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010 Purpose, Authority, and Application

010.1 General Authority and Application

Major objectives:
These guidelines are to be used by the Division of Child and Family Services (DCFS) staff as they plan, develop, manage, direct, supervise, or execute other administrative actions that support the provision of child welfare services in Utah. The following guidelines should not be construed as superseding, overriding, in conflict with, or being contrary to any law, rule, state policy, or department policy. The intent of these guidelines is to clarify law, rule, and state or department policy and to provide instruction and guidance to staff concerning practices unique to DCFS operations. Some of the links contained in these guidelines require special access, so they may be inaccessible to some individuals.

A. Development and publication of rules.
   1. The rulemaking process is governed by Utah Code Title 63G, Chapter 3 located at Utah Administrative Rulemaking Act.
   2. The Utah Office of Administrative Rules provides further clarification of the rulemaking process, which can be accessed at Rulemaking Process.

010.2 Organizational Structure

Guidelines
This section identifies the DCFS' organizational structure and outlines procedures to be followed when making changes to that structure.

A. Organizational structure:
   1. State office:
      a. The DCFS' state office provides program and administrative support to DCFS' regions, takes the lead when collaborating with other agencies, and implements, responds to, and reports on adherence to regulations and requirements placed on it by the Office of the Governor, the Utah State Legislature, and federal agencies that oversee state child welfare services. Overall responsibility and direction of DCFS is divided among the following:
         i. Division director--Responsible for development and propagation of DCFS' vision, mission, and overall organization.
         ii. Assistant director for programs--Responsible for providing direction to all DCFS' program service areas including domestic violence, In-Home and Out-of-Home Services, adoption services, Transition to Adult Living, Child Protection Services (CPS), Indian Child Welfare, Interstate Compact for the Placement of Children (ICPC), constituent services, and other program services.

iii. Assistant director for regional support--Responsible for coordination of regional operations, including contracts.
iv. Director of finance --Responsible for DCFS' budget, accounting, and revenue.
v. Director of information systems--Responsible for data reporting, data analysis, information systems, and liaison with DTS and department on technology related issues.

2. Regional offices:
   a. Service delivery is provided through five geographic regions. Region directors are responsible for program operations within their area.
      i. Regional headquarters--Each region has designated a specific office to be the regional headquarters where program direction and overall administrative support is coordinated.
      ii. Program offices--Caseworkers are assigned to specific offices from which program services are coordinated and dispensed.
      iii. Region directors, with approval from the DCFS director, may establish new offices or close offices based on need and ability to best serve clients.

B. Making changes to the organizational structure:
   1. Organizational reporting structure:
      a. Region directors may, with approval from the DCFS director, create new or change the existing reporting structure within their region.
      b. Changes affecting an employee's pay or job classification must be processed through the regional Human Resources (DHRM) representative.
      c. If the change affects a supervisor/employee relationship, the change must be recorded in SAFE (see Administrative Guidelines Section 080).

C. Changes to office configuration or location:
   1. Prior approval from the state office is required for changes to office locations.
   2. Prior approval from the state office is required when assigning a new staff member to an office or when reassigning existing staff to a new office.
   3. Changes affecting DCFS payroll and payment system must be coordinated with state office finance staff.

010.3 Reference to Other Policies and Guidelines

Major objectives:
It is not the intent of these Administrative Guidelines to duplicate information contained in other handbooks, Administrative Rules, or Practice Guidelines. So that staff can access needed references, which these guidelines augment or clarify, links to those references are provided.

Guidelines
Listed below are links to established state and Department of Health & Human Services (DHHS) policies and procedures.

A. Payments--State Financial Accounting Handbook is available at Payments. For details regarding DCFS-specific policies, please refer to Administrative Guidelines Section 060.1.

B. Purchasing--State Financial Accounting Handbook is available at Purchasing. For details regarding DCFS-specific policies, refer to Administrative Guidelines Section 050.4.

C. Travel--DHHS policy related to travel can be found at Department Travel. For details regarding DCFS-specific policies, refer to Administrative Guidelines Section 030.1.

D. Contracts--DHHS policies are available at Department Contracts. For greater detail regarding DCFS-specific policies, see Administrative Guidelines Sections 050.1, 050.2, 050.3, and 050.5.
   1. The Bureau of Contract Management (BCM) can also provide specific answers to contracting questions.
   2. Regional staff may also contact DCFS' contract administrator for information.
   3. If regions contact BCM directly, as a courtesy they should let DCFS' contract administrator know of the problem and response from BCM.

E. Personnel--Payroll issues are addressed on the Division of Finance website, Payroll.
   1. Section 2 in the DHHS Policy Manual also covers a wide variety of personnel issues, including:
      a. Exercise Policy.
      b. Conflict of Interest.
      c. Code of Ethics.
      d. Sick Leave Assistance.
      e. Compensation.
      f. On-call.
      g. Schedules AJ, AL, etc.
      h. Department Incentives.
      i. Volunteer Programs.
      j. Unlawful Harassment.
      k. Educational Assistance.

l. Family Members and Pets at Work.
m. Workplace Violence Prevention.
n. Domestic Violence.
o. Overtime and Excess Hours.
p. Reemployment of State Workers.
q. Position Classification.

2. For greater detail regarding DCFS-specific policies, see Administrative Guidelines Sections 020.1, 020.2, 020.3, 020.4, 020.5, 020.6, and 020.7.

F. Staff should contact state office administration for specific questions concerning any issue not addressed in these guidelines.

010.4 Other Agency Relationships

Major objectives:
Cooperation between DCFS, its community partners, and other state and local agencies is essential to the mission of DCFS. To enhance the provision of services and to support DCFS operations, the state office and regions will designate liaison staff to interface with specific state, local, and partner agencies.

Guidelines

A. Community relations—The state office has responsibility to support the Child Welfare Improvement Council (CWIC) and statewide coordination of the Regional Quality Improvement Committees (QICs), including the creation of an annual report reflecting the activities of those committees.

B. Other state agencies--DCFS may enter into contracts or inter-agency agreements with partners and state and local agencies when it is necessary or desirable to clarify division/agency or staff/agency relationships. Current agreements include those with:

1. The DHHS/Health Nurses—DCFS and DHHS have an agreement that indicates that DHHS will provide nurses in each DCFS region. These nurses will work with DCFS caseworkers to assure children's health needs are being addressed.
2. Bureau of Criminal Identification (BCI)--In order to assure safety of children in state custody, DCFS has entered into an agreement with BCI to provide background checks for prospective foster and adoptive parents and for DCFS staff working with children.
    a. Designation of staff to access BCI records (Utah Criminal Justice Information System [UCJIS])--DCFS staff who have a need to access BCI records will be identified and trained prior to receiving access.
    b. Compliance to laws and regulations regarding use of BCI data--As indicated in the "code of ethics" (which all DCFS staff are required to acknowledge and sign), staff are required to "respect and protect the appropriate confidentiality and privacy of records and information concerning clients." If misuse is suspected, DCFS will inform the commissioner and the director of the Utah BCI. Any DCFS staff that does

misuse data obtained from BCI will be appropriately disciplined. Depending on the nature of the misuse, this discipline may include termination. Upon becoming aware of any allegation or finding of misuse of this information, DCFS administration will confer with Human Resources to determine appropriate disciplinary action.

3. Division of Services for People with Disabilities (DSPD)--DCFS has entered into an agreement with DSPD relating to children that will "age out" of DCFS' custody but still require and qualify for DSPD services. The agreement specifies conditions that clients and their caseworkers must meet before those children can be transferred to DSPD care.

010.5 Processing Constituent Complaints

Major objectives:
In an effort to provide optimal services to children and families, DCFS strives to have clear, open, and effective communication with the clients it serves. When constituent complaints arise, DCFS believes it is important to effectively resolve those concerns at the lowest level possible. The DCFS constituent services office (constituent services office) coordinates with the DCFS' regional offices (regional offices) to ensure complaints are addressed effectively and expeditiously. The constituent services office also coordinates with the CPO in an effort to resolve the concerns handled by their office.

Guidelines

A. An aggrieved person will first make a reasonable attempt to resolve a complaint with a caseworker and the caseworker's supervisor. If resolution is not reached, a complaint may be filed with the regional office.

B. The complainant or aggrieved person will make a complaint no later than 180 days from the date of the alleged circumstances giving rise to the complaint.
   1. Each complaint will:
      a. Include the aggrieved person's name, address, and phone number, and the names and addresses of all persons involved in the complaint.
      b. Describe DCFS' alleged act or omission in sufficient detail to inform DCFS of the nature and date of the alleged event.
      c. Describe the action desired.
   2. The complaint will be provided to the appropriate staff designated by the region for a response. The regional designee will have two weeks from the date of the filing of the complaint to submit a response to the complaint.

C. Investigation of the complaint by the regional office.
   1. Complaints received by the constituent services office will be forwarded to the regional office or appropriate staff to address the complaint. The regional designee will contact the complainant and address the complaint. The regional office may hold meetings of the concerned parties. The review will be conducted

to the extent necessary to assure that all relevant facts are determined and documented. If the complaint is resolved, no further action is necessary.

2. Within two weeks of receiving the complaint, the regional designee will issue a written response to the constituent services office. The response will detail how the concerns were resolved or the action plan needed to continue to address the complaint.
3. If a complaint filed with a regional office is not adequately addressed, the complaint will be forwarded to the constituent services office.

D. A complaint filed with the constituent services office that is not adequately addressed or effectively resolved by the region will be staffed with the DCFS' director and/or assistant director.

1. The director and/or assistant director will determine the appropriate course of action regarding the complaint, which may include a case staffing involving the region director.
2. A plan of action will be developed in an attempt to resolve the complainant's concerns or any additional concerns identified by the director, assistant director, region administration, or the constituent services program administrator.

E. A complaint filed with the constituent services office that is unable to be effectively resolved will be forwarded to the CPO. DCFS will immediately notify the aggrieved person that the complaint is being forwarded to CPO. DCFS will forward copies of all correspondence regarding the steps taken by DCFS to address the complaint to CPO.

1. An aggrieved person may file a complaint with CPO regarding a decision rendered by a regional office, or if DCFS is unable to resolve the complaint, it will be forwarded to the CPO according to the requirements of R515-1.
2. Once CPO completes an investigation according to the provisions of R515-1, DCFS has ten calendar days to agree with the CPO recommendations if any were made.
3. If DCFS does not agree with the recommendations of CPO, DCFS may file an appeal to the recommendations within ten calendar days of their receipt of the recommendations. The appeal will be filed with the DHHS' executive director and a request made that the recommendations be amended.

010.6 Communication of Mandatory Information

A. Administration-to-employee communication: Communication from administration to employees (e.g., the state office to regions) will be identified as either mandatory or non-mandatory. The mid-manager group at the state office will be the gatekeeper for identifying which category applies to specific information and is responsible for developing standardized processes and formats for distribution of mandatory and non-mandatory information to the regions and/or directly to employees.

B. Mandatory Information*:* Mandatory information is information the administration expects employees to know and, if necessary, implement. This includes new division

administrative or Guidelines or department policy, changes to division administrative or Guidelines or department policy, and implementation of state or federal law changes. In certain circumstances when determined appropriate by the mid-manager group, mandatory information may also include, but is not limited to, information such as specific training requirements, select SAFE changes, new quality assurance requirements, or changes to quality assurance requirements.

1. What should be sent out: Mandatory information is information that includes ONLY information the administration expects employees to know and, if necessary, implement. Mandatory information will be distributed prior to holding employees accountable for that knowledge or practice. The following will be included in any communication regarding mandatory information:
    a. Summary of change or new information with link to primary data source.
    b. Where the change or new information may be found to reference it in the future.
    c. Why the change or new process is being made (must specifically state if information is a result of feedback or suggestions by employees).
    d. Who the main contact is for information about the changes.
    e. Implementation date of the change.
    f. What groups of employees are responsible to know the information (e.g., all employees, just CPS workers, out-of-home workers, etc.).
    g. The date employees are expected to have learned the information by.
2. When to send it out: To help employees manage the wealth of information that is sent out mandatory changes and new information will be sent on a quarterly basis only, unless emergency situations necessitate distribution prior to the next quarterly release. The mid-manager or administration group is responsible to approve an exception to the quarterly release policy.
3. How to distribute it: Mandatory Information Communications (MICs) will be distributed via a minimum of three methods. These methods will include:
    a. Electronic.
    b. Personal communication from administration or managers (region directors and supervisors).
    c. Hard copy documents describing the mandatory information and how to access it (offices will print out the MICs and have them available to all workers in the office; e.g., as handouts or posts on bulletin boards).

    Region directors and supervisors have the responsibility to ensure the employees receive and understand the mandatory information. Reading and reviewing mandatory information may also be counted towards the 40 hours of training required annually. The determination of whether the distribution will count as training will be made by the mid-manager group or administration groups prior to distribution.
4. Information storage and employee access: Mandatory information on agency expectations of employees is contained in Administrative and Guidelines, which are accessible through the DCFS website. SAFE help screens will also be a source for information and instructions regarding documentation requirements. Mandatory information will be included in one of these locations prior to holding

employees accountable for those expectations. The SAFE home page will contain a link to Administrative and Guidelines.

020 Personnel/Payroll

020.1 Ethical and Professional Behavior

Major objectives:
The overarching objective of any personal interaction with others, be it providing quality services to clients or ensuring open communications in the workplace, is that staff act at all times with professionalism, kindness, compassion, discipline, and honesty.

Guidelines
The purpose of this section is to outline policies, procedures, principles, and practices that guide and promote the ethical and professional behavior of all DCFS staff.

A. All DCFS staff will adhere to the DHHS Code of Ethics located at Code of Ethics.
   1. If a DCFS employee participates in behavior that violates the Code of Ethics, it shall be reported to the region director, division director, and human resources.
   2. Upon review and investigation, if unethical practice or behavior is found and the individual holds a license related to this field of work, the DCFS director or region director shall report it to the Department of Professional Licensing (DOPL).

B. To ensure professional and ethical communications take place, be they when providing services to clients or working cooperatively with other DCFS staff, all staff should study and utilize DCFS' Practice Model Principles and Practices located at Overarching Principles.

020.2 Procedures for Handling Employee Concerns and Complaints

Major objectives:
DCFS will maintain an environment of open communication where staff are encouraged to be creative, offer suggestions, seek solutions for problems or concerns, and support each other in building and maintaining a positive work atmosphere. DCFS administration encourages staff to express their questions and complaints in a fair and constructive manner and is committed to working with staff to resolve any matter of concern.

Guidelines
DCFS administration recognizes that there are times when staff need to express or address meaningful and legitimate concerns. The following guidelines outline staff responsibilities as they strive to identify and address those concerns.

A. Administrative forums:

1. At least annually, each office and region in DCFS is to promote and provide forums that will encourage open discussion of employee concerns.
   a. Strengths-based forums should be held using the "wants and offers" system (what are people wanting and what is being offered by the requestor and/or by those that are receiving the request).
   b. To assure that administration and staff maintain trust with each other, with clients, and with the community, participants will ensure that all communications during forums be held in confidence.

B. General complaints:
1. Complaints or concerns that do not rise to the nature of harassment, illegal activity, or unethical behavior are to be handled by the employee's supervisor, the supervisor's superior, or administrator closest to the issue.
2. Complaints or concerns may be expressed either verbally or in writing.
3. A supervisor or administrator receiving a complaint should consult with the complainant regarding measures to be taken to resolve the complaint. Complaints may be resolved individually by the complainant, supervisor, or other administrator, be resolved during one-on-one interactions between the supervisor, complainant, and other involved parties, or handled in a large forum involving staff or consultants.
4. The complainant may choose to remain anonymous but should be aware that the complaint may not be resolved to his/her satisfaction if they do choose to remain anonymous.
5. If a DCFS employee does not feel they have received an adequate chance to express their concerns or have received an answer with which they do not agree, they should contact their supervisor's superior or a regional administrator (or in the state office, the state administrator) for resolution.
6. Records regarding general concerns or complaints should be retained by the supervisor or administrator involved in resolution of the issue until they are recorded and resolved. At their discretion, administrators may choose to forward documentation to DCFS director, assistant directors, region directors, or Department of Human Resources Management (DHRM) if applicable to the employee's file.

C. Responding to harassment in the workplace:
1. DCFS encourages all staff that witness or experience harassment in the workplace to follow procedures outlined in Section 02-10 of the DHHS Policy and Procedures Manual Workplace Harassment or the DHRM Policy R477-15 Division Employee Unlawful Harassment Policy and Procedure at Harassment.
2. Supervisors and administrators will follow Section 02-10 of the DHHS Policy and Procedures Manual Workplace Harassment when initiating investigations into allegations of harassment made by a DCFS employee.
3. All documentation in relation to a report of harassment should be in written form and forwarded to DHRM for inclusion in a formal record managed and retained by that office. No documentation regarding allegations of harassment should be

included in the employee's personnel file, program or service file, or any other file other than the one retained by DHRM.

D. Reports of other illegal activity.

1. All employees are bound by the DHHS Code of Conduct (Reference 02-03 at Code of Ethics), which outlines the process to report illegal activity as well as consequences of being involved in illegal activity.
2. Employees witnessing or suspecting illegal activity involving another employee, former employee, or contractor, including a violation of any law, rule, or regulation, gross mismanagement, a gross waste of funds, an abuse of authority, or a substantial and specific danger to public health or safety must report the allegation immediately.
3. In most cases, reports of illegal activity are to be made to the employee's supervisor, regional administrators, or to DCFS administration.
4. If the person reporting the illegal activity suspects that their immediate supervisor or other administrator is involved in the illegal activity, the person making the report should make their report to the next uninvolved level of administration.
5. If the person making the report of illegal activity feels the person to whom they made the report has not been responsive or is delaying or neglecting the report, then the person making the report should contact the DHHS Bureau of Internal Review and Audit (BIRA) and/or the DHHS Executive Director's Office.
6. At the discretion of DCFS administration, administrators may consult with DHRM staff in determining how to respond to violations, may ask BIRA to investigate (especially in cases where improprieties are suspected in regard to activities associated with an agency contract), may refer the case to legal counsel, or may choose to report the offense to law enforcement authorities.
7. If a code violation appears to involve potential liability for DHHS, supervisors will also consult with the Office of Administrative Support for advice or assistance.
8. If the employee's supervisor makes the decision not to take disciplinary action, the supervisor will document the violation, the gravity of the violation, the extent of the resulting gain or loss, and the reason why disciplinary action was not warranted in that particular situation.
9. Written documentation of all allegations of illegal activity are to be provided to DCFS director and BIRA. A formal record of the investigation and all documentation will be kept in files held by BIRA and/or DHRM.

E. Concerns about case actions:

1. Because local supervisors and regional staff have a better understanding of their approach to providing services and of local resources available to meet client needs, concerns regarding a particular case or case action are to be initially addressed at the local or regional office level.
2. When the employee feels it is inappropriate to voice their concern to their supervisor or regional administrators, or have done so and feel their concern has

not been resolved, the employee should contact the constituent services representative at the DCFS' state office and express their concern.

3. Constituent services staff will interact with local administration to resolve the concern and will report the result of their actions back to the individual making the referral.
4. If the constituent services representative determines that it is a conflict of interest to intervene, they may refer the matter to CPO. CPO will contact the referent and manage the situation from that point.
5. If an individual expressing a concern about a case action believes the matter cannot be resolved appropriately within DCFS, that individual may contact CPO directly and request the action be reviewed.
6. If CPO accepts the referral, they will investigate and provide a written report to DCFS. That report may include recommendations that outline possible solutions.

F. QICs:

1. Any or all of DCFS' QICs may address matters concerning systemic issues that come before them as a result of an employee complaint or concern.

020.3 Incentives

Major objectives:
The DHHS Policy and Procedures Incentive Awards and Bonus Programs encourages all staff to recognize and award employees for exceptional work performance that results in measurable efficiency, cost savings, and innovations that contribute directly to DHHS meeting its mission and vision.

Guidelines

A. Definitions. For the purpose of these guidelines:

1. "Division director" means the director of DCFS.
2. "Division administrator" means assistant director or region director of DCFS.

B. Policy. Pursuant to DHRM Administrative Rules R477-6-5 on Incentive Awards and R477-7-7 on Administrative Leave, reward in lieu of cash, DCFS establishes an incentive award and bonus program with the following parameters.

1. DCFS may reward employees with performance-based incentive awards, cost savings and market based bonuses, by cash or administrative leave with pay.
2. Division incentive award and bonus plans may be used as a tool to meet recruitment, retention, or coverage needs in high-skill areas with labor market shortages.
3. DCFS incentive award and bonus plans will be approved by the division director then submitted to the Executive Director's Office and receive approval prior to implementation.
4. The division may not award an incentive award or bonus based solely on an employee's annual performance evaluation rating, even if it is "exceptional."

5. The awarding of all incentives and bonuses is subject to availability of budget as determined by the division director or department executive administration.
6. The funds to compensate employees for incentive awards and bonuses are to come from the administrative unit where employees are employed.
7. Non-cash incentive awards and cash equivalent awards (gift certificates, etc.) are not permitted within the DHHS.
8. Nothing in this policy prohibits the purchase of office supplies and office equipment to be used in the course of state business.
9. All incentive awards and bonuses will meet eligibility and criteria requirements and be documented, evaluated, and approved by the appropriate division director or administrator, as specified in Sections D and E of these guidelines.
10. DCFS is responsible to maintain appropriate documentation of all cash and administrative leave awards issued to employees.
11. A copy of all approved cash, bonus, and administrative leave with pay incentive award nomination forms will be placed in the recipient's personnel file.
12. This policy does not apply to administrative leave awarded by the Governor's Office, leave approved as part of employee investigations or disciplinary actions, or other administrative leave awarded per Human Resource Management Rule R477-7-7, except (1)(c), "reward in lieu of cash."
13. Exceptions to this policy may be granted by the executive director of the DHHS.

C. Types of Incentives. The following types of incentives are available to reward employees who meet the criteria detailed in this policy in Section D, Eligibility and Criteria.

1. Cash Incentive Awards and Bonuses. Cash incentive awards and bonuses, when approved for use by the executive director and available based on agency budget, will be awarded based on the following.
   a. DCFS' issued cash incentive awards and bonuses:
      (1) Awards to recognize employees who meet one or more of the criteria in Section D of these guidelines range from no less than $50 up to $500.
      (2) Awards ranging from $50 to $200 may be approved by division administrators.
      (3) Awards ranging fhrom $201 to $500 will be approved by the division director.
      (4) Awards to individual employees will not exceed a maximum of $500 in a fiscal year unless approved by the executive director.
   b. Department issued cash incentive awards and bonuses:
      (1) Awards range from $501 to $4,000.
      (2) Will be approved by the executive director to recognize employees who meet one or more of the criteria in Section D of these guidelines and which results in positive outcomes over a sustained period of time.
      (3) All market based bonus awards will also be approved by DHRM pursuant to the procedures outlined in E.1.(e).
      (4) Individual awards will not exceed $4,000 per occurrence and a maximum of $8,000 in a fiscal year.

(5) A single payment of up to $8,000 may be granted as a retirement incentive.

(6) Any exception to this limit must be approved by the executive director and be in conformity with Department of Human Resource Management Rule R477-6-5.

2. Administrative Leave with Pay. Administrative leave with pay in lieu of cash, when approved for use by the executive director and available based on agency budget, will be awarded based on the following.

a. Division administrators may approve administrative leave from a minimum of one hour to one full day of work (eight hours) per occurrence.

b. Only the executive director may approve administrative leave exceeding one full day (eight hours) of work per occurrence.

c. The cumulative total of administrative leave awarded to any employee will not exceed 40 hours in a fiscal year.

d. Administrative leave given as a reward in lieu of cash may be given from one department of state government to employees of another department of state government if the executive directors of both departments agree in advance.

3. Service and Retirement Awards. Service and retirement awards may be given to employees in accordance with the Division of Finance rules.

4. Combination Awards. A combination of cash and administrative leave may be issued by the division director or division administrators consistent with these guidelines.

D. Eligibility and Criteria.

1. Eligibility.

a. Any employee or group of employees in DCFS who receives benefits, including probationary employees, may be eligible for cash incentive awards or bonuses, or administrative leave with pay.

b. Any employee or group of employees who do not receive benefits are eligible for cash incentive awards or bonuses only.

c. The following employees are ineligible for cash and administrative leave incentive awards:

(1) Employees with an overall unsuccessful performance evaluation within the last 90 days.

(2) Employees who are currently on Performance Improvement Plans.

(3) Employees who are on administrative leave pending the results of an investigation into their conduct.

(4) Employees who have received some form of disciplinary action (written reprimand, suspension without pay, or demotion) within the last 12 months.

(5) Paid board members are not considered employees and are not eligible for incentive awards.

2. Criteria. Justifications for cash incentive awards, bonuses, or administrative leave with pay must meet one or more of the following criteria.

a. Performance based incentive awards: The employee has demonstrated exceptional effort or accomplishment beyond what is normally expected on the job for a unique event or over a sustained period of time. For example:
   (1) Improvement in division/department operation—applied creative ideas, initiative, leadership, and investment of time beyond standard expectations for improvement of agency function.
   (2) Statewide benefits and public service—increased or improved public service/safety/health, or reduced duplication of statewide efforts (such as improved interagency data systems, communication and coordination).
   (3) Outstanding work effort—positively exceeded normal job responsibilities and expectations for a unique event or over a sustained period of time.

b. Cost savings bonuses: The employee has increased productivity, generated savings within DHHS, or has submitted a cost savings proposal. Cost savings will be documented in the justification. For example:
   (1) Increased revenue within DCFS or DHHS.
   (2) Saved significant money and/or time expenditures.

c. Market-based bonuses: The employee is being rewarded as part of a pre-approved division incentive award and bonus plan to meet targeted human resource requirements in a fiscally responsible manner. Market-based bonuses require the division director approval. For example:
   (1) Retention bonus—for an employee who has unusually high or unique qualifications that are essential for the agency to retain.
   (2) Recruitment or signing bonus—to incentivize a qualified job applicant to work for DHHS.
   (3) Scarce skills bonus—to attract a qualified job candidate who has scarce skills required for the job.
   (4) Relocation bonus—for a current employee who must relocate to accept a position in a different commuting area.
   (5) Referral bonus—for a current employee who refers a job applicant who is subsequently selected.

E. Procedures.

1. General Procedures.

a. An incentive award nomination may be initiated by any DCFS employee(s) or individual(s) who has (have) direct knowledge of the achievement of the employee(s) being nominated.

b. Bonus nominations are initiated by division or office management for their own employees.

c. Nominations of individual employees or groups of employees must be submitted on a DHHS "Cash Incentive Award or Bonus" form, or an "Administrative Leave Incentive Award" form, which are available at Incentive Award and Bonus Program. A separate form will be submitted

on each employee, even if several are being nominated for the same performance or reasons.

d. Nominations will be made as soon as possible but no later than within six months of the date of the performance or reason for which the employee is being nominated.

e. Nominations for market-based bonuses will include a written justification specifying how the division will benefit by granting the bonus based on:
   (1) budget;
   (2) recruitment difficulties;
   (3) a mission critical need to attract or retain unique or hard to find skills in the market; and
   (4) other market-based reasons.

f. Use of administrative leave with pay is subject to the same prior approval process as the use of annual leave.

g. The "Administrative Leave Incentive Award" form will include the number of hours approved and the date by which all the administrative leave must be used.

h. Cash incentive and administrative leave awards will be used within one year from the date issued. Unused cash incentive awards or administrative leave hours will be forfeited if not used within one year from the date issued, or upon transfer or reassignment to a different division or office, or upon termination from DHRM.

i. An employee who receives a cash incentive award or bonus will submit a copy of the award form, and any other required documentation, to DHRM as supporting documentation for payroll processing.

j. An employee who receives administrative leave in lieu of cash will enter leave code "OR" for the leave hours applied on the Employee Self Serve (ESS) payroll system, and will submit a copy of the administrative leave form to DHRM as supporting documentation for payroll processing.

k. The division will be responsible to track all the cash incentive awards and bonuses, and administrative leave issued to their employees. Tracking will include employee names, reasons(s) for the award/bonus/leave, the amount of cash or administrative leave issued, and the date it was issued.

