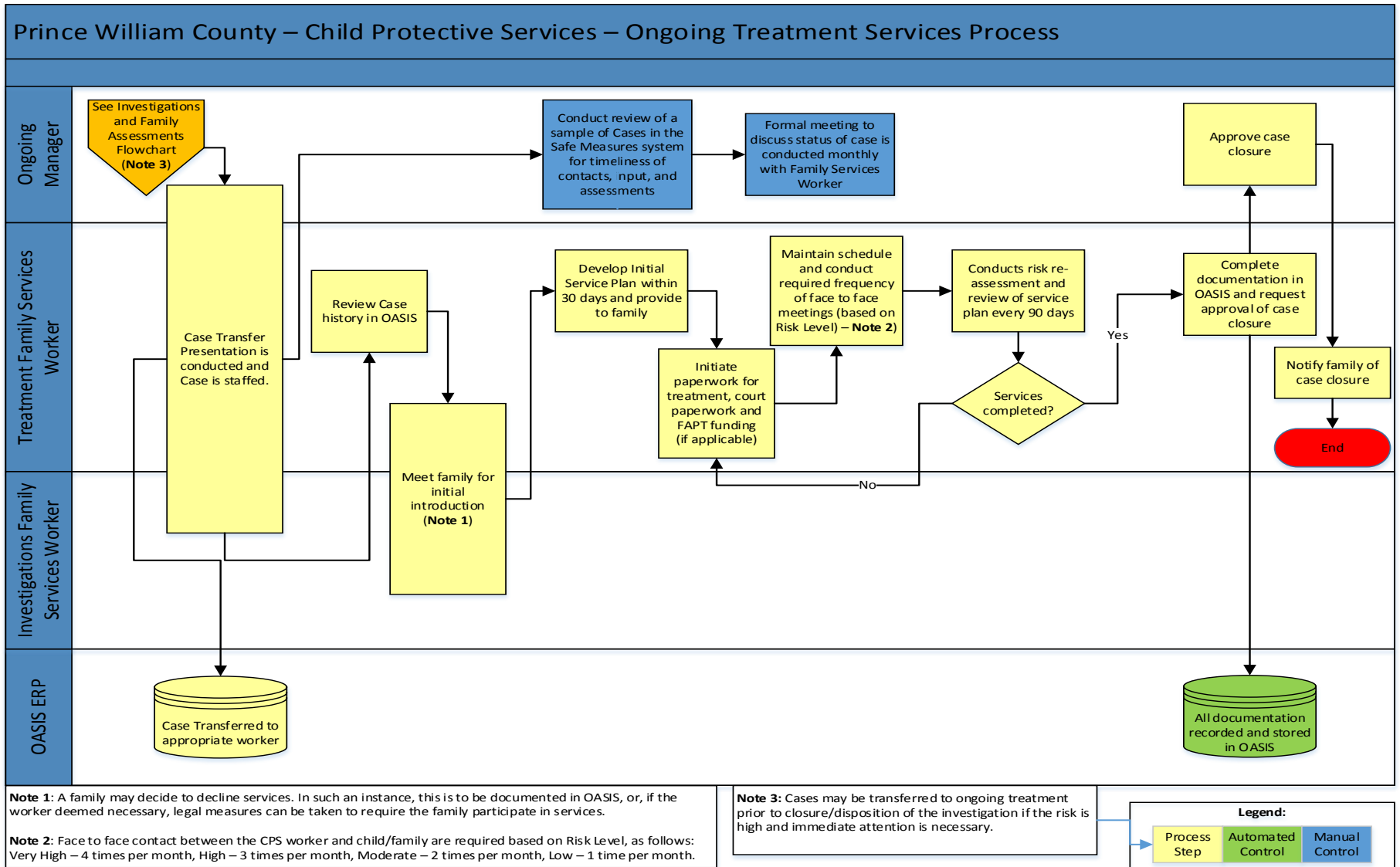
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Process Maps - continued



