

OFFICE OF THE STATE INSPECTOR GENERAL
Virginia Department of Social Services
Child Protective Services

Performance Audit
September 2022



Michael C. Westfall, CPA
State Inspector General
Report No. 2023-PA-002



COMMONWEALTH OF VIRGINIA
Office of the State Inspector General

Michael C. Westfall, CPA
State Inspector General

P.O. Box 1151
Richmond, Virginia 23218

Telephone 804-625-3255
Fax 804-786-2341
www.osig.virginia.gov

September 22, 2022

The Honorable Glenn Youngkin
Governor of Virginia
P.O. Box 1475
Richmond, VA 23219

Dear Governor Youngkin,

The Office of the State Inspector General completed an audit of the Virginia Department of Social Services Child Protective Services program. Please find the final report attached.

OSIG would like to thank Department of Social Services Commissioner Dr. Danny Avula and his staff for their cooperation and assistance during this audit. OSIG would also like to thank the staff in the local departments of social services for their cooperation and assistance during the audit.

A handwritten signature in black ink, appearing to read "Michael C. Westfall".

Michael C. Westfall, CPA
State Inspector General

cc: The Honorable Jeff Goettman, Chief of Staff to Governor Youngkin
Isabella Warwick, Deputy Chief of Staff to Governor Youngkin
The Honorable John Littel, Virginia Secretary of Health and Human Resources
The Honorable Robert Orrock, House Chair, Health, Welfare & Institutions Committee
The Honorable L. Louise Lucas, Senate Chair, Education & Health Committee
Dr. Danny Avula, Commissioner, Department of Social Services
Nikole Cox, Director, Department of Social Services, Family Services
Staci Henshaw, Auditor of Public Accounts

Child Protective Services

What OSIG Found

OASIS, a Referral Tracking System, Is Not Sufficient to Meet the Needs for Managing the CPS Program

While OASIS continues to receive regular updates, numerous people OSIG spoke to during this audit expressed concerns about being able to maintain functionality. At this point, VDSS is not adding additional capabilities as the application may not be able to support that. There are limited methods of tracking items within OASIS.

Local Internal Procedures and Public Messaging After Hours Lack Clarity and Accuracy

After hours, all calls to localities are handled by the 24/7 State CPS Hotline. Localities have an after-hours message to direct CPS callers to the State Hotline or local law enforcement. OSIG selected 25 localities to determine if callers were properly informed of how to report a CPS case while the locality was closed. OSIG identified some exceptions when calling the localities after hours.

Several Localities Do Not Advertise the Mandated Reporter Portal Tool

OSIG noted that 18 out of the 25 localities selected for review of their MRP advertising methods had exceptions in how they advertise the MRP. Through inquiry with the localities selected, OSIG noted the following exceptions:

1. Seven localities did not advertise the MRP to the public or mandated reporters.
2. Eleven localities did not advertise the MRP to callers letting them know that they can make their report on the MRP.

Priority Response Times Assigned Sometimes Do Not Match the Underlying Conditions for CPS Cases

OSIG found exceptions to the priority response times assigned by the local DSS caseworkers when a sample of referrals was tested against the decision trees.

Management concurred with 10 of 10 findings and plans to implement corrective actions from June 2023 to December 2025.

September 2022

HIGHLIGHTS

Why OSIG Did This Audit

Child Protective Services is just one component of family services within VDSS. However, CPS is the first step to help identify, receive and immediately respond to complaints and reports of alleged child abuse or neglect for children under 18 years of age. CPS also assesses, arranges for and provides the necessary protective and rehabilitative services for a child and their family when the child has been found to have been abused or neglected or is at risk of being abused or neglected.

What OSIG Recommends

- Request funding to purchase, implement and maintain a new statewide system, to include any available grant funds.
- Require localities to review their after-hour messaging.
- Remind the localities of the training tools available related to the MRP and the benefits of the reporters using this tool rather than calling the locality or the State Hotline.
- Work with the localities to ensure that the MRP is properly advertised and promoted to local mandated reporters, to include the benefits of the MRP.
- Provide additional training to localities that are not familiar with MRP.
- Require at least annual trainings for local DSS case workers regarding policies and procedures.
- Using CPS practice consultants, select a sample of referrals to ensure they have the proper response time and provide feedback to the local DSS.



For more information, please contact OSIG at 804-625-3255 or www.osig.virginia.gov.

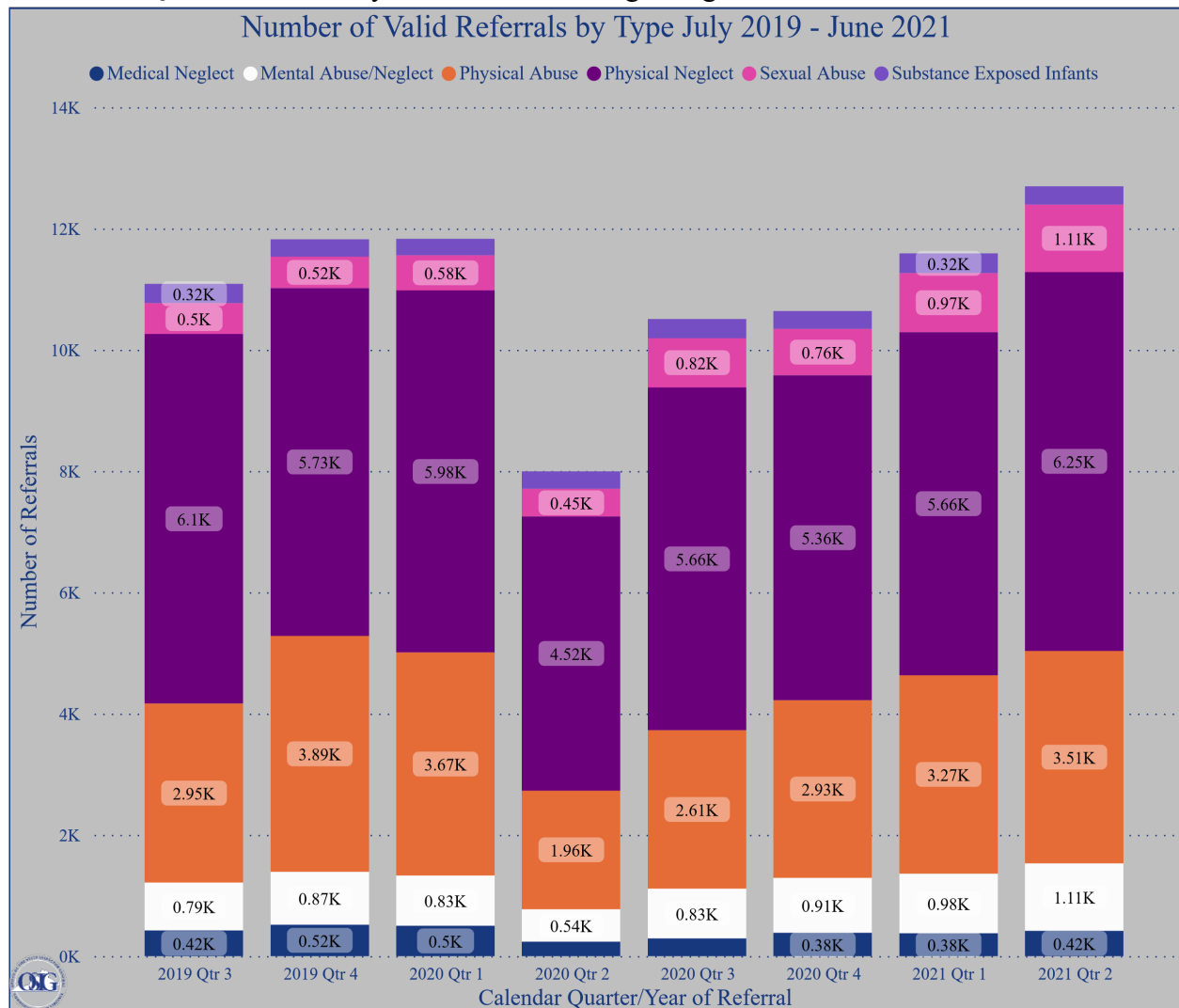
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BACKGROUND