2. Division/Office Issued Cash Incentive Awards, Bonuses, and Administrative Leave.

   a. Nominations will be submitted on the "Cash Incentive Award or Bonus" form or the "Administrative Leave Incentive Award" form to the division director or division administrator where the nominated employee works.

   b. The division director or division administrator reviews the form and either approves by signing the form or disapproves by returning the form to the nominator(s).

   c. The division director or division administrator may request additional information and/or interviews as he or she feels are necessary.

3. Department Issued Cash Incentive Awards, Bonuses, and Administrative Leave.

a. Nominations will be submitted on the appropriate "Cash Incentive Award or Bonus" form, or the "Administrative Leave Incentive Award" form to the division director or office in which the nominated employee works.
b. The division director will review the nomination and, if the director supports the nomination, forwards it to the executive director for final consideration. The division director may include additional justification stating the reasons why the nomination should be approved by the executive director.
c. The executive director reviews the nomination and makes the final decision, then returns all forms and materials to the division director.
d. The division may establish a committee to review and recommend awards or bonuses for the division director's consideration.

020.4 Overtime

Guidelines

A. DHHS Policy and Procedures Overtime establishes procedures that comply with federal law and ensures "that the Department uses overtime and excess hours efficiently, economically and within existing budgets." Specific policies to be highlighted include:
   1. With few exceptions, before any DHHS employees work overtime or excess hours, they must first obtain approval from their immediate supervisors.
   2. DCFS management may not authorize or permit any DHHS employee to work any time for the DHHS without compensation.

020.5 Not Used

020.6 Safety and Security

Major objectives:
DCFS will ensure that its employees are reasonably free from risk of physical threat or harm while in performance of their work duties. DCFS will also assure that employees are aware of procedures to report potential threats of harm and are informed on procedures and methods to avoid workplace related violence.

Guidelines

A. Workplace violence:
   1. DHHS Policy and Procedures Domestic Violence in the Workplace outlines policy and reporting procedures concerning violence in the workplace.
      a. Policy:
         i. DHHS does not tolerate any type of workplace violence committed by or against employees, clients, the general public, and/or property.
         ii. Employees are prohibited from making threats or engaging in violent activities in the workplace.

b. Reporting:
   i. Any potentially dangerous situation will be reported immediately by employees to agency management and/or the Office of Administrative Support/Risk Management (OAS/RM).
   ii. Agency management will report incidences to OAS/RM.

B. Domestic violence:
   1. DHHS Policy and Procedures Domestic Violence in the Workplace emphasize that there is zero tolerance for domestic violence in the workplace. That policy states, "Any employee who threatens, stalks, harasses or abuses a cohabitant at the workplace or from the workplace using any State resources such as State time, workplace phones, FAX machines, mail, e-mail, or other means will be subjected to disciplinary action pursuant to DHRM Rule R477-10-2 and R477-11."

020.6a Video Communications

Major objectives:
For compliance, regulatory, and security reasons, it is imperative that certain practices be followed relating to the use of video communications for the protection of DCFS and its employees. These guidelines will provide a framework for proper video communications usage.

Definitions

A. Video Communications System - Any online or internet-based communication system that utilizes video and verbal communication components to allow two or more participants to communicate through separate hardware equipment.

B. HIPPA - A privacy rule that protects most individually identifiable health information held or transmitted by a covered entity or its business associate in any form or medium, whether electronic, on paper, or oral.

Guidelines

A. The use of video communication solutions can increase employee productivity, communication quality, and client outcomes if used correctly. The DHHS has authorized the use of specific video communication tools to meet the different needs of DHHS divisions. DCFS employees must use video communication systems in a manner that is both professional and compliant with federal, state, and regulatory requirements. There are certain procedures that must be followed when an employee uses a video communications system.

B. DHHS divisions, offices and bureaus have the responsibility of ensuring their employees use video communications systems in a professional and compliant manner and that employee usage complies with this policy and any other requirements that specific data being transmitted via video communications may require.

C. DHHS and the Department of Technology Services (DTS) has authorized the usage of the following video communications solutions if used in accordance with these guidelines:

1. TruClinic: TrueClinic may be used for internal and external communications. It is a HIPAA compliant video communication solution that has been approved. As such, employees may share HIPAA data via video communications if TrueClinic is used.
2. Google Meet: Google Meet may be used for internal and external communication. No restricted data should be shared via Google Meet unless explicitly approved by DCFS. This includes data classified as HIPAA. Please note that Google Hangouts is not approved for video conference use.
3. Adobe Connect: Adobe Connect may be used for internal and external communication. No restricted data should be shared via Adobe Connect unless explicitly approved by DCFS. This includes data classified as HIPAA.
4. Vidyo: Vidyo may only be used for communication between the courts and DCFS' clients. Employees may share HIPAA data via video communications if Vidyo is used.

D. Procedures:

1. Professional Decorum: Employees are expected to present themselves and DHHS in a professional manner when using video communications solutions. Employees should:
   a. Maintain appropriate decorum and present themselves in a manner consistent with job requirements and expectations.
   b. Use video communications solutions in an appropriate environment in relation to the type of communication occurring. Consider the following: Office décor, is it open to the public, desk clutter etc.
   c. Ensure appropriate lighting and sound (speakers, microphone, and noise control if needed) is in place so that employees can properly hear and see the video communication in addition to being seen and heard by other participants.
2. Maintaining Privacy: Employees are expected to use video communications solutions in a manner and environment that is appropriate in relation to the types of data being discussed. Employees must:
   a. Only use video communications solutions in an appropriate environment that maintains privacy and confidentiality of information and is in accordance with DHHS, state, federal or other policies, statutes, or regulations that governs the information being discussed.
   b. Verify only authorized individuals in relation to the information being discussed are participating in the video communication or call.
   c. Verify that all required authorization and/or consent forms have been signed by call participants or clients whose data is being discussed if such forms are required to share the information through a video communication system.

d. Notify video communication participants if the communication is being recorded.
e. If required by DCFS or third party requirements, verify that the call participant's physical locations during the duration of the video communication are locations that are allowed.

3. Authorized Devices: Employees should only use state-owned or authorized devices to participate in video communications. A variety of technology is used to facilitate video communications, and this technology can contain security flaws and vulnerabilities that could result in a compromise of data integrity, availability, and confidentiality. DHHS and DTS are only able to monitor and secure state-owned or authorized devices against security risks, so only these devices should be used for video communications.
4. Reporting Security Incidents: Any security incidents relating to the usage of video communication systems should be reported immediately to the Child and Family privacy officer or the DHHS security officer. Common security incidents relating to video communications systems that employees should be aware of are:
   a. Unauthorized individual(s) participating in or temporarily joining a video communication that is in progress.
   b. Unauthorized use of video communications with a client in which proper authorization has not occurred.
   c. Unauthorized recording of video communication in which proper disclosure has not been made.
   d. Use of video communication to discuss client information in an environment where unauthorized individuals may hear the information being disclosed.
   e. Accidental sharing of private information through screen share functionality.

020.7 Disaster Plan Roles and Responsibilities

Major objectives:
DCFS staff will utilize the Emergency Response Plan to prepare for and respond to emergencies that may impact services delivered to the children or families they serve.

Guidelines

A. Planning
   1. It is the responsibility of the DCFS director to ensure that the Emergency Response and Recovery Plan is reviewed and updated yearly. The DCFS director has designated the assistant director over Program and Practice Improvement and Professional Development as the person responsible for developing or revising the Emergency Response and Recovery Plan, for submitting the plan for approval, and for coordinating with the federal revenue manager to distribute the plan to local, state, and federal partners.

B. Service Delivery Priorities

DCFS Mission Essential Services	
Level I	• Investigation and intake of children involved in Priority 1, 1R, and 2 CPS referrals or reports • Location, tracking, and provision of care for children in custody and the person(s) responsible for those children
Level II	• Emergency response (including CPS intake and investigation) to unattended/separated/orphaned children • Location and/or operation of DCFS operated or contracted shelters
Level III	• Investigation and intake of children involved in Priority 3 CPS referrals or reports • Provision of crisis emergency services to families receiving in-home services, to the extent resources are available • Payments to contracted providers • Provision of effective internal and external communications with providers • Coordination of trauma counseling clinical services for staff as well as children and families receiving services from DCFS

1. The DCFS director will implement mission essential services based on the size, scope, and duration of the emergency as well as the availability and capability of staff to provide services.
2. The DCFS director will implement Level I mission essential services following all emergencies regardless of size, scope, or duration.
3. The DCFS director has the ability and responsibility to implement Level II and Level III mission essential services if the size of the emergency permits or when all Level I (or subsequently all Level II) mission essential services are being adequately provided.
4. At the discretion of the DCFS director all programs, services, or activities determined not “mission essential” may be deferred during emergency operations.

C. Response

1. Command and Control:
   a. The governor has primary responsibility for, and will maintain command and control over, all state government emergency operations.
   b. The governor has delegated the responsibility for DHHS emergency operations to the DHHS executive director.
   c. The DHHS executive director has delegated responsibilities for DCFS emergency operations to the DCFS director.
2. Activation of the DCFS Plan:
   a. Any emergency that disrupts the delivery of some or all services of DCFS will activate this plan.
   b. The level of activation depends upon the nature and magnitude of the disruption.

c. The DCFS director, in coordination with the state office emergency operations coordinator, and region directors will determine the level of activation.

d. If the DCFS director or his/her alternate is incapable of responding following an emergency, the primary and alternate state office Emergency Operations Headquarters are unusable, and the Tertiary Emergency Operations Headquarters in Richfield is opened, the Southwest Region director will act in place of the DCFS director and will utilize the state office Emergency Management Structure to mount an emergency response from the Southwest Region.

D. Media Relations

1. DCFS region or state office staff should not release information through any media outlet without notifying, and the approval of, the DHHS Public Information Officer (PIO).

E. Staff Responsibilities

1. Preparedness
   a. All DCFS staff are encouraged to develop a family emergency plan and prepare an emergency kit.
   b. Employees are also encouraged to include in their family plan information about how the employee's family will function if the staff member is required to work extended hours, is reassigned to another location, or due to infrastructure or travel restrictions is unable to reach home.
2. Staff Evacuating from the Affected Area
   a. In the event that a catastrophic event affects the state office Building, its alternate~~,~~ and/or the Salt Lake Valley Region, staff members evacuating or that have evacuated from the affected area will be responsible for contacting the Southwest Region Staff Location and Tracking Manager in the Manti Office at (435) 835-0789, cell (435) 340-1043, or the alternate at (435) 835-0784.
   b. In the event of a catastrophic event that has not affected the state office and/or the Salt Lake Valley Region, staff evacuated or evacuating from the affected area will be responsible for contacting the state office staff location and tracking manager-at (801) 538-4361 or their alternate at (801) 538-8284.
3. Other Information for Staff
   a. Staff not providing support to emergency operations will perform their normal duties but may be tasked with supporting emergency operations as recovery continues.
   b. Staff from the state office or other regions not affected by an emergency may be asked to travel to an affected region(s) to support emergency operations.
   c. Staff should not enter damaged facilities without authorization of a damage assessment specialist.

d. Staff should not solicit donations from individuals, groups, or through the media without the approval of the DCFS director.
e. Staff having readjustment difficulties or having post-deployment emotional issues after supporting emergency operations should contact the health and mental health support manager, may contact the Employee Assistance Program, or should contact their health insurer for additional support.

020.8 Medicaid Fraud, Waste, and Abuse

Major objectives:
DCFS employees understand their responsibility to help assure that funds available to deliver services to children and their families are spent in a responsible manner.

Applicable Law
Federal False Claims Act 31 USC 3729

Guidelines

A. Reporting Medicaid related fraud, waste, or abuse:
   1. Any staff member should report their suspicion that a provider, contractor, or other individual is attempting to obtain financial or other remuneration for a false or fraudulent Medicaid claim for service to any of the following:
      a. To the employee's supervisor.
      b. Medicaid Fraud Hotline at 801-538-6155 or 1-800-662-9651.
      c. DCFS state office at 801-538-4100.
      d. Utah Attorney General at 801-538-9600.

B. Purpose of the Federal False Claims Act (FCA):
   1. To recover taxpayer money fraudulently paid to individuals that deceive the government.
   2. To allow state agencies as well as private citizens to sue organizations or individuals for civil damages when an organization or individual submits a claim that fraudulently seeks to obtain state or federal funds.

C. Falsifying claims includes, but is not limited to:
   1. Falsifying medical records submitted.
   2. Billing for services not rendered or goods not provided.
   3. Duplicating billing to obtain double compensation.
   4. Billing, certifying, or prescribing services that are medically unnecessary.

D. The provider or contractor need not have actually known that the information it provided to the government was false in order to be liable. It is sufficient that the defendant supplied the information to the government either in:
   1. Deliberate ignorance of the truth or falsity of the information.
   2. Reckless disregard of the truth or falsity of the information.

E. Protection for staff reporting suspected fraud, waste, or abuse:
   1. Whistleblower protections provided through the FCA indicate:
      a. A person that knows about the filing of a false Medicaid claim (the whistleblower) may bring a civil action on behalf of the government for a violation of the FCA.
         i. After the whistleblower files a suit, the government can pursue the claim on its own, or decline to intervene and allow the whistleblower to continue.
      b. Any person harassed or discriminated against in any way because of his or her involvement in a FCA action has the right to be made whole.
         i. The whistleblower's damages include reinstatement of their job, two times back pay plus interest, and compensation for any special damages including reasonable litigation and attorneys' fees.
      c. Individuals that identify and communicate that Medicaid related fraud, waste, or abuse has occurred are entitled to a portion of damages (up to 30%) recovered in a suit to which he or she participated.

020.9 Critical Incidents

Major objectives:
To ensure that employees have an opportunity to access informal and formal supports when experiencing primary or secondary traumatic events. Employees are encouraged to actively seek services when traumatic events affect their work.

Definitions

A. Primary trauma: When an employee experiences negative symptoms resulting from being the direct recipient of harm, threats of harm, or perceived harm. The source may stem from a client, case interaction, other employee, or an incident affecting the workplace.

B. Secondary trauma: When an employee experiences negative symptoms resulting from exposure to case or work-related traumatic events where he/she were not the direct recipient.

C. Trauma symptoms: When an employee experiences recurrent, intrusive, and distressing recollections of the event, including images, thoughts, or perceptions. This may include dreams of the event, flashbacks, or anxiety at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

D. Stress: A state of mental or emotional strain or suspense. Stress may affect physical, mental, or emotional functions. It is a normal and natural response to a perceived threat, challenge, or change.

E. Critical incident: A single, distinct event that may be described as a crisis, emergency, or something requiring absolute and urgent attention.

F. Defusing: A brief crisis intervention held within 24 hours of a caseworker having experienced a critical incident. It is intended to help the caseworker move from discussing his/her experience to reframing it. Defusing is not counseling or therapy. The focus is on the caseworker's experience. This is accomplished by asking the caseworker what sensory impressions were experienced, what he/she thought during and after the event, and the emotions and feelings that were experienced.

G. Debriefing: A group intervention conducted 24 to 72 hours following a critical incident. It is conducted if the individuals involved experience significant emotional or behavioral changes. Participation is voluntary. Everyone has an opportunity to talk about the sensory memories, thoughts, and emotions they experienced. Educational information is provided based on problems described by participants.

H. Peer support: Support offered by trained peers to caseworkers following a critical incident or traumatic event. It may include a defusing or debriefing.

Guidelines

A. Trauma support is available to all DCFS employees and interns.

B. If someone is threatening to harm themselves or others, appropriate referrals or reports will be made.

C. An employee who experiences trauma may choose to utilize informal supports by discussing the event with co-workers, team members, or supervisors in an attempt to alleviate or reduce the severity of the symptoms.

D. An employee may also choose to discuss the event with individuals not associated with the agency such as relatives, friends, clergy, or others. However, they should always adhere to the DHHS confidentiality policy.

E. An employee who experiences trauma may choose to utilize formal supports by discussing the event with administrators, counselors, therapists, or community-based programs in an attempt to alleviate or reduce the severity of the symptoms. Formal supports include:

1. Life Coaching: PEHP pays for members to use Blomquist Hale Employee Assistance for distressing life problems such as marital struggles, financial difficulties, drug and alcohol issues, stress, anxiety, depression, despair, death in the family, issues with children, and more. This service is a confidential counseling and wellness benefit provided by PEHP to members at no cost, excluding Utah Basic Plus Plan Members.

2. Additional resources: Employees may request additional resources. Referrals may include an employee provider list within their insurance group or a crisis line as necessary.
3. DHRM: An employee or supervisor may request a consultation if symptoms are impacting employment. This may include information regarding the Family Medical Leave Act (FMLA).
4. Peer support: See subsection E. below.

F. Peer support: Refer to Section 020.9a for the guidelines outlining peer support.

G. Information related to traumatic incidents will be tracked to help DCFS better understand the issues that affect our caseworkers so that appropriate supports can be provided.

020.9a Peer Support Access

Major objectives:
The purpose of this guideline is to educate employees about the Peer Support program including the types of Peer Support interventions available, the accessibility of Peer Support and how Peer Support can assist a worker experiencing work stress or secondary trauma.

Definitions
Peer Support - A non-clinical method of support provided by DCFS workers trained to provide emotional and practical help to other employees experiencing work stress or burnout, or who may be reacting to a critical incident and work related issue. This supportive program is not to be used in place of other natural forms of support such as family, friends, clergy, colleagues, supervisors, mental health professionals, or the Employee Assistance Program.

Administrative Guidelines

A. Reasons to Access Peer Support:
1. To have an objective person listen to an employee.
2. To have a positive interaction with someone who understands the work.
3. To have someone validate normal feelings of being overwhelmed or stressed.
4. To provide support in a crisis.
5. To offer a safe, compassionate response from someone who is not judging an employee's work or ability to juggle all the demands of the job.
6. To provide Self Care Tips and concepts to build resilience.

B. How to Access Peer Support:
1. Available in every region and at the state office.
2. Lists of available peer supporters can be found here.
3. An employee can call or email for an appointment or drop by the office of a trained peer supporter as the peer supporter is available.
4. Virtual options are available.

C. Types of Peer Support Interventions:

1. A one-on-one non-clinical intervention where an employee has an opportunity to process an incident affecting the employee.
2. A group intervention where employees involved in a critical incident have an opportunity to process the incident affecting the group of employees.

D. Confidentiality
1. The identity of the employee seeking support is kept confidential and not reported.
2. If an employee threatens to hurt themselves or someone else, another supportive person including a representative from Human Resources, a DCFS administrator, a clinical consultant, or a hotline representative may be included.
3. If an employee is committing an illegal act or blatantly violating policy that may cause harm to the employee, a colleague, or a client, another supportive person including an administrator, clinical consultant, or Human Resources may be included.

020.10 Caring for Electronic Equipment

Major objectives:
To allow the use of state-funded equipment where it can be shown that such use will improve employee efficiency, enable employees to respond more quickly in emergency situations, and/or provide safety for DHHS employees and clients.

Overview
DCFS is committed to the efficient use of state resources. As a general rule, the use of state-owned property is restricted to the official business of DCFS. Certain electronic equipment (e.g., laptops, portable digital assistants [PDAs], etc.) can be used where it can be shown that they will improve employee efficiency, enable employees to respond more quickly to business matters and emergencies, and/or provide for the safety of state employees and/or the general public. State-owned electronic equipment are to be used and justified based on official state business and will not be given as a "perk". Employees should use them for state business when it is cost-effective or efficient.

Definitions
A. Personal use: Any use that is not required to accomplish state business.

B. State-owned property: All property procured, leased, or rented by, or donated to, or otherwise conveyed to the state of Utah or the state's agencies in any manner to be used by the state to conduct the state's business.

C. Reasonable care: The degree of care a reasonable person would use under like circumstances.

Guidelines

Acquisition of Electronic Equipment

DCFS employees may be issued electronic equipment when a DCFS supervisor or administrator determines that it will be appropriate to use the equipment for conducting DCFS business.

State procurement rules and procedures must be followed in the purchase of laptops, accessories, and other related items or services.

All requests for electronic equipment, all documents supporting an acquisition, and the Employee Electronic Equipment Agreement will be maintained in the files of the region authorizing such acquisition.

Each region will maintain an accurate inventory of electronic equipment and the employees that are in possession of the equipment. At least annually, the supervisor or equipment coordinator will review assignment of electronic equipment to ensure that the inventory list is accurate. These steps are necessary for auditing and billing purposes.

When circumstances do not justify acquisition of electronic equipment for exclusive use by one employee, the supervisor/administrator may consider the option of allowing employees to share. All equipment intended to be shared among employees in an office will be registered in the name of the office supervisor or equipment coordinator for inventory purposes. When equipment is reassigned to another employee for DCFS use, the equipment coordinator will update the inventory to reflect the reassignment.

Use of State-Owned Electronic Equipment for Personal Use

The primary use of state-owned electronic equipment is for official DCFS business. Personal use of all state-owned electronic equipment will be limited to infrequent, incidental, and/or emergency use.

Employee Responsibility for Care of State-Owned Electronic Equipment

Each employee issued state-owned electronic equipment is responsible for its reasonable care. In the event of loss or damage, the employee will be held personally responsible for replacement or repair unless the employee can demonstrate that reasonable care to protect and safeguard the equipment was exercised. If the regional administrator determines that the employee has exercised reasonable care, the region will bear the cost of replacement or repair.

Electronic Equipment Control Procedures

A. Each region administrator will designate an equipment coordinator.

B. The equipment coordinator will ensure that each approved equipment user signs an Employee Electronic Equipment Agreement. The equipment coordinator will maintain a file of all signed agreements for the office.

C. The equipment coordinator will prepare and maintain an inventory of all approved electronic equipment users in the region. The list will include, at a minimum, the

approved user's name, work location, type of equipment, make, model, and the serial number or other identification number.

D. The region or unit will maintain a checkout system for all equipment available for use by more than one employee.

E. Oversight responsibility for compliance with DCFS electronic equipment guidelines rests with supervisors, administrators, and/or equipment coordinators. This responsibility includes monitoring appropriate equipment usage (e.g., minimal personal use, appropriate access to confidential information, etc.). Any concerns involving electronic equipment usage, including excessive, questionable, or personal use, should be resolved at the region level. In addition, a supervisor will ensure that all employees in the office read and understand this Administrative Guideline.

F. All employees will turn in electronic equipment at the end of their employment with DCFS.

G. Employees must follow Administrative Guidelines Section 080.1 regarding keeping information secure on electronic devices.

020.11 Proxy Coverage for Completing Time Sensitive Assignments in the Absence of the Assigned Worker

Major objectives:
Completion of SAFE Action Items or requirements of Practice Guidelines when the assigned worker is unable to complete the task.

Guidelines
In the event the primary worker assigned to a case is unable to complete any time-sensitive, case-specific requirements as outlined in any section of guidelines or any designated Action Item in SAFE and the requirement/Action Item will become overdue before the primary worker is available, the supervisor/administrator may make arrangements to complete the task by either completing the task themselves or by assigning the task to another worker. Regional clinicians and Resource Family Consultants (RFCs) may also act on behalf of the primary worker to complete a task.

The person completing tasks on behalf of the primary worker must be qualified to complete the assignment. For example, a technician cannot complete the task or assignment that requires social work qualifications OR a social worker cannot complete a task that requires health professional qualifications.

The primary worker and person completing the task will coordinate and share information necessary to completing the task and report back following task completion and prior to the task due date.

The case record should include information about who completed the task and why it was necessary to involve another worker in the completion of the task. The record should also include information pertaining to the completion of the task as per Guidelines and general child welfare standards, such as date and time the task was completed and information gathered as a result of conducting the business associated with the task.

Best practice would suggest that whenever possible, case assignments should be completed by the primary worker assigned to the case (or courtesy/secondary workers when appropriate).

Coverage for the primary worker should be incidental. In the event that regular coverage is required, assigning a courtesy or secondary worker may be considered and including this person on the Child and Family Team may be appropriate.

020.12 Background Check Protocol Employees, Interns, and Volunteers

Major objectives:
Employees who work for DCFS must complete and pass a background screening through the Office of Background Processing (OBP) and the Bureau of Criminal Identification (BCI). Interns and volunteers must complete and pass the same background screening. The background check must be completed at the beginning of employment as well as annually thereafter. Employees, interns, and volunteers cannot have direct access to clients or records until they have received an "eligible" determination from OBP. These guidelines describe the process for when and how to complete the background screening application.

Guidelines

A. New Employee, Intern, Volunteer Background Screening:
   1. A new employee will complete a background screening application through the Direct Access Clearance System (DACS) portal. Instructions and the DACS portal Universal Resource Locator (URL) will be sent to the employee by the Department of Human Resources Management (DHRM), hiring manager, or supervisor.
      a. Background screening can be completed before the first official day but is required to be completed within two weeks of hire.
   2. After the new employee completes the background screening application in the DACS portal, it will be sent to the DCFS Operational Unit (OU) contact.
      a. The OU contact will verify the application.
      b. The OU contact will create live scan authorization forms and send to the employee with instructions on how to complete fingerprinting.
   3. Fingerprinting must be completed within two weeks of receiving the live scan forms
      a. If fingerprints are not completed within two weeks, the background screening application will be closed and the employee will need to submit another background screening application in the DACS portal.

b. Once fingerprinting has been completed, the OU contact will get a notification in DACS.

4. The OU contact will track the employee application and wait for OBP to complete their determination.
   a. Once the background screening application receives an "eligible" determination, the OU contact will send an email to the employee's supervisor or hiring manager letting them know the employee can now work unsupervised.
5. If the background screening application receives a "not eligible" determination in DACS, the employee, intern, or volunteer is unable to work with children.
   a. The OU contact will work with the DCFS director and DHRM to determine next steps.
6. A secondary clearance is required from BCI for Utah Criminal Justice Information System (UCJIS) purposes.
   a. After the employee completes fingerprinting, the OU contact will send a request for a clearance to BCI for the employee.
   b. If the employee does not meet BCI standards for an approval, the employee may not be able to continue employment.
7. If the employee fails to submit the background screening application within two weeks, the supervisor of the employee will be notified that the employee has failed to submit the background screening application within the allotted time. The supervisor will talk with the employee and give the employee an additional five days to submit the background screening application. If the employee fails to submit the background screening application within those five days, the supervisor will notify the region director and DHRM to determine the next course of action, which may include disciplinary action and/or dismissal.

B. Annual Employee, Intern, and Volunteer Background Screening:
   1. The OU contact will complete annual verifications for each employee application in DACS as they come due.
      a. If the OU contact needs more information or another set of fingerprinting for the annual screening to be completed, they will reach out to the employee.
      b. The OU contact will keep track of all employee applications and when renewals are due.
      c. The OU contact will work with OBP to renew any employee applications due for annual screening.

C. Notification of Arrest, Citation, or Conviction for Criminal Offense After Initial Background Screening Clearance:
   1. Employees are responsible to immediately notify their supervisor and region director if they have been arrested or received a citation for any criminal offense. The region director will notify the DCFS director. The DCFS director will staff the case with DHRM to determine the course of action.

D. Notification of Involvement in a Child Protective Services (CPS) Referral After Initial Background Screening Clearance
   1. Employees are responsible to immediately notify their supervisor and region director if they have been alleged as a perpetrator in a CPS referral as outlined in Section 020.13a.

E. When Employee, Intern, or Volunteer Is No Longer Associated With the OU:
   1. The OU contact will separate the employee application in DACS.
   2. The OU contact will send a deletion form to BCI to remove the employee from the UCJIS.

020.13 Conflict of Interest Related Party Investigations with Children In State Custody

Major objectives:
To minimize any conflicts of interest that may arise during DCFS case investigations involving children in state's custody.

