

WASHINGTON STATE  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
OFFICE OF OPERATIONS REVIEW

PERFORMANCE AUDIT  
OF  
DIVISION OF CHILDREN AND FAMILY SERVICES  
OLYMPIA AREA OFFICE

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## DIVISION OF CHILDREN AND FAMILY SERVICES

### OLYMPIA AREA OFFICE

#### I. INTRODUCTION

An audit of the Division of Children and Family Services' (DCFS) Olympia Area Office was conducted by staff from the Performance Audit Section, Office of Operations Review, during the period May 20 - 23, 1985, with an exit conference conducted June 27, 1985. The purpose of the audit was to examine compliance with departmental administrative policies, state and federal statutes, and DCFS regulations, policies and procedures.

##### A. Scope of the Audit

The audit consisted of a review for compliance with pertinent Washington Administrative Code (WAC) requirements, DCFS Manual provisions, and DSHS administrative policies; review of internal management and control systems, clerical support, and office communications; and review of client case records and other information systems to determine compliance with applicable guidelines.

The Acting Area Manager responsible for the Olympia Area Office, the Casework Supervisor, support staff and service workers were interviewed, and the Office's policies, personnel and related files were reviewed.

The audit was conducted in accordance with generally accepted governmental auditing standards, except as pertained to independence, and, accordingly, included such tests of the accounting records and other auditing procedures as were considered necessary under the circumstances.

##### B. Background Information

The services provided to children and families through the DCFS Olympia Area Office had been the responsibility of the Olympia Community Services Office (CSO) until the creation of the new Division on August 1, 1984. The Division has been transitioning services and responsibilities since that time. DCFS service staff were co-located with the DCFS Center 6 staff within the building occupied by the CSO.

The DCFS Center 6 - Olympia Area Office was under the general responsibility of the DCFS, Center 6 Administrator, with the Casework Supervisor reporting to an Area Manager within Center 6. There was one Casework Supervisor with 20 full-time or intermittent social service staff reporting to her. All DCFS direct services to families and children, including the licensing of family foster and day care homes, in Thurston County were performed by the staff.

DCFS had entered into a cooperative agreement with the CSO so that many administrative functions were carried out by CSO staff in behalf of DCFS. For example, personnel records were maintained by CSO staff, and accounting for payroll and cash receipts and building security were provided by the CSO.

#### C. Statement of Compliance

The DCFS Olympia Area Office was in minimal compliance with statutory, regulatory, and departmental requirements with the exception of those items noted in the "Findings, Analyses and Recommendations" section of this report. Strengths noted during the audit included:

- Adoption services records were complete and timely.
- Inter-state Compact cases generally were timely and contained all necessary elements.
- Staff demonstrated a good working knowledge of and relationships with other community agencies and with the CSO.
- Staff enjoyed good relationships and positive interaction with youths being served.

## II. FINDINGS, ANALYSES AND RECOMMENDATIONS

All audit findings and recommendations are within the Corrective Action Plan (CAP) and Corrective Action Report (CAR) responsibilities of the Director, Division of Children and Family Services.

### A. General Management and Internal Controls

1. FINDING: The area office did not have all required information or documents relating to personnel:

- a. Two of 15 DCFS employees needed a Classification Questionnaire for their position.
- b. Thirteen of 15 personnel files did not have a current performance evaluation.
- c. Eight personnel files needed documentation that orientation and training had been completed, and nine files needed evidence of initial Child Protective Services (CPS) training.
- d. The Casework Supervisor's personnel file lacked documentation of basic supervisory training.

Auditee's Response: In reference to files lacking evidence of CPS training, in the Olympia office there are now and have been only five CPS case-workers.

Auditor's Comment: There were five permanent CPS service workers and four intermittent service workers who performed week-end and after hours intake for CPS and Family Reconciliation Services. Training for these four staff needed to be documented.

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that a current Classification Questionnaire is maintained for each position; that employee performance evaluations are conducted in a timely way, with a copy retained in the individual's personnel file; and that staff receive required training, with participation documented in the respective personnel files.