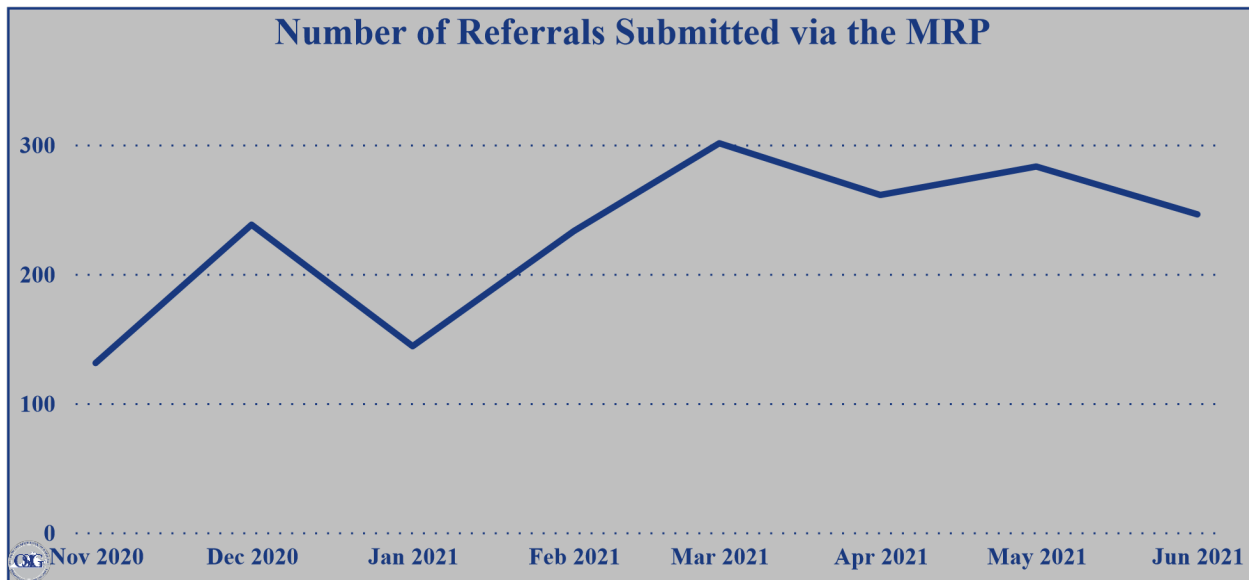
The Virginia Department of Social Services is a state supervised and locally administered social services system. Providing oversight and guidance to 120 local offices across the state, VDSS delivers a wide variety of services and benefits to more than 1.7 million Virginians each year. Child Protective Services was formed to identify, assess and provide services to children and families in an effort to protect children, to preserve families when possible and to prevent further maltreatment. This department is crucial in providing adequate care and resources for children and families.

The local offices provide the hands-on assistance to families in each of their localities. This includes initial determination of the validity of a case and, if valid, the support to ensure children are safe and families are offered services to assist them with issues that are identified. The table below is a breakdown of all valid referrals between July 1, 2019, and June 30, 2021, and the type of referral. Quarter 2 of fiscal year 2020 was the beginning of COVID-19 lockdowns.



The Division of Family Services uses OASIS (Online Automated Services Information System) to provide an online case record, available statewide to authorized LDSSs and Home Office users, of information related to Family Services cases. Currently, OASIS contains information relating to Child Protective Services, Foster Care and Adoption. They also have COMPASS|Mobile, which provides Family Services specialists with technology to maximize their time away from the office on state-issued iPads while online and offline.

In November 2020, VDSS' Division of Family Services released the Mandated Reporter Portal. The MRP provides a secure, fast and convenient way for mandated reporters in Virginia to submit reports of suspected child abuse and neglect. A mandated reporter is a social worker, physician, teacher, counselor, athletic coach, religious practitioner, etc. who is legally required to report to CPS any cases of child abuse or neglect that he or she has reasonable cause to suspect.



SCOPE

The scope of this performance audit was to review policies, processes and supporting documentation, and perform limited data analysis of the Commonwealth's CPS. This included a review of the following areas:

1. The operations of the VDSS 24-hour CPS Hotline.
2. The operations of local agencies receiving and handling referrals both during and after normal business hours.
3. The use of the Mandated Reporter Portal in receiving referrals.

4. The feasibility and effectiveness of local agencies at receiving all incoming reports during normal business hours.
5. The reasonableness of current guidelines and policies within the Child and Family Services Manual, the *Code of Virginia* and other resources.
6. The efficiency and consistency of VDSS's application of selected CPS referral and case requirements.
7. The usefulness and reliability of state provided tools for determining case validity and priority. The audit scope covered the Child Protective Services Program between FY 2019 and FY 2021.

OBJECTIVES

Objectives of this audit were to:

- Determine if the operation of the VDSS 24-hour Hotline ensures the consistent application of practices at the state level, ensures that a call is properly input and the correct corresponding local agency is contacted.
- Determine if the operations of the local agencies receiving referrals is sufficient to ensure the consistent application of practices at the local level and ensure that a referral is properly received, input, reviewed and staffed during LDSS operating hours.
- Determine whether the after-hours operations of the local agencies receiving calls is sufficient to ensure the consistent application of practices at the local level and ensure that a referral is properly received, input, reviewed, and staffed.
- Determine if the Mandated Reporter Portal is appropriately utilized, referrals are consistently being uploaded into OASIS and the correct corresponding local DSS agency is contacted.
- Determine the feasibility and potential effectiveness of having the local agencies handle all of the incoming calls from reporters, including cases reported via the Mandatory Reporting Portal during normal operating hours.
- Determine if the current guidelines and policies stated within the Child and Family Services Manual, the *Code of Virginia* and other resources reviewed provide reasonable assistance in completing investigations and assessments.
- Determine the efficiency of VDSS' efforts and ensure the consistent application of selected CPS investigation requirements.
- Determine if the language of the state-provided tools is ambiguous, how the state uses these tools and determine if the tools used provide reasonable responses as to whether the case is valid and the proper time/priority level is assigned for valid cases.

METHODOLOGY

OSIG conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that OSIG plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for the findings and conclusions based on the audit objectives. OSIG believes that the evidence obtained provides reasonable basis for the findings and conclusion based on the audit objectives.

OSIG applied various methodologies during the audit process to gather and analyze information pertinent to the audit scope and to assist with developing and testing the audit objectives. The methodologies included the following:

- Conducting interviews and observations/walk-throughs, examining policies and procedures to gain an understanding of the audit area and processes, and assessing the processes for efficiency and effectiveness.
- Obtaining a download of referrals from OASIS and selecting samples of referrals from the download.
- Obtaining and selecting samples of calls from data obtained from the VDSS State Hotline shift logs.
- Obtaining a listing of referrals made through the Mandated Reporting Portal and selecting samples from this listing.
- Selecting a sample of DSS localities referrals for testwork. OSIG selected 535 unique referrals out of 130,736 (.4%) and 75 localities out of 120 (62%).

FINDINGS

Finding #1 - OASIS, a Referral Tracking System, Is Not Sufficient to Meet the Needs for Managing the CPS Program

While the Virginia Department of Social Services and localities use a variety of tools and applications for their daily operation, the main system utilized for tracking and documenting referrals is the On-line Automated Services Information System (OASIS). VDSS purchased this system from Oklahoma Department of Human Services in 1997 for \$1, despite concerns about the functionality and usability of the system.

These concerns prompted a review by the Joint Legislative Audit and Review Commission in 2000. JLARC's review noted and recommended that more functionality and modules should be developed and implemented to the system. While OASIS continues to receive regular updates, numerous people OSIG spoke to during this audit expressed concerns about being able to maintain functionality. At this point, VDSS is not adding other capabilities as the application may not be able to support them.

There are limited methods of tracking items within OASIS. This includes tracking the following areas:

- Data can easily be overwritten, and there are limited methods for tracking when data is modified or overwritten.
- There is no audit log within OASIS to determine who accessed a referral and/or made changes to referrals.
- There are limited means of tracking the time it takes for a referral to be entered in OASIS and assigned a caseworker from the various entry methods (e.g., Hotline, Locality, MRP, etc.).
- OASIS has limited integration with other applications.
- When calls are received through the Hotline, there is no way to identify what time the locality reviewed the case because there is no tracking available in OASIS.
- Of the 100 referrals sampled, OSIG noted that there were six referrals where the specific date and time of transferring the referral was not documented within OASIS by the Hotline worker. Without the specific time, there is no documentation that indicates the call was communicated to the locality.

OASIS is not compliant with new federal regulations set forth by the Comprehensive Child Welfare Information System. This makes required reporting difficult. In addition, it is an application built on PowerBuilder, an older programming language that is no longer

commonly used; therefore, system upgrades and enhancements are significantly limited. Many of the limitations reduce employee efficiencies and are not cost or time effective. There is also no easy method to follow a referral from the Hotline phone system (Verizon In-Contact) into OASIS.