Guidelines
Intake Process

A. DCFS Intake will continue to take referrals of child abuse, neglect, and dependency.
   1. The Intake worker will determine if a referral meets the criteria to be accepted as a case for investigation. If it appears that the case will be accepted as a referral, the Intake worker will assess if the referral may be a Conflict of Interest case. If the referral is assessed to be a conflict of interest, the referral will be staffed with DHHS Related Parties Investigations Team for acceptance.
   2. If the DHHS Related Parties Investigations Team-determines the case is not a conflict of interest, then the case assignment will defer back to DCFS Intake to follow normal protocol.
   3. If DCFS is initially assigned a CPS case and a possible conflict is identified after assignment, the CPS caseworker will notify their supervisor, who will then staff the case with the DHHS Related Parties Investigations Team to assess if the case should be completed by the region or transferred to the DHHS Related Parties Investigations Team.
   4. The DHHS Related Parties Investigations Team is available to staff Priority 3 referrals with Intake:
      a. Monday through Thursday from 8:00 am to 6:00 pm; and
      b. Friday through Sunday from 8:00 am to 10:00 pm.
   5. The DHHS Related Parties Investigations Team is available to Staff Priority 2 referrals 24 hours a day, seven days a week.

B. Cases that may be considered a conflict are:
   1. Children who are allegedly abused while in the custody of DCFS, the Division of Juvenile Justice Systems (DJJS), or DHHS. This includes a child in the custody

of another state under Interstate Compact on the Placement of Children (ICPC) who is placed in Utah.

2. Cases that directly involve a DHHS employee.
3. Cases that directly involve a DHHS contracted provider that serve DCFS youth.
4. Children who are allegedly abused while in the Utah Developmental Center or the Utah State Hospital.
5. Children that are receiving AAM services.
    a. DHHS Related Parties Investigation will accept all AAM cases for investigation that involve adoptive families with an open and active license. All AAM cases that involve adoptive families that do not have an active license will go to DCFS for investigation.
6. Cases that directly involve a highly visible individual involved in child welfare practice, politicians, and community partners who work directly with DCFS.
7. Cases that are determined to be a conflict by the executive director of DHHS.

<u>DHHS Conflict Investigations Duties Upon Assignment as Agreed Upon by Related Parties Investigations Team</u>

A. The DHHS Related Parties Investigations Team will determine an on-call schedule and will be responsible for meeting the face-to-face requirements. The assigned secondary worker or supervisor may be contacted to assist. This should only occur in emergency situations.

B. The DHHS Related Parties Investigations Team will send an email to the associate region director and the region director, notifying them that a case has been opened. The email will contain the narrative or description of the case. If the child is in state's custody, an email will be sent to the Guardian ad Litem (GAL). The Related Parties Investigations Team will also notify the Office of Licensing if the concern involves a licensed facility/individual.

C. Cases will be marked confidential when they involve DHHS personnel or when they are determined to be necessary by the DHHS executive director, the Office of Services Review director, or the supervisor of the Related Parties Investigations Team.

D. Secondary workers will also be assigned on cases where DCFS ongoing services may be warranted or in cases where DCFS support is needed.
    1. Secondary workers will have the responsibility to:
        a. Act as a consultant and answer general questions.
        b. Advise about local resources available to a family.
        c. Remove the child and follow the DCFS removal process if the Related Parties Investigations worker obtains a warrant for removal, or if the Related Parties Investigations worker determines there are exigent circumstances and a removal is necessary.
        d. Assist Related Parties Investigations workers in filing petitions.
        e. Attend Child and Family Team Meetings (CFTMs).

2. If the Related Parties Investigations worker determines a removal may be warranted, they will consult with the DCFS secondary worker and Assistant Attorney General (AAG) to determine if there are local resources that could be put in place to avoid removal of the child.

E. Ongoing workers from the regions will be consulted for Related Parties cases where the child is in the custody of DCFS. This includes cases pursuant to ICPC regulations.
   1. Ongoing workers will have the responsibility to:
      a. Act as a consultant and answer general questions.
      b. Advise about local resources available to a family.
      c. Remove a child in the custody of DCFS if necessary. The Related Parties Investigations worker will notify the ongoing worker already assigned to that child to recommend the placement change. The Related Parties Investigations worker will notify the ongoing workers of other children in custody in the home regarding the concerns and removal of a child from that home. This includes notice to the courtesy worker for the ICPC case and the worker from the sending state.
         (1) If the case involves a licensed foster or kinship family, the case will be staffed with the Office of Licensing (OL).
         (2) If OL determines that the license shall be sanctioned, either suspended or placed on a conditional status (no new placements), the Related Parties Investigations worker will work closely with the assigned worker to determine if any current placements (children) shall safely remain in the home. Conditional status or Suspension does not mean withdrawal of the license or automatic removal if safety measures are assessed and addressed.
         (3) if safety conditions are not properly addressed, OL may impose a revocation of the current license.
      d. Assist Related Parties Investigations workers in filing petitions.
      e. Attend CFTMs.

F. If the case involves DCFS personnel and a removal is necessary:
   1. The region director will be contacted by the Related Parties Investigations worker to determine if another region personnel should be assigned to the case or if another office within the region will be assigned.
   2. If the alleged perpetrator is a region director or assistant director, the DCFS director will be assigned as the secondary worker.
   3. If the DCFS director is the alleged perpetrator, an assistant director will be assigned as the secondary worker and consultation will be made with the DHHS executive director.
   4. The secondary worker will remove the child and follow the DCFS removal process if the Related Parties Investigations worker obtains a warrant for removal, or if the Related Parties Investigations worker determines there are exigent circumstances and a removal is necessary.

G. The Related Parties Investigations worker will be required to complete the CPS Investigation consistent with statute and CPS Practice Guidelines.

H. The Related Parties Investigations worker will be responsible to determine the appropriate finding on the case at case closure.

I. If a case involving ICPC is likely to be supported, the Related Parties Investigations worker will staff the case with the director of the Office of Services Review prior to case closure.

Ongoing Case Transfer Process

A. The DHHS Related Parties Investigations worker will staff cases with the deputy director of the Child Protection Division, State of Utah Office of the Attorney General when a child may be at risk as indicated by the Structured Decision Model (SDM) tools and worker expertise or in cases where a finding is questionable. If a petition is needed to ensure child safety, the Related Parties Investigations worker will work with the AAG in completing the required paperwork and affidavits. The Related Parties Investigations worker will sign any affidavits or petitions related to facts of the investigation and/or removal.

B. If ongoing services are needed, the Related Parties Investigations worker will contact the secondary worker and inform them of the situation. If a secondary worker has previously not been assigned, the Related Parties Investigations worker will notify the region and assign a worker as prescribed by the region. If the case involves a DCFS employee and ongoing services are needed due to risk, the Related Parties Investigations worker will staff the case with their supervisor and the director of DCFS for necessary action.

C. If the Related Parties Investigations worker determines that the child can be safely maintained in the home but additional ongoing services are needed, the Related Parties Investigations worker will notify the secondary worker and DCFS will determine who will be the ongoing worker.

D. Once DCFS has identified who will be the ongoing worker, the Related Parties Investigations worker will contact the ongoing worker and, when possible, set up a CFTM.
   1. The Related Parties Investigations worker will work with the family and see if they would be willing to hold a CFTM and encourage the family to call their support network for the meeting.
   2. The ongoing worker will contact other DCFS personnel that DCFS wants to attend the meeting.
   3. When possible, the Related Parties Investigations worker will attend the meeting in person. However, in instances where the family is located at an unreasonable distance from the state office, the Related Parties Investigations worker will work with the ongoing worker to attend the meeting via phone.

E. If DCFS has professional staffings prior to court, the ongoing worker will notify the Related Parties Investigations worker of those staffings, and the Related Parties Investigations worker will attend either by phone or in person.

F. The DHHS Related Parties Investigations Team will not do ongoing case work. Once the CPS case has been closed, if interim ongoing casework is needed, DCFS will determine what type of case to open and make the appropriate assignments. (This may include a CIS case or PSC in the interim.)

G. The Related Parties Investigation worker will attend all court hearings prior to adjudication or dismissal of the Petition.

H. DCFS will open the appropriate ongoing case upon adjudication and disposition. (If the CPS case is marked confidential, DCFS will request access to the confidential case by contacting the Related Parties Investigations supervisor or designee who will make the request to SAFE.)

I. If no ongoing services are needed, no work is required for a secondary worker beyond consultation for resources or staffing.

GRAMA Requests and Case Files

A. The Related Parties Investigations Team will be responsible to respond to GRAMA requests on behalf of the cases the team has investigated.

B. If a DCFS GRAMA specialist, in responding to a request for other case files related to region work, sees that there is a case involving the Related Parties Investigations Team (worker listed is a Related Parties Investigations worker), the GRAMA specialist will contact that team and notify them of the GRAMA request involving their case.

020.13a Conflict of Interest Related Party Investigations Involving Employees

Major objectives:
To minimize any conflicts of interest that may arise during DCFS case investigations involving a DCFS employee.

Guidelines

A. Process for Assignment of Cases Involving Employees:
   1. When Intake receives information in which a DCFS employee is named as an alleged perpetrator, Intake will determine if it meets the criteria to open a CPS case. [*See:* Practice Guidelines Sections 201.1 and 201.2 regarding acceptance of a referral, definitions, and allegations.]
   2. If determined to meet the criteria to open a CPS case, Intake will assign the referral to the Conflict Team within DHHS.

3. Intake will not notify state or region administration of the case or the involvement of the employee.
4. If the Conflict Team does not agree with the disposition of the referral, the Conflict Team supervisor will contact the Intake administrator to discuss the case, and together they will determine if it will be maintained or reversed as a referral.

B. Involvement of State or Region Administration:
1. The Conflict Team will notify the director of DCFS of the existence of a case involving a DCFS employee who is alleged as a perpetrator once they have credible information indicating abuse or neglect has occurred, which may be determined through interviews with the alleged victim or with the alleged perpetrator, or assessment of other information indicating the employee may be a risk to other children.
2. Once the director of DCFS is notified of the existence of a case and that there is credible information to believe that the employee is a risk to other children, an alleged employee perpetrator may be placed on administrative leave and the director of DCFS will ensure that:
    a. The situation is staffed with the DHRM to see what action will be taken, which may include placement on paid administrative leave pending the outcome of the case.
    b. The employee's SAFE access and email access is suspended.
3. During the course of the open investigation, review of the case in SAFE by DCFS administration and employees is strictly prohibited.
4. If the case is closed with a supported finding, the Conflict Team will notify the director of DCFS regarding the risk, conclusions, and findings.
    a. Once the case is closed, DCFS administration may review the case if the Conflict Team has invited them to do so or if DCFS must make necessary determinations about the need for disciplinary or other action.
5. The director of DCFS, with the assistance of DHRM, will determine whether or not disciplinary action or other action is appropriate.
6. If the case is closed with a supported finding, the director of DCFS will notify the Department of Occupational and Professional Licensing (DOPL) if the employee holds any kind of license related to child welfare, counseling, or child welfare work.

C. Employee Responsibility if Alleged as a Perpetrator:
1. Employees may choose to notify their supervisor and region director if they have been alleged as a perpetrator in a CPS referral but there is no conclusion as to the findings or risk yet. The region director will notify the director of DCFS.
2. Employees will notify their supervisor and region director if they have committed child abuse or neglect and are found responsible as a perpetrator.
3. The employee may be placed on paid administrative leave if risk is assessed by the Conflict Team.

D. Region Director or Designee Responsibilities if Paid Administrative Leave is Required:

1. Meet with the employee and utilize empathy and respect.
2. Provide a letter from DHRM outlining the paid administrative leave and tell the employee it is due to an open CPS case.
3. Provide the employee time to outline current issues related to their cases, including contact information, so that the employee's supervisor may attend to the cases and needs of the families while the employee is on leave. If appropriate, allow the employee to contact their clients to explain that they will be out of the office and identify the Child and Services contact for the family.
4. Allow the employee to leave a voicemail greeting indicating that they are out of the office and who to contact.
5. Allow the employee to set an email response indicating that they are out of the office and who to contact.
6. Respectfully collect the employee's phone, badge, key card/key to the building, and computer to hold while the case is being completed.
7. Suspend SAFE access while the investigation is completed.
8. Request DHRM to send a form to the region director to shut down network access. Complete the form and return it to DHRM for processing.
9. Inform the employee of the right to speak with DHRM for additional support.
10. Provide information about the Employee Assistance Program (EAP), including the name and contact information.
11. Identify a supervisor or self as a contact for the employee during the case who they can reach out to as needed.
12. Inform the employee that the case is being assessed at this time, and that there is not an outcome as of yet.
13. With the help of DHRM, determine the appropriate form of communication with others on the employee's team so as to preserve the employee's reputation.
14. Upon return from administrative leave, the region director or designee will meet with the employee to greet them and update them on any dissemination of information they may have missed from DCFS or information related to their caseload.

E. Discretion will be taken to preserve the integrity of the process and dignity of the employee by all parties involved.

020.14 Supervisory Workgroup

Purpose

A. Genesis of the group: Our 2011 Program Improvement Plan (PIP) requires that we establish a sustainable Supervisor Advisory Workgroup framework to strengthen supervisors' involvement in ongoing Continuous Quality Improvement (CQI) efforts, including practice consistency and improved supervision.

B. Purpose of the group: To support and promote fidelity to the Practice Model throughout the state and throughout all program areas.

Participation

A. The DCFS director will oversee this workgroup while the Program and Practice Improvement Team (PPIT) will provide support for facilitation, record keeping, and project implementation.

B. Two supervisors from each region will participate in this workgroup. Participation in this workgroup must be appointed by the region director. Minimum tenure in this group is 12 months. Supervisors rotating on to and off of this workgroup will be staggered in order to possess institutional knowledge and maintain project momentum.

C. Meeting locations will be rotated around the state in order to reduce travel hardships on participants from remote regions. The group will meet on a monthly basis.

Incentives

A. Whenever sanctioned by DHHS, participants will be awarded incentives since participation in this project exceeds normal duties. However, in order to be eligible for an incentive, supervisors must participate in or attend 80 percent of the meetings, events, activities, and projects.

Implementation

A. Recommendations pertaining to projects, activities, events, Guidelines, resource development, and so forth will be forwarded to the Statewide Leadership Team (SLT) for approval and feedback.

020.15 Driving a State Vehicle

Major objectives:
The purpose of these guidelines is to ensure DCFS workers understand and comply with DHHS policies regarding the operation of a state vehicle and the consequences of distracted driving behaviors.

DHHS Policy and Procedures

"Disciplinary action will be taken for inappropriate use of a state vehicle, to include corrective action, suspension, and termination."

"Utah Code Title 41 Chapter 6a Section 1716 prohibits the use of text messages and electronic mail while driving. Employees driving state vehicles while using text messages or electronic mail will face suspension or termination."

Administrative Guidelines

A. Texting is prohibited while operating a state vehicle.
   1. This includes texting while stopped at a stop light or intersection.

2. An employee may pull off the side of the road or into a parking lot to text or operate a GPS.
3. It is acceptable to use a "hands free" device for talking on the phone or operating a GPS.
4. Disciplinary action for violations related to the texting guidelines will be determined by the region or division director in consultation with DHRM. Disciplinary action may include temporary leave without pay.
    a. Evidence of texting while operating a motor vehicle will be required for disciplinary action to take effect. Evidence will be provided by law enforcement which includes verbal warnings, written warnings, and citations. If a citizen or someone other than law enforcement reports this, the supervisor will discuss the issue with the employee and consult with the Department of Human Resources, as deemed appropriate by the supervisor, following the conversation.

B. Speeding is prohibited in a state vehicle.
1. If caught speeding while operating a state vehicle by a law enforcement officer, the employee must immediately report it to their direct supervisor and region or division director.
2. Disciplinary action for violations related to the speeding guidelines will be determined by the region or division director in consultation with DHRM.
    a. Evidence of speeding while operating a motor vehicle will be required for disciplinary action to take effect. Evidence will be provided by law enforcement which includes verbal warnings, written warnings, and citations. If a citizen or someone other than law enforcement reports this, the supervisor will discuss the issue with the employee and consult with DHRM, as deemed appropriate by the supervisor, following the conversation.

3. The employee will be subject to disciplinary action up to and including termination.
    a. Employees driving state vehicles at excessive and reckless speeds will face suspension or termination.
    b. An employee may be terminated for multiple and/or excessive offenses.

020.16 Division of Child and Family Services Dress Code

Major objectives:
DCFS staff shall maintain a professional appearance in dress, hygiene, and grooming appropriate for their specific work assignments and duties.

Rationale
The purpose of this dress code is to establish a standard of dress and grooming for DCFS staff that promotes a professional appearance and ensures safety.

Definitions

A. Protective hairstyle: A hairstyle that protects hair based on its texture or type, including but not limited to, braids, afros, curls, twists, etc.

B. Professional dress standards: Standards to be followed when representing DCFS and in any other setting that requires professional work attire.

C. Business casual dress standards: Standards to be followed when attending conferences, youth events, training, and any other setting that requires business casual dress attire.

D. Casual dress standards: Standards to be followed in other work that does not require professional or business casual dress standards. This may include retreats, cleaning offices, etc.

Guidelines

A. DCFS recognizes and respects the individuality of its employees and seeks to create a welcoming and respectful workplace. Employees are expected to maintain a professional appearance that reflects positively on the organization and is appropriate for the workplace.

B. This dress code is designed to guide supervisors and employees on the application of DCFS standards of dress and appearance. These guidelines are not exhaustive in defining acceptable and unacceptable standards of dress and appearance. Staff should depict the core principles and standards of child welfare work and ethics in their choice of attire.

C. Medical accommodations will be approved through the Department of Human Resources Management (DHRM).

D. It is the supervisor's responsibility in consultation with administration to make sure staff are dressed in accordance with these guidelines and to enforce dress code standards in their respective programs.

E. Staff determined by their supervisor to be inappropriately dressed will be sent home and directed to return to work in proper attire. Such time spent away from work will not be compensated.

F. Region administration may grant exceptions from the dress code for specific events or duties on an individual basis. (i.e., special job duties, picnics, ropes courses, physical labor, etc.).

G. If any employee feels this dress code has not been applied correctly, concerns can be lifted progressively through DCFS administration.

H. Failure to adhere to this dress code may result in disciplinary action, up to and including termination.

I. General standards of dress and appearance:
   1. Clothes and accessories must be clean and in good condition without rips or tears, partisan political affiliation or leanings, gang references, profanity, unfairness, or slanderous, violent, or negatively explicit pictures or words.
   2. Clothing not permitted includes see-through clothing, low cut or bare midriff shirts or blouses, shorts, mini-skirts or mini-dresses, tank tops that do not reach the top of the shoulder, spaghetti straps, and printed t-shirts.
   3. Pants shall not sag and underwear shall not be visible.
   4. Pants shall not have rips or tears.
   5. Hair must be clean and maintained in a professional appearance. In recognition of diverse characteristics of hair texture, protective hairstyles are allowed.
   6. Footwear is to be appropriate for the assigned work location.
      a. Flip-flops, water shoes, or shower sandals are not permitted.
      b. Dress sandals may be permitted.
   7. Jewelry shall be consistent with a professional appearance and meet expectations that consider safety and security for the assigned work location.
   8. Body art or tattoos that depict violence or profanity, are gang related, are of a sexually explicit nature, or are deemed workplace inappropriate must not be visible.
   9. Sunglasses, hats, beanies, or hoods are not to be worn indoors.

J. Professional interactions:
   1. When representing DCFS online or in person at court or in administrative hearings, staff shall present themselves in neat, clean, and professional attire.
   2. Professional dress standards include:
      a. Collared shirt;
      b. Slacks, suits, dress pants, business professional capris;
      c. Dress shoes;
      d. Dresses or dress skirts; and
      e. Dress blouses.

K. Business casual interactions:
   1. When representing DCFS at online or in-person training events, youth and family interactions, meetings with allied agencies, and attending conferences, staff shall present themselves in neat, clean, and business casual attire.
   2. Business casual dress standards include:
      a. Collared shirt, sweater;
      b. Pants/slacks, jeans, capris, leggings designed to be work casual;
      c. Skirts, dresses; and
      d. Blouses.
         (1) Shorts can be worn if working at a DCFS-owned Christmas Box House.

L. Casual attire is acceptable in all other work settings.

1. T-shirts and sweatshirts free of political affiliation or political leanings, gang references, profanity, unfairness, or slanderous, violent, or negatively explicit picture or words.
2. Jeans and capris.

M. Continuous renewal: These guidelines shall be reviewed every three years to determine its effectiveness and appropriateness. These guidelines may be reviewed before that time to reflect substantive change. These guidelines have been reviewed by the DCFS state office leadership team.

020.17 Title IV-E Stipends for BSW or MSW Degree Programs

Major objectives:
To provide guidance to students preparing for employment and employees with the Division of Child and Family Services (DCFS) regarding the responsibilities associated with the acceptance of Title IV-E stipend funding for Baccalaureate of Social Work (BSW) Program or Master of Social Work (MSW) Program tuition assistance and work responsibilities. Title IV-E stipend funding is for DCFS and Juvenile Justice and Youth Services (JJYS) employees only. Title IV-E stipend funding will not continue if an employee moves to another state agency.

Guidelines

A. Employees/students' responsibilities when receiving a Title IV-E Stipend to assist with costs for a BSW or MSW Program:
   1. Employees/students accepted in the BSW or MSW Program will maintain continuous enrollment in good standing in the social work program for the applicable university, which includes:
      a. student behavior;
      b. student academic performance (3.00 grade point average or above; university social work program to provide notice to the DCFS training director if grade point falls below 3.00);
      c. student academic conduct; and
      d. student professional and ethical conduct as defined by the university.
   2. Employees/students will complete the program in the public services domain or equivalent.
   3. Employees/students must successfully meet the Department of Health and Human Services (DHHS)/DCFS employee background screening criteria as well as successfully pass an employee SAFE Management Information System (MIS) and Licensing Information System (LIS) child abuse and neglect registry check and otherwise meet the basic eligibility for hire as a caseworker at DCFS, including having a valid driver's license.
   4. Employees/students will maintain satisfactory or above performance evaluations, complete all assigned work duties, and maintain regular and predictable attendance.
   5. Employees/students will not be subject to corrective or disciplinary action while in the program.

6. Upon completion of the BSW degree requirements, students/employees will adhere to the conditions outlined in their signed Title IV-E tuition agreement.
7. Upon completion of the MSW degree requirements, students/employees will adhere to the conditions outlined in their signed Title IV-E tuition agreement.

B. Employer responsibilities:
1. Supervisors and administrators will make efforts to support employees/students in the BSW and MSW Programs, with the understanding that employees gaining advanced education is desired, but that work responsibilities remain their first priority.
2. DCFS will partner with universities to award Title IV-E stipends to employees/students as long as federal funding is available.
3. Stipends will be subject to the Title IV-E tuition agreement signed by the employees/students.

C. Tracking of stipends: DCFS will track the stipends by:
1. Maintaining a database to track the students/employees receiving a stipend.
2. Maintaining copies of all Title IV-E tuition agreements.
3. Assuring on a quarterly basis that the students/employees listed in the agreements are still employed with DCFS, while working the requirements for accepting the stipend.
4. Informing university partner liaison, as needed, when students/employees have left employment and not fulfilled their employment commitment outlined in their Title IV-E tuition agreement so the university may contact the student/employee to determine the path for payback to the university or, if necessary, the Utah State Debt Collections.
5. Maintaining documentation regarding any students who completed the BSW Program that were not offered employment within two months after completing the program, including the reason employment was not offered.

D. Repayment of stipends: In the event employees/students fail to fulfill the academic or employment requirements listed above, or are terminated for any reason, they agree to pay back the stipend monies received according to the terms outlined in their Title IV-E tuition agreement.

020.18 Staff Safety

Major objectives:
To provide a supportive response to employees who may have been threatened, intimidated, or harassed while performing duties as an employee of DCFS. The safety of DCFS employees is of the utmost importance to the division.

To define the roles and responsibilities of staff, supervisors, child welfare administrators, associate region directors, region directors, and the state office in response to threats or violence against employees of DCFS.

Applicable Law
Utah Code Ann. §76-8-318. Assault or threat of violence against child welfare worker -- Penalty.

DHHS Policy and Procedures 01-11 Employee Threats.

Guidelines

A. Responding to Staff Safety Threats and Incidents
   1. If someone is being assaulted or is in imminent danger, anyone can call 911 or the local police department. Any employee may contact law enforcement about a threat or safety concern at any time.
   2. When a DCFS employee receives or perceives a threat from a person or environment, the employee will attempt to secure their immediate safety by leaving the situation or location as necessary and/or calling 911.

B. What Constitutes a Threat or Intimidating Behavior
   1. A verbal or written communication over the phone or in person, emails, text messages, direct messaging, or letters that contain a threatening statement or action that gives an employee reasonable suspicion to believe they are at risk for injury. This includes a veiled threat when a statement is given to an employee that can have two meanings and be taken as information, a joke, or a threat.
   2. This may include threatening behaviors or physical actions short of actual contact or injury (moving aggressively into another's personal space), general oral or written threats to people or property ("You better watch your back." "I'll get you."), and implied threats ("You'll be sorry." "This isn't over.").
   3. Violent behavior includes any physical assault, with or without weapons, behavior that a reasonable person would interpret as being potentially violent (throwing things, pounding one's fist on a desk or door, or destroying property), or specific threats to inflict physical harm ("I'm going to shoot you.").

C. Process for Employee to Report Threat
   1. Do not try to evaluate or ignore the seriousness of a threat. All threats, whether considered serious or not, should be reported immediately.

2. An employee who has been threatened or who has witnessed a threat should take the following actions:
   a. Immediately contact law enforcement if it is an emergency, and the employee is in danger.
   b. After securing themselves from emergent harm, promptly report the circumstances to their supervisor and complete the DHHS Threat Reporting Form found in the DHHS Forms System (search for "Threat Reporting Form"). Submitting this form notifies the DHHS Risk Management team.
   c. The employee, supervisor, or region director may also contact DHHS Risk Management directly at 385-290-5288 to report the incident so that it can be assessed for risk factors and an appropriate safety plan can be put in place. The region should coordinate who will reach out to DHHS Risk Management to avoid multiple notifications about the same incident.
   d. Save any emails, texts, or videos of the incidents showing threats or violence.
   e. Keep a record of anything remembered, such as the name and description of the person who threatened the employee, date and time of the occurrence, previous threats from the person, names or contact information for witnesses, and the description of the threatening words or actions.
   f. In return, the Office of Administrative Services (OAS) management shall meet with the facility manager and the affected team (which includes the employee and their supervisor) to create a safety plan for the incident.
   g. OAS and OU management shall coordinate as needed when outside agencies are involved, including law enforcement.

D. Actions Taken by Region Administration
   1. The supervisor shall report the incident to the region director and division director.
   2. Refer to Peer Support, as appropriate.
   3. Refer to Employee Assistance Program (EAP), as appropriate.
   4. Refer to the Department of Human Resources (DHRM), as needed.
   5. Implement an immediate safety plan and modify it after meeting with OAS, as needed. This may include temporary work at another office or home, use of an unmarked state vehicle, flexible work schedule, etc.
   6. Assist the employee in notifying the court/judge, Assistant Attorney General (AAG), and Guardian ad Litem (GAL) regarding the case. Consider any necessary change in court orders.
   7. Determine if additional staff, office personnel, or clients may have been part of the threat or who may come in contact with the person should be notified, as appropriate.
   8. Determine if the employee may want to privately engage the support of a victim advocate or seek out a protective order or no-contact order. If so, what information from the workplace can be shared in those settings?

9. Determine if client contact needs to be modified regarding one-on-one meetings between the client and the person or regarding contact outside of the office environment.
10. Determine how to safely continue client services, including family-time, if needed.
11. Determine what support may be needed from additional workers or a supervisor.