- 2. FINDING: There was no policy or procedure for handling clients' concerns. (Administrative Policy Manual, Chapter 08.03)

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that a policy and procedure are written, with copies provided to all Area Office staff, with posting of the policy in conspicuous locations for the benefit of clients.

- 3. FINDING: DCFS had not posted "No Smoking" signs in the rest rooms and the elevator. (WAC 248-152 and Personnel Policy 551)

RECOMMENDATION: The DCFS, Center 6 Administrator ensure through agreement with the CSO Administrator that "No Smoking" signs are properly posted.

4. FINDING: The DCFS Olympia Area Office did not complete appropriate corrective actions resulting from its self-audit. (Administrative Policy Manual, Chapter 16.05)

While the DSHS Internal Control Checklist indicated that the Office had a mission statement, the checklist revealed that it contained none of the required elements, nor had it been corrected.

The organization chart was not adequate, in that it did not identify organizationally the two units, Child Protective Services and Child Welfare Services.

Auditee's Response: The organization chart does not identify two units because there are not currently two units. The DCFS Center 6 - Olympia Area Office has one supervisory position, and one unit.

Auditor's Comment: At the on-site review, the Area Office was described as having two units, CPS and CWS, with each reporting to the same supervisor. The auditors were introduced to two lead workers, one for each unit.

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that the Internal Control Checklist is completed accurately and that timely corrective actions are completed.

5. FINDING: A manual or operating instructions were not provided to each new employee, and written procedures had not been implemented. (Administrative Policy 16.05)

Each employee would benefit from having a desk manual containing office policies, procedures, and instructions for carrying out tasks within the job assignment.

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that each employee receives a copy of office operating instructions, with basic orientation information.

6. FINDING: There were no barriers limiting access by unauthorized persons to employee areas of the Office. (Administrative Policy 16.05)

Unauthorized, unsupervised persons could gain direct access to employee work areas due to the design of

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the building. Doors providing direct access to employee work areas were unlocked and unsupervised by receptionists or other personnel.

RECOMMENDATION: The DCFS, Center 6 Administrator ensure, through agreement with the CSO Administrator, that barriers to restrict access are put in place.

## B. General Program Provisions

1. FINDING: The Casework Supervisor did not conduct routine case review using the Social Service Reading Schedule, DSHS 15-164, nor monitor services and expenditures authorized by staff. (DCFS Manual, Chapter 02.18, 26.23, and 32.73)

The Casework Supervisor managed all programs and staff delivering services through the Olympia Area Office. The Supervisor reviewed some records for completeness upon closure but stated there was no time for more than that.

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that cases are reviewed and services and authorized expenditures monitored according to departmental requirements.

2. FINDING: Instructions for the use of and examples of the DSHS 15-164(X), Social Services Reading Schedule, were not available in DCFS Manual Chapter 99 as referenced in DCFS Manual, Chapter 02.18D, nor were they available in the Area Office for utilization.

RECOMMENDATION: The Director, DCFS, ensure that DCFS Manual Chapter 99 is revised to include an example of the DSHS 15-164(X), Social Services Reading Schedule, and instructions for its use.

3. FINDING: The Olympia Area Office had not implemented a policy/procedure describing a system of service intake, assignment, record make-up, data collection/retention, and client tracking, and had not developed clerical job descriptions outlining responsibilities for maintaining the system.

All CPS referrals receiving Information and Referral (I&R) services for over 30 minutes were opened on the DSHS 14-154(X), Social Service Authorization, if

a DSHS 4-114(X), Social Service Intake form, was completed. Analysis of daily unit intake and assignment logs indicated that 33 percent of all referrals inputted to SSPS were Information Only and not assigned for investigation. SSPS reports generated from the Social Service Authorizations (SSA) did not provide history/retention of the referral information nor provide data collection specific to the nature of the child abuse/neglect complaint. Area Office internal logs, records and tracking systems maintained manually by the Casework Supervisor and clerical support did not provide comprehensive, expediently retrievable information useful to workers in assessing the seriousness of current referrals.