As a result, OASIS does not have many features to track, notify, automate and provide an audit log to account for interactions (referrals). In addition, if the reporting is not correct by May 2023, there are federal monetary penalties and VDSS could be placed on a Program Improvement Plan starting in November 2023. Limited functionality and other technical issues within OASIS can add time and frustration to already busy CPS workers' daily activities. Referrals entered into the MRP are tracked through a manual Excel document. In addition, Hotline workers maintain individual daily shift logs manually tracked by the Hotline workers. DSS management is unable to validate the completeness and accuracy of the MRP and the Hotline Daily Shift logs to ensure that all referrals received via either method are entered into OASIS.

Recommendations:

1. Continue researching replacement systems that will provide additional functionality and interfaces with other tools and applications currently being used by the state and localities.
2. Request funding to purchase, implement and keep a new system compliant, to include any available grant funds.

Management Response:

Management agreed with the condition observed by OSIG and agreed with the recommendations as follows:

VDSS was awarded funding during the 2022 session of the Virginia General Assembly to develop and purchase a new CCWIS system.

Management Corrective Action

VDSS was awarded funding during the 2022 session of the Virginia General Assembly to develop and purchase a new CCWIS system.

Estimated Completion Date: December 2025

Finding #2 - Not All Capabilities of Verizon InContact Available to the State Hotline Are Utilized

CPS began using the Verizon InContact phone system in May 2014. The cost for Verizon InContact is based on call volume and is estimated to cost VDSS about \$47,000 for FY 2022. At the time of OSIG's fieldwork, CPS did not have Verizon InContact call data available for details regarding call hold time, call length, dropped calls, etc. In addition, start times and end times of calls are not system driven and are based on workers accurately completing their shift logs. Call start times and end times are features available to VDSS as part of the Verizon InContact services.

Systems used by VDSS should be understood and used to the extent possible to assist the flow of call information. Verizon InContact was in place prior to current staff and they were not adequately trained on the system. Limited integration between the calling system and OASIS makes data analysis extremely difficult, as data has to be manually gathered and consolidated for individual call times once answered by the state Hotline workers. At this time, the state Hotline workers manually maintain a shift log detailing the start and end time of calls. The manual process for each state Hotline worker makes it difficult for management to analyze call activity because call logs need to be compiled for evaluation.

Recommendations:

1. Train VDSS staff on all features of Verizon InContact.
2. Once the capabilities of Verizon InContact are known, determine how the system can be utilized to assist the callers and Hotline workers.

Management Response(s):

Management agreed with the condition observed by OSIG and agreed with the recommendations.

Management Corrective Action

- 1) Hotline Leadership will ensure Hotline Specialists receive training on Verizon InContact. Hotline Leadership will continue additional training with Verizon InContact to determine how it can be better utilized to assist callers and hotline workers.
- 2) Additional functions of Verizon InContact such as "Workforce Management" that allows for forecasting, scheduling, and monitoring can be obtained at an additional cost.

Estimated Completion Date: June 2023

Finding #3 Local Internal Procedures and Public Messaging After Hours Lack Clarity and Accuracy

The Virginia Department of Social Services operates a statewide CPS Hotline 24/7 to support local departments of social services by receiving reports of child abuse and neglect and referring them to the appropriate local department of social services. The CPS Hotline is staffed by trained Protective Service Hotline specialists. Anyone can report suspected child abuse or neglect to a local department of social services or to the CPS Hotline. Each report is sent to the proper local social service agency to be evaluated to determine whether the report information meets the legal definition of child abuse or neglect and whether CPS has the authority and responsibility to conduct a family assessment or an investigation to determine the child's immediate safety needs and to determine if the family needs services.

The 24/7 State CPS Hotline handles all after-hours calls to the localities. The localities have an after-hours message to direct CPS callers to the State Hotline or local law enforcement. OSIG selected 25 localities to determine if callers were properly informed of how to report a CPS case while the locality was closed.

OSIG identified the following exceptions when calling the localities after hours:

- No after-hours calling process was evident for four localities (e.g., no voice recording, automated transfer, etc.).
- The voice recording attempts to include the CPS State Hotline number, but the last three digits of the Hotline number are in the wrong order and the stated number connects to a scam for one locality.
- While the locality's Hotline referenced the after-hours State Hotline as the next step to document an alleged abuse or neglect situation, the directions were not accurate for two localities.
- Seven localities reported that they do not track, log or document calls received after-hours and/or from the State Hotline outside of OASIS.
- Nineteen localities reported that they do not have any additional documented policies or guidelines regarding their after-hours calls beyond state guidance.
- Sixteen of the localities' after-hours voicemails did not include a reference to local police and/or 911 if the call is an emergency, in addition to providing information on how to report child abuse or neglect after hours.

The correct information should be included on all outgoing messaging for the locality after-hours voice mail. Some localities have not checked their after-hour recordings to ensure the information provided to callers is accurate. When information on the answering machines is not accurate or doesn't include all relevant information, callers of valid CPS complaints may not get their calls answered and children could be in danger.

The localities also have not developed their own procedures for after-hours calls. Locality specific guidelines should be developed if the State guidance is not adequate to include the locality specific processes for managing child abuse calls. Each locality is unique and the guidelines provided by CPS might not all be relevant for each locality. In addition, localities should use call logs to ensure that there is support that all CPS calls received were properly recorded in OASIS.

Recommendations:

1. Require localities to review their after-hour messaging to ensure that the information provided helps callers determine who they should contact after normal business hours of the locality and provide information needed to report the abuse or neglect and it is correct.
2. Conduct random quality assurance reviews of the local CPS call process and ensure that:
 - Call messages are accurate and understandable to ensure that complaints are not lost.
 - Documented policies and procedures support locality-specific processes.

Management Response(s):

Management agreed with the condition observed by OSIG and agreed with the recommendations as follows:

VDSS agrees with the first recommendation and will work with the State Hotline to develop a script/outline that local agencies can use to standardize their afterhours messaging, protocols, and policies.

VDSS agrees with the second recommendation but to effectively accomplish this VDSS would need additional staff and resources. VDSS submitted a request for additional staff in last year's introduced budget. However, the request was not funded. VDSS plans to submit a revised budget package in the upcoming cycle to address these needs.

Management Corrective Action Plan:

Standardize after hours messaging, protocols, and policies for LDSS.

Estimated Completion Date: June 2023

Finding #4 Several Localities Do Not Advertise the Mandated Reporter Portal Tool

In November 2020, the Virginia Department of Social Services Division of Family Services released the Mandated Reporter Portal. The MRP provides a secure, fast and convenient way for mandated reporters in Virginia to submit reports of suspected child abuse and neglect. A mandated reporter is social worker, physician, teacher, counselor, athletic coach, religious practitioner, etc. who is legally required to report to CPS any cases of child abuse or neglect that he or she has reasonable cause to suspect.

OSIG noted that 18 out of the 25 localities selected for review of their MRP advertising methods had exceptions in how they advertise the MRP. Through inquiry with the localities selected, OSIG noted the following exceptions:

1. Seven localities did not advertise the MRP to the public or mandated reporters.
2. Eleven localities did not advertise the MRP to callers letting them know that they can make their report on the MRP.

The MRP website is a tool that allows mandated reporters the ability to expedite the submission of a report of suspected child abuse or neglect directly to the VDSS State Hotline without having to wait for someone to answer the Hotline. Some localities stated that new employees were not familiar with the MRP and its benefits. Not using the MRP prevents the users the benefits of:

- Online reporting, which offers a quicker, user-friendly option to file a report.
- Secure creation of an account, which minimizes the amount of time needed in making subsequent reports.
- More accurate and detailed information.
- The transfer of data from the mandated reporter portal to VDSS Hotline staff.

Recommendations:

1. Remind the localities of the training tools available related to the MRP and the benefits of the reporters using this tool rather than calling the locality or the State Hotline.
2. Work with the localities to ensure that the MRP is properly advertised and promoted to local mandated reporters, to include the benefits of the MRP.
3. Provide additional training to localities that are not familiar with MRP.

Management Response(s):

Management agreed with the condition observed by OSIG and agreed with the recommendations as follows:

VDSS will continue its efforts to educate local agencies on the Mandated Reporter Portal and VaCPS, and continue to promote the use of the VaCPS Local Agency Toolkit that is available to local agencies.