E. Immediate Safety Concerns
1. Region directors or designees will implement immediate safety precautions as needed for the employee and/or overall security of the office. Call 911 if an immediate, emergency response is needed.
   a. All coordination with local law enforcement will be initiated by the region director or designee.
   b. Following the call to law enforcement, the region director or designee shall contact the state office.
2. When dealing with potential criminal behavior directed toward staff, region directors will also notify the appropriate personnel, including but not limited to staff and the AAG assigned to the case.
3. All evidence (including voicemails, text messages, social media posts, etc.) supporting the threat or safety concern shall be retained and brought to the attention of the appropriate personnel or authority.
4. If there is no immediate planning needed, the region director and the state office will make contact to review and document steps already taken and future safety/recovery planning. Affected staff should be included in the discussion unless they decline involvement.

F. Threats Received by Intake
1. If an individual calls Intake and makes a threat during the phone call, the Intake worker shall notify the region director implied in the threat and the state office immediately to determine what action will be taken to mitigate the threat.

G. Documenting Staff Safety Threats and Incidents
1. As indicated above, DCFS employees will immediately report all safety incidents or threats to their supervisor. Regardless of supervisor availability in the office, workplace, or field, no employee should feel they need to wait to report a threat or safety issue. No one shall discourage an employee from reporting a safety or security concern.
2. The supervisor shall discuss with the employee the incident or threat and assess his or her needs. A safety plan will be created as a result of this discussion.

H. Emergency Need for Building Accommodations or Assistance
1. Region directors or the state office will determine if further assistance is needed from or for building security. Examples of assistance from building security include, but are not limited to:

a. Having a security detail assigned to the building site of the incident or threat.
b. Putting alarms on doors or windows, and/or putting locks on doors or windows.
c. Temporarily reassigning staff to a safer work location.
d. Temporarily approving telecommuting or modifying the site in some other manner.
e. Consideration and potential implementation of no-trespass orders, or other safety measures.

2. If the region director or state office determines that building security is needed, they will include this in the safety plan. Any additional security needs or building modifications must be approved by DHHS Risk Management. All security needs are coordinated through the DHHS risk manager.

I. Communication of Staff Safety Threats and Incidents:

1. Region directors, supervisors, or their designees have an obligation to ensure staff is promptly informed of known threats to their safety.
2. Communication with other agencies in shared facilities will be completed by the facility supervisor.
3. Region directors shall communicate safety threats and incidents via email using the subject line "Staff Safety Incident" or "Staff Safety Threat". Region directors shall send staff safety notification emails to all staff within the office/team and to the state office.
   a. The communication of safety threats and incidents by email is intended to reach staff whether physically in the office or in the field, ensure consistency of notifications, and allow for the communication of relevant information.
   b. The state office, specifically the director and assistant directors, are included on safety notification emails to ensure the appropriate communication of safety concerns with Intake, the Office of Licensing, and others as appropriate.
4. The state office and region directors or their designees shall determine when it is necessary to notify community partners, Guardians ad Litem (GAL), resource families, and other divisions or departments mutually serving clients. The state office and region directors or their designees are responsible for developing communication plans with co-located building partners and reviewing/modifying communication plans as necessary.
5. Information conveyed to staff regarding threats and incidents should be factual. Speculative information, rumors, and unconfirmed information should be avoided, unless provided and confirmed by law enforcement. Messaging should minimize traumatic impact.
6. Except in extraordinary circumstances, no communication of a threat or incident shall include medical information, information pertaining to the sheltering of victims of domestic or intimate partner violence, or other confidential

information. Where circumstances require the sharing of such information, care shall be taken to ensure that it is protected.

7. Employee Assistance Program and/or Peer Support may be offered to those affected by the threat or incident when appropriate.

J. Staff Safety Threats and Incidents Against Another Division

If a threat is made by a person who is served both by DCFS and another department or division, DCFS will notify them of all threats or safety incidents.

K. Self-Protection Plans

1. Based on the circumstances of the threat or safety concerns, staff may request a self-protection plan.
   a. A self-protection plan is an employee-driven process based on what the person reasonably believes will promote his or her safety.
   b. Self-protection plans are formalized by the employee and their supervisor or designee during supervision when a particular client (an adult or child), family, or environment has been identified as being potentially dangerous or presenting risk to the personal safety of staff.
2. A self-protection plan can be a simple written outline or paragraph describing specific precautions to be taken upon intervention. Approval by the supervisor may be necessary, depending on the nature of the plan. The employee and supervisor will keep a copy of the self-protection plan. Self-protection plans will be referred to before initiating contact with the client and/or the client's family. Self-protection plans will be dated and reviewed periodically during supervision.
3. Self-protection plans serve to promote the employee's well-being and lessen the risk of threat to personal safety when intervening or initiating contact with the client and/or the client's family. Details in the plan may include, but are not limited to:
   a. Where and when it is best to meet with the client and/or the client's family (e.g., in a neutral setting, not at the family's home).
   b. Who, if anyone, should be present when the caseworker meets with the client and/or the client's family (e.g., another caseworker, a supervisor, Department of Corrections (DOC) staff, law enforcement, or the client's network of supports).
   c. Whether or not the child should be present when the caseworker meets with the parents or caregivers.
   d. Specific actions to be taken under certain circumstances (e.g., discussing the need for additional security or a law enforcement escort when going to court or when immediately leaving the family's home if the client appears to be under the influence of drugs or alcohol or appears to be suffering from a mental health emergency).
4. It may be necessary to seek legal intervention or a no-trespass order to increase an employee's safety. Such an option may be discussed with the assigned AAG or local State's Attorney. Region directors and the state office will be informed if

legal intervention or no-trespass orders are sought. The self-protection plan could specify that relief from the court will be pursued in the event of a new incident or if specific behavior persists.

L. Personal Safety When Conducting Home or Field Visits

1. DCFS employees will take personal safety precautions when conducting work with families. An employee should consider extra precautions in the field, particularly at night, in volatile situations, in isolated or extremely rural areas, in known high risk areas (prevalence of crime, gang activity, or drug use/trafficking), when interviewing individuals with a history of violence and significant criminal history, and when interviewing individuals who may be under the influence of undue stress, mental illness, drugs, or alcohol.
2. Examples of safety precautions include:
   a. Prior to visiting the home, contact law enforcement and/or the DOC about any recent responses or involvement with the family.
   b. Become familiar with high-risk areas and take precautions when responding to child safety interventions or home visits in those locations.
   c. Assess the presenting allegations, DCFS history with the family, safety and risk concerns, client personalities, and family dynamics while being sensitive to personal risk factors.
   d. Consult with or seek direct assistance or accompaniment from local police authorities when necessary.
   e. Conduct a teamed response with another caseworker or others.
   f. Ensure supervisor and colleagues are aware of the employee's schedule, planned home or field visits, and an expected time of return to the office. Let a co-worker or supervisor know where you will be and have them check on you, if needed.
   g. Be cautious when entering the local office alone or after business hours.
   h. Operate a safe vehicle in working order with enough gasoline to get to and from the destination.
   i. Drive around the area of the residence, looking for unsafe conditions (poor lighting, unsecured animals, people drinking or using substances, etc.). Evaluate your surroundings and have an entrance and exit plan.
   k. Lock all doors while in the vehicle and when leaving the vehicle.
   l. Be alert for potential danger when entering buildings, hallways, and private residences.
   m. Make note of entrances and exits in the home.
   n. Hold keys while walking to the vehicle.
   o. Wear shoes and clothing that make it easy to move quickly.
   p. Use an official DCFS identification badge to confirm identity when introducing self to clients.

M. Teamed Response for Home Visits

1. Situations may arise that necessitate a two-person response for a home visit. For the purpose of these guidelines, this type of response is referred to as a "teamed

response." Teams may be comprised of two caseworkers, or the role may be filled by a:

a. Supervisor.
b. Child welfare administrator.
c. Region director.
d. Community partner.
e. Service provider.
f. Domestic violence specialist.
g. Law enforcement.
h. GAL.
i. Someone part of the Child and Family Team or the family's support network.

2. The caseworker and supervisor will determine other individuals who may serve in this capacity based on the case and specific circumstances.
3. Use of a teamed response should be discussed with and/or assigned by the supervisor. Supervisors will determine the need for a teamed response based on consideration of the caseworker's safety or other factors. Absent compelling reason to do otherwise, deference should be given to the expressed safety concerns of the requesting caseworker. If the supervisor and caseworker disagree regarding the need for a teamed response, consultation with the region director or designee will occur. [Please see Checklist for Worker Safety and Working in the Field in Pairs for additional guidance.]
4. Supervisors are required to approve and/or assign the use of a teamed response in the following circumstances:
   a. Records indicate the client or other household members have a history involving assaults or threats of violence, or a conviction involving the use of a weapon in the commission of a crime. In these situations, staff will consider requesting law enforcement assistance.
   b. There is ongoing domestic violence where the alleged perpetrator resides in or frequents the home. For additional safety precautions, staff will seek consultation with a region domestic violence expert/specialist or the domestic violence program administrator at the state office.
   c. In all initial responses to allegations of abuse in unknown (no prior child protection history) cases if requested by the assigned caseworker.
   d. Areas known as high crime and/or drug use/trafficking locations.
2. Caseworkers will utilize a teamed response until such time as the caseworker and his or her supervisor jointly decide that a teamed response is no longer routinely needed.

N. Teamed Response in Other Circumstances

1. In instances where a teamed response is not required, supervisors may determine that it is necessary based on consideration of all circumstances surrounding a case or work environment. Broad consideration will be given to the safety of all staff, communities, families, and children.

2. Examples of other circumstances where a teamed response may be appropriate include, but are not limited to:
   a. When the caseworker is transporting a child or doing a home visit with clients or household members with known emotional or behavioral problems (e.g., a history of sexually harmful behaviors, physical aggression, making false accusations, or running away).
   b. When transporting a group of children, based on the ages and developmental levels of the children, to adequately supervise the children while driving to the destination.
   c. In cases where the caseworker is making an out-of-home placement into a resource family home. By having a teamed response, there are additional supports for the child to lessen trauma associated with separation from his or her family.

O. Documenting Teamed Responses

The use of teamed responses will be documented in the activity logs for the case as part of the home visit. Activity logs will detail who was present and the location of the visit.

P. Situations Deemed Unsafe by Law Enforcement

1. If law enforcement can clearly articulate an environment/situation is unsafe, the caseworker will staff the circumstances with their supervisor, child welfare administrator, region director, and AAG as needed to determine appropriate next steps.
2. The caseworker should not approach any situation where law enforcement determines it to be unsafe alone or without a clearly planned course of action.

Q. Safety Documentation

1. Particularly volatile or potentially dangerous clients and client home/neighborhood situations that could present risk to caseworkers will be identified and documented in appropriate case records as applicable, including but not limited to:
   a. The Intake report, if safety concerns are known by the referent.
   b. The investigation or assessment summary, if such information is learned during the child safety intervention.
   c. Description and up-to-date safety information in the activity logs.
   d. The case summary for closing or transferring to another office.

R. After-hours Responses

1. While DCFS has after-hours coverage in place, the support and information available is not the same as during regular business hours. After-hours responses require a different level of safety planning.
2. In any situation that requires a response after hours and the response requires contact with an individual who may pose a danger, the first point of contact will be law enforcement for the purpose of either joint investigation or

assistance. DCFS will be more cautious after hours and assume danger if information about the family or situation is unknown. In these situations, caseworkers will only be called out after hours if law enforcement accompanies them.

3. In situations regarding child transports or situations where a child requires contact with a caseworker after hours (e.g., accompanying or supervising a child at a hospital or police station), Intake will gather as much information about the child as possible and share this information with the caseworker. If limited information is known about a child entering care because of their own behavior or delinquent acts, possible risks and the safety of staff will be considered when deciding how the child will be transported. The on-call worker and on-call supervisor will collaborate with the caseworker to determine if a teamed response is needed, and another caseworker will be called in if warranted.

S. Safety-Related Case Transfer

1. Situations may arise where a caseworker is personally the subject of a physically or emotionally dangerous level of client animosity. In those situations, efforts may include a teamed response or transferring responsibility for that case to a different caseworker either within the office or another office in the region.
2. In cases where the region director or designee determines that a case transfer within the office or region is necessary to decrease risk to the caseworker, the transfer will occur as soon as possible.
3. When a case has been transferred to another caseworker for safety reasons, the region director or supervisor will inform the newly assigned caseworker of the reason for the transfer and provide any available information relevant to ensuring the newly assigned caseworker's safety. A self-protection plan will be in place prior to reassigning the case.
4. There may be circumstances where transferring the case to another caseworker does not resolve the danger or threat. Consultation with the state office is required when the region director requests to transfer the case to a different regional office.

Safety Checklist for Home Visits

STEPS TO TAKE WHEN YOU ARE LEAVING THE OFFICE, DURING THE VISIT, AND AFTER

General Safety:
☐ Ensure that your supervisor and colleagues are aware of your day's schedule and planned home visits, and are informed of an expected time of return to the office (notation on in/out board, shared calendars, etc.).
☐ Make sure your cell phone is charged and accessible at all times.
☐ Know whether there will be cell phone service in the area of the home visit.
☐ Wear shoes and clothing that make it easy to move quickly; avoid wearing excessive jewelry and scarves.
☐ Avoid carrying a purse/briefcase when possible; carry a minimal amount of money.
☐ Keep your state-issued photo identification and keys on your person (not in a purse/briefcase).

Vehicles and Driving:
☐ Check if there is a fleet vehicle available; consider taking a fleet car or rental car instead of a personal vehicle.
☐ Operate a safe vehicle in good working order with enough gasoline to get to and from the destination.
☐ Lock your purse/briefcase in the trunk of the car before you leave the office; keep valuables out of sight.
☐ Keep your car doors locked; if necessary, keep windows only partially open above the ear while driving.
☐ Drive around the area of the residence, looking for unsafe conditions (poor lighting, unsecured animals, numerous cars/individuals who do not live in the home, people drinking or using substances, etc.).
☐ Be cautious of dead-end streets.

Parking:
☐ Try to park where you can see your vehicle while you are inside the home; park in the direction you want to leave.
☐ Choose a parking space that is well lit or offers a safe walking route; try to avoid parking in driveways to lessen the chance of being blocked in.
☐ When approaching your car after a visit, look under the car and check the backseat before entering.

Approaching and Entering the Home:
☐ Be alert and observant; walk confidently and purposefully; avoid having your arms full.
☐ Pay attention to your immediate surroundings; visually inspect the outside of the home; observe people or activity taking place in proximity to the residence.
☐ When possible, enter through a door within plain sight of the street.
☐ Be alert for danger when entering buildings, hallways, and private residences.
☐ Pause at the door before knocking to listen for activity inside (loud fighting, animals, other disturbances, etc.).
☐ DO NOT ENTER A HOME IF YOU SUSPECT UNSAFE CONDITIONS!

During the Visit:
☐ Be aware of entrances and exits in the home.
☐ Wait for a person to answer the door; do not enter unless someone greets you.
☐ If an unfamiliar person answers the door, find out who the individual is; if there are people present who you feel are a threat, reschedule the visit.
☐ Use your state-issued photo identification to confirm identity when introducing yourself to clients.
☐ Maintain personal and professional boundaries; use non-threatening body language and remain calm and polite.
☐ Do not let your guard down after entering the home; remain alert to signs of violence or unwanted advances from any family members or other individuals in the home.
☐ Listen to your instinct and feelings; be cautious and use common sense.
☐ Scan for weapons in the space you are in; if someone is armed or you see a firearm, leave as soon as possible unless the weapon is in a gun safe, display case, or secured area.
☐ Do not go into a dark room, basement, or attic first; follow, never lead, even if you've been in the room before.
☐ If there is a concern about pets, ask the family to put them in another room for the duration of your visit.
☐ Be aware of traffic in and out of the home while you are there.
☐ Take note of any smells associated with substance abuse.
☐ If you are in danger or feel there is a safety risk, leave immediately if you can.
☐ If you are in danger and cannot get away, call 911 for help.

After the Home Visit:
☐ Hold your keys while walking to your vehicle; leave immediately once you are in the car.
☐ Call or text your supervisor at agreed-upon times after the home visit.

DO NOT STAY IN A DANGEROUS SITUATION! YOU HAVE PERMISSION TO GET OUT! WHEN IN DOUBT, GET OUT!

Planning Checklist for Home Visits

STEPS TO TAKE BEFORE YOU LEAVE THE OFFICE

☐ Check SAFE and available databases.

☐ Contact law enforcement about recent involvement with the family or responses to their address.

☐ Contact the Department of Corrections about any prior involvement with the family.

☐ Check SAFE and available databases.

☐ Consider the following behaviors by any member of the family:

- ☐Substance abuse
- ☐History of assaultive or violent behavior
- ☐Prior criminal history
- ☐Prior threats
- ☐Frequent law enforcement contact
- ☐Current access to or use of weapons
- ☐Suicidal thoughts or actions
- ☐Emotional instability
- ☐Mental health illness or problems
- ☐History of violating court orders
- ☐Tactical training (survivalist, military, etc.)
- ☐History of stalking (in person or electronic)
- ☐Gang membership or activity
- ☐Significant sexualized behavior
- ☐Tendency to run away
- ☐History of making false allegations

☐ Consider any sudden or recent life changes within the family:

- ☐Job loss
- ☐Legal issues
- ☐Change in custody status
- ☐Divorce/separation
- ☐Death/serious illness

☐ Consider significant case decisions and how they may impact your relationship with the family.

☐ Speak to colleagues who have previously worked with or are currently working with the family:

- ☐Caseworkers
- ☐Domestic violence workers
- ☐Supervisors
- ☐Child Welfare Administrators (CWAs)

☐ Consider whether the family has pets; if there is a concern, call ahead and attempt to make arrangements for the pets to be in a different room, safely outside, etc.

☐ If the visit is in an unfamiliar location, ask a colleague who may be familiar with the location to brief you on any known risks or possible hazards, including concerns regarding cell phone coverage.

☐ Ensure your supervisor and colleagues are aware of your day's schedule and planned visits, and are informed of an expected time of return to the office; update your Google calendar with information about the home visit (address and phone number).

Take a Moment to PAUSE

Do you need a teamed response for this home visit?

Do you need to do a home visit OR could the visit occur at an alternative site?

☐ Seek support from your supervisor regarding any information or circumstances that make you feel uncomfortable.

☐ Consult with or seek direct assistance from law enforcement when necessary.

☐ Utilize a teamed response if and when necessary.

Working in the Field in Pairs

Safety in Numbers

- Caseworkers provide a wide range of services in complex environments and situations.
- Safety can be a concern in some of these settings. DCFS administration recognizes the importance of worker safety.
- In an effort to promote worker safety and care, DCFS supports the concept of workers going into the field in pairs, as needed.

Guidelines for Working in Pairs

- Touch base with a supervisor in an effort to make the supervisor aware of it and assure that it is appropriate. Pairing should only be needed when there are safety concerns.
- Arrange visits in a strategic way by reviewing location, miles to and from one visit to another, school schedules, traffic, etc. prior to going the field. This will help you plan an efficient route.
- Plan for the visit ahead of time: Prepare for interacting with clients who are a safety concern. Think of the purpose and desired outcome of the visit (compliance visit, emergency visit, interview, safety assessment, etc.) .
- Assure that both workers have the ability to see their clients equally, focusing on the safety of the workers.

Things to Remember

- Caseloads will not be reduced in order to accommodate working in pairs.
- Only one worker is assigned to the case; working in pairs does not mean that another worker is considered a secondary worker. Document the name of the other worker who is present with the caseworker for visits, interviews, etc.
- Quality of visits in the field should not be reduced or unnecessarily shortened due to the fact that 2 workers need to make visits to both workers' clients.
- Requirements must still be fulfilled including complying with policies, due dates, etc.
- There should not be an increase in over dues or decrease in case closures due to going out on one another's cases and struggling with lack of time for other work.
- Don't forget basic worker safety guidelines whether going into the field alone or with others. Please refer to the accompanying document, "Social Worker Safety Tips" (Provided by Syracuse University School of Social Work).
- If your region has a standard/protocol for transporting youth, please refer back to that standard/protocol as you assess the requirement for transporting in pairs.

Revision date: May 2025

020.19 Process for Handling Ethical Dilemmas

Major objectives:
An ethical dilemma exists when an employee is faced with a situation that involves a client, a fellow employee, or a community partner where a right answer or correct plan of action is not readily apparent. This may occur when ethical values or principles appear to be opposing and cannot both be honored. For example, the ethical standards of Client Self-Determination, Client Well-Being, and Client Confidentiality when a client asks an employee to attend a personal event. The first course of action when an employee believes that there is an ethical dilemma, where there is no clear cut right answer or right course to follow, is to consult with a supervisor and/or a program administrator. If further discussion is needed, the process outlined below can be used. This will give the employees involved a committee decision to support the actions chosen and a process for documenting that decision.

Guidelines

A. The employee will seek advice and counsel from their immediate supervisor.

B. If the supervisor, after researching DCFS guidelines and Administrative Rules, is unable to give a definitive answer regarding the choice that the employee will make, the supervisor will seek the advice and counsel of the Child Welfare Administrator (CWA) in their chain of command.

C. If the CWA is unable to make a decision regarding the dilemma, the CWA will follow this procedure:
   1. Convene an ad hoc committee consisting of the following individuals:
      a. The original employee and supervisor with the ethical dilemma.
      b. At least two other employees at a peer level to the original employee.
      c. At least one other supervisor.
   2. If possible, the following individuals will be a part of the ad hoc committee:
      a. Other regional staff.
      b. State staff who are knowledgeable in social work ethics.
      c. If needed, an attorney knowledgeable in social work ethics.
   3. The original employee and supervisor will fill out the employee portion of the 020.19a Ethical Dilemma Committee Notes Form, which includes the following:
      a. Identify the ethical issues.
      b. Identify the individuals, groups, and organizations that might be affected by the ethical decision.
      c. Identify all possible courses of action and participants involved.
      d. Examine the pros and cons of each possible course of action.
   4. The CWA will schedule a meeting for the ad hoc Ethical Dilemma Committee.
   5. The original employee and supervisor will present information to the committee regarding the ethical dilemma and the information on the worker portion of the form.
   6. The committee will complete the committee portion of the Ethical Dilemma Committee form, including the committee's recommendation to the regarding the

course of action for the employee and will discuss their recommendation with the employee and supervisor. Committee information on the form includes:

a. Ethics committee members.
b. Decision made and why.
c. Person monitoring the outcome of the decision and how it will be evaluated.
d. Who the documentation of the decision was sent to and the date sent.

7. The committee will submit the completed form to the assistant director.
8. The assistant director will keep a record of the completed committee form that includes the people on the committee, the ethical dilemma, and the decision made by the committee. The employee can request a copy for their own records.

Ethical Dilemma Committee Notes Form

To be filled out by the person presenting the ethical dilemma to the committee prior to the committee meeting. Attach additional sheets if needed.

Name of person requesting:_____

Date Requested: _____

1. IDENTIFY THE ETHICAL ISSUES

2. IDENTIFY THE INDIVIDUALS, GROUPS, AND ORGANIZATIONS THAT MIGHT BE AFFECTED BY THE ETHICAL DECISION.

3. IDENTIFY ALL POSSIBLE COURSES OF ACTION AND PARTICIPANTS INVOLVED IN EACH, ALONG WITH BENEFITS AND RISKS FOR EACH.

4. EXAMINE THE PROS AND CONS OF EACH POSSIBLE COURSE OF ACTION.

To be used by the ethics committee during the ethics committee meeting.

1. ETHIC COMMITTEE ATTENDEES (NAME AND ROLE- AGENCY STAFF, SUPERVISORS, AGENCY ADMINISTRATORS, ATTORNEYS, ETHICS SCHOLAR).

Name	Role

2. DECISION MADE AND WHY.

3. PERSON MONITORING THE OUTCOME OF THE DECISION_____,
   HOW WILL DECISION BE EVALUATED

   DOCUMENTATION OF THE DECISION WAS SENT TO
   _____
   ON _____(DATE).

020.20 Stipend for Interpreting Spanish

Refer to DCFS Translation Pay Workflow Agreement and DCFS Translation Pay Agreement Waiver of Employee's Grievance and Appeal Rights

020.21 Certified Social Workers and Clinical Mental Health Counselors Seeking Licensed Clinical Social Worker Licensure or Licensed Clinical Mental Health Counselor Licensure

Major objectives:
To inform Certified Social Workers (CSWs) and Associate Clinical Mental Health Counselors (ACMHCs) that under Utah licensing rules, DCFS is not considered a clinical setting. No employment hours earned at DCFS can be counted toward clinical licensure (such as an LCSW or LCMHC). This policy explains the rules for acquiring those hours through outside employment.

Applicable Law
Utah Code Ann. §58-60-102 & §58-60-202. Mental Health Professional Definitions.
Administrative Rule R156-60e. Unified Mental Health Professional Practice Act Rule.

Guidelines

A. DCFS is a Non-Clinical Setting
   1. By law, a "clinical setting" is an environment where the primary service provided is mental health therapy (such as a clinic, hospital, or therapy center). Because DCFS is a child welfare agency focused on case management, safety, and permanency, it does not meet this definition.

B. Job Title Exclusions
   1. No job at DCFS (including Caseworker, Social Service Worker, or Specialist) qualifies as a clinical role.
   2. Important Clarification: Some internal DCFS titles or programs use the word "clinical" (e.g., Clinical Consultants or Clinical Specialists). These are internal labels for case consultation and do not make the job clinical under state licensing definitions.

C. Zero DCFS Hours Count for Licensure
   1. No hours worked at DCFS count toward clinical licensure.
   2. What Changed: In the past, workers have used DCFS hours to count toward general "professional social work" hours. This is no longer allowed. Under current law, zero (0) hours from regular DCFS employment can be used toward any part of a clinical license. All hours must be earned elsewhere.

D. Role of DOPL vs. DCFS

1. DCFS does not track, sign off on, or manage clinical licensing hours or supervision plans.
2. Employees are solely responsible for checking the unified state rule (R156-60e) and working directly with the Division of Professional Licensing (DOPL) to ensure their plans meet state requirements.

E. Rules for Outside Clinical Work
1. To earn clinical hours, DCFS employees must find an outside placement that meets DOPL rules.
2. State law requires that these outside clinical hours be earned as a W-2 employee at an approved facility.
3. A signed supervision contract must be on file with DOPL before any hours begin to accrue.

F. Conflict of Interest & Agency Approvals
1. Conflict of Interest (COI): Prior to accepting a second job or beginning to earn hours at an outside agency, employees must submit a formal request and receive approval through the Department's Conflict of Interest review process to ensure it does not pose a conflict of interest for DCFS or with the employee's primary role and duties at DCFS.
2. Outside clinical work, outside supervision, or tracking outside hours cannot occur during regular DCFS working hours unless prior written approval is granted by the direct supervisor and regional leadership.

020.22 Threats Against Employees

This guideline was combined with Section 020.18.

020.23 Expectations for Employee On-Call support outside normal business hours

Guideline
Providing on-call support outside normal business hours is considered an essential duty for employees in specific job titles within the Division of Child and Family Services (DCFS). This expectation is necessary to ensure sufficient after-hours assistance for the children and families served by DCFS, thereby safeguarding their well-being and safety during non-traditional working hours.

Definition:
On-call Duty refers to a crucial responsibility required by employees to provide after-hours support for children and families receiving services from DCFS. This vital role ensures continuous assistance and intervention outside of regular business hours, including addressing urgent needs and crises that may arise.

A. Essential Duty Designation: On-call duty outside normal business hours is an essential duty for the following employee titles:

- Caseworker I
- Social Service Worker I
- Social Service Worker II
- Caseworker Specialist positions

B. On-Call Staffing and Scheduling:

1. Each of the five DCFS regions will initiate and maintain their own sign-up sheet for staffing on-call support within their designated on-call area (office/region). In doing so DCFS regions will first offer employees whose stated job titles include the on-call essential duty designation with the opportunity to volunteer to provide on-call support.
2. If there are not enough volunteers within a designated on-call area (office/region) to adequately staff on-call hours, then all employees in that on-call area (office/region)whose stated job titles include the on-call essential duty designation will be required to provide on-call support.
3. Each DCFS region will then create a rotating on-call calendar that includes all employees within the designated on-call area (office/region) whose stated job titles include the on-call essential duty designation.
4. Once an employee is assigned to the rotating on-call calendar, it is their responsibility to find another employee willing to cover their assigned on-call shift if they become unavailable to perform their assigned on-call shift.
5. If the employee is not able to find someone to cover their assigned on-call shift, then they will be required to complete the assigned on-call shift.