Responsibility for inquiry into prior abuse/neglect history was not specifically assigned, resulting in multiple staff involvement within both the Area Office and the CSO, which maintained masterfiles, stored and made up case records, and authorized record destruction according to its own record retention schedules. Inactive CPS records could be destroyed in 3 years, an unreasonably short time-frame given the recidivistic nature of CPS households and the number of referrals not being served under the current staffing/workload situation described in Finding C.5.

The Area Office was assigned only one clerical position, with DCFS responsibilities divided among three staff who also provided clerical support to and were supervised by the CSO. A comprehensive clerical support system for the Area Office had not been developed. Several DCFS clerical functions were not defined in Work Load Planning and Control (WLPC), thus losing count points to demonstrate actual FTE earnings/needs. As a result, a number of clerical tasks were being performed by casework and supervisory staff, decreasing the effectiveness and cost efficiency of those positions.

RECOMMENDATION: The DCFS, Center 6 Administrator ensure development of policy and procedure describing service intake and support activities, including exploration of automation capabilities and definition of clerical functions for maintaining the system.

4. FINDING: Service workers failed to utilize the DSHS 2-305(X), Service Episode Record, according to DCFS Manual standards.



There was no systematic, uniform method of recording case narrative and progress notes. The case records contained loose scraps of paper and memos with either reference to the youth or dialogue about the youth.

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that case recording is completed on the Service Episode Record according to Division standards.

### C. Child Protective Services

1. FINDING: The Central Child Abuse Registry was neither cleared upon intake of child abuse/neglect allegations nor notified upon substantiation of CPS complaints. (DCFS Manual, Chapter 26.31 and 26.36)

Without notification to the Central Child Abuse Registry of substantiated incidences of child abuse/neglect, subsequent checks for new CPS referrals and for applicants for child care licensing would be meaningless.

Auditee's Response: Manual does not require clearance of Central Registry at intake of CPS and we do report those substantiated. . . .

Auditor's Response: DCFS Manual, Chapter 26.31.D states that "the CPS worker taking the referral will be responsible for checking for appropriate agency history through central registry. . ." Ten CPS cases identified as "substantiated" in the Area Office log were submitted to the Central Child Abuse Registry to determine if the Registry had been notified. It was found that none of the ten cases had been registered.

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that clearances are undertaken upon intake and that the Central Child Abuse Registry is notified upon substantiation of CPS complaints.

2. FINDING: CPS investigations were not completed within 30 days of intake, and detailed case plans for the case to remain open over 90 days from intake were not developed in 82 percent of the cases reviewed. (DCFS Manual, Chapter 26.21)

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that CPS investigations are completed within 30 days of intake, with detailed case plans developed for cases to remain open over 90 days.

3. FINDING: The Area Office had not notified the referrant of the validity of the case at the end of the investigative phase in 40 percent of the cases reviewed that were appropriate for such notification. (DCFS Manual, Chapter 26.21)

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that the referrant is notified of the validity of the complaint at the end of the investigative phase, when appropriate.

4. FINDING: Supervisory review to determine validity for the case to remain in CPS had not occurred at the 90 and 180 day intervals in all cases reviewed, and administrative review to continue the case beyond one year had not occurred, nor had transfer of foster care cases to Child Welfare Services (CWS) when appropriate. (DCFS Manual, Chapter 26.21)

Generally appropriate initial response and actions on assigned referrals occurred to assess risk factors and assure protection of the child. With these actions accomplished, cases were banked with little or no action or documentation.

CPS workers were assigned 7 to 10 new referrals per month. The lack of supervisory review and assistance to workers in making casework decisions was a significant factor in the extended length of service.

It was reported that foster care cases were not being transferred to CWS because those workloads were too heavy to accept new cases, while some CPS worker foster care loads were escalating to similar levels. It was not possible to assess the impact on duration of the child remaining "in the system" as workers were not utilizing/authorizing the SSPS Permanent Planning code, which would enable monitoring the timeliness of progress toward case goals and resolution.