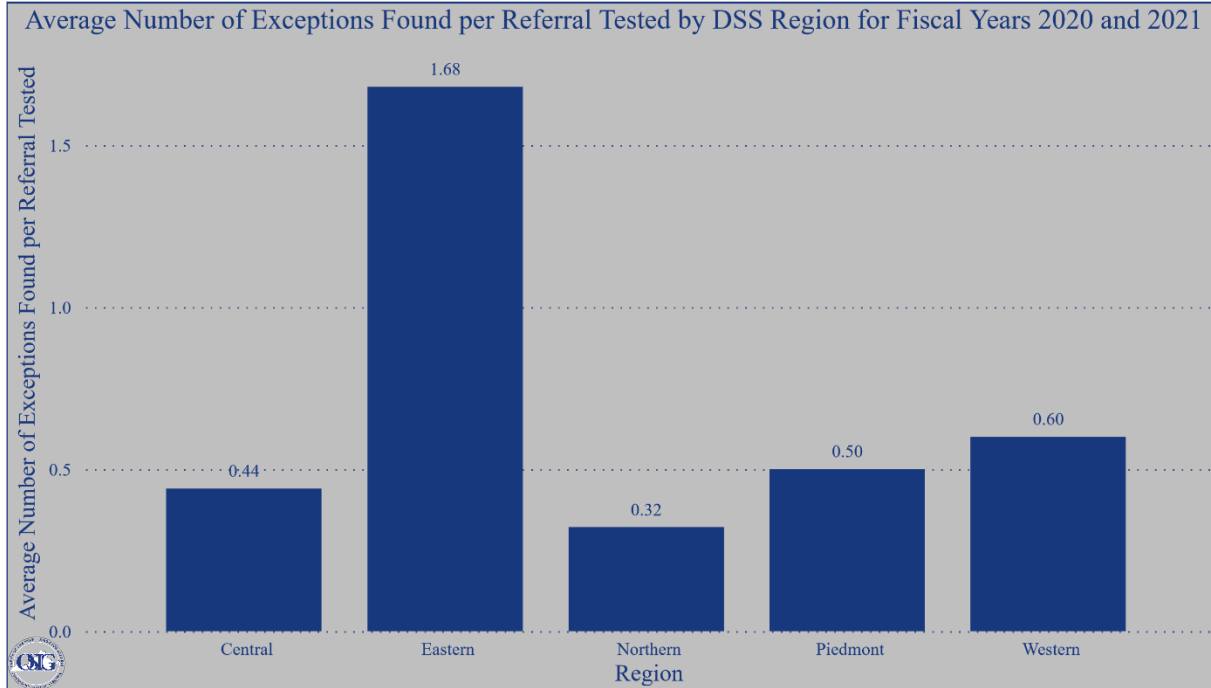
Management Corrective Action Plan:

Educate LDSS on the availability and benefits of the MRP.

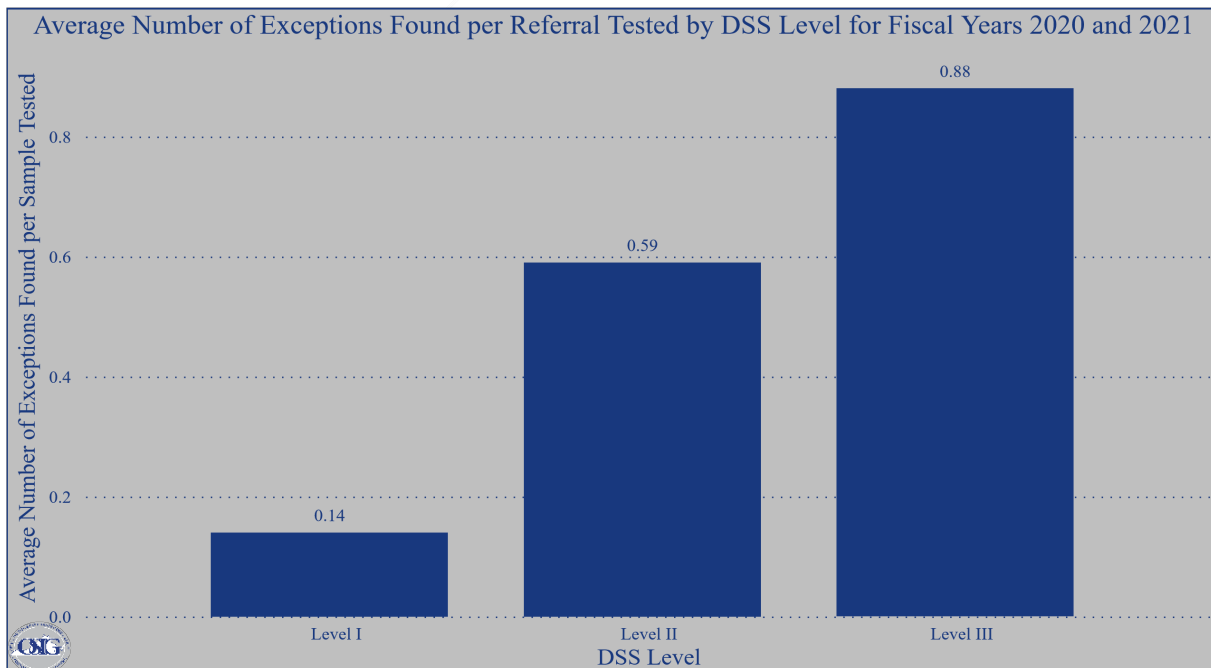
Estimated Completion Date: June 2023

Finding #5 Uneven Caseloads Lead to Processing Errors and Delays

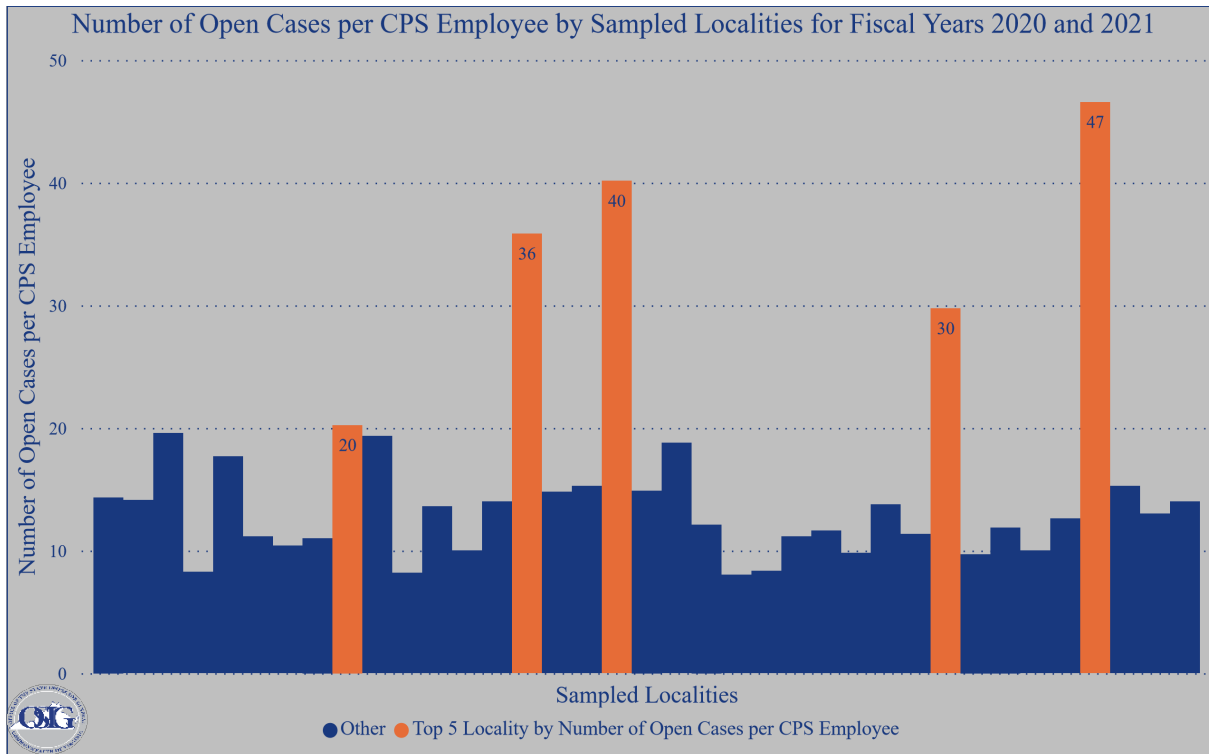
OSIG performed data analysis on a sample of 100 referrals. The first and most noteworthy correlation was that errors/incompleteness in the information input in OASIS for both valid and non-valid cases in the eastern region occurred more than twice as frequently as in any of the other regions.