C. On-Call Shift Expectations and Responsibilities**:**

1. An assigned on-call shift typically commences at 5:00 p.m. and concludes the following morning at 8:00 a.m. During this period, the designated employee is expected to be readily available and responsive to calls, referrals, and emergencies. On-call shifts may include weekend and holiday hours outside of 5:00 p.m. to 8:00 a.m.
2. On-call duties may involve, but are not limited to, responding to reports of child abuse or neglect, facilitating emergency placements for children, providing crisis intervention, and coordinating with law enforcement and/or medical personnel.
3. Employees are expected to maintain professional conduct and adherence to all agency policies and procedures and the Division of Human Resources Management (DHRM) Rules while on-call. This includes, but is not limited to, maintaining client confidentiality, appropriate communication with clients and other stakeholders, and accurate documentation of all interventions.
4. Employees are required to maintain, and have access to, necessary equipment and resources, such as a reliable phone and internet connection, to effectively perform on-call duties.

5. Employees must respond to on-call requests within a reasonable time frame to meet the urgency of the situation and provide timely intervention and support for children and families. At maximum, a response time of 1 hour in non-rural areas and 3 hours in rural areas is an expected response time.
6. Employees are responsible for submitting accurate and timely documentation related to their on-call activities, including incident reports and activity logs, as required by agency policy.

D. Non-Compliance:

1. Failure to respond within the designated timeframe or to complete an assigned on-call shift without securing a replacement may result in disciplinary action. If an employee does not find someone to cover their on-call shift and they do not complete the assigned on-call shift, the employee's supervisor will consult with their assigned DHRM representative to explore appropriate disciplinary action in accordance with established agency policies.

030 Travel Policies

Guidelines

A. More detailed policies are outlined in State of Utah Accounting Policies and Procedures section 10-02.00 located at State Travel Policies.

B. Policies and procedures relating to use of state-owned motor vehicles are published in Rule R27-3 located at Vehicle Use Standards. See Section 050.7 for a summary of those policies.

C. Policies and procedures relating to use and reimbursement for use of a private vehicle are located under Travel-Reimbursements-Transportation.

030.1 Out-of-State Travel Expenses for a Child

A. When DCFS is paying for costs associated with out-of-state travel for a child, the child's expenses must be claimed from the correct funding source. The child's eligibility status at the time of purchase will determine to which Finet Activity code(s) the costs are charged. If an adult accompanies a child during travel and the adult is a caseworker, the travel expenses for the caseworker should be charged to the same coding block as his or her salary. If the traveling adult is a family member or other adult connected with the child (e.g., foster parent or prospective adoptive parent), then the Finet Activity is based on the child's eligibility status at the time the costs were incurred.

B. The following requirements *must* be met to claim Title IV-E funds for a child's travel related expenses:
   1. The child must have an open foster care case;
   2. The child must be IV-E Eligible (FE or FT) at the time that the travel expenses are incurred; and
   3. The reason for travel is visitation with a parent, visitation with a family member that is being offered reunification services, placement of the child, or returning the child to a parent. *(If the reason for travel is for another purpose, then IV-E funds may not be claimed even if the child is IV-E eligible.)*

C. If a child meets the criteria to claim IV-E funds for travel expenses, then the activity code is HCY4 – Foster Child Transportation.

D. If the adult escort is traveling with a child that meets the criteria to claim IV-E funds, then the activity code is also HCY4, unless the escort is a caseworker.

E. If the child does not meet the criteria to claim IV-E funds for travel expenses, then the appropriate activity code is HTN4 – Transportation Non IV-E.

F. If the adult escort is traveling with a child that does not meet the criteria, then the appropriate activity code is HTN4, unless the escort is a caseworker.

Person Traveling	Status	Activity Code
Child	Meets IV-E criteria for travel	HCY4
Child	Does *not* meet IV-E criteria for travel	HTN4
Adult (i.e. family member or foster parent)	Accompanying a child that meets IV-E travel criteria	HCY4
Adult	Accompanying a child that does *not* meet IV-E travel criteria	HTN4
DCFS Employee	Accompanying a child while traveling	Salary Coding Block

G. A child's IV-E Eligibility status can be acquired by requesting this information from the IV-E/Medicaid Eligibility worker. It can also be found in SAFE under the *Eligibility-Entry* tab located in the Person Window. The child's eligibility must be either FE or FT on the date the cost is incurred to be considered IV-E Eligible.

040 Professional Development

Major objectives:
DCFS is committed to having a prepared, well-trained workforce. The cornerstone of our work is based on our model of practice. It sets the expectations for statewide consistency. The Practice Model is based on seven principles: protection, partnership, permanency, development, cultural responsiveness, organizational competence, and professional competence, and five skill areas: engaging, assessing, teaming, planning, and intervening.

In addition to Practice Model training, caseworkers complete training as required in Utah Code Ann. §80-2-402. Professional development opportunities sponsored or provided by DCFS are to enhance employees' knowledge, skills, and abilities to improve performance in their respective job responsibilities.

Applicable law
Utah Code Ann. §80-2-402. Child welfare training coordinator -- Mandatory education and training of child welfare caseworkers -- Development of curriculum.

Guidelines

A. Organizational structure:
   1. The professional development team develops curricula, performs all the logistics of conference planning, and coordinates statewide training efforts. The statewide training coordinator leads this team.
   2. Each region has a regional training manager and at least one additional trainer. The regions work cooperatively with the state team to plan, develop, and implement training on new curricula.

B. Professional development requirements:
   1. All DCFS full-time employees must complete 20 hours of professional development annually. This annual timeframe aligns with the performance plan year, which is April 1 through March 31. If an employee works less than full-time, the required training hours should be prorated based on the work hours required for that employee (ex: part-time employee must complete 10 hours).
   2. Under normal circumstances, all new caseworkers must complete Practice Model training within eight weeks of their hire date. The region training manager must approve all exceptions.
      a. This can be completed through training sessions sponsored/provided by DCFS or external learning opportunities offered by the community.

b. External learning must be approved by a supervisor before employees may attend. To receive approval for external learning, employees must submit a request at least 30 days prior.
   (1) The content of the external learning shall be relevant to their job responsibilities and shall be completed in any of the following formats:
      (a) in-person;
      (b) online/webinar;
      (c) virtual instructor-led; or
      (d) conference.
   (2) External learning must be provided by one of the following:
      (a) a recognized and accredited college or university;
      (b) a professional association or society involved in the practice of social work;
      (c) a community mental health agency or a public agency that provides mental health services; or
      (d) a reputable and verifiable content expert.

c. To receive credit for completed external learning, employees must add the following information to the Learning Management System (LMS) (steps to enter completed external learning can be found here and in this video tutorial):
   (1) date of the course;
   (2) name of the course provider;
   (3) name of the instructor;
   (4) course title;
   (5) number of hours;
   (6) course objectives; and
   (7) certificate of completion and/or participation (when a certificate is not provided an agenda will suffice).

d. Supervisors must approve external learning in the LMS, using the criteria provided in this section, to verify that the external learning meets all requirements prior to approval. Steps to approve completed external learning can be found here.

3. All DCFS-sponsored/provided training will be recorded in the LMS.
4. Employees and supervisors may run a report in the LMS that will provide a record of completed learning, which may be helpful for staff to track their 20-hour professional development requirement each year. It is recommended that this report be run quarterly so employees and supervisors may address any training needs that remain to meet the 20-hour annual requirement.

- Per Utah Code Ann. §80-2-402, a child welfare caseworker shall complete training in:
   a. The legal duties of a child welfare caseworker.
   b. The responsibility of a child welfare caseworker to protect the safety and legal rights of children, parents, and families at all stages of a case, including:
      (1) initial contact;

(2) safety and risk assessment, as described in Utah Code Ann. §80-2-403; and
(3) intervention.

c. Recognizing situations involving:
(1) substance abuse;
(2) domestic violence;
(3) abuse; and
(4) neglect.

d. The relationship of the Fourth and Fourteenth Amendments of the Constitution of the United States to the child welfare caseworker's job, including:
(1) search and seizure of evidence;
(2) the warrant requirement;
(3) exceptions to the warrant requirement; and
(4) removing a child from the custody of the child's parent or guardian.

6. All employees must complete all assigned Department of Health and Human Services (DHHS) and Department of Human Resources Management (DHRM) training.

C. Professional expectations:

1 Professional development opportunities are provided to enhance employees' knowledge, skills, and abilities to improve performance in their respective job responsibilities. Common courtesy is expected in terms of listening, keeping side comments and conversations to a minimum, and engaging in the training session, regardless of the training format.

2. Employees should be punctual when attending all professional development opportunities. Under normal circumstances, if more than 15 minutes of a training session is missed, the employee will not receive credit for the training and will need to retake the training to receive credit.

3. Supervisors will provide/arrange for coverage for their employees so they may attend all mandatory training or supervisor-approved external learning. Often, employees have multiple opportunities to attend, so there should be a discussion between the employee and supervisor regarding which session they are attending and coverage needs.

4. New caseworkers must attend all days/sessions of Practice Model training; any exceptions to this must be approved by the region training manager.

5. All DCFS-sponsored/provided training will include a ten-minute break every 60 to 90 minutes. We encourage employees to take this time to rejuvenate, relax, participate in physical activity, and, if necessary, use this time to return texts, emails, or phone calls.

6. Electronic devices will be silenced and put away for the duration of the training, unless directed by the trainer.

7. During virtual training, cameras are expected to be on. Understandably, there may be moments in which the camera needs to be turned off; these moments

should be brief and infrequent, not to exceed 15 minutes. Cameras need to be set up to face directly at the employee, not the side of someone's face or from an angle different from direct.

8. Employees should limit multitasking during virtual training and participate in the training as they would an in-person training, which means they are engaged and focused on the training and not other tasks.

040.1 Setting Up Quizzes for Web-Based Training to Record in SAFE (State Office Staff Only)

A. Send the following information to the SAFE information analyst:
   1. Course name.
   2. DCFS annual training hours that will be credited.
   3. Copy of quiz with correct answers indicated.
   4. Number of questions required to answer correctly to receive credit for training.
   5. Brief description (no more than 255 characters) for training activity entry.

B. The SAFE information analyst will do the following:
   1. Work with the database team to create a training entry on the Worker window, Training tab, Entry view.
      a. Entry is made when the test is completed with a passing score.
      b. The system will enter the date, number of credit hours; check the "Annual Trng Hrs" box, and a brief narrative, which will include the name of the training.
      c. Staff will not be able to edit the entry.
   2. Work with the DTS Web Application team:
      a. Send the following information to the programmer:
         (1) Name of the quiz and course number.
         (2) The questions with the correct answerers identified.
         (3) The number of questions answered correctly to receive credit for the training.
      b. When the quiz is ready, the Web programmer will send the link to the SAFE information analyst. The SAFE information analyst will:
         (1) Review the quiz to ensure it matches the paper quiz.
         (2) Test taking the quiz to ensure that it records correctly in the Informal Training records and that it does not adversely affect other entries.
         (3) Send any corrections to the Web programmer to correct.

C. When everything with the quiz is correct, the SAFE information analyst will test to make sure the following information is entered in SAFE:
   1. Only quizzes with passing scores.
   2. The correct number of training hours.
   3. Web-based training is selected for Activity.
   4. The check box for "Annual Trg. Hrs." is checked.

5. 'Yes' is displayed in the "Approval" field.

D. When everything is working correctly, the SAFE information analyst will send the link for the quiz to the person requesting the web training.

E. The person requesting the training will contact the designated state office training manager to arrange to have the quiz added to the training website.
   1. The designated state office training manager will work with the DHHS webmaster to publish the training on the Training Website so staff can begin taking the quiz.

050 Purchasing/Contracting

050.1 Request for Proposal Process

Major objectives:
The development and issuance of successful Request For Proposals (RFPs) usually requires the collaboration of individuals with specific expertise in, and knowledge of, DHHS and state of Utah procurement policy, DHHS policy for the issuance and processing of RFPs, DHHS approved service codes and rates, DCFS state and regional goals and objectives, and DCFS Practice Guidelines. Therefore, DCFS will assure that RFPs are developed in a collaborative environment where all management staff with an interest in the RFP and/or resulting contract(s) have a chance to contribute to the development and review of the RFP.

Guidelines
This section outlines the process for developing and publishing DCFS-related RFPs.

A. Definitions:
   1. RFPs are used to solicit proposals from potential contractors that desire to provide goods or services to DCFS or the clients we serve. Proposals describe the offeror's ability to provide services that satisfy the scope of work listed in the RFP, and identify funding needed in order to deliver those services to DCFS and/or the clients we serve.
      a. "state office contract administrator" refers to the contractual state office staff comprised of an administrator and co-worker.
      b. "Offeror" refers to potential contractors submitting proposals in response to an RFP.

B. Authority to draft RFPs:
   1. Based on grant guidelines and program goals and objectives, it is the responsibility of region or state office program manager, grants manager, or administrator to identify the need for an RFP, and outline the scope of work, accountabilities, and funding parameters by which the offeror must abide.
      a. The state office contract administrator may assist in preparing the RFP and has primary responsibility for developing and managing all residential,

Children's Fund, Crisis Nursery, and any other RFPs or contracts funded by federal grant monies.

2. Regions have the authority to draft all other RFPs.
3. In certain instances, regions may request that the state office draft any RFP for which the region has primary authority.
    a. Regional supervisors, managers, or administrators developing an RFP are encouraged to notify a state office program manager or administrator of their intent to issue an RFP. Region supervisors, managers, or administrators may seek out and request the help of the state office program manager should assistance be needed, and should notify the program manager should any changes be made to an RFP.

C. Scope of work:
1. The scope of work details activities to be accomplished or services to be provided by the offeror, designed to help DCFS meet its programmatic goals.
2. Responsibility for developing scope of work guidelines and parameters lies with the region or state office program manager, grant manager, or administrator overseeing the program.

D. While a state office program manager, grant manager, or administrator is not responsible for initiating an RFP or for developing the scope of work for a region, they may, at their discretion, suggest changes or revisions to an RFP's scope of work.

E. Review of draft an RFP:
1. All RFPs developed by region or state office program managers, grant managers, or administrators will be submitted to the state office contract administrator for review and opinion.
2. The state office contract administrator will review RFPs to determine if they meet current DHHS Bureau of Contract Management (BCM) practices and guidelines, achieves goals desired, and meets standards for completeness and professionalism.
3. If changes are recommended, the state office contract administrator will negotiate those changes with the state office or regional staff responsible for developing the RFP.
    a. Only the DCFS contract administrator is authorized to submit a draft RFP to BCM for BCM's review and/or eventual publication.
    b. The state office contract administrator will consult with the submitting region, or state office staff, to respond to all BCM questions and concerns. The state office contract administrator will also consult with regions or state office staff when making final adjustments and improvements to the RFP.

050.2 Review of Proposals Submitted in Response to Request for Proposal

Guidelines

A. The state office or regional program manager, grant manager, or administrator submitting the RFP will assure that all proposals received in response to that RFP are appropriately scored.

B. Scoring of any proposal will be in accordance with BCM guidelines and consistent with criteria listed in the RFP.

C. A conflict of interest declaration must be made in any circumstance where any potential third party may perceive a bias or conflict in the judgment or interests of a reviewer selected to score a proposal.
   1. All individuals that score a proposal must declare in writing any potential conflict of interest they might have with the offeror.
   2. Even though a conflict of interest declaration does not evaluate whether a particular reviewer can evaluate a proposal without bias, a potential reviewer who makes a conflict of interest declaration may not score that proposal without prior written approval from BCM.

D. Once the review process is complete, the submitting region or individual will prepare a scoring package to be delivered to BCM. This package will contain, at a minimum:
   1. A conflict of interest declaration from all reviewers.
   2. All score sheets completed by each reviewer.
   3. A summary of scores.
   4. A justification letter requesting permission from BCM to approve the award of the contract(s) as supported by the scores. The justification letter will include:
      a. The date.
      b. The RFP number.
      c. The name or names of the successful offerors.
      d. The specific services or service codes to be awarded.
      e. The requested dollar amount for each contract for fixed contracts (this is not required for open-ended contracts)
      f. The signature of the requesting individual.
      g. A signature line where BCM will sign to indicate their approval and a line identifying the date they sign.

050.3 Processing of Contracts and Amendments

Major objectives:
All contracts and amendments that achieve official, legal status will meet the highest level of accuracy, completeness, and adherence to state of Utah and DHHS procurement policies and practices.

Guidelines
This section outlines the process regional and state office managers and administrators must adhere to in processing contracts, amending contracts, implementing sole source contracts, renewing or extending contracts, or revoking contracts with individuals or organizations providing services to DCFS or its clients.

A. Contract justification:
   1. No contract should be submitted to the state office contract administrator for processing until BCM has signed the justification letter for that contract (see RFP Process, section D for more information on the award letter).
   2. The individual or region submitting the justification letter has the primary responsibility for forwarding the contract to the state office contract administrator for processing.
      a. The date BCM signs the justification letter is the earliest possible starting date for that contract.

B. Sole source contracts:
   1. In circumstances where a contract for services is sought, but there exists one, and only one, potential provider, the requesting individual or region may submit a sole source request.
      a. The submitting individual or region may determine the scope of work, accountabilities, and funding restrictions for the sole source provider. However, the sole source request must meet BCM's level of justification.
      b. All sole source requests must be submitted to the state office contract administrator, who will forward the request to the BCM procurement officer.
      c. The sole source request must be made to BCM on a form of BCM's design or choosing. Any modifications to a sole source request must meet BCM's approval.
      d. The region or state office program manager, grant manager or administrator has primary responsibility to respond to any question, request, or suggestion from BCM. Approval of the sole source request is strictly the domain of the BCM procurement officer.
      e. The individual or region submitting the contract has the primary responsibility of forwarding the approved contract to the state office contract administrator for processing once the BCM procurement officer grants the sole source request.

C. Amendment justification:
   1. BCM has the responsibility to formalize amendments to a contract but requires that DCFS submit program or contract related forms or information needed to help guide development of the amendment.
      a. Amendments may be submitted without formal, written approval from BCM. However, a statement of justification or explanation of the purpose of the amendment, used by BCM to support the release of the amendment, should be included with each amendment.
      b. Amendments that increase yearly allocations, above those provided in the initial award, must also include justification for the dollar increase.

D. Submission of contracts or amendments to BCM.
   1. The state office contract administrator is the only person authorized to submit documents to BCM. The region or individual developing the document will NOT submit a document to BCM for processing. Instead:
      a. Individuals or regions developing a contract or amendment should notify the DCFS contract administrator at the state office of the document to be processed.
      b. Individuals or regions developing a contract or amendment should gather file attachments required by BCM and send attachments either via mail, email, or fax to the DCFS contract administrator.
      c. If there are electronic files to be sent, they should be included in the email to the DCFS contract administrator.
      d. The region or state office staff member developing the contract or amendment will enter information required by BCM into the BCM system.
      e. The region or individual developing the grant or amendment should run the applicable BCM program that edits documents.
      f. The region or individual developing the contract or amendment should run the BCM program that assigns a log number for that file.
         i. The state office contract administrator may submit a contract's scope of work to BCM before the contract(s) is submitted.
         ii. BCM may choose to "scrub" the language, or may work with DCFS to revise the scope of work and edit its final form.
            (a) In the case where the scope of work has been revised, DCFS needs only reference the submitted language when submitting the contract.
            (b) If DCFS does not submit the scope of work prior to submission, BCM will "scrub" the language when received, an action that may delay the processing of the contract.
      g. In most cases, the state office contract administrator will submit the original or edited contract or amendment to BCM through the Bureau of Contract Management Information System (BCMS), a web-driven program.

i. BCMS is a gateway to BCM, and in addition to being used for processing documents and identifying the processing status, is used for providing information relating to documents and awards. Use of this program will be in accordance to BCM's policies and procedures.

ii. BCMS uses predetermined forms to enter contract related data. It does not have the capability to enter free-form language.

iii. BCMS allows only specialized fields in BCMS to be changed when contracts or amendment are revised. Therefore, not all changes may be accommodated.

iv. In addition, the submitting individual or region must also submit a copy of the amendment in Microsoft Word concurrently with BCMS. This document should be as close as possible to the final form to be printed and should include all changes made to the amendment.

v. Required attachments:

Type of Contract	**Required Attachments**
Service Contract – Fixed Amount ("Closed-Ended" or "Defined Total" and "Actual Services/Approved Budget")	1. Budget Form 2. Service Provider/Sub-recipient Checklist 3. Form W-9 4. Conflict of Interest Disclosure Form 5. If sole source, approved sole source letter 6. If effective after July 1, it may require letter of approval of funding 7. Scope of Work in electronic form if not already approved by BCM
Service Contract – Fixed Amount ("Closed-Ended" or "Defined Total" and "Actual Services/Rate Based")	1. Service Provider/Sub-recipient Checklist 2. Form W-9 3. Conflict of Interest Disclosure Form 4. If sole source, approved sole source letter 5. If effective after July 1, it may require letter of approval of funding 6. Scope of Work in electronic form if not already approved by BCM
Service Contract – Non-Fixed Amount ("Open-Ended")	1. Service Provider/Sub-recipient Checklist 2. Form W-9 3. Conflict of Interest Disclosure Form 4. If sole source, approved sole source letter 5. Scope of Work in electronic form if not already approved by BCM

Type of Contract	Required Attachments
Vendor Contract	1. Budget Form is optional 2. Form W-9 3. If sole source, approved sole source letter 4. If effective after July 1, it may require letter of approval of funding 5. Scope of Work in electronic form if not already approved by BCM
Children's Trust Account Contract	1. CTA Budget Form 2. Form W-9 3. If sole source, approved sole source letter 4. Scope of Work in electronic form if not already approved by BCM

Type of Amendment	Required Attachments
Service Contract Amendment – Fixed Amount ("Closed-Ended" or "Defined Total" and "Actual Services/Approved Budget")	1. Budget Form (if changing the contract amount) 2. If effective after July 1, it may require letter of approval of funding 3. Full amendment prepared in Word
Service Contract Amendment – Fixed Amount ("Closed-Ended" or "Defined Total" and "Actual Services/Rate Based")	1. If effective after July 1, it may require letter of approval of funding 2. Full amendment prepared in Word
Service Contract Amendment – Non-Fixed Amount ("Open-Ended")	1.Full amendment prepared in Word
Vendor Contract Amendment	1.Budget Form (if changing the contract amount and there was a budget in the original contract) 2.If effective after July 1, it may require letter of approval of funding 3.Full amendment prepared in Word
Children's Trust Account Contract Amendment	1.CTA Budget Form (if changing the contract amount) 2.Full amendment prepared in Word

vi. Once the state office contract administrator has been notified through the DCFS Contracts email of the completed file in BCMS, has all required attachments, and the file has been correctly entered into BCMS, the contract administrator will submit the entire package to BCM for processing.

E. BCM processing of contracts and amendments:

1. BCM will advise the state office contract administrator of any issues or questions that could delay the processing of any contract or amendment. The state office

contract administrator and all regional contract analysts will work the BCM to address any and all issues as identified by BCM.

a. BCM will prepare a draft of the contract or amendment and forward the draft to state office contract administrator for review.
b. Within three business days of receipt of the document the contract administrator will review the document and send it to BCM with a completed summary page
c. BCM will prepare official copies for signature.
    i. If the contract or amendment requires regional signatures, the state office contract administrator will forward the copies to the region.
d. It is the region's responsibility to secure the provider's signature as well as regional administrators signatures.
    i. If the contract or amendment does not require regional signatures, the state office contract administrator will send the document to the provider for their signature.
e. Once the provider and the region sign documents (if required), documents will be presented to the DCFS director for signature.
f. Once the director or his/her designee's signature has been obtained, the documents will be returned to BCM for final processing.
g. BCM will obtain final signatures, assign a contract number if the contract is new, enter the document into CAPS (Contracts, Approvals, and Payments System), and return the final copy to DCFS.
h. The state office contract administrator will make two copies. The state office will retain one copy. The original and the second copy are sent to the appropriate region.
i. The regional contract analyst will keep the second copy and send the original document, along with any other information the region deems necessary, to the provider.

F. If the contract or amendment involves changes to open-ended service code rates, the state office contract administrator will enter approvals for those changes on CAPS.

G. Contract renewal/extension:

1. The program manager/grant manager/specialist and the DCFS state office contract administrator share the responsibility for monitoring the expiration date of contracts.
    a. Amendments to extend the end date must be made within the approved timeframe of the RFP or sole source approval. No amendment will extend past the RFP or sole source end date without specific approval from BCM.

H. The individual or region responsible for monitoring the contract is responsible for submitting the renewal justification, or justification for extension, to BCM for processing.

050.4 Purchasing

Guidelines
The process to purchase goods and services is outlined on the Accounting Policies and Procedures website.

050.5 Contract Monitoring/Auditing

Major objectives:
DCFS will complete a comprehensive audit of each contract at least once per fiscal year.

Guidelines
DHHS requires DCFS to complete a comprehensive audit of each contract at least once per fiscal year the purpose of which is to ensure the provider is adhering to the terms of the contract. This section outlines the process to review DCFS' contracts.

A. DCFS Contract Monitoring Plan:
   1. During the first quarter of each fiscal year BCM requires DCFS to update and submit a Contract Monitoring Plan.
      a. The plan, as currently submitted, has the following sections and details the requirements for each:
         i. Agency Organization.
         ii. General Procedures.
            (a) Provides an overview of the auditing process.
         iii. Contract Review Procedures.
            (a) Details requirements for conducting an acceptable audit.
            (b) Is written to provide specific directions without locking an auditor into procedures that may not apply to a particular contract.
            (c) Assumes the auditor is a professional capable of designing an audit program that meets the needs of any specific contract.
         iv. Contract Review Reports.
            (a) Indicates which reports are needed to document an audit.
         v. Corrective Action Procedures.
            (a) Identifies procedures to be followed when a provider is found to be out of compliance with the terms of their contract.
            (b) Details provider responsibilities associated with development and submission of a Corrective Action Plan used to outline the process to be followed to correct deficiencies.
         vi. Grievance Procedures.

(a) Identifies options by which a provider may file a grievance in relation to an audit finding.

vii. Monitoring Schedule.
- (a) Regional contract auditors present a schedule identifying when each contract will be audited during the coming year.
- (b) As unforeseen issues arise, situations change, or other unexpected developments force a revision to the schedule, not every contract may be audited according to the schedule.

viii. DCFS Monitoring Tools.
- (a) Presents recommended forms to be used when auditing a contract.
- (b) Each audit may be modified to meet the needs of the provider or contract; therefore, as long as information on the recommended forms is obtained, each auditor is allowed to deviate from use of those forms as they deem necessary.

b. The purpose of this document is to establish monitoring and auditing procedures to be followed during that fiscal year.

c. Because BCM allows for or requires the plan to be submitted each year, it is an evolving document.

d. That plan may need revision for the following reasons:
- i. Changes in personnel or organization.
- ii. Reassignment of duties of BCM or DCFS staff.
- iii. BCM modifies audit requirements.
- iv. Audit techniques are refined.
- v. Other reasons that would justify a modification from previous plans.

e. The latest version of DCFS' Contract Monitoring Plan as submitted to BCM should be the only version used for monitoring or auditing of contracts.

B. Assignment of contracts:
1. The region that administers a contract is also the region responsible for submitting the official, final audit report to the DCFS contract administrator and BCM.
2. However, when the region with primary responsibility requests, any other region may assist, support, or on behalf of another region, complete needed audit functions.
3. Nothing in these Administrative Guidelines or the DCFS Contract Monitoring Plan should forestall collaborative efforts between regions, or between regions and the state office.

C. Activities Generating Administrative Action:

(A task force convened by DHHS is currently addressing this topic. This section will be completed when the task force develops their recommendations, and the recommendations are accepted and implemented by DCFS administration.)