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that supervisory and administrative reviews occur as required and that cases are transferred or closed as appropriate.

5. FINDING: CPS was operating 1.5 positions (FTE) below the staffing level indicated through SSPS workload standards, and approximately 30 percent of the intake/referrals were not assigned nor acted upon by the Local Office.

Clients were appropriately referred to intake/assessment specialists and assigned by the Supervisor in accordance with DCFS Manual, Chapter 02.04 requirements. CPS intake was rotated one day per week among five staff members. The intake workload averaged 70 new referrals per month, not including I&R contacts. The rotating intake schedule was intended to provide staff relief with one office day per week to do paperwork. The intrusion of the additional intake/crisis resolution problem solving in staff's "protected time" was not permitting achievement of the goal.

Supervisory annotation of the required CPS investigation response time was not included on the referral form, DSHS 4-114(X). Reaction/response decisions were left to the discretion of the individual workers. The Casework Supervisor did not assign all referrals for investigation and based decisions on caseload size and risk to the child. The types of cases being served were prioritized in descending order: Sexual abuse, serious physical abuse, failure to thrive, serious physical neglect. The combination of insufficient staff, heavy workload, and inefficient intake system had effectively restricted services, significantly altering mandates of the CPS program.

RECOMMENDATION: The DCFS, Center 6 Administrator consider development of a systematized, specialized CPS/crisis intake function to enhance office efficiency and worker productivity.

6. FINDING: The Area Office had not created children's foster care records when the children were placed in foster care by CPS workers. (DCFS Manual, Chapter 02.10)

Children's service data continued to be included in the family service record. A child's record was not opened for a child placed in foster care until after the case had been transferred to CWS, sometimes months after the placement had occurred.

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that a separate child's record is set up immediately upon the child's placement in foster care, whether by a CPS or CWS worker.

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D. Family Foster Care

1. FINDING: The Casework Supervisor did not document approval of family foster care placement nor could it be determined that family foster care cases were assigned according to established priorities. (DCFS Manual, Chapter 32.14 and 32.32)

The case records lacked narrative or other documentation of supervisory review and approval when children were placed in care.

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that the Casework Supervisor participates in placement decisions so that priorities are followed, with supervisory concurrence with placement documented on the DSHS 2-305(X), Service Episode Record.

2. FINDING: In three of six applicable cases, the case record did not contain legal authority, in the form of a signed Consent to Place or Court Order, for the placement. (DCFS Manual, Chapter 32.32)

Auditee's Response: The auditee reviewed ten cases examined by the auditors at the site visit and maintained that each case had appropriate placement authorization.

Auditor's Comment: At the site visit, the auditors were unable to identify that appropriate legal authority for placements involving children from three families had been obtained to retain the children in foster care.

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that DCFS has legal authority for placement of each child in care, with a copy of the Court Order or signed Consent to Place retained in the individual client files.

3. FINDING: Family foster care records reflected the following deficiencies:

- a. Five of 13 cases reviewed did not have source of funds for maintenance payments correctly determined or documented, with three of the cases improperly receiving federally matched Aid to Families with Dependent Children-Foster Care (AFDC-FC). (DCFS Manual, Chapter 32.15, 32.35, and 33.15)