In the graph below, these exceptions were slightly more likely to be found in samples coming from Level III localities than across all levels.



The samples tested spanned across 53 localities. In the graph below, of these 53 localities, five localities (Chesapeake, Hampton, Loudoun, Shenandoah Valley Social Services (Augusta), and Virginia Beach) had a number of open cases per CPS employee that was more than 1.75 times that of the average across all 53 localities. Additionally, three of these five localities are in the eastern region.



There was a statistical significance, and the values deviate greatly from the average among the localities tested. The total average among the localities tested was 11.47 open cases per CPS employee.

- In response to a survey sent to all LDSS staff, some respondents indicated they have excessive caseloads. There is no limit to the number of cases each case worker can have at one time. CPS policy and procedures for managing case requirements do not take into consideration varying caseloads. In addition, while VDSS has recommended maximum caseloads for foster care workers, it has not done this for CPS caseworkers.
- Some respondents indicated their offices are understaffed, which could lead to an increase in worker turnover, a decrease in long-term expertise and an increase in training time needed, all of which culminates in overall inefficiency. Additionally, this exacerbates the difficulty in recruiting new employees, essentially creating a negative feedback loop.
- While the eastern region localities and Level III localities had a higher average incidence of exceptions per sample tested, Level III localities had the majority of

eastern region cases tested and a wide majority of eastern region locality's samples were from Level III localities.

Due to these issues, some offices are understaffed, which may cause them to overlook important details regarding a referral and could result in them assigning an incorrect track or priority response time for a referral.

Recommendation:

Conduct a workload analysis to determine the appropriate workload standards for its child protective services staff.

Management Response(s):

Management agreed with the condition observed by OSIG and agreed with the recommendation.

Management Corrective Action Plan:

Determine appropriate workload standards for CPS staff.

Estimated Completion Date: July 2023

Finding #6 Priority Response Times Assigned Sometimes Do Not Match the Underlying Conditions for CPS Cases

The LDSS determines urgency of response time for valid reports by completing the Response Priority Decision trees in the CPS Intake Tool documented in the child welfare information system. The Response Priority Decision trees are designed to assist in determining how quickly to initiate the response. Selections made on the Response Priority Decision trees must relate to supporting narrative in the child welfare information system. Timeliness of the initial response is calculated from the date and time of the referral. There are three response levels:

- Response 1: As soon as possible within 24 hours of the date and time of the referral.
- Response 2: As soon as possible within 48 hours of the date and time of the referral
- Response 3: As soon as possible within 40 work hours of the date and time of the referral

Based on testing referrals against the decision trees, OSIG noted the following exceptions:

- One referral's Structured Decision Making Intake Tool included a note that the alleged abuser (the mother of alleged victim) had a previously founded investigation. As such, the priority response time for this referral should have been at least an R2; however, the final response priority time selected was R3.
- Two referrals' narratives included that one of the alleged victims was under two years of age. All allegations with an alleged victim under two years old should have a priority response time of R1; however, the final response priority time selected was R3.
- One referral described a seven-year-old child telling a teacher that her parent leaves her home alone with two younger siblings on a regular basis and that sometimes their neighbor comes over to watch them, but that individual is always "passed out." The CPS worker assigned a response time of R3, when OSIG determined a response time of R1 based on the case details.
- One referral would have resulted in a priority response of R2, if the intake tool was completed accurately, because the children were under 14. The CPS worker assigned a response time of R3 when it should have been R2.

The Virginia Administrative Code [22VAC40-705-10](#) states that response time means "a reasonable time for the local department to initiate a valid report of suspected child abuse or neglect based upon the facts and circumstances presented at the time the complaint or report is received." Local DSS caseworkers determine the response time by completing the SDM decision tree. While guidelines and policies are in place, the nature of the work, environment and the tasks at hand require a certain amount of professional judgment. The amount of judgment can be reduced, but is on some level unavoidable. There could be a danger to

children if the SDM Intake Tool is completed incorrectly and the priority response time assigned is not correct.

Recommendations:

1. Require at least annual trainings for local DSS case workers regarding policies and procedures.
2. Using CPS practice consultants, select a sample of referrals to ensure they have the proper response time and provide feedback to the local DSS.

Management Response(s):

Management agreed with the condition observed by OSIG and agreed with the recommendations.

Management Corrective Action Plan:

- 1) Annual training for LDSS CPS workers and supervisors on CPS Guidance.
- 2) Review of random samples of referrals to assess the work of local agencies regarding response times for CPS. Workers are required to complete a face-to-face contact (interview) with the alleged victim child within the determined response priority. In Virginia, we have three response priorities: (1) R1 within 24 hours; (2) R2 within 48 hours; and (3) R3 within 40 work hours.

Estimated Completion Date:

- 1) Quarterly, beginning 2023 and annual compilation due end of CY 2023.
- 2) June 2023

Finding #7 Screening of Cases Was Not Always Handled in Accordance With Code and CPS Requirements

In accordance with section 3.5 of the CPS Guidance, “When an LDSS receives a report or complaint of abuse or neglect, the LDSS must determine whether the complaint or report is valid upon receipt of the complaint. Criteria are established for determining whether a complaint or report is valid. Each criterion must be satisfied before a complaint or report can be valid. Only valid reports or complaints of abuse or neglect shall receive a family assessment or an investigation. It is important to make the validity decision as soon as possible after the report has been received so that the urgency of the response can be accurately determined. Response time is calculated from the date and time the referral was received, not validated or assigned.

When determining validity, the LDSS must use the CPS Intake Tool for all reports of child abuse and neglect including new reports during open cases. The CPS Intake Tool must be completed in the child welfare information system as soon as possible, but no later than three working days, upon receipt of the report by the LDSS. It is critical that the intake worker using the CPS Intake Tool review the definitions available on the tool when making selections on the checklist. Selections made on the CPS Intake Tool must relate to supporting narrative in the child welfare information system.”

Code of Virginia [§63.2-1508](#) defines a valid complaint:

1. The alleged victim child or children are under the age of 18 years at the time of the complaint or report.
2. The alleged abuser is the alleged victim child's parent or other caretaker.
3. The local department receiving the complaint or report has jurisdiction.
4. The circumstances described allege suspected child abuse or neglect as defined in [§63.2-100](#) of the *Code of Virginia*.

OSIG noted the following exceptions to the Family Assessment or Investigation Track selected:

- There were two referrals, called in after-hours, in which the track selection should have been assigned an investigation track instead of a family assessment track. In both cases, the victim sustained a fracture, a serious injury per [§ 18.2-371.1](#) of the *Code of Virginia*. On page 7 of the Virginia Structured Decision Making Policy and Procedures Manual, serious injuries in accordance with [§ 18.2-371.1](#) of the *Code* are required to be assigned an investigation track. Of the two referrals:
 1. One was from Greene County, and according to the referral narrative the child was examined at the ER and had a femur fracture to their left leg.

2. One referral was from the City of Norfolk, and according to the referral narrative the child's right big toe was broken, and broken toes are considered fractures.
- There was one referral that was called in after-hours, in which the caller reported exposure to a domestic violence event by a five-year-old, but no immediate threat of harm. This referral was screened out, but should have been assigned a family assessment track instead.
 - One referral was screened out due to the fact the abuse reported did not occur in their jurisdiction (Shenandoah Valley). While contact with the other jurisdiction (Lynchburg) was noted, OSIG found no evidence that the workers followed established policies and made verbal contact with a Family Services Specialist or Supervisor. A message was left and the case was screened out. Furthermore, while the abuse occurred in Lynchburg, the child lived in Shenandoah Valley at the time of the referral. Therefore, jurisdiction should be Shenandoah Valley. Shenandoah Valley was responsible for managing the case and instead screened it out for an invalid reason.
 - There were two referrals received in which previous allegations or already open cases resulted in improper treatment of the referral.
 1. There was a referral for Henrico County that was received about past physical abuse (invalid) and present medical abuse (valid) that was screened out because they did not get enough information to make contact with the family. Two days later, another referral was received. The second referral only reported past physical abuse, but did contain enough information to make contact with the family based on the previous allegations of medical abuse. The two referrals were screened separately and both screened out when they should have been screened in for medical abuse.
 2. There was a referral received by the City of Chesapeake that was screened out by the CPS worker on the basis of a family investigation already open. While the case was updated with the new allegations, the family assessment in the open case did not include the alleged victim or the new allegations from the original referral, as required.