050.6 Inter-Agency Agreements

Major objectives:
Contracts are legal agreements between the state of Utah and other legal entities. As such, the state of Utah cannot enter into a contract with itself. Therefore, when the need exists for different departments or divisions to form agreements they are encouraged to develop and implement Inter-Agency Agreements.

Guidelines
This section outlines procedures to be followed when developing and implementing an Inter-Agency Agreement.

A. Inter-Agency Agreements:
   1. Are exempt from the normal procurement rules for the state.
   2. Can be initiated, negotiated, and written by anyone in DCFS acting under the direction of the director, finance director, region director, or their designee.
   3. The document will require the signature of at least one of the aforementioned individuals.
   4. The agreement should have, at a minimum, the following components:
      a. The identity of both contracting parties,
      b. The purpose of the agreement,
      c. The requirements for both parties, also known as the scope of work,
      d. If an amendment to an earlier agreement, the exact changes to the previous language,
      e. The fiscal impact, if any, including the appropriate FINET codes,
      f. The effective date of the agreement, and
      g. Signature(s) from responsible parties authorized to sign by their respective agencies.
   5. Completed copies of all documents will be given to the DCFS contract administrator.
   6. The DCFS contract administrator will give one copy to BCM.

050.7 Use of State and Personal Equipment

Major objectives:
Employees will properly utilize and account for state-owned or funded equipment. When used for work-related purposes, employees will also assure authorization is received for use of personal equipment and will ensure that work expenses related to that personal equipment are justified.

Guidelines
This section explains the process to justify and obtain approval for use of both state-funded and personal equipment used by a caseworker in performance of their duties.

A. Cell phones:
   1. State-funded cell phones:
      a. All staff requesting a cell phone for work use will need supervisory approval and a statement justifying the work-related need.
      b. All employees must sign a cell phone user agreement.
      c. All requests for cell phones and all cell phone user agreements must be retained in a file maintained by the employee's work unit.
   2. Personal cell phones used for business purposes:
      a. Any request to use personal cell phones for work purposes must include a statement explaining the need for use of a phone that is not state-funded.
      b. If a request is not made for use of personal cell phones and these phones are used for business purposes, DCFS may deny payment.
   3. Payment for cell phone services beyond voice services currently offered by the state-funded cell phone:
      a. An employee must submit a written request to region directors or the DCFS director, including justification for the need for instant email service, unlimited data transmission, or any other cell phone service used in the performance of their work duties.
      b. If a written request and justification for additional services is not submitted, and approval received, DCFS may deny payment for those services and require the employee to pay those charges.

B. Information Technology (IT) hardware, software, and web resources:
   1. Use of computer-related technology is strictly controlled by the DHHS, which will monitor and enforce this policy to ensure that its employees and other users do not use IT resources for impermissible personal uses or for any other uses that violate this policy.

C. Motor vehicles:
   1. Policies and procedures relating to use of state-owned motor vehicles are published in Rule R27-3.
      a. Employees do not have to attend the defensive driving course in order to drive a state vehicle, but they do have to:

i. View a 22-minute diving video available through the state office or region's fleet manager/coordinator or DHRM representative.
ii. Obtain a "User ID" for Fleet Focus from the fleet coordinator.

D. Private vehicles:
1. Use of and reimbursement for use of personal vehicles should be pre-authorized. Policies and procedures relating to use and reimbursement for use of a private vehicle are located on the State Travel Office website.

060 Payments/Collections/Budgeting/Forecasting

060.1 Payments

Guidelines

A. The process for making payments to employees, contractors, or vendors is on the Accounting Policies and Procedures website.

B. Policies and procedures regarding payments specific to the DHHS are outlined on the Office of Fiscal Operations website.

C. In order to correctly process payments for providers, caseworkers must ensure that placement dates in SAFE and the dates on the payment form (form 520) accurately reflect the dates that services were provided. If the dates on the payment form are inaccurate, the caseworker will make the needed changes on the payment form prior to signing the payment form for processing, so the correct payment will be issued to the provider.

060.2 Budgeting

Guidelines

The budgeting process as determined by the Department of Administrative Services, may be accessed at the on the Accounting Policies and Procedures website.

060.3 Forecasting

Guidelines

The purpose of this section is to outline the process used to present forecasts that gauge division budgets against actual income and expenditures and utilized by DHHS and division directors and managers to ensure the financial stability of DCFS programs and services.

A. The DCFS state office updates each region's forecast model monthly.
1. The updated forecast model will include current dates, current table figures, and current FINET downloads.

2. Monthly updates to the forecast model will be sent to regional administrative managers for their input.
3. Regional administrative managers will revise the monthly forecast update and return the forecast to DCFS finance manager.
4. The DCFS finance manager will compile revised region forecasts into a single division forecast, and forward that forecast to DHHS directors, program managers, regional financial managers, and other division directors and managers.

060.4 Coding Structure

A. The account code structure used for coding all financial transactions and the account and service codes can be accessed on the Accounting Policies and Procedures website.

060.5 Developing or Changing Region or Office Codes

Major objectives:
To ensure that payments and billings are accurate in CAPS and case information is accurate in SAFE whenever a change to any DCFS work location is made.

Guidelines
So that payments and billings are accurate in CAPS and caseworker and case information is accurate in SAFE, the following steps must be followed whenever a change to any DCFS work location is made (change in office address, zip code, etc.):

A. The regional budget officer will:
   1. Request and complete the "Request for New Region/Office or Changes" form and forward the completed form to the data and research manager.
   2. Supply a list of supervisors and caseworkers that will occupy the office to which the changes apply.

B. The data and research manager will designate a staff member from the SAFE Helpdesk who, in cooperation with the Information System (SAFE) program director will, if necessary, designate a new office designation alpha code.
   1. The SAFE Helpdesk staff member will make changes and/or add new region/office codes to CAPS.
   2. The SAFE Helpdesk staff member will notify the data unit, federal revenue manager, and federal revenue eligibility specialist of changes made.
      a. The federal revenue manager will assure that additions and changes are made in the RMS.
   3. The SAFE Helpdesk staff member will notify the budget/accounting supervisor, who will be responsible for adding new region/office codes to the purchase service code in FINET.
   4. The SAFE Helpdesk staff member will move caseworker and applicable case records of supervisors and caseworkers supplied by the regional budget officer to the new location.

5. The SAFE Helpdesk staff member will notify the administrative hearing tracker of changes, who will be responsible for notifying State Archives of the new office designation.
    a. The state archives specialist will assign a new retention series for the new office and notify the administrative hearing tracker of the new series.
    b. The administrative hearing tracker will notify the regional archive staff of the new series numbers.
6. The SAFE Helpdesk staff member will notify the state office receptionist of the location and telephone numbers of new offices, as well as send an email to all staff notifying them of those changes.
7. The SAFE program director will be responsible for making region budget code additions or changes to SAFE.

060.6 Grants and Awards

Guidelines

This section outlines processes and responsibilities associated with applying for and obtaining grants and awards from federal, private non-profit, foundation, business and industry, or other sources providing funding that support the provision of services provided by DCFS in the state of Utah.

A. DHHS as funded entity:
1. DHHS will be listed on all grant applications as the entity applying for receiving, and responsible for accounting for, funding.
2. All federal, foundation, local, and private grant applications must be submitted to DHHS and signed by the executive director prior to presenting an application to the granting entity.
3. Grant packages should be submitted for approval to DHHS 30 days prior to the due date.
    a. If this is not possible, at a minimum, applicants should allow at least seven days for DHHS approval.
    b. It is possible to obtain approval on a walk-through with shorter notice but should be avoided wherever possible.

B. Federal plans, grants, reports:
1. Entitlement grants.
    a. IV-E.
        i. The purpose of this funding is to enable states to provide, in appropriate cases, foster care, transitional independent living programs, and adoption assistance for children with special needs.
        ii. This plan is submitted when significant changes to policies, procedures, laws, or programs and services are required.
        iii. The state office Revenue Team is the entity responsible for preparation of Title IV-E plan.

iv. The Revenue Team manager is the person responsible for preparation of the plan.

v. A program improvement plan is required if the state is found "not in substantial compliance" with IV-E eligibility provisions.

vi. A IV-E review is normally conducted every three years. If the state is found "not in substantial compliance" with IV-E eligibility provisions another review will be conducted following the publication of a program improvement plan.

2. Formula grants.

a. DCFS Plan.

i. Funding sources and purpose of funding:

(a) Funding from the Child Abuse Prevention and Treatment Act (CAPTA) supports child abuse and neglect prevention, assessment, investigation, prosecution, and treatment activities and also provides grants for demonstration programs and projects.

(b) Funding from the Chafee Independent Living Act (CFCIP) ensures that young people involved in the foster care system receive services and supports that will enable them to successfully transition to independent living. It enables participants to receive education and training including vocational training; provides training in daily living skills, budgeting, locating and maintaining housing; provides for individual and group counseling; enables older youth 18 to 21 years to receive housing assistance; provides for the establishment of outreach programs; provides each participant with a written independent living plan; and allows participants to remain eligible for Medicaid up to age 21.

(c) Education and Training Voucher (ETV) funding, while integrated into the overall purpose and framework of CFCIP, has a separate budget authorization and appropriation from the general CFCIP program. ETV helps meet the education and training needs of youth aging out of foster care including (1) youth otherwise eligible for services under the state CFCIP program; (2) youth adopted from foster care after attaining age 16 years; and (3) youth participating in the voucher program on their 21st birthday, until they turn 23 years old, as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress toward completion of that program.

(d) Funding associated with Title IV-B Part 1 helps states protect and promote the welfare of all children; prevent the neglect, abuse, or exploitation of children; supports at-risk

families through services that allow children to remain with their families or return to their families in a timely manner; promotes the safety, permanence, and well-being of children in foster care and adoptive families; and provides training, professional development, and support to ensure a well-qualified workforce.

(e) Title IV-B Part 2, Promoting Safe and Stable Families funding enables states to develop, establish, or expand, and to operate coordinated programs of community-based family support services, family preservation services, time-limited family reunification services, and adoption promotion and support services.

ii. This plan is due every five years on June 30th.

iii. The state office Revenue Team is the entity responsible for preparation of this document.

iv. The federal revenue manager is the person responsible for preparation of this document.

v. An Annual Progress and Services Report, prepared by the Revenue Team, is due yearly on June 30th

vi. Reviews are conducted every five years unless the state is found, at any time, not to be found operating in "substantial conformity."

b. The purpose of Community Based Child Abuse Prevention (CBCAP) funding is (1) to support community-based efforts to develop, operate, expand, enhance, and network initiatives aimed at the prevention of child abuse and neglect; (2) to support networks of coordinated resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and (3) to foster an understanding, appreciation, and knowledge of diverse populations in order to be effective in preventing and treating child abuse and neglect.

i. This grant is normally due yearly by May 15th.

ii. The state office Revenue Team is the entity responsible for preparation of this grant.

iii. The federal revenue manager is the person responsible for preparation of this grant.

iv. An annual report, prepared by the Revenue Team, is due yearly on December 31st.

c. The purpose of Family Violence Prevention and Services Act (FVPSA) funding is to assist states in establishing, maintaining, and expanding programs and projects to prevent family violence and to provide immediate shelter and related assistance for victims of family violence and their dependents.

i. The grant is normally due yearly on February 15th.

ii. The state office Revenue Team is the entity responsible for preparation.

iii. The domestic violence program manager and state office Revenue Team have joint responsibility for preparation of this grant. An annual report, prepared by the Revenue Team, is due yearly on December 31st.

d. Discretionary grants are used to develop new or support existing DCFS programs and services, and usually support national child welfare service delivery priorities.
   i. Due dates for proposals vary and are outlined in an agency's RFPs.
   ii. The Revenue Team normally prepares these grants.
      (a) Before regions make application, regions must contact the federal revenue manager or state office program manager affiliated with the proposed program or service to be delivered.
   iii. State office or region grants and program staff are the individuals normally responsible for preparation of these proposals.
   iv. Reporting requirements are outlined in the funding agency's RFPs.

3. Foundation, non-profit, corporate, and other grants and awards purpose of funding.
   a. Are usually smaller grants that support DCFS programs and services.
   b. The due date for proposals varies in accordance with the agency's application guidelines.
   c. Regions or the state office grants or program staff may prepare applications.
   d. Regions should notify state office program managers of potential grants affecting the program manager's program area.
   e. Reports are made to the funding agency in accordance with the agency's application guidelines.

C. Division, department, and governor's approval and authorizations.
1. All aspects of a grant document prepared by DCFS or its regions must be approved by the DCFS director (or in that person's absence, a assistant director), including but not limited to:
   a. The grant concept.
   b. Budget.
   c. State match needs.
2. Procedure to gain approval:
   a. Prepare a summary of the basic grant requirements.
   b. Submit the summary to the Revenue Team manager for review.
   c. When approved, submit the original to DCFS director with copies to the administrative team and relevant program managers.
3. Documentation required to be submitted with applications may include:
   a. Form 424 (not 424A or 424B) used for seeking approval to submit federal grant applications and, when required, for submission of federal grants. This form is also used for grant review by DHHS, the Governor's Office, and when required by statute, the Legislative Appropriations Committee.

i. Ongoing grants do not require submission of the Form 424, and in this instance is completed only for internal review.
ii. Private grants, such as foundation grants, still require approval by DHHS but do not require review by the Governor's Office or State Legislature and so do not require the completion of the Form 424.
iii. Please contact the Revenue Team located in the state office for instructions on completing this form.

b. The GOPB Budget Impact Form is used for grant review and approval by DHHS, the Governor's Office, and when required by statute, the Legislative Appropriations Committee.
i. Private grants, such as foundation grants, still require approval by DHHS but do not require review by the Governor's Office or State Legislature so do not require the completion of the GOPB Budget Impact Form.
ii. Please contact the Revenue Team located in the state office for instructions on completing this form.

4. Grant abstract or grant goals and objectives.
a. Documents, including cover letters and memoranda that require authorizing signatures, or initialed approval, before submitting to DHHS.
i. The DCFS director must review all documents requiring approval from the DHHS executive director.
ii. If possible, the Revenue Team manager should review each grant package before submission to the DCFS director.

5. Lobbying certification form.
a. Other certifications or assurances to be signed by the Governor's Office or DHHS administration.
i. If any documents need to be signed by the governor, include a copy of the documents in the grant package with a note that they require the governor's signature.
ii. The Revenue Team manager will submit an electronic copy of these documents to the executive secretary in the DHHS Executive Director's Office, who will initiate the signature request process with the governor's office.
b. Please contact the Revenue Team for guidance on the internal review process and other documentation needed to internally process a grant application.

6. Notification of approval.
a. DHHS approval to submit the grant will be forwarded to the preparer by the Office of Fiscal Operations fiscal manager for grants.
b. The fiscal manager for grants will also return any documents that require DHHS signature.
c. That person will also notify the preparer by email of the State Application Identification (SAI) number to be included on documents requiring that number.

d. For documents submitted to the Governor's Office for approval, the executive secretary in the DHHS Executive Director's Office will provide notification when forms are ready to be picked up at the Governor's Office.

D. Legislative review:
1. All grants, other than those authorized by the Social Security Act, require legislative review including those relating to the FVPSA, CAPTA, and CBFRS.
2. Discretionary grants may also be subject to legislative review.

E. Grants proposed by or submitted by other state agencies, contractors, non-profits, or other organizations where DCFS may become a partner, provider of services, or subcontractor:
1. No DCFS employee will agree to become a participant in a grant proposed, developed, submitted, or implemented without the approval of DCFS director or his/her designee.
2. No DCFS employee will supply division, region, or program-related personnel or program and service information or data without the authorization of region management or the state office data/research manager.

060.7 Provider Over Payments and Under Payments

A. Foster Care Provider Over Payments. If a review of payment records by DCFS staff (including regional or state administration, supervisors, or financial managers) determines that a payment made by DCFS to an out-of-home care provider was incorrectly over paid, DCFS may require the over payment amount to be repaid. Repayment of the overpaid amount will be sought when the amount exceeds $10.00. The incorrect payment information will be provided to the regional Administrative Services Manager (ASM), who along with the caseworker will examine the information that caused the over payment and, when necessary, will correct the information in SAFE or in the payment data to accurately reflect the number of units and the dollar amount the provider should be paid. The ASM will take the following actions to recover the payment overage:
1. The ASM or a designated regional staff member will provide written notice to the provider of the over payment and request the provider to repay the overage within 30 days of the date of the written notice.
2. If the provider believes the DHHS/DCFS' determination is incorrect, the provider will have 14 days from the date of the written notice to appeal the payment notice by providing information in writing to the ASM that supports the accuracy of the payment. The ASM will provide the over payment information and the appeal to the region director or designee to make a determination as to whether the over payment occurred.
3. If, after a review of the provider's appeal, DCFS verifies the over payment occurred, the provider will remit the full repayment within 30 days of the determination.

4. If the provider is unable to remit the full repayment of the over payment amount within 30 days, DCFS will work with the provider to make payment arrangements. Failure to repay the over payment amount or failure to comply with the arrangement for repayment may result in DCFS suspending current and/or future placements with the provider, even if the provider maintains a current license. DCFS also reserves the right to seek collection of the over payment amount through the Office of Recovery Services (ORS) and/or other collection agencies. If a collection agency is used to recoup the over payment amount, the provider may also be responsible to pay for any attorney fees, collection fees, or other fees required by a collection agency.

B. Foster Care Provider Under Payments. If a review of payment records by DCFS staff (including regional or state administration, supervisors, or financial managers) determines that a payment made by DCFS to an out-of-home care provider was not sufficient or was under paid for services rendered, DCFS will initiate a payment to the provider for the shortage. The information will be provided to the regional ASM, who along with the caseworker will verify the information that caused the shortage and will correct the information in SAFE or in the payment data to accurately reflect the number of units and the dollar amount the provider should be paid. The ASM will then remit the payment to the provider.

1. If a provider determines that they have been under paid, they are responsible to contact the DCFS regional office that initiated the payment so that the under payment can be investigated.
2. If the provider is dissatisfied with the outcome of the regional office investigation, they may submit a written request to the regional ASM within 30 days of the payment disparity (under payment) for formal review by the region director or designee.

060.8 Client Absences from Out-of-Home Placements

A. "Absent" days are defined as days where the child is not under the care and supervision of the identified out-of-home caregiver for all 24 hours of a calendar day. Absent days are used for situations such as when the child is on a visit with their parents or relatives, when a child is in respite, or when a youth is on runaway status. Absent days will not be used unless the intent is for the child to return to the identified out-of-home caregiver.

1. DCFS may pay an out-of-home caregiver up to eight absent days per calendar month at their normal payment rate.
2. In order for absent days to be paid, they must have been discussed with and pre-approved by the caseworker, and when appropriate, the Child and Family Team.
3. The caseworker must provide written approval to the out-of-home caregiver for the use of absent days prior to payment being issued for absent days. Written approval may be in the form of a letter signed by the caseworker or by email. A copy of the written approval will be documented in the activity logs.

4. As a general guideline, client absences are planned for two days per episode (such as a weekend); however, the use of absent days allows for flexibility in order to be individualized for the needs of the child.
5. In emergency situations, absent days may be paid without prior approval if the caseworker provides verbal authorization. The caseworker must subsequently document providing authorization for the payment in the activity logs.
6. For contract providers only, if for any reason the absence will exceed eight days, a reduced rate will be paid to the provider through the use of an "absent code". Any payment made using the absent code requires the caseworker to obtain prior written authorization through the identified regional process. The caseworker must also provide a copy of the written authorization to the contract provider.
    a. Contract providers with whom DCFS has an arrangement for a guaranteed number of beds will not have to use the absent code in order to hold the placement for a child.
    b. If the contract provider is receiving payment for days when the child is absent from the placement, the contract provider is responsible for maintaining contact with the child and the parties responsible for the child's care and supervision while the child is away from the placement, unless the child is on runaway status. Contact may be made by phone or by face-to-face visits to ensure ongoing safety and adequate supervision. Contact may include collateral contacts. Any contact made should be documented by the contract provider on the TR08 Visitation Report and a copy should be provided to the caseworker.
    c. If the child is on runaway status, the contract provider will only be paid for the first two consecutive days the child is absent using the daily care and supervision rate. If the intention is for the child to remain in the same placement, the caseworker must receive prior written authorization through the identified regional process to continue payment at a reduced rate (using the absent code). The reduced rate payment to the out-of-home caregiver when a child is on runaway status will not exceed 10 days.

060.9 Review of Foster Care Maintenance Payment Rates

DCFS administration will review foster care maintenance payment rates established by the DHHS rate setting unit as follows:

A. DCFS administration will analyze the results of the DHHS rate setting unit review of foster family home payment rates, which includes effects of the Consumer Price Index and other analysis, but will not necessarily include a rebase of the rates. The rate review will include verification that the rate paid for licensed relative or kinship foster family homes is the same amount as the amount that would have been paid if a child was placed in a licensed non-relative foster family home. The DHHS rate setting unit review of foster family home rates is expected to be completed by May 1st annually.

B. DCFS administration will review results of the DHHS rate setting unit review of child placing agency payment rates, which will be completed at the beginning of each child placing agency contract cycle.

C. DCFS administration will review results of the DHHS rate setting unit review of residential treatment and group home payment rates and provider bid rates, which will be completed at the beginning of both the residential treatment and group home contract cycles.

D. DCFS administration will determine when to submit a request to the DHHS for additional funding for rate increases from the state legislature.

E. Foster care maintenance payment rate adjustments will be contingent on availability of adequate funding.

070 Audit Reviews and Responses

070.1 Quality Assurance

Guidelines

The purpose of this section is to identify and describe the three mandatory review processes and one administrative tool used to analyze and evaluate DCFS' success at meeting its goal to use identified best practices to provide quality programs and services that meet federal and state requirements and regulations.

A. DCFS role in Qualitative Case Reviews (QCRs):
   1. QCRs:
      a. Measure the child and family status as well as system performance as they relate to services delivered to children and families served by DCFS.
      b. Is not a review of casework compliance with federal, state, or other procedures or regulations.
      c. Focus is on casework "best practices."
      d. Rely on face-to-face interviews with members of the child and family team (including the family) that provide support to the child and family.
   2. DCFS region responsibilities:
      a. If the child is not in DCFS' custody, regions will obtain the consent of the parent/guardian of the child designated as the target child for the review to participate in the review.
      b. Regions will schedule interviews with clients, providers, and others participating in the review.
      c. Regions will ensure that the primary caseworker assigned to a case under review will attend both an initial interview and an exit interview with reviewers. If the caseworker is not able to attend these interviews, the supervisor or other region administrator will attend.

d. Regions will help ensure that the review runs smoothly by providing reviewers with information and office accommodations.

B. DCFS Role in Case Process Reviews (CPRs):

1. CPRs:
   a. Review case documentation to evaluate caseworker compliance with DCFS' Guidelines, principles that identify minimal service delivery standards in the areas of CPS, In-Home Services, and Out-of-Home Care Services.
   b. Identify whether a service delivery activity was completed but do not evaluate the quality or effectiveness of an activity.
2. Region responsibilities:
   a. Regions will provide any documentation that might allow reviewers to appropriately score questions.
   b. Whenever possible, regions will assist reviewers by having the caseworker associated with a case attend a meeting following the review.
      i. If this is not possible, the region will have either the supervisor or a region administrator attend the meeting.

C. DCFS role in trend data analysis:

1. Trend data analysis:
   a. Formally reviews data elements that evaluate service delivery to children and families in the broader view of protection, permanence, and well-being, and ultimately identifies trends in data that show progress in the areas of CPS, In-Home Services, and Out-of-Home Services and treatment.
   b. Three separate committees review trend data on a quarterly basis and watch for significant changes in data indicators. These committees include:
      i. An internal committee comprised of program managers and region quality assurance administrators known as milestone coordinators.
      ii. DCFS' state administrative team including region directors.
      iii. External Regional QICs consisting of citizen volunteers.
   c. After drawing conclusions based on their collective knowledge of the system and trends identified, each group will generate and deliver minutes of their meeting to the state administration team. Minutes will include:
      i. Data discussed.
      ii. Trends identified.
      iii. Recommendations the committee feels will influence trends and thus improve both data collection and outcomes for children and families served.
   d. The state administrative team will review the following quarter's minutes from the trends and QIC meetings and will determine any actions to be taken based on the recommendations provided by those committees.

e. The state administrative team will report back to committees during the quarter following the one in which the recommendations were made. Reports will include:
   i. Steps taken by the state administrative team to address recommendations.
   ii. Outlines of state and region action plans formulated in response to the recommendations.

D. Changes and modifications to review tools or the review process.
1. Significant modifications to review tools or the review process may be made by DCFS in order to comply with or implement changes in the law. The CWIC will receive written notice to include:
   a. The proposed change.
   b. A summary of the reason for the change.
   c. The proposed date of the implementation of the change.
2. The CWIC will have no fewer than 45 days to comment on the proposed change (the proposed date for change must be at least 45 days after the notice is given).
3. DCFS will give full, fair, and good faith consideration to all comments and objections received, and will notify the CWIC in writing of their decisions regarding the CWIC's comments and reasons supporting their decision.
4. DCFS will provide information on all material changes in its annual report.
5. To assure that review findings are objective and maintain high inter-rater reliability, the content of questions within review tools may be modified.
   a. Modifications may include collapsing or combining questions as long as another question will evaluate the same issue and deliver similar data.
   b. The frequency of reviews may be modified.
      i. Modifications will not provide for less than annual reviews, eliminate reviews, or change the major focus of the review without the consent of groups (listed in B.2.) that review trend data.

E. Supervisor Finishing Touches (SFT):
1. Is not a formal review but is an administrative tool used by supervisors and regional administrators to evaluate the effectiveness of services provided by a caseworker and formulate recommendations that may help a caseworker better meet the needs of their clients.
2. Required responsibilities of supervisors.
   a. Supervisors will perform one SFT review per caseworker per month.
   b. Supervisors will ensure results of reviews are entered in SAFE.

070.2 Quality Improvement Committees

Guidelines

The purpose of this section is to outline QIC, region, and state office responsibilities that support QIC activities required by the Performance Milestone Plan, the 2007 stipulations pertaining to

the exit of that plan, and activities expected of CPS Citizen Review Panels (CRPs) as mandated by the CAPTA.

A. Each region is required to establish, maintain, and support a Regional QIC.
   1. Each Regional QIC will be composed of citizen and community partners living or practicing within a region's jurisdiction.
   2. Each Regional QIC will be led by a citizen chair.
   3. Each Regional QIC will conduct at least ten monthly meetings every year.
   4. At least yearly, each Regional QIC will invite the following agencies to a committee meeting and receive reports that relate to child welfare trends or the status of child welfare services:
      a. The Office of Services Review (OSR) will report on QCR and CPR outcomes.
      b. The Child Protection Ombudsman will report on trends pertaining to client and consumer complaints about services delivered by DCFS.
      c. The DHHS Fatality Review Committees will present the Fatality Review Report.
   5. Regional QICs may review DCFS' policies and procedures and data to develop recommendations designed to improve processes and outcomes relating to CPS, foster care, in-home, transition to adult living, domestic violence, kinship, and other programs and services.
   6. Acting as the CRP as required by CAPTA, Regional QICs will examine policies, procedures, and practices, and specific cases when appropriate, to evaluate the extent to which the CPS system is successfully discharging protection responsibilities in accordance with provision specified in 107.c of CAPTA.
   7. All recommendations or action plans developed by Regional QICs will be in writing and conveyed to both the regional office they represent and DCFS' administration.

B. The DCFS state office is responsible for the establishment, maintenance and support of the State QIC. In 2014, the State QIC combined with the Child Abuse Advisory Council (CAAC), which is now the CWIC.
   1. The CWIC will serve as the conduit for information and ideas presented by Regional QICs.
      a. At least yearly, the CWIC will invite agencies listed in A.4 (above) to a council meeting and receive reports that relate to child welfare trends or the status of child welfare services.
   2. All recommendations or action plans developed by the CWIC will be in writing and conveyed to DCFS administration.