- b. Eleven cases did not have an Individual Service Plan (ISP) developed within 30 working days of the placement. (DCFS Manual, Chapter 32.15)
- c. Eleven records did not have documentation that a physical/dental examination had been arranged within 30 working days of placement. (DCFS Manual, Chapter 32.21)
- d. In six cases a permanency plan had not been developed within six months of placement. (DCFS Manual, Chapter 32.21)
- e. Eight case records did not have current narrative documenting monthly face-to-face contact with the child, family, and foster care provider. (DCFS Manual, Chapter 32.21)
- f. In two cases, transition to CWS from CPS was inappropriate in that they remained in CPS after the child had been removed from the home, court action had occurred, and the child was no longer in danger; and in three cases appropriateness could not be determined due to lack of recording. (DCFS Manual, Chapter 32.31)
- g. In one case there was no documentation that the DCFS, Center 6 Administrator approved a stay beyond 30 days in regular receiving care. (DCFS Manual, Chapter 32.33)
- h. Eleven client case records did not contain an updated or quarterly ISP. (DCFS Manual, Chapter 32.36)
- i. Three records needed documentation of appropriate efforts to reunify the child with the natural family. (DCFS Manual, Chapter 32.36)
- j. In seven cases, the child's potential resources were not explored within five working days of placement. (DCFS Manual, Chapter 33.31)

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that all requirements relating to placement, services, and record keeping are met by the Area Office staff.

E. Juvenile Court Activity

- 1. FINDING: In five cases, the Alternative Residential Placement (ARP) petition was not filed after passage

of 72 hours from notice to parents of failure of an agreement to resolve family conflict or 72 hours after placement in a Crisis Residential Center. (DCFS Manual, Chapter 23.31)

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that court petitions are filed in the required time-frames.

2. FINDING: In three instances, the Court Order placed the child with a caretaker who did not meet Minimum Licensing Requirements. (DCFS Manual, Chapter 23.31)

In one instance the court placed children with neighbors of the abusing parent prior to the family's having applied for or received a family foster care license. In another case, the child was placed with an unlicensed employer.

RECOMMENDATION: The DCFS, Center 6 Administrator work with the Juvenile Court to ensure that children are placed only in homes or facilities meeting Minimum Licensing Requirements.

3. FINDING: In three cases, the DCFS service worker improperly recommended the level of child support to be paid by the parents of a child in placement. (DCFS Manual, Chapter 23.31)

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that only representatives of the Office of Support Enforcement make recommendations to establish, raise, lower, release, or forgive support payments for a child in placement.

#### F. Child Care Home Licensing

1. FINDING: Two licensed home records needed documentation that Central Child Abuse Registry checks had been done, and four other records needed evidence that Registry and criminal record checks were completed. (DCFS Manual, Chapter 06, Notice T-11)

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that Central Child Abuse Registry and criminal record checks are completed and documented for all applicants for child care licenses before the licenses are issued.

2. FINDING: Two licensed home records did not include the home study, and one was missing the foster home checklist. (DCFS Manual, Chapter 06.35)

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that home studies and appropriate checklists are completed on all applicants for child care licenses, with copies retained in the individual case records, before issuance of the license.

3. FINDING: The Area Office did not actively recruit homes to meet geographic or service needs. (DCFS Manual, Chapter 06.31)

The Family Foster Home licenser undertook no formal recruiting activity, relying on word-of-mouth of current licensees among their acquaintances. The Family Day Care licenser undertook no recruiting activity.

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that active recruiting is undertaken to assure availability of homes to meet all geographic and special service needs.

4. FINDING: The day care licensing specialist was involved in program activity by carrying a participation day care case load in addition to the licensing activity. (DCFS Manual, Chapter 06.13)

The CSO had staffed this program until February 28, 1985, at which time it was transferred to the responsibility of the DCFS office. By memorandum the licensing worker asked for notice from the DCFS, Center 6 Administrator of job responsibilities and specific acknowledgement of the variance from Manual requirements.

The Casework Supervisor responded by memorandum dated March 1, 1985. The response recognized the Manual provision and stated the expectation that the licenser would not refer clients to specific providers and would keep the programs as separate as possible.

Failure to provide specific names of day care providers to clients would be a disservice to those clients.

Auditee's Response: Clients are referred to the Day Care Association and licensed day care facilities in their area for their selection of a provider.

Auditor's Comment: The finding was based on the memoranda cited. Referral to a Day Care Association that might not include among its members all licensed facilities would not assure referral to those facilities best able to meet the client's individual needs.