Section 3.5.2.4 of the CPS manual states: "If the criteria for where the abuse or neglect occurred and where the child resides are different, the priority for the local department of jurisdiction should be given to the jurisdiction where the abuse or neglect occurred only if there is a joint investigation with law enforcement in that jurisdiction associated with the allegations. Otherwise, the local department of jurisdiction should be where the child resides to ensure the provision of services to the child and family."

Human error may occur when a caseworker is assigning a track, completing the SDM Intake Tool or assigning a priority response time for a referral. While guidelines and policies are in place, the nature of the work, environment and the tasks require a certain amount of professional judgment. The amount of judgment can be reduced, but is on some level unavoidable. There could also be danger to children if the referral is screened out when it should have been screened in as a valid case, or if the referral is assigned a family assessment track and it should have been assigned an investigation track instead.

Recommendations:

1. Require at least annual trainings for workers regarding CPS guidance.
2. Using CPS practice consultants, review cases not responded timely to ensure jurisdictional issues were not the underlying reason.

Management Response(s):

Management agreed with the condition observed by OSIG but did not agree with one of the recommendations as follows:

VDSS agrees with the first recommendation however, our training program has been historically under resourced. We will collaborate with the training division to develop an annual guidance training targeted at ongoing practice and policy errors. We will also collaborate with the professional development committee of the Virginia League of Social Workers to understand their needs and ideas of a refresher training for Child Protective Services.

VDSS disagrees with the second recommendation because our Regional Practices Consultants currently review referrals with jurisdiction changes. VDSS has also made significant updates to Child Protective Services guidance Section 3.5.2.4 to be released in August 2022 related to jurisdiction. The creation of a resolution process when local agencies cannot agree on jurisdiction and jurisdiction when the alleged abuser/neglector lives out-of-state and the abuse/neglect also occurred out-of-state. The process is as follows: *Two local departments who cannot agree on jurisdiction must work to resolve the jurisdictional issue prior to contacting their Regional Practice Consultant. The resolution process must include a telephone discussion by the Family Services Supervisors at the respective local departments. If it cannot be resolved by the Family Services Supervisors, the next step must include a telephone discussion by the Directors or their designees at the respective local departments. If it cannot be resolved by the Directors or their designees, the local departments must contact their Regional Practice Consultant. The Regional Practice Consultant will then determine which local department must accept jurisdiction.*

Management Corrective Action Plan:

- 1) Annual training for LDSS CPS workers and supervisors on CPS Guidance.
- 2) Review of random samples of referrals to assess response time and cause of delay. CPS workers are required to complete a face-to-face contact (interview) with the alleged victim child within the determined response priority. In Virginia, we have three response priorities: (1) R1 within 24 hours; (2) R2 within 48 hours; and (3) R3 within 40 work hours.

Estimated Completion Date:

- 1) Quarterly, beginning 2023 and annual compilation due end of CY2023.
- 2) June 2023

Finding #8 Not All Required OASIS Fields are Completed as Part of the Intake Process

During testwork, OSIG noted several exceptions during the intake process and case completion: The following exceptions were identified:

- There was one referral that had incomplete system required fields in OASIS. The “reason not taped” field, which is system required when investigation interviews are not taped, was not completed.
- There were two cases where there was no documentation to support that a history search was conducted.
- There were seven cases where the report was not documented in OASIS within three working days as the validation date was more than three days after the date of referral receipt.
- There were three cases where the SDM Intake Tool was not completed within three days. The SDM Intake tool was completed nine days, 41 days and eight days after referral receipt for the cases.
- There were six cases where there was no documentation to support that a face-to-face interview with the victim child was conducted within the selected priority time frame.
- Our sample included five local DSS agencies (Charles City, Nelson, New Kent, Danville and Washington) out of the 25 where case details are not recorded directly into OASIS and a log was not maintained and compared to OASIS for a supervisor to ensure that all calls are being entered into OASIS.

Required fields in OASIS are highlighted in yellow and OASIS will notify employees if they do not fill required fields before moving onto the next screen. Both the yellow highlighting and the notification of a missed field are forms of automated internal controls within OASIS. In addition, State Hotline CPS Policy and Procedures state that Hotline staff are responsible for completing an initial client search by using the OASIS top search engine and documenting the results in the narrative screen.

The following sections in the CPS Manual require that the information be entered into OASIS and that face-to-face interviews are held:

- Section 3.4.3 of the CPS Manual states, “The LDSS must document the report or complaint in the child welfare information system within three working days, regardless of whether the complaint or report is determined to be valid or invalid.
- Section 3.5 of the CPS Manual states, “The CPS Intake Tool must be completed in the child welfare information system as soon as possible, but no later than three working days, upon receipt of the report by the LDSS.”

- Section 3.8.7 of the CPS Manual states, “The LDSS shall conduct a face-to-face interview with and observe the alleged victim child within the initial response priority level assigned, as this contact is critical to assessing the safety of the child and is the required federal measure.”

Employees are not following up on the field after seeing the required field incomplete reminder, which is part of internal (application) controls within OASIS. While guidelines and policies are in place, the nature of the work, environment, and the tasks at hand require a certain amount of professional judgement. The amount of judgement can be reduced but is on some level unavoidable.

In response to our survey sent to all LDSS staff, some respondents indicated they are understaffed. Understaffing may cause caseworkers to overlook important details about a referral. In addition, taking notes and entering information into OASIS has the potential to lose referral information or not respond timely.

Recommendations:

1. Require at least annual CPS guidance trainings for workers, focusing on areas identified by supervisors as needing correction, common mistakes and changes in procedures since the prior year.
2. Require the regional CPS consultants to sample referrals and provide feedback to the localities periodically to ensure compliance.

Management Response(s):

Management agreed with the condition observed by OSIG and agreed with the recommendations as follows:

VDSS agrees with the first recommendation; however, our training program has been historically under resourced. We will collaborate with the training division to develop an annual guidance training targeted at ongoing practice and policy errors. We will also collaborate with the professional development committee of the Virginia League of Social Workers to understand their needs and ideas of a refresher training for Child Protective Services.

VDSS agrees with the second recommendation but to effectively accomplish this VDSS would need additional staff and resources. VDSS submitted a request for additional staff in last year’s introduced budget, but unfortunately no additional

funding and staff were included in the final budget. VDSS will again request additional CPS staff in the upcoming cycle to address these challenges.

Management Corrective Action Plan:

- 1) Annual training for LDSS CPS workers and supervisors on CPS Guidance.
- 2) Review of random samples of referrals to assess the work being completed by local agencies.

Estimated Completion Date:

- 1) Quarterly, beginning 2023 and annual compilation due end of CY2023.
- 2) June 2023

Finding #9 Not All Family Assessments Are Closed Timely

Per the Virginia Administrative Code [22VAC 40-705-10](#), Family assessment means the collection of information necessary to determine:

1. The immediate safety needs of the child.
2. The protective and rehabilitative services needs of the child and family that will deter abuse or neglect.
3. Risk of future harm to the child.
4. Alternative plans for the child's safety if protective and rehabilitative services are indicated and the family is unable or unwilling to participate in services. These arrangements may be made in consultation with the caretaker of the child.

OSIG found the following exceptions related to family assessments:

- There were 17 family assessments that were not closed within 60 calendar days of receipt of the referral.
- There were seven cases where it was not evident that the CPS family assessment process was explained to the parent(s) or caretaker(s). This explanation is expected either to be noted within interviews and interactions with the parents/caretakers and/or noted as a notification during the first meaningful contact. If note of an explanation or notification was not found under interaction notifications or noted in the interview/interaction narrative, an exception was noted by OSIG.

Code of Virginia § 63.2-1506 requires the LDSS to complete and document the family assessment within 60 calendar days of receipt of the complaint or report. In addition, [22 VAC 40-705-90 B](#) of the Virginia Administrative Code states, "Before conducting a family assessment or investigation, the child protective services worker shall explain the responsibilities and authorities of child protective services so that the parent or other caretaker can be made aware of the possible benefits and consequences of completing the family assessment or investigation. The explanation must be provided orally and in writing."

In response to OSIG's survey sent to all LDSS staff, some respondents indicated they are understaffed, which leads to an increase in worker turnover, a decrease in long-term expertise and an increase in training time needed, all of which culminates in overall inefficiency. Additionally, this exacerbates the difficulty in recruiting new employees, essentially creating a negative feedback loop. Due to understaffing, case workers may overlook closing cases within the timeframes established.

Recommendations:

1. Using CPS practice consultants, provide training to the localities to ensure that cases are being documented properly and closed within the timeframes allowed.