C. DCFS administration will respond in writing to the CWIC and Regional QIC recommendations or proposed action plans within 30 days of receipt.

070.3 Audit Reviews

Guidelines

This section identifies DHHS and state agencies having the responsibility to audit and review DCFS' financial status, compliance with federal policies and guidelines, and compliance with state statute and rules.

A. BIRA:
   1. Performs reviews and audits of DCFS regional offices on a scheduled basis to ensure compliance with established policies and procedures and to evaluate service delivery efficiencies and policies that pertain to the safeguarding of DHHS records and assets.
      a. BIRA will notify the finance and information systems director, budget and accounting manager, budget and accounting supervisor, region director, and other staff involved by email of their intent to conduct an audit or review as well as the date they intend to conduct audits or reviews.
      b. All DCFS staff will cooperate with BIRA auditors and provide pertinent financial or service delivery information as requested.
   2. Following an audit or survey, BIRA will distribute their findings to those involved in the audit or review.
      a. Region directors will respond to BIRA findings outlining steps that staff will take to resolve issues or comply with audit findings.
   3. BIRA will perform a follow-up review when region directors report that changes that correct negative findings have been made or that findings have been resolved.
      a. If the finding is no longer evident, BIRA will not report the finding.
      b. If the finding is still relevant, BIRA will again notify the region of the finding.
      c. Upon notification of a finding, the region director will be required to once again respond to BIRA.
      d. Region directors will send a copy of the region's action plan to the finance and information systems director, budget and finance manager, and budget and accounting supervisor.
   4. BIRA retains the option to change the schedule of reviews and audits based on the level of regional compliance with policies and procedures.

B. Utah State Auditor's Office:
   1. State auditors perform DHHS audits yearly. State auditors will notify DHHS of dates that audits will be performed.
   2. Regions will cooperate with and provide information to auditors as needed.
   3. DHHS and DCFS administrators will receive a copy of the audit report and will respond to findings when necessary.

080 Data, Records, and Research

080.1 Confidential Information

Major objectives:
Adherence to confidentiality when working with families is imperative in child welfare work. Confidentiality includes a client's sensitive information in the form of verbal communication, written communication, and data that could lead to a person's identity. This adherence to confidentiality protects against identification, exploitation, or embarrassment that could result from the release of information identifying recipients of services as having applied for or having received services or assistance from DCFS. In addition, the unauthorized release of information could undermine trust and have a detrimental effect on the client/worker relationship.

Guidelines
Utah Code Ann. §63G-2-206. Sharing records.
The DHHS Privacy & Breaches policies.
The DHHS Code of Ethics requires ethical behavior and protection of the rights of clients.

Confidential Information and Community Partners

A. During the course of a DCFS case, it is often important to share information with community partners. These guidelines outline to whom and under what circumstances information may be released. These guidelines pertain to all records, papers, files, letters, plans, photographs, films, tape recordings, electronic data, or other communications that are produced, developed, managed or maintained by DCFS, its employees, or its contracted providers.

B. DCFS' employees may disclose confidential information when the disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other person. In addition, an employee may contact law enforcement to make a report when a crime has been committed. Employees should disclose the least amount of confidential information that is necessary to achieve the desired purpose.
   1. Employees may disclose certain information in order to aid in an investigation of child abuse, neglect, or dependency.
   2. DCFS employees may identify themselves at a school or other setting in an attempt to gain access to an alleged victim or child client for the purpose of investigation and safety assessment.
   3. DCFS employees may identify themselves to a collateral contact that may have relevant information relating to an investigation of abuse, neglect, or dependency or an ongoing case. In a CPS case, the employee should not reveal the nature of the investigation or offer information about the family. However, the employee may ask questions that allow the third party to provide pertinent information for the investigation.
   4. Release of confidential information to members of a Child and Family Team or Regional Screening Committee may be appropriate.

a. Only information that is directly relevant to the purpose of the meeting should be revealed. Members of these teams or committees should be advised that the information shared should be maintained confidential.
b. Members of the Child and Family Team will sign a confidentiality agreement form.

5. If DCFS has guardianship of a child, employees may access educational records as needed or appropriate via the Family Educational Rights and Privacy Act (FERPA).
6. The GRAMA allows DCFS employees to share records under the following circumstances:
   a. For the purpose of administration of DCFS, information may be shared with DHHS administration and the Department of Workforce Services. Any agreement with these agencies should contain a provision ensuring that the information will be used in accordance with the GRAMA statute. Any requests for Memoranda of Agreement should be emailed to the DCFS contracts administrator who will begin the process of obtaining approval from the director of DCFS and the Executive Directors' Office.
   b. For the purpose of fiscal audits and/or procedural reviews to assure that fiscal accountability is maintained through the review of claims and other financial transactions, information may be shared with state and federal auditors. These requests should be given directly to the director of DCFS.
   c. In connection with the administration of DCFS, information may be shared with legislative bodies and committees that are authorized by law to conduct audits. These requests should be given directly to the director of DCFS.
   d. GRAMA also dictates how to provide records upon request. (See Administrative Guidelines Section 080.2 for a list of GRAMA requirements.)
7. Out-of-home caregivers should be given detailed information about the child including any available medical, dental, developmental, and mental health history information so the out-of-home caregiver can make an informed decision regarding placement or care of a child in their home.
8. In child welfare matters or civil matters related to child welfare, attorneys from the Office of the Attorney General are entitled to examine confidential information. They are entitled to view information related to a lawsuit against the state of Utah as well.
   a. If an employee receives notice of any court action, including "subpoenas duces tecum" ordering records to be produced, contact the GRAMA team immediately as required response is time limited. The GRAMA team will coordinate with the Attorney General's office in accordance with Administrative Guidelines Section 080.2.
9. Information may be released to law enforcement to aid in the investigation of a child who has been abused, neglected, dependent, or kidnapped.
10. Limited information should be given over the telephone. An employee must make every effort to assure that the person on the phone is the person that they

indicate they are, and that they are entitled to the information requested. Acceptable methods for identification may include, but are not limited to, picture ID, Social Security Numbers, and names and birth dates of clients on the case. Employees should ask that requests for information be put into writing, as appropriate, particularly when the request falls under GRAMA.

11. When a legislator makes contact with DCFS on behalf of a client, minimal information may be released. This request should be sent directly to the state office for response. The director of DCFS, or designee, will contact the legislator. Detailed information about a client may only be provided to the legislator when a signed release of information is obtained from the client, or via a legislative subpoena. The state office, in consultation with the Office of the Attorney General will determine what information to release.
12. Media requests for information:
    a. All media requests should be relayed to the DHHS Public Information Officer (PIO). DCFS employees identified to speak with the media may discuss generic case scenarios with a media representative after staffing with the PIO; however, the release of client-specific information is prohibited.
    b. An employee is not required to speak to the media.
    c. A release of information must be obtained from a client in order to release case-specific information.
13. Statistical information, social data, and information requested for the purpose of research may be released in accordance with Administrative Guidelines Sections 080.5, 080.6, and 080.7.

Keeping Confidential Information Secure

In order to ensure client information is kept confidential the following guidelines should be adhered to:

a. Confidential information should never be left lying on desks, fax machines, or other areas that are not secure.

b. Papers containing confidential information will only be taken out of the secured office when absolutely necessary. If they must be taken out of the office they should never be left in view of non-division personnel and should be secured in locked locations (e.g., the glove compartment of car or the trunk).

c. Confidential information required as part of a research or work project should not be placed/loaded onto portable cloud storage (ex. Google Drive), social media, USB devices, CD's, discs, portable digital assistants (PDAs), laptops, phones, or other portable media unless necessary and properly protected and/or encrypted.

d. All electronic devices (e.g., computers, laptops, PDAs, phones, etc.) that contain confidential data must be password protected.

e. Employees should encrypt email using Virtru when an email or email attachment contains client identifying information AND at least one recipient of the email has a non-Utah.gov email address. Subject lines are not encrypted therefore any identifier, including first name and last name, should not be listed in the subject line. Use of Virtru may not be required when sending emails to non-Utah.gov email addresses if there is a contract, MOU, agreement, or regulation in place that would allow the pertinent data to be shared without the use of a verified secured communication medium. Region directors or their designees may review and approve such situations. Client identifying information includes identifiers of the client, client relatives, client employers, or household members of the client. The following client identifiers would require Virtru use:
   1. Full names (first name with last initial is ok);
   2. Addresses;
   3. Telephone numbers;
   4. Email addresses;
   5. Full-face photographs and any comparable images;
   5. Case numbers;
   6. Any number that is associated with the individual (e.g., Social Security Number, financial account number, etc.);
   7. Full-face photographs and any comparable images;
   8. Any information that an employee's opinion could be used alone or in combination with other available information to identify a client who is a subject of the information. This may also include some of the personal data elements that could be used in combination to identify someone such as county, zip code, ethnicity, gender, education, income, number of children, full dates, specific case information, etc.

f. Secure computers or other electronic devices in a locked location and use computer locks when provided.

g. Employees should not leave electronic devices in their vehicle unless necessary. If a laptop or other device must be left in a vehicle, it will be placed in the trunk or other location where it is not visible and locked if possible.

h. Employees will not give other personnel their passwords to devices that contain confidential information. If an employee must give their password to another person (e.g., to a DTS personnel to fix a computer related issue) the employee will change their password immediately after the need for password sharing has passed.

i. Employees must not use other person's passwords to access electronic devices or confidential information. Employees must limit use of confidential information to the extent that it is necessary for successful completion of work assignments for DCFS. Unauthorized or improper use of IT resources or allowing access to others (e.g., disclosing passwords) may result in corrective action and discipline in accordance with Administrative Rule R477-9-1.

j. If accessing confidential information (e.g., SAFE) from outside the office, employees will only use DTS approved methods.

k. Employees must follow the Appropriate IT Use.

l. Confidential information should not be downloaded to a personal device, such as a laptop.

m. If data security is compromised, employees will notify the DCFS privacy officer.

Unauthorized Use, Disclosure, Modification, or Destruction of Confidential Records (Incident/Potential Breach)

If a potential breach or issue related to confidentiality should occur, the following steps will be taken to address it: (See Incident/Breach of Information Matrix located in the Administrative Guideline Resource Folder)

a. It will be reported to an employee's direct supervisor and region director immediately upon notice of the breach.

b. The region director or whomever they designate will immediately consult with the division's privacy officer. An incident report will be completed in order to determine the level of the issue related to confidentiality and the course of action to be taken.

c. The incident should also be reported to the assigned HR representative and the state office assistant director, who will determine any action involving the employee responsible for the breach.

d. Every effort will be made by the region to restore confidentiality to the client and/or family through the securing of case documents and files.

e. The region director or designee will then notify the subject of the breach, as directed by the privacy officer and state office assistant director, regarding what has occurred and share the information that was breached along with the steps that have been taken to restore the confidentiality of the information. However, any specific disciplinary action that may be taken against the employee that violated confidentiality will not be shared with the subject of the breach.

080.2 Government Records Access and Management Act

Definition
A record is defined as any document that is prepared, owned, received, or retained by a government entity. Records may include photographs, film, audio and video recordings, digital

recordings, electronic data, books, letters, papers, maps, plans, or any other documentary material.
This also includes documents received or retained by the agency, even if the agency did not draft them.

Records are not personal notes received or prepared by a government employee in their private capacity, temporary drafts that are made for personal use, personal items listed in a daily calendar, or material owned by the individual in their private capacity.

Guidelines
The purpose of the GRAMA is to govern how government records are classified, retained, archived, provided to the public, and shared with other agencies. Furthermore, this Act helps to balance the right of the public to know what a state agency is doing with privacy interests at stake. DCFS adheres to the guidelines for both disclosure and restrictions on access to government records. Please refer to Utah Code Ann. §63G-2 for a complete description of GRAMA.

A. GRAMA Classifications:
   1. GRAMA categorizes information found in governmental records into five classifications.
      a. Public Records – Records that are available to anyone. Examples of public records include laws, final opinions made in a judicial proceeding, final interpretation of statutes or rules, minutes from open meetings, and compensation paid to a contractor or private provider. (Please note that juvenile court opinions are not considered a public record.) In addition, summary data and work-related information regarding a government employee, including name, gender, compensation, job title, job description, business address and telephone number, and number of hours worked in a pay period are considered public records. Client and case information are not considered public records.
      b. Private Records – Records that can be given to the person to whom the record is about or those specified in Utah Code Ann. §63G-2-202. Examples of private records include those records relating to unemployment insurance benefits, social services, welfare benefits, or other information that determines benefit levels. This also includes records about medical history, diagnosis, condition, treatment, evaluation, or other similar medical data. In addition, the following information about public employees is classified as private: home address, home telephone number, social security number, insurance coverage, marital status, and payroll deductions. Examples of DCFS private records include, but are not limited to, Child Abuse and Neglect Reports (CANRs), Child and Family Plans, Home Studies, and Placement Screening Forms.
      c. Controlled Records – Records that may only be released to certain individuals, such as social workers and health care providers. These records may not be disclosed to the individual to whom the record is

about. Examples of controlled records include medical, psychiatric, or psychological data about an individual that if released to the individual might prove to be detrimental to the individual's mental health or safety. Examples of DCFS controlled records include, but are not limited to, Psychiatric and Psychological Evaluations.

d. Protected Records – Records that generally include non-personal data that may only be released to the person that submitted the information. Examples of protected records include trade secrets, commercial information or non-individual financial information, test questions and answers, audit procedures, or records that might jeopardize the life or safety of an individual. Examples of DCFS controlled records include, but are not limited to, domestic violence safety plans and police reports. However, a police report may be considered protected only if the investigation or criminal action is pending or the release of the report would jeopardize the safety of the person.

e. Exempt Records – GRAMA does not apply to these records. Examples of exempt records include Utah State Hospital and Developmental Center records that contain information about patients (because those records are governed by HIPAA) or Long-Term Care Ombudsman (because those records are governed by federal LTCO statute).

2. If a record has not been designated or classified, and a request for the record is received, the agency can classify the record at that time. A record can also be classified differently than its existing classification at the time of the request.

B. Record Requests:

1. All record requests must be in writing. A request cannot be made verbally or over the phone.
2. The record request does not have to be on a DCFS form.
3. A record request can come in the form of an email.
4. All record requests must contain the requestor's name, mailing address, daytime telephone number, and a description of the records requested.
5. The requestor is not required to tell DCFS why they are requesting the information. However, a requestor may state the reasons for the request, and if they do, those reasons shall be considered when weighing whether or not to release the information requested.
6. A person may request to have a copy of his/her record given to someone else with a signed release of information that accompanies the request.

C. Conflict/Related-Parties Team Case Requests:

1. GRAMA requests for CPS cases that are investigated by the Conflict/Related-Parties team within the DHHS should be sent to the OSR.
2. The regional GRAMA specialist does not review and respond to these requests.
3. Date stamp these requests and immediately scan and forward to OSR.

D. GRAMA Request Timeframes:

1. Requests must be responded to within ten business days for regular requests, or five business days if the person or agency requests an expedited response. Fridays are considered a business day even for employees who work a four-day work week of Monday through Thursday.
2. When additional time is needed to respond to a request, an extension letter will be sent to the requestor. This should include the reason that DCFS is requesting an extension. The extension form can be found in SAFE. The only reasons allowed for an extension are as follows:
    a. The record is being used by another government entity.
    b. The record is being used as part of an audit.
    c. The request is so voluminous that the agency cannot respond in a normal time.
    d. The agency is currently processing a large number of requests.
    e. The request requires the agency to review a large number of records.
    f. The decision involves legal issues that require legal analysis from counsel.
    g. Extensive editing regarding what is entitled to be released is required.
    h. The transcription of the interview is still being processed, and the record has been archived and the agency must request it from Utah State Archives.

E. Monetary Charge for GRAMA Requests and Records:
1. DCFS does not currently charge requestors for GRAMA requests.
2. If the request involves an unusual amount of documentation, the request will be staffed with the state GRAMA specialist to determine if a charge is appropriate given the volume of records.
    a. A requestor shall be informed that there will be a charge prior to fulfilling the request. Time charged may be for staff time or research, retrieval, and redaction of records. Contact the state GRAMA specialist for details.

F. Government Entities are NOT Required To:
1. Create a record or to compile, format, manipulate, summarize, or tailor information to the specific request.
2. Fulfill a duplicative request.
3. Provide records that are easily accessible in a publication. The agency must follow up by referring the requestor to the publication.
4. Provide more information than is requested.

G. GRAMA Duties:
1. GRAMA specialists will perform the following duties in relation to a GRAMA request:
    a. Gather records related to the request.
    b. Review the records and determine the classification of each record and adhere to classification of documents.
    c. Determine what information the requestor is entitled to.

d. Redact information to which the requestor is not entitled to by blocking out the confidential information.
e. Remember that audio recordings of interviews are not required to be sent in the GRAMA response unless specifically requested. This is because the interview summary should be in the activity logs. A written transcription of the audio recording or a copy of the actual audio recording may be sent upon follow-up request.
f. The law limits who can receive, distribute, and view audio/visual interviews with child victims conducted at the Children's Justice Center (CJC). Please refer to Administrative Guidelines 080.8 for detailed information.

H. GRAMA Entry Log:
1. GRAMA specialists should enter an activity log into the case to indicate the date of the request, who requested the record, when the record was processed, when the record was picked up or mailed, and any other pertinent information related to their job duty involving the GRAMA request.
2. This log should be copied and pasted into every case that the GRAMA specialist reviewed and/or redacted.

I. Provide Records:
1. A GRAMA specialist should provide records, if appropriate, and a letter to the requestor indicating the statutory citation of what was denied and why. This letter should include the citation to the law(s) used in GRAMA, agency law, Administrative Rule, and federal law. In addition, the requestor will be given information related to the right to appeal the denied information. This information is automatically contained in the Denial Letter found in SAFE.

J. GRAMA Forms:
1. The following forms are found in SAFE under GRAMA in both English and Spanish:
a. GRAMA 01- Written Agreement - Use when other states or entities, who are eligible for access, request the records.
b. GRAMA 02- Request for Records - Use for people wanting to make a request for records.
c. GRAMA 03- Does not exist/is not a form.
d. GRAMA 04- Agreement & Waiver CPS - Use any time there is a request for CPS records. Requestor must sign before receiving a CPS case.
e. GRAMA 05- Extension Letter - Use when you cannot fulfill a request within the statutory timeframe. You may only extend for specific reasons that are outlined on the form.
f. GRAMA 06- Denial Letter - Use when you release a request with reasons for denial.
g. GRAMA 07- GRAMA Specialists - Use to find other GRAMA specialists across the state.

h. GRAMA 08- CJC Release Form - Use to release a copy of the CJC interview.
i. GRAMA 09 & 10- CJC Interview Letters - Letters to release regarding a client not being able to receive a copy of the CJC interview.

K. GRAMA Response Pick Up:
1. GRAMA requests should be picked up in person with valid picture ID.
2. If a requestor is unable to pick up the record in person, the situation should be evaluated for potential mailing. This will be evaluated on a case-by-case scenario and reasons to mail a request may include, but are not limited to:
   a. Long-term hospitalization, military duty out of the country or state for a prolonged period of time, a protective order against entering the DCFS office, requestor lives out of state, etc.
3. When mailing a request and record, it is preferred that it be sent registered mail so that the requestor must sign for it and a receipt of request is received by DCFS.
4. If the requester has not picked up a redacted record within 30 days, the requestor's copy of the record may be destroyed, if desired.
5. If a redacted record that has been mailed returns to the DCFS office, the GRAMA specialist should make every attempt to assure that it was sent to the correct address. The specialist should maintain the copy of the request for 30 days prior to destroying it.

L. Archiving GRAMA Requests and Records:
a. The GRAMA request, the un-redacted copy of the record, the redacted copy of the record, and a copy of the response letter must be saved for a period of no less than six months. GRAMA specialists may choose to maintain the record indefinitely, if desired.
b. GRAMA specialists should make a copy of the actual redacted copy that was given to the requestor and maintain it along with the original copy of records, request from the requestor, denial letter, and Agreement and Waiver CPS form.
c. GRAMA specialists may choose to save all their records and documents in electronic format in lieu of hard copy.

M. Information Specific to CPS Records:
1. A record generated as a result of a CPS report is considered to be private, protected, or controlled and may be released only to:
   a. Police or law enforcement agency investigating a report of child abuse, neglect, or dependency.
   b. A physician who reasonably believes that a child may be the subject of abuse, neglect, or dependency.
   c. An agency that has the responsibility or authority to care for, treat, or supervise a minor who is the subject of a report of abuse, neglect, or dependency.

d. A contract provider that has a written contract with DCFS to render services to a minor who is the subject of a report of abuse, neglect, or dependency.
e. Any subject of the report, the natural parents of the child, and the GAL. Please note that only an alleged perpetrator may access a GRAMA copy of a CPS record with a finding of unsupported or without merit based on changes in 2008 legislation.
f. A court, if it is determined that access to the records is necessary for a child issue before the court.
g. An office of the public prosecutor in performing an official duty.
h. A person engaged in research, when approved by the director of DCFS, barring release of names and addresses.
i. The state office of Education, acting on behalf of itself or a school district, for the purpose of evaluating whether an individual should be permitted to obtain or retain a license as an educator or serve as an employee or volunteer in a school. This information is limited to substantiated findings involving an alleged sexual offense, an alleged felony or Class A misdemeanor drug offense, or any alleged offense against the person.
j. Any person identified in the report as a perpetrator or alleged perpetrator.
k. A person filing a petition for a child protective order on behalf of a child who is the subject of the report.

2. A CPS case must be closed in order for a case to be redacted and released. When a GRAMA request is received on an open CPS case, the GRAMA specialist will deny it based on the fact that the CPS case is still open, classified as protected, and pending a finding. This is not applicable to other case types.
3. If a GRAMA specialist provides a CPS record as part of a response, the requestor must sign the CPS Written Agreement and Waiver prior to taking possession of the CPS case. This document is found in SAFE and called GRAMA 04 Agreement and Waiver CPS.
4. This form does not need to be completed for cases that are not CPS records.

N. Court Order Request:
1. These must be GRAMA compliant. Prior to fulfilling the request, GRAMA specialists should immediately consult with an AAG.
2. To assure that the court order contains specific language in order to comply with GRAMA. The AAG will provide guidance in fulfilling a court order.

O. Subpoenas:
1. These are not a written request for records under GRAMA and may not meet GRAMA requirements. Prior to fulfilling the request, GRAMA specialists should immediately consult with an AAG upon receiving a subpoena for records. The AAG will provide guidance in fulfilling a subpoena.
2. A subpoena must be responded to within 14 days with the help of an AAG.

P. Criminal Rule 14:

1. Deny a CPS case as Protected if the investigating agency is still actively investigating, meaning that DCFS or the police are still investigating the case.
2. Deny as Criminal Rule 14 if the investigations are closed but the case is being screened with the District Attorney's office for charges or the case is awaiting court proceedings for the issue.

Q. Media Requests for Records:
1. These should also come in the form of a GRAMA request.
2. Immediately notify the region director, director of DCFS, and state GRAMA specialist upon receipt of a media GRAMA request.

R. Guardian Requests for Records:
1. Guardians of children may not have copies of the child's record except in very limited circumstances.
   a. Staff with the AAG to determine what, if anything, they may receive on behalf of the child.
2. If a guardian of a child receives a Notice of Agency Action on behalf of a juvenile perpetrator and they have requested an administrative hearing to challenge the supported finding, they may receive redacted records.

S. Terminated Parental Rights:
1. If a parent with terminated parental rights makes a records request, they must not receive any records related to their children.
   a. This includes any records that were prior to termination.
   b. The parent is only eligible to receive copies of a CPS case that involves information about him or her directly, but nothing about the children.

T. Sharing Records with Other Agencies:
1. It is possible to share records with other government and contract agencies as outlined in Utah Code Ann. §63G-2-206 the records are necessary to the performance of the governmental entity's duties and functions, the records will be used for a purpose similar to the purpose for which the information in the records was collected or obtained, and when the use of the records produces a public benefit that outweighs the individual privacy right that protects the record or record series.
2. We are able to share records with any agency that litigates or investigates civil, criminal, or administrative law, as long as the record is necessary for the investigation.
3. It is also possible to share records for the purpose of an audit or when the records are being archived for the purpose of historical preservation.
4. Examples of agencies that may receive these records may include police agencies, CPS agencies, Adult Protective Service (APS) agencies, Office of Licensing (OL), Division of Occupation and Professional Licensing (DOPL), District Attorney's (DA) office, and the Attorney General's (AG) office.

5. These agencies must make their request in writing, preferably with photo identification.
6. The Written Agreement should be used and signed prior to releasing the record response. They must sign the GRAMA 01 Written Agreement prior to release.

U. Adoption Records:

1. These are considered to be private, protected, or controlled records except where courts have ordered petitions for adoption, written reports, and any other documents filed in connection with a hearing to be sealed. These items are not open to inspection or copying except upon order of the court permitting inspection or copying, on the one-hundredth anniversary of the entry of the final decree, or if the adoptee is an adult at the time the final decree of adoption is entered. If adoptive parents and birth family members form an agreement to directly exchange and share information with one another, such as letters and pictures, they may do so.
2. For specific information related to records that can be released to potential adoptive parents or adult adoptees, please refer to Guidelines Section 401.10.

V. Sealed Records Process:

1. When a GRAMA request is received for a case with a SEALED finding, the regional GRAMA specialist will immediately contact the state GRAMA specialist and send the original request.
2. The state GRAMA specialist will immediately request the SAFE Helpdesk to provide access of the case to the division director. The division director will immediately review the case and determine if it is appropriate to provide a record of the case to the requestor.
3. If it is appropriate to release a copy of the case to the requestor, the state GRAMA specialist will ask the regional GRAMA specialist to request the hard copy file of the case, including any archive files that exist, and send it to the state GRAMA specialist.
4. The state GRAMA specialist or trained designee will redact information from both the electronic file and the hard copy file (if not already done) to which the requestor is not entitled by blocking out the confidential information, including any information that has been sealed and/or expunged.
5. The state GRAMA specialist will provide the redacted response back to the GRAMA specialist who originally received the case for release.

W. Confidential Cases Process:

1. If a GRAMA specialist finds a case that is marked as Confidential, the GRAMA specialist should ask his or her supervisor to email the SAFE HelpDesk and ask that the GRAMA specialist be given access to the case for response to a GRAMA request.
2. The GRAMA specialist will have three business days to access the case before access is again denied.

X. Children's Justice Center (CJC) Responsibilities of GRAMA Specialists**:**

1. If a requestor asks for records and there is not an Administrative Hearing for which the requestor needs records, the GRAMA specialist will send the state approved Letter #1 (Request for Records Only) with the record's response. This letter indicates that the requestor is not allowed to receive a copy of the child's recorded interview pursuant to Utah Code Ann. §77-37-4. The letter further indicates that under certain circumstances the requestor may be allowed to view the audio/video recording of the child's interview. Staff this with state GRAMA specialist to determine.
    a. The requestor may contact the caseworker, who in turn will contact the AAG and law enforcement who was involved to staff the case to determine if viewing is appropriate.
    b. The caseworker and/or AAG will arrange for viewing.
2. If a requestor asks for records because they are having their case heard in an Administrative Hearing, send the state approved Letter #2 (Request for Records with Corresponding Administrative Hearing) with the response. This letter indicates that the requestor is not allowed to receive a copy of the recording of the child's interview pursuant to Utah Code Ann. §77-37-4. The letter further indicates that if DCFS intends to rely upon the CJC recording of the child's interview in the Administrative Hearing case, the requestor will be notified and given an opportunity to view the recording of the child's interview.
3. See Administrative Guidelines regarding CJC Interviews, Section 080.8, for additional information.