RECOMMENDATION: The DCFS, Center 6 Administrator take steps to separate the licensing function from programmatic activity.

G. Crisis Residential Care

1. FINDING: There was no documentation to indicate that any support services had been provided to the family Crisis Residential Centers (CRCs). (DCFS Manual, Chapter 31, Notice T-6)

Auditee's Response: Family CRC has seldom been used since October 1984. Support Services became available 9/6/84 with DCFS Manual, Chapter 31, Notice T-6, and have not been necessary or appropriate to the family CRC since that time.

Auditor's Comment: Each of four family CRCs was receiving a retainer fee between \$64.70 and \$121.89 per month. If the homes were not being used enough to justify provision of support services, then it might be appropriate to eliminate the retainer fees.

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that appropriate support services are provided to the family CRCs, with documentation retained in the individual licensing files.

2. FINDING: In one Olympia Area Office case reviewed, Group CRC services had not been authorized until 30 days after the placement. (DCFS Manual, Chapter 31.15)

CRC Social Service Authorizations (DSHS 14-154[X]) had generally been completed after-the-fact or several days into the period of service delivery, which meant that the vendor lacked a delivery order for providing service.

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that Social Service Authorizations are prepared promptly upon the child's placement, with a copy provided to the vendor.



3. FINDING: Daily contact to monitor progress of children in Group CRC placement and to provide direct services to the children occurred infrequently, especially if the placement extended beyond 72 hours. (DCFS Manual, Chapter 31.34)

The frequency of contact decreased with extended placements. The CRC was utilized in part as an interim placement for youth awaiting placement in Group Foster Care. For these youth for whom return home was not the plan, daily contact was not an appropriate requirement.

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that appropriate monitoring and services are provided on a daily basis, and the Director, DCFS, revise requirements to conform with actual CRC utilization, consistent with statute.

4. FINDING: The family CRCs did not submit the required monthly service reports. (DCFS Manual, Chapter 31.32)

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that family CRCs submit required reports.

5. FINDING: DCFS did not recruit, train, and select families for CRCs based on their skills and commitment to children. (DCFS Manual, Chapter 31.34)

There was no information in the records for those licensed homes being used as family CRCs to indicate that the parents had unique experience, qualifications, or training to qualify them to serve as family CRCs. There was no information to indicate why the Olympia Area Office had designated these particular homes to serve as CRCs.

RECOMMENDATION: The DCFS, Center 6 Administrator establish policies and procedures to ensure that only families with special skills and demonstrating commitment to serving children are utilized as family CRCs.

#### H. Group Foster Care

1. FINDING: One child - a minor dependent ward of the court in DSHS custody - was allowed to be placed by a licensed Group Home in an unlicensed, unsupervised work setting, with medical coverage authorized by the DCFS service worker although the child was not in a foster care situation.

The child was terminated from Group Care on the Social Service Authorization, but medical coverage was continued for an additional period of time. The child was working and living with a contractor and other crew members, traveling throughout the Northwest trimming brush under power lines. No supervision was being provided by the DCFS Olympia Area Office nor the Group Home with which he had been placed.

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that the child's case is reviewed by the Juvenile Court, that he is returned to supervised care until such time as he is released by the Court, and that medical coverage is authorized only for children in properly authorized placements.

2. FINDING: An Exception To Policy was approved by the Area Office rather than the DCFS, Center 6 Administrator or the State Office. (DCFS Manual, Chapter 34.16 and 34.36)

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that Exceptions To Policy are approved according to Manual requirements.

3. FINDING: Seventy-five percent of the Group Care records reviewed did not contain evidence of the required pre-placement physical and dental examinations. (DCFS Manual, Chapter 34.32)

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that pre-placement physical and dental examinations are completed in a timely way for children entering placement.

4. FINDING: Twenty-five percent of the records reviewed needed evidence of service worker monitoring of progress of the child in care, with at least quarterly telephone contact. (DCFS Manual, Chapter 34.33)

DCFS subsequently instituted a new system for monitoring of children in Group Care through assignment of a case monitor.