2. Using CPS practice consultants, run reports on family assessments and follow-up on assessments not completed timely.
3. Using CPS practice consultants, select a sample of family assessments to ensure they are properly completed and provide feedback to the local DSS.

Management Response(s):

Management agreed with the condition observed by OSIG and agreed with the recommendations as follows:

Our regional practice consultants are already providing targeted technical assistance to their respective local agencies that align with these recommendations.

Management Corrective Action Plan:

Review of random samples of referrals to assess the work being completed by local agencies.

CPS Practice Consultants will provide training to localities individually or in group settings as relevant to review documentation and timely case closure. The Code of Virginia requires the LDSS to complete and document the family assessment within 60 calendar days of receipt of the complaint or report. The Code of Virginia requires the LDSS to complete and document the investigation within 45 calendar days of receipt of the complaint or report unless there has been an approved extension.

CPS Practice Consultants will provide support/TA to agencies in response to family assessment documentation and timely family assessment closure concerns in local departments.

Estimated Completion Date: June 2023

Finding #10 Not All Investigations Are Closed Timely

The Virginia Administrative Code [22 VAC 40-705-10](#) defines an investigation as the collection of information to determine:

1. The immediate safety needs of the child.
2. The protective and rehabilitative services needs of the child and family that will deter abuse or neglect.
3. Risk of future harm to the child.
4. Alternative plans for the child's safety if protective and rehabilitative services are indicated and the family is unable or unwilling to participate in services.
5. Whether or not abuse or neglect has occurred.
6. If abuse or neglect has occurred, who abused or neglected the child.
7. A finding of either founded or unfounded based on the facts collected during the investigation.

Some of the steps involved in an investigation are similar or the same as a family assessment. There are statutory mandates for the investigation track. There are other serious situations that may be appropriate for the investigation track. The immediate danger to the child and the severity of the alleged abuse or neglect are crucial factors considered at intake when making the track decision.”

OSIG reviewed 11 cases related to family investigations. There were four cases where an investigation was not completed and documented within 45 days of receipt of the referral:

- One investigation was not completed and documented within 45 calendar days of the receipt of the complaint. A 15-day extension was filed, but the case did not close within the extension period. The investigation was not in joint with law enforcement. There are additional extensions allowed when law enforcement is involved.
- One investigation was not completed and documented within 45 calendar days of the receipt of the complaint. However, there was a suspension of the 45-day timeframe filed as the investigation was in joint with law enforcement and CPS has been awaiting further coordination between agencies.
- Two investigations were not completed and documented within 45 calendar days of the receipt of the complaint, a 15-day extension was not filed and the investigations were not in joint with law enforcement.

Code of Virginia § [63.2-1505](#). Investigations by local department's states "...B. ...5. Determine within 45 days if a report of abuse or neglect is founded or unfounded and transmit a report to such effect to the Department and to the person who is the subject of the investigation. However, upon written justification by the local department, the time for such determination may be extended not to exceed a total of 60 days or, in the event that the investigation is being conducted in cooperation with a law-enforcement agency and both

parties agree that circumstances so warrant, as stated in the written justification, the time for such determination may be extended not to exceed 90 days....”

In response to OSIG’s survey sent to all LDSS staff, some respondents indicated they are understaffed, which leads to an increase in worker turnover, a decrease in long-term expertise, and an increase in training time needed, all of which culminates in overall inefficiency. Additionally, this exacerbates the difficulty in recruiting new employees, essentially creating a negative feedback loop. Due to understaffing, case workers may overlook closing cases within the timeframes established.

Recommendations:

1. Require at least annual trainings for workers regarding CPS guidance.
2. Require the Regional CPS Consultants to sample referrals, including Investigation cases, and provide feedback to the localities periodically.

Management Response(s):

Management agreed with the condition observed by OSIG and agreed with the recommendations.

Management Corrective Action Plan:

- 1) Annual training for LDSS CPS workers and supervisors on CPS Guidance.
- 2) Review of random samples of referrals to assess the work being completed by local agencies.

CPS Practice Consultants will provide support/TA to agencies in response to investigation documentation and timely closure concerns in local departments. The Code of Virginia requires the LDSS to complete and document the family assessment within 60 calendar days of receipt of the complaint or report. The Code of Virginia requires the LDSS to complete and document the investigation within 45 calendar days of receipt of the complaint or report unless there has been an approved extension.

Estimated Completion Date:

- 1) Quarterly, beginning 2023 and annual compilation due end of CY2023.
- 2) June 2023

AUDIT RESULTS

This report presents the results of OSIGs audit of VDSS' Child Protective Services. The following audit testing was performed with immaterial, if any, discrepancies noted:

- Local agencies maintain adequate staffing levels after hours.
- At this time, given the reporting relationship of VDSS and the localities, VDSS does its best to direct the localities with guidelines and tools to make the intake process and subsequent decisions easier.
- The State Hotline should continue processing the Mandated Reporting Portal information and answering all calls that come through the State Hotline during normal operating hours rather than having the callers or reporters determine the proper locality.

Based on the results and findings of the audit test work conducted of Child Protective Services, OSIG concluded that internal controls were operating properly as it relates to Child Protective Services, except as identified in the report findings.

APPENDIX I - CORRECTIVE ACTION PLAN

Finding No.	Recommendation	Corrective Action	Deliverable	Estimated Completion Date	Responsible Position
1	<ol style="list-style-type: none"> 1. Continue researching replacement systems that will provide additional functionality and interfaces with other tools/applications currently being utilized by the State and Localities. 2. Request funding to purchase, implement, and keep a new system compliant, to include any available grant funds 	<p>VDSS was awarded funding during the 2022 session of the Virginia General Assembly to develop and purchase a new CCWIS system.</p>	<p>Develop and implement a new CCWIS system.</p>	<p>December 2025</p>	<p>Division Director of Family Services and Division Director of Information System</p>
2	<ol style="list-style-type: none"> 1. Train VDSS staff on all features of Verizon InContact. 2. Once the capabilities of Verizon InContact are known, determine how the system can be utilized to assist the callers and hotline workers. 	<ol style="list-style-type: none"> 1) Hotline Leadership will ensure Hotline Specialists receive training on Verizon InContact. Hotline Leadership will continue additional training with Verizon InContact to determine how it can be better utilized to assist callers and hotline workers. 2) Additional functions of Verizon InContact such as “Workforce Management” that allows for forecasting, scheduling, and 	<ol style="list-style-type: none"> 1) Verizon InContact training will continue to be incorporated into new Hotline Specialist new worker training. Continue ongoing training with Verizon InContact. 2) Research ability to purchase additional workforce management features from 	<p>June 2023</p>	<p>State Hotline Program Manager and State Hotline Shift Supervisors</p>

Finding No.	Recommendation	Corrective Action	Deliverable	Estimated Completion Date	Responsible Position
		monitoring can be obtained at an additional cost.	Verizon InContact.		
3	<ol style="list-style-type: none"> 1. Require localities to review their after hour messaging to ensure that the information provided helps callers determine who they should contact after normal business hours of the locality and provide information needed to report the abuse or neglect and it is correct. 2. Conduct random quality assurance reviews of the local CPS call process and ensure that: <ul style="list-style-type: none"> ● call messages are accurate and understandable to ensure that complaints are not lost; ● locality specific processes are supported by documented policies and procedures. 	Standardize after hours messaging, protocols, and policies for LDSS.	<p>Develop a script and/or outline that can be used by LDSS for afterhours messaging, protocols, and policies.</p> <p>Perform random quality assurance review of afterhours messaging and policies.</p>	June 2023	State Hotline Program Manager and State Hotline Shift Supervisors
4	<ol style="list-style-type: none"> 1. Remind the localities of the training tools available related to the MRP and the benefits of the reporters using this tool rather than calling the locality or the state hotline. 2. Work with the localities to ensure that the MRP is properly advertised and promoted 	Educate LDSS on the availability and benefits of the MRP.	Hotline program will work with local agencies to promote the increased utilization of the VaCPS Local Agency Toolkit.	June 2023	State Hotline Program Manager and State Hotline Shift Supervisors

Finding No.	Recommendation	Corrective Action	Deliverable	Estimated Completion Date	Responsible Position
	<p>to local mandated reporters, to include the benefits of the MRP.</p> <p>3. Provide additional training to localities that are not familiar with MRP.</p>				
5	1. Conduct a workload analysis to determine the appropriate workload standards for its child protective services staff.	Determine appropriate workload standards for CPS staff.	<p>Consult with the Children’s Bureau to determine if there are existing workload standards for CPS staff.</p> <p>Determine the ratio of workers to referrals per locality, and a total for the state as a whole.</p> <p>Recommend a budget amendment in the FY 2024 budget to provide adequate staffing for LDSS to appropriately address suspected allegations of abuse and/or neglect.</p>	July 2023	Protection Program Manager, Assistant Director of Protection/Prevention and DFS Division Director.