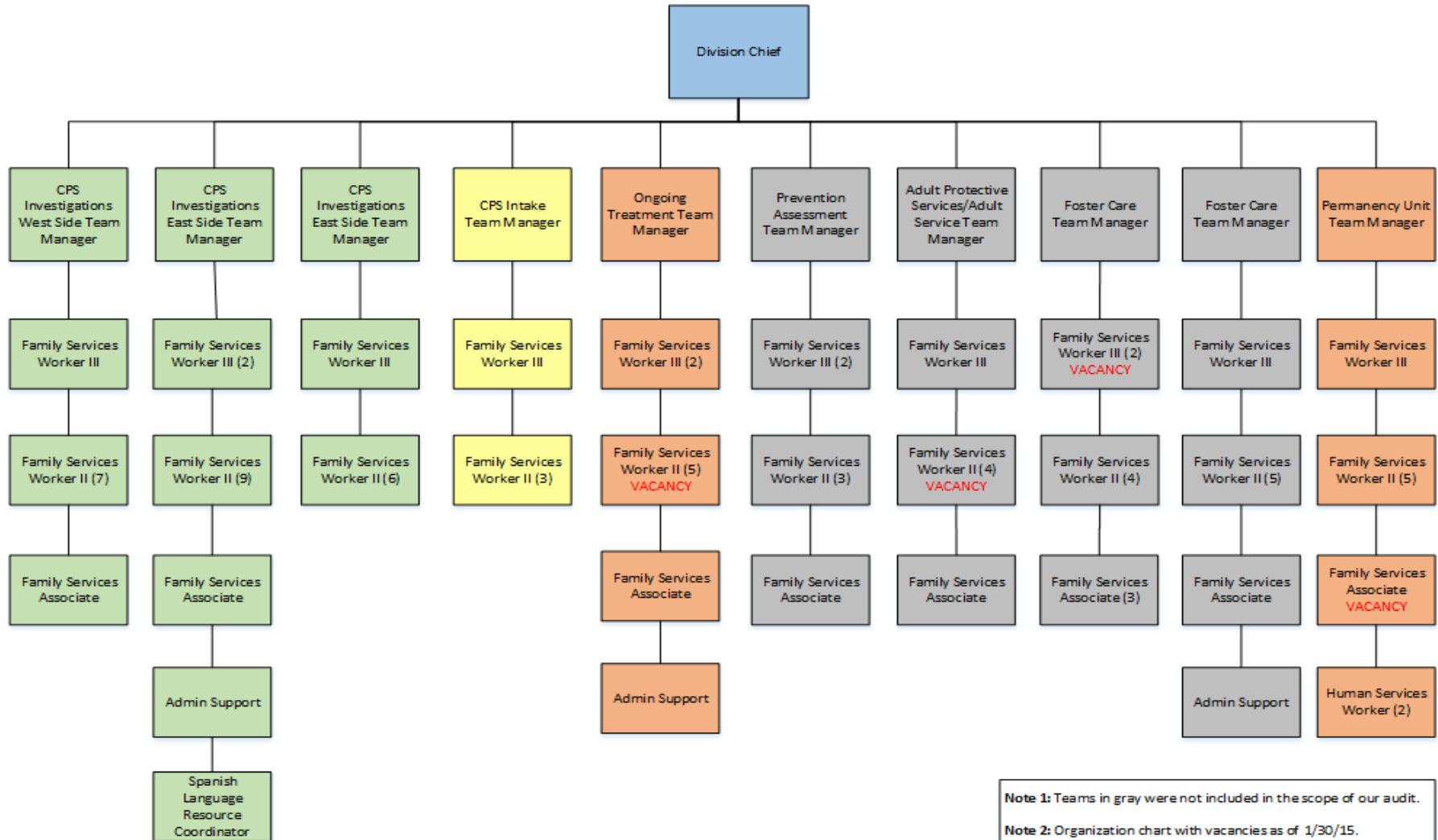
Process Maps - continued



Appendix

Organizational Chart

Prince William County – Child Protective Services Division



Note 1: Teams in gray were not included in the scope of our audit.
Note 2: Organization chart with vacancies as of 1/30/15.

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