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that monitoring conducted through the new system is documented in the individual child's case record.

5. FINDING: In 50 percent of the cases reviewed, the quarterly ISPs did not contain signatures indicating appropriate review and approval, and initial ISPs often needed signatures indicating appropriate approval of the placements. (DCFS Manual, Chapter 34.16 and 34.33)

The initial placement ISP lacked the signature of the CFS, Center 6 Administrator or designee, indicating approval of the placement. The Area Office was operating under a memorandum delegating approval for group care placement to the CSO by the Community Services Regional Office in 1983.

The memorandum was no longer in effect once DCFS was established, and all placements made after August 1, 1984, should have been made according to DCFS Manual provisions.

RECOMMENDATION: The DCFS, Center 6 Administrator update Center 6 policies to reflect DCFS Manual requirements and the best operational methods to serve children; ensure that placement ISPs are signed to indicate appropriate approvals before the children are placed; and ensure quarterly ISPs are received and reviewed on a timely basis, with signed copies retained in the individual service files.

#### I. Family Reconciliation Services

1. FINDING: There was no documentation that the DCFS, Center 6 and State Offices monitored the Area Office's practices, procedures, intake logs, and client service records. (DCFS Manual, Chapter 24.23)

RECOMMENDATION: The Director, DCFS, ensure that the Area Office practices and procedures are monitored according to Manual requirements, with the activity documented.

2. FINDING: The Area Office did not include information required for monitoring purposes on an FRS log when the situation was resolved or referred outside DSHS within one hour of initial contact. (DCFS Manual, Chapter 24.37)

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that a daily FRS log, containing all required information, is maintained by the Area Office.

J. Day Care Services

1. FINDING: Sixty-four percent of the child care records reviewed needed a developed child care plan. (DCFS Manual, Chapter 28.32)

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that a child care plan is developed for each child for whom day care payment is being made by the Department.

2. FINDING: There was no documentation to verify that the parent retained responsibility for choice of child care plan, including provider, and that the parent was provided with a copy of the Day Care Checklist in 79 percent of the cases reviewed. (DCFS Manual, Chapter 28.32)

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that the parent's choice of plan and provider and provision of the Day Care Checklist are documented in the individual family records.

3. FINDING: In 50 percent of the cases reviewed, the child care plan had not been reviewed at least once every six months. (DCFS Manual, Chapter 28.21)

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that child care plans are reviewed on a timely basis.

K. Homemaker Services

FINDING: Homemaker services were not authorized and documented according to departmental requirements. (DCFS Manual, Chapter 40.15, 40.31, and 40.32)

All the cases reviewed lacked service plans and time-frames for the homemaker services, and 33 percent had not had service authorized consistent with the basic service plan. None of the records contained the DSHS 15-45(X), Homemaker Progress Report. Two-thirds of the cases were not properly terminated and did not have case information recorded on the DSHS 2-305(X), Service Episode Record.

RECOMMENDATION: The DCFS, Center 6 Administrator ensure that homemaker services are authorized and documented as required.

L. Community Resource/Volunteer Coordination

FINDING: The Area Office had not developed a yearly plan for community involvement and had no staff designated as community resource/volunteer coordinator. (DCFS Manual, Chapter 62.31 and 62.32)

The Area Office, and before it the CSO, had not had a Community Resource Coordinator in over three years. The CSO had a Community Resource Coordinator position on paper, but no FTE had been allotted to it.

The Community Resource Coordinator duties were not included in Area Office staff descriptions nor were they delegated in the creation of DCFS. The Casework Supervisor and CPS staff performed minimal community liaison work within regular workload constraints.

There were no volunteer positions and no written job descriptions for volunteers. Due to lack of organized volunteer coordination, volunteers had been turned away because there was no one to manage them.

RECOMMENDATION: The DCFS, Center 6 Administrator give serious consideration to the allocation of a staff position to Community Resource Coordination to develop and make effective use of community volunteers.