Finding No.	Recommendation	Corrective Action	Deliverable	Estimated Completion Date	Responsible Position
6	<ol style="list-style-type: none"> 1. Require at least annual training for local DSS caseworkers regarding policies and procedures. 2. Using CPS Practice Consultants, select a sample of referrals to ensure they have the proper response time and provide feedback to the local DSS. 	<ol style="list-style-type: none"> 1) Annual training for LDSS CPS workers and supervisors on CPS Guidance. 2) Review of random samples of referrals to assess the work of local agencies regarding response times for CPS. Workers are required to complete a face-to-face contact (interview) with the alleged victim child within the determined response priority. In Virginia, we have three response priorities: (1) R1 within 24 hours; (2) R2 within 48 hours; and (3) R3 within 40 work hours. 	<ol style="list-style-type: none"> 1) Update CPS Guidance to require all CPS workers and supervisors complete transmittal training annually. Use self-paced eLearning format to deliver annual CPS guidance and track completion with rollout of each year's training beginning on or near the start of the fiscal year with 90 days for staff to complete. 2) The QAA CFSR team selects a random sample of cases each quarter. At the end of the review, PC's receive the reports that show timeliness to response. CPS 	<ol style="list-style-type: none"> 1) Quarterly, beginning 2023 and annual compilation due end of CY2023. 2) June 2023 	<ol style="list-style-type: none"> 1) Protection Program Manager/staff and Local Training and Development staff 2) Local Engagement Support(LES) CPS Practice Consultants, LES Regional Director, LES Division Director, QAA Program Manager

Finding No.	Recommendation	Corrective Action	Deliverable	Estimated Completion Date	Responsible Position
			Practice Consultants will provide technical assistance to agencies not meeting proper response times.		
7	<ol style="list-style-type: none"> 1. Require at least annual trainings for workers regarding CPS guidance. 2. Using CPS Practice Consultants, review cases not responded timely to ensure jurisdictional issues were not the underlying reason. 	<ol style="list-style-type: none"> 1) Annual training for LDSS CPS workers and supervisors on CPS Guidance. 2) Review of random samples of referrals to assess response time and cause of delay. CPS workers are required to complete a face-to-face contact (interview) with the alleged victim child within the determined response priority. In Virginia, we have three response priorities: (1) R1 within 24 hours; (2) R2 within 48 hours; and (3) R3 within 40 work hours. 	<ol style="list-style-type: none"> 1) Update CPS Guidance to require all CPS workers and supervisors complete transmittal training annually. Use self-paced eLearning format to deliver annual CPS guidance and track completion with rollout of each year's training beginning on or near the start of the fiscal year with 90 days for staff to complete. 2) The QAA team will provide a narrative related to 	<ol style="list-style-type: none"> 1) Quarterly, beginning 2023 and annual compilation due end of CY2023. 2) June 2023 	<ol style="list-style-type: none"> 1) Protection Program Manager/staff and Local Training and Development staff 2) Local Engagement Support(LES) CPS Practice Consultants, LES Regional Director, LES Division Director, QAA Program Manager

Finding No.	Recommendation	Corrective Action	Deliverable	Estimated Completion Date	Responsible Position
			<p>the quality of the timeliness of response that details issues, to include jurisdictional concerns. The CPS Practice Consultants will provide technical assistance to agencies not meeting proper response times to include description of root cause.</p>		
8	<ol style="list-style-type: none"> 1. Require at least annual trainings for workers regarding CPS guidance, focusing on areas identified by supervisors as needing correction, common mistakes, and changes in procedures since the prior year. 2. Require the Regional CPS Consultants to sample referrals and provide feedback to the localities periodically to ensure compliance. 	<ol style="list-style-type: none"> 1) Annual training for LDSS CPS workers and supervisors on CPS Guidance. 2) Review of random samples of referrals to assess the work being completed by local agencies. 	<ol style="list-style-type: none"> 1) Update CPS Guidance to require all CPS workers and supervisors complete transmittal training annually. Use self-paced eLearning format to deliver annual CPS guidance and track completion with rollout of each year's training 	<ol style="list-style-type: none"> 1) Quarterly, beginning 2023 and annual compilation due end of CY2023. 2) June 2023 	<ol style="list-style-type: none"> 1) Protection Program Manager/staff and Local Training and Development staff 2) Local Engagement Support(LES) CPS Practice Consultants, LES Regional Director, LES Division Director,

Finding No.	Recommendation	Corrective Action	Deliverable	Estimated Completion Date	Responsible Position
			<p>beginning on or near the start of the fiscal year with 90 days for staff to complete.</p> <p>2) The QAA team will provide reports that detail in narrative form both qualitative outputs and quantitative feedback. These reports will be sent to the locality and the Regional Practice Consultants. The CPS Practice Consultants will provide technical assistance to agencies not in compliance.</p>		QAA Program Manager
9	1. Using CPS Practice Consultants, provide training to the localities to ensure that cases are being	Review of random samples of referrals to assess the work being completed by local agencies.	The QAA CFSR team selects a random sample of cases that are derived from CPS Assessments and	June 2023	Local Engagement Support(LES) CPS Practice Consultants, LES Regional

Finding No.	Recommendation	Corrective Action	Deliverable	Estimated Completion Date	Responsible Position
	<p>documented properly and closed within the timeframes allowed.</p> <p>2. Using CPS Practice Consultants, run reports on family assessments and follow-up on assessments not completed timely.</p> <p>3. Using CPS Practice Consultants, select a sample of family assessments to ensure they are properly completed and provide feedback to the local DSS.</p>	<p>CPS Practice Consultants will provide training to localities individually or in group settings as relevant to review documentation and timely case closure. The Code of Virginia requires the LDSS to complete and document the family assessment within 60 calendar days of receipt of the complaint or report. The Code of Virginia requires the LDSS to complete and document the investigation within 45 calendar days of receipt of the complaint or report unless there has been an approved extension.</p> <p>CPS Practice Consultants will provide support/TA to agencies in response to family assessment documentation and timely family assessment closure</p>	<p>Investigations each quarter.</p> <p>These reports will be sent to the locality and the Regional Practice Consultants. The CPS Practice Consultants will provide technical assistance to agencies not in compliance.</p>		<p>Director, LES Division Director, QAA Program Manager</p>

Finding No.	Recommendation	Corrective Action	Deliverable	Estimated Completion Date	Responsible Position
		concerns in local departments.			
10	<ol style="list-style-type: none"> 1. Require at least annual trainings for workers regarding CPS guidance. 2. Require the Regional CPS Consultants to sample referrals, including Investigation cases, and provide feedback to the localities periodically. 	<ol style="list-style-type: none"> 1) Annual training for LDSS CPS workers and supervisors on CPS Guidance. 2) Review of random samples of referrals to assess the work being completed by local agencies. CPS Practice Consultants will provide support/TA to agencies in response to investigation documentation and timely closure concerns in local departments. The Code of Virginia requires the LDSS to complete and document the family assessment within 60 calendar days of receipt of 	<ol style="list-style-type: none"> 1) Update CPS Guidance to require all CPS workers and supervisors complete transmittal training annually. Use self-paced eLearning format to deliver annual CPS guidance and track completion with rollout of each year’s training beginning on or near the start of the fiscal year with 90 days for staff to complete. 2) The QAA CFSR team selects a random sample of cases that are 	<ol style="list-style-type: none"> 1) Quarterly, beginning 2023 and annual compilation due end of CY2023. 2) June 2023 	<ol style="list-style-type: none"> 1) Protection Program Manager/staff and Local Training and Development staff 2) Local Engagement Support(LES) CPS Practice Consultants, LES Regional Director, LES Division Director, QAA Program Manager

Finding No.	Recommendation	Corrective Action	Deliverable	Estimated Completion Date	Responsible Position
		<p>the complaint or report. The Code of Virginia requires the LDSS to complete and document the investigation within 45 calendar days of receipt of the complaint or report unless there has been an approved extension.</p>	<p>derived from CPS Assessments and Investigations each quarter. These reports will be sent to the locality and the Regional Practice Consultants. The CPS Practice Consultants will provide technical assistance to agencies not in compliance.</p>		