Y. Distribution of CJC Interviews:

1. The following offices and their designated employees may distribute and receive a recording or transcript of a child's CJC interview to and from one another without a court order:
    a. DCFS.
    b. Administrative law judge/administrative hearing judge employed by DHHS.
    c. DHHS investigators investigating DCFS (Conflict of Interest Team).
    d. An office of the city attorney, county attorney, district attorney, or attorney general.
    e. A law enforcement agency.
    f. A CJC.
    g. The attorney for the child who is the subject of the interview.
    h. The CPO.

Z. Conflict of Interest:

1. If a GRAMA specialist receives a request and personally knows the requestor or any of the people listed in the case in a capacity other than as an employee of DCFS, this constitutes a conflict of interest and that GRAMA specialist will not process the request. The GRAMA specialist will transfer the request to another office specialist, following this protocol:

a. The GRAMA specialist will immediately date stamp the request.
b. The GRAMA specialist will call and/or email the GRAMA specialist at the office closest to the office where the request was received.
c. The GRAMA specialist will provide an explanation regarding why they are unable to process the request.
d. The GRAMA specialist will scan and send the request the same day to the office where it will be processed.
e. The GRAMA specialist receiving the case will process it as a normal request and make a log entry indicating that they received the case due to a conflict of interest.
f. The GRAMA specialist processing the case due to conflict of interest will contact the requestor to see if he/she wants to pick up the request, have it mailed via
g. Registered mail, or send it via a secure email format. It will not be returned for delivery to the GRAMA specialist who identified a conflict of interest.

AA. Region Transfers:
1. If a GRAMA specialist receives a case mistakenly and it should be processed by another office or region, the GRAMA specialist will call and/or email the GRAMA specialist in the office or region where it should be processed to notify them of the request.
2. The GRAMA specialist will date stamp the request, and scan and send the request the same day to the office where it will be processed.

BB. When Request Involves More than One Region's Cases:
1. The GRAMA specialist who has received the request has two options:
   a. Request Their Help:
      (1) Reach out to the other regions to ask them to review their cases and redact as appropriate.
      (2) Have them send their cases to you (both redacted and un-redacted versions) by the due date so that you can include them in your response and release, OR
   b. Do It Yourself:
      (1) Inform the other regions that you are going to do all the cases and ask them to review their hard copy cases and send you anything that is not already in SAFE so that you can include them in your review, redaction, and response.
      (2) After gathering everything, process as you would any request and release.

CC. Social Security Requests:
1. If DCFS receives a request from the Social Security Department for psychological or mental health information in order to determine a person's eligibility for social security approval, we can send this information to them. Please assure:

a. They send you a written request on letterhead.
b. They send you a release document that the applicant has signed. Assure that it was signed within the last 3 months to be valid.
c. They sign the Written Agreement (Form GRAMA 01) prior to you sending them the information.

DD. Unsupported and Without Merit Cases:
1. As a result of 2008 legislation, only an alleged perpetrator may have access to an Unsupported or Without Merit cases. However, unsupported and without merit cases can be shared with other governmental agencies under the sharing records provision. You must deny the request for all others based on this statute. Do not confuse Unaccepted cases or Additional Information cases. These can be released to someone other than the perpetrator if the requestor is eligible.

EE. Expungement:
1. In the event an eligible party submits a GRAMA request for a copy of the sealed allegation(s), the regional GRAMA specialist will send the GRAMA request to the DCFS' state office GRAMA program administrator, who will then consult with the Child Protection Division Chief of the Attorney General's Office to determine how to proceed.

FF. Yearly Certification:
1. GRAMA specialists are required to complete a yearly certification test provided by Utah State Archives.
2. Complete this certification within four weeks of initial training.
3. Notification will come from the State Archives when a specialist is due to certify again. The test must be taken within 25 days of the expiration date.
4. The manual and test can be found at: http://archives.utah.gov/recordsmanagement/training.html. Specialists shall select Online Records Officer Certification.

080.3 Data Sources

Guidelines

A. DCFS' programs and service delivery data sources include:
1. SAFE.
a. This database is the state automated child welfare information system designed for use by DCFS and includes case, person, provider payment, and practice and service data relating to DCFS clients.
2. CAPS.
a. This database currently holds all provider information, residential contracts, and other vendor information.
i. Provider contracts, approvals, and rates are entered into CAPS and downloaded into SAFE nightly.

b. All provider codes and rates, as well as all client-based payment histories, are maintained in CAPS.
c. All payments are made through CAPS, and payroll is balanced in CAPS.

3. FINET.
   a. Includes budget and accounting related information.
4. Data Warehouse.
   a. Includes data from numerous systems, including DCFS, the Department of Juvenile Justice Systems (DJJS), the Division of Services for People with Disabilities (DSPD), DHRM, the Department of Workforce Services (DWS), and CAPS.

080.4 Ensuring Accurate, Timely, and Complete Data Recording

Guidelines

A. Employees and their supervisors will be held jointly responsible for ensuring that data entered into data systems as required in their job (e.g., SAFE, eRep and/or FINET, etc.) is done in a timely manner and is accurate and complete.
   1. High-priority information, particularly concerning removals, placements, fatalities, near-fatalities, media involvement, child face-to-face contact, or any safety concerns regarding a child, must be finalized in SAFE within 24 hours of its receipt
   2. All other information must be entered no more than two weeks following receipt of that information.

B. Regional or state administration, state office program managers, supervisors, the SAFE Helpdesk, the SAFE Team, the Data Unit, eligibility workers, or Finance Team members may request that caseworkers or their supervisors add new or missing information, or correct existing information.
   1. Entry of new, missing, or corrected data should be completed within five days of the request.

C. The SAFE Helpdesk, data information analysts, the SAFE help tab, or state office program managers may offer guidance regarding the process to enter new, missing, or corrected information into the various data systems.

080.5 External Requests for Information

Guidelines

A. DCFS frequently responds to requests for data and information from external individuals or agencies. DCFS may support student projects, grant proposals, program evaluations, demographic information, and research proposals.
   1. Data that is not in a published report may be obtained by submitting a request for information form to the state office or regional data information analyst. DCFS will respond to these requests depending on workload and availability of data.

B. If the request requires programming, research, or copying, then charges may be assessed.
   1. Copy costs.
      a. If the information requested is currently available in printed form or can be copied on ten or fewer pages, the information will be provided at no cost.
      b. If a document must be copied on 11 or more pages, the person or agency requesting information may be charged at a rate of $0.10 per page. This rate will include associated labor costs for researching and copying information.
   2. Programming/analyst costs.
      a. If the request requires computer programming to extract the data from the information system, the requestor may be billed at the rate of $45 per hour. This charge covers programmer labor and use of the computer facilities.
      b. If the request requires analyst time to research specific data or extract and/or summarize information from programmed reports, billing may be at the rate of $25 per hour.
         i. When a request involves costs of this type, the requestor will be given a cost estimate.
         ii. The requestor may accept or decline a cost estimate, or may use the estimate to revise the amount or scope of information desired.

080.6 Verification and Distribution of Data

Guidelines

Because data regarding DCFS' clients, programs, and services may be complex and difficult to understand, DCFS' staff must verify the accuracy of information and the interpretation of that information prior to internal or external release or distribution. Following is the process to be followed in order to verify the accuracy of data and individuals' interpretation of data.

A. Verification and distribution of data:
   1. Data in published reports (e.g., annual report, quarterly report) on the website may be used without other permission.
   2. Data from other sources that are not published on the website (e.g., data reports from SAFE) must be reviewed for accuracy with designated data experts. Those experts and the information they are responsible for reviewing include:
      a. Budget officers and ASMs for any financial data.
      b. State office or regional information data analysts for client, program, service delivery, or other DCFS related data.
   3. Regional caseworkers, support staff, supervisors, and CSMs must obtain approval from regional or state administration and data experts prior to release or use of data by individuals or groups outside of the agency.
      a. Unless data has been reviewed by the DCFS data/research manager and notification provided by the data/research manager that the release is authorized through approved waivers of informed consent (per DHHS 45

CFR 46), the GRAMA, or interoffice Memorandums of Understanding related to data sharing as allowed by law, only aggregate, non-identifying information may be released without client consent.

4. Regional caseworkers, support staff, supervisors, and CSMs must obtain approval from regional or state administration and data experts prior to release or use of data by individuals or groups inside of the agency requesting information outside of their immediate workgroup.
   a. Unless data has been reviewed by the DCFS data/research manager and notification provided by the data/research manager that the release is authorized through approved waivers of informed consent (per DHHS 45 CFR 46), GRAMA, or interoffice Memorandums of Understanding related to data sharing as allowed by law, only aggregate, non-identifying information may be released without client consent.

B. Person-specific information cannot be released without a properly signed consent. Unless data has been reviewed by the DCFS data/research manager and notification provided by the data/research manager that the release is authorized through approved waivers of informed consent (per DHHS 45 CFR 46), GRAMA, or interoffice Memorandums of Understanding related to data sharing as allowed by law, only aggregate, non-identifying information may be released without client consent.

080.7 Research

Applicable Law
FDA 21 CFR 50
FDA 21 CFR 56
DHHS 45 CFR 46
Utah Code Ann. §52, Chapter 4, Open and Public Meetings
Utah Code Ann. §53B, State System of Higher Education
Utah Code Ann. §63G-2, GRAMA
Utah Code Ann. §80-2-602, Child abuse and neglect reporting requirements -- Exceptions

Major objectives:
DCFS is committed to cooperating with universities and other external and internal researchers to identify situations and conditions that positively and negatively affect children and families, assess and validate forms of treatment and services, and evaluate the effectiveness of DCFS programs and services delivered to Utah's children and families.

Guidelines
This section outlines responsibilities of employees as well as internal and external individuals or agencies considering conducting research or coordinating research that involves DCFS data, clients, or employees.

A. Definition: "Research" as defined by federal regulations is a "systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge." Research may include qualitative or quantitative analysis of pre-collected data or analysis of data collected from human subjects (clients or caseworkers) via observation, survey, interview, or other means.

B. Phases:

1. Initiation phase.
    a. Employees, or internal or external individual or agencies, considering conducting research, or coordinating with a researcher on a project that involves DCFS data, clients, or employees, are encouraged to contact the DCFS data/research manager when formulating the project.
    b. The DCFS data/research manager will:
        i. Review the research plan.
        ii. Advise the researcher of state or federal laws that might influence the feasibility, design, or scope of the project.
        iii. Identify data or practices that will help facilitate completion of the project.
        iv. Notify the researcher of the need for application to the DHHS Institutional Review Board (IRB).
    c. The data/research manager and other relevant DCFS' personnel must approve the proposal before research can begin.
        i. If the research is in the best interests of DCFS, the data/research manager will convene relevant state office and regional DCFS staff who will determine to what degree DCFS will support the project.
        ii. DCFS retains the right to refuse access to records, clients, or employees if the data/research manager or other relevant personnel determine that the research will provide no benefit to the organization or will cause an undue burden on staff workload.
        iii. Once the data/research manager and other relevant personnel agree to support the research, the data/research manager will work with the researcher to finalize an acceptable proposal for submission to the DHHS IRB.
            (a) If applicable, DHHS IRB approval must be secured before research can begin.
            (b) Only the data/research manager can submit a proposal to the DHHS IRB.
2. Active research phase:
    a. During the active research phase, the researcher may execute the project only as outlined in the proposal approved by the DCFS data/research manager, relevant staff, and if applicable, the DHHS IRB.
    b. The data/research manager and, if applicable, the DHHS IRB must approve any changes to the design or scope of research or research methodology before the researcher may implement changes.

c. Annual research status updates are due yearly, before the month and day of original approval, and must be submitted to the DCFS data/research manager.

3. Completion:
   a. A final report, outlining research findings, is required within 4 months of termination of the research project.
      i. Not providing a final report in a timely manner may be grounds to refuse future research proposals developed by the researcher.

080.8 Children's Justice Center (CJC) Interviews

Major objectives:
Child victims have the right to keep their Children's Justice Center (CJC) interviews, both video and audio recordings as well as transcripts of those recordings, confidential once an investigation has been initiated by DCFS or by law enforcement. The law limits who can receive, view, and distribute these interviews with child victims. The purpose of this guideline is to establish the process for DCFS employees to follow regarding the receipt and distribution of these interviews.

Applicable Law
Utah Code Ann. §80-2-704. Division interview of a child -- Support person for the child -- Notice -- Recording.
Utah Code Ann. §77-37-4. Additional rights – children.
Utah Code Ann. §78A-2-229. Documents provided to pro se litigants.

Guidelines

A. COPIES and STORAGE OF INTERVIEWS: Caseworkers are responsible to gain access to, accept, or obtain a copy of the child's audio/video interview conducted at the CJC and assure it is stored it appropriately.
   1. When an audio/video interview of a child is conducted at the Children's Justice Center, the caseworker shall obtain the DVD/disc of the interview from the CJC. The caseworker will not refuse a copy of the interview. If not offered a copy of the interview, the caseworker will ask for one from the CJC.
   2. It is important to maintain a copy of the DVD/disc interview in the hard copy case for the purpose of review and distribution as described in statute, including but not limited to, use in an Administrative Hearing. When the interview is taped at the CJC, it is not necessary for the caseworker to use their DCFS issued audio recorder to simultaneously tape the interview.
   3. Caseworker shall mark the DVD/disc with the name of the child, case number, and date.
   4. Caseworker shall place the marked DVD/disc in the hard copy case file.
   5. The caseworker conducted the interview at the CJC, the caseworker will select "CJC Interview" in the electronic case in the SAFE database system, as the exception to why there is no audio recording of the interview found in the electronic case. This will alert a reader that the interview can be found in the form of a DVD/disc in the hard copy case file.

6. If law enforcement conducted the interview at the CJC, the caseworker will select "Law Enforcement" in the electronic case in the SAFE database system, as the exception to why there is no audio recording of the interview found in the electronic case.
7. In the event the CJC stores the interview in a cloud-based system, the caseworker will gain access to the interview so they may review the interview and document appropriately as to when and where the interview occurred and how access may be obtained in an activity log.

B. DISTRIBITION AND RECEIPT OF INTERVIEWS:

1. A GRAMA specialist should always be consulted prior to providing a copy of the interview DVD/disc or granting viewing access to anyone.
2. The following offices and their designated employees may distribute and receive a recording or transcript of a child's CJC interview to and from one another without a court order:
   a. DCFS.
   b. Administrative Law Judge employed by DHHS.
   c. DHHS investigators investigating DCFS (Conflict of Interest Team).
   d. An office of the city attorney, county attorney, district attorney, or attorney general.
   e. A law enforcement agency.
   f. A Children's Justice Center.
   g. The attorney for the child who is the subject of the interview.
   h. CPO.

C. ADMINISTRATIVE HEARINGS AND INTERVIEWS:

1. You may provide the CJC interview DVD/disc to the Administrative Law Judge, or assist them with accessing the interview. If a caseworker intends to use the CJC interview as evidence of abuse/neglect for the Administrative Hearing, they may do so. However, the perpetrator must be given the opportunity to view the CJC interview prior to the Administrative Hearing.
2. The Office of Administrative Hearings will notify the perpetrator of the possibility that a CJC interview exists and advise the perpetrator to contact the DCFS caseworker to arrange to view it.
3. It is the responsibility of the caseworker to arrange for the perpetrator to view the CJC interview for the purpose of an administrative hearing.
   a. When a perpetrator asks to view the CJC interview, the caseworker (or viewing to assure that the perpetrator does not take photos or record the interview.
   b. Be aware that the perpetrator shall not be given a copy of the interview. The perpetrator may only view it.
   c. The caseworker shall contact the AAG on the case to determine if the AAG prefers to have the CJC interview viewed at their office. If they have no preference, the caseworker may set up the viewing at the DCFS

office. Again, the caseworker (or DCFS employee/designee) must be present during the viewing.

4. If a perpetrator does not contact the caseworker to view the CJC interview prior to the Administrative Hearing, it is probable that the Administrative Law Judge may insist that the perpetrator see the CJC interview before rendering a decision. To accomplish this, one of two things may happen.
   a. The Administrative Law Judge may stop the proceedings and provide opportunity for the perpetrator to view the CJC interview before continuing with the remainder of the hearing, or
   b. The Administrative Law Judge may hear all the testimony then dismiss the hearing and wait to render a decision until DCFS arranges a time for the perpetrator to view the CJC interview and provide comments to the Administrative Law Judge. Once the perpetrator has viewed it and had the opportunity to provide comments to the Administrative Law Judge, a decision will be rendered.

D. CHAIN OF EVIDENCE:

A. If a CJC interview DVD/disc is removed from the hard copy file, a log must be completed that indicates the following information as a chain of evidence:
   a. Name of Person Taking the DVD/disc;
   b. Date the DVD/disc is removed;
   c. Purpose for removing the DVD/disc; and
   d. Date the DV/disc is returned.

E. NON OFFENDING PARENT/GUARDIAN REQUEST TO VIEW THE CJC INTERVIEW:

1. A parent or guardian may view a recording of the child's CJC interview after the conclusion of the interview if requested unless:
   a. The suspect is a parent or guardian of the child victim;
   b. The suspect resides in the home with the child victim; or
   c. DCFS or law enforcement determines that allowing the parent or guardian of the child to view the recording would likely compromise or impede the investigation.
2. When a non-offending parent or guardian requests to view a CJC child interview, the request will be given to the caseworker assigned to the case. The caseworker will follow these directions:
   a. DCFS will comply with this request within two business days, according to statute.
   b. The caseworker (or DCFS employee/designee) will contact law enforcement to determine if viewing the interview will compromise or impede the investigation.
3. If law enforcement approves viewing of the child's interview, the parent or guardian may work directly with law enforcement and the CJC to view the interview.

4. If law enforcement approves viewing the child's interview and defers to a DCFS office to work with the parent or guardian, then the caseworker may arrange for a monitored viewing at the DCFS, or may contact the CJC to coordinate the viewing of the interview.
    a. The caseworker must be present during the viewing to assure that the perpetrator does not take photos or record the interview.
    b. Be aware that the perpetrator shall not be given a copy of the interview. The perpetrator may only view it.
5. If DCFS denies coordination of a viewing of the recording or transcript, a parent or guardian of the child victim may petition a juvenile or district court for an order allowing them to view the recording or transcript upon a finding of good cause. The order will indicate which agency is required to display the recording or transcript to the parent or guardian and prohibit anyone not named in the order from viewing it.

080.9 Public Disclosure of Information on Fatality and Near Fatalities Related to Abuse/Neglect

Major objectives:
The purpose of this guideline is provide the process for the public disclosure of findings or information about a case of child abuse and neglect that has resulted in a fatality or near fatality.

Definitions

A. Fatality – Death of a child.

B. Near Fatality – As defined by Child Abuse and Prevention Treatment Act (CAPTA), section 106 (b)(4)(A) "…an act that, as certified by a physician, places the child in serious or critical condition." Examples include a hospital record indicating that the child's condition is "serious" or "critical."

Guidelines

A. If a member of the public submits a request for information regarding the case of child abuse or neglect that has resulted in a child fatality or near fatality, the request will be sent to the director or assistant director of DCFS for review and approval.
    1. The following actions will be taken when information requested refers to a child fatality or near fatality:
        a. The director or assistant director will review the request for information to determine if it meets the criteria to be released under CAPTA requirements and will engage the GRAMA administrator.
        b. The director or assistant director will contact the fatality review coordinator with the OSR to determine if a fatality review has already been completed on the case and will obtain pertinent information related to the child fatality.

c. The director or assistant director will review the fatality report, CPS investigations, and other cases related to the request.

d. The director or assistant director will prepare a brief written summary of information regarding the case and release it to the requester or provide it to the GRAMA administrator for release, within ten business days of the request (five days if it qualified to be expedited).

(1) The summary of the fatality or near fatality may include the age of the child, gender of the child, information describing any previous reports of child abuse or neglect investigations that are pertinent to the child abuse or neglect that led to the fatality or near fatality, the cause and circumstances regarding it, the result of any such investigations, and the services and action of the state that are pertinent to the child abuse or neglect that led to the fatality or near fatality.

(2) Laws of confidentiality, open criminal investigations, protection of referent information, and the safety and well-being of the child, parents, and family will be considered in the summary preparation.

080.10 Administrative Review of Employee SAFE Records

(THIS SECTION IS BEING REPLACED BY SECTION 020.13a.)

080.11 Litigation Holds

Major objectives:
To provide guidance to employees regarding the protocol that should be followed when DCFS, or an employee of DCFS, is served with a notice of lawsuit, notice of claim, or other legal proceedings naming DCFS or a specific employee as a defendant.

Guidelines

A. A litigation hold should be placed on a case immediately following the receipt of a notice of claim or notice of intent to sue DCFS or an employee of DCFS.

B. DCFS will not place a litigation hold on a case involving verbal threats of legal action. However, it shall be documented in the case record.

C. A legal notice of lawsuit, notice of claim, or other legal proceedings may be received/served upon the state office.

1. If received/served upon the state office, the state office receptionist or designee shall notify the deputy director of the Attorney General's Office (Child Protection Division), the AAG assigned to DCFS, and the DHHS AAG' s paralegal of the legal notice.

a. If these three individuals have received notice of the legal claim already, they will work with the state office receptionist or designee to identify the employees involved in the case.

b. The AAG or paralegal will send out litigation holds to employees, as deemed appropriate.

2. If these individuals have not received notice of the legal claim, the state office receptionist will provide a copy of the claim and work with them to identify which employees should receive the litigation hold.
   a. The AAG or paralegal will send out litigation holds to employees, as deemed appropriate.
3. The state office receptionist will contact the SAFE Helpdesk to have this information added to the Litigation Hold table in SAFE.

D. A legal notice of lawsuit, notice of claim, or other legal proceedings may be received/served upon a region office.
   1. If received by a region office, the employee should immediately notify the region director and state office receptionist or designee and provide a copy of the legal claim.
   2. Once this legal claim is received by the state office receptionist or designee, the procedure referenced in "C" will be followed.

E. What to expect if a litigation hold notice is provided to you:
   1. DCFS has a legal obligation to preserve documents and data that may be relevant in this matter. The law requires the preservation of all documents and data relating to the case.
      a. "Documents and data" means not only hard copy documents, but also audio or video recordings, emails, texts, instant messages, word processing and PDF documents, spreadsheets, photos, databases, diaries, daily planners, telephone logs, Internet usage files, and all electronically stored information created, received, or maintained by DCFS.
   2. All computer and network hard-drives and their backups where such documents and data may exist must be preserved, including home computers and personal PDAs or cell phones that contain work matters related to the litigation hold.
   3. All DCFS employees should immediately suspend deletion, overwriting, or any other destruction of relevant records and data. This preservation obligation shall remain in effect until litigation is concluded and an attorney for the Office of the Attorney General informs DCFS to resume its normal document retention activities.
   4. All phone messages received in this case, including the date and time of each phone call, and the verbatim contents of the phone call shall be saved electronically in the case log or otherwise preserved and not deleted.
   5. All texts pertaining to the case shall be preserved according to text retention policy and protocol.
   6. If an employee changes employment within DCFS or leaves DCFS for any reason, the employee must contact the state office receptionist or designee to provide information regarding where any electronically stored information is located if not already preserved, so that the information may be preserved upon departure.

080.12 Sharing and Use of the Child Protective Services Case Summary Report by the Office of Licensing Comprehensive Review Committee

Major objectives:
To provide guidance for use of the Child Protective Services (CPS) Case Summary Report from the DCFS Management Information System by the Office of Licensing Comprehensive Review Committee (CRC) for the purpose of reviewing a finding on behalf of an applicant.

Applicable Law
Information will be redacted according to current law and GRAMA, Utah Code Ann. §63G-2-202. Records associated with CPS are "private, protected, or controlled" under the provisions of GRAMA and "may only be made available" to certain individuals and organizations under specific conditions". Specific restrictions are placed on the sharing of CPS records gathered and stored in the MIS/LIS database.

Applicable DHHS Policy
Policy: 06-10
This policy serves as the executive director's approval on a need-to-know basis for records sharing within the department where the director's approval is required.

Administrative Guidelines

A. Upon notice of an applicant's case review and the necessity of the CRC to review the Case Summary associated with a CPS case, the Office of Licensing designee will contact the state office GRAMA administrator or designee to request a copy.

B. The state office GRAMA administrator or designee will review the Case Summary Report associated with the CPS case and redact information based on Utah Code Ann. §63G-2-202. This redacted report will be shared with the CRC designee for use in the CRC.

C. Upon completion of the review, the CRC designee will gather the copies of the Case Summary Report that were provided to the CRC members. One copy will be maintained in the event the CRC recommendation is taken to an administrative hearing.

090 Forms and Records Retention

090.1 Creation of Forms

Major objectives:
To ensure that forms utilized by DCFS employees are professional and consistent with the purpose and practice of DCFS, these guidelines will instruct DCFS employees in form development and necessary approval.

Forms represent DCFS and may be releasable via GRAMA, audit, or evidentiary discovery; therefore, they need to be professional, legal, standardized, and consistent for the whole division. The goal of these guidelines is to standardize and streamline statewide; maintain current/updated forms accessibly in SAFE, Google Drive, Website, or Shared Network Folder; reduce redundancies and paper use through electronic processes; and minimize the number of forms if at all possible---to make things easier for clients, employees, etc.

Guidelines

A. Form Development
   1. When a need for a form is identified, amendment of or consolidation with an existing form will be considered before drafting a new form. If those options cannot meet the need, a new form may be developed.
   2. Input from statewide stakeholders and users of the form will guide development as well as the goals of improving efficiency and effectiveness for them and DCFS.
   3. All forms will be developed for statewide division use. Exceptions for regional or localized forms may be approved as noted below.
   4. Guidelines or other instructions or training will be developed.

B. Form Approval
   1. All forms will require state-level approval, prior to use, by the State Leadership Team.
   2. New, amended, or updated draft forms, along with any associated Guidelines or instructions, will be presented to the State Leadership Team for approval by a member of the team with a completed Form Request (if needed).
   3. All forms will be approved for division use with some exceptional approvals for localized or regional forms.
   4. Some forms may require additional specific DHHS and/or legal review.
   5. Once forms are approved, they will be officially named, numbered, automated, and stored in the appropriate accessible location for use.

090.2 Retention of Written Records

Guidelines

A. Generally, retention of client-related records should conform to DCFS Record Retention Schedules mandated by the Department of Administrative Services, State Archives and

approved by the State Records Committee. If an employee needs to print or copy any records that contain confidential information for temporary use, these records must be destroyed after use.

B. Retention of files or documents that relate to personnel, conferences, committees, boards, administrative hearings, legal opinions, or other administrative records of a general nature should conform to the schedule mandated by the Department of Administrative Services, State Archives located at Administrative Documents.

C. Records, files, or other work-related documents that do not contain client or employee related personal information, or do not relate to DCFS administrative activities may be destroyed when no longer needed.

090.3 Individual with Nonimmigrant Status/Victim of a Crime

Major objectives:
DCFS will assure that the Victims Guidelines for Prosecutors Act as defined in Utah Code Ann. §77-38-502 and §77-38-503 is followed. When an individual with nonimmigrant status has been a victim of a crime and in order to prosecute the crime the victim's assistance is needed, the Form I-918 Supplement B must be completed.

Guidelines

A. DCFS is defined as a certifying agency. Upon the request of the victim or victim's family member, DCFS will certify victim helpfulness on the Form I-918 Supplement B certification, if DCFS determines the victim was a victim of a qualifying criminal activity and has been helpful, is being helpful, or is likely to be helpful to the detection, investigation, or prosecution of that qualifying criminal activity.

B. DCFS will process the Form I-918 Supplement B certification within 90 days of request, unless the noncitizen is in removal proceedings, in which case the certification shall be processed within 14 days of request. Consult with the AAG and state office administration to complete this form as required.

090.4 Recycling and Destruction of Records

Major objectives:
DCFS will assure that personal or confidential information collected and placed on any document will be disposed of in a manner that will assure that no person will be able to obtain that information once removed from DCFS files.

Guidelines
The purpose of this section is to differentiate policies regarding destruction of records containing non-confidential or confidential personal information.

A. State office:
   1. Recycling of confidential files or files with personal information.
      a. All personal or confidential paperwork or files should be placed in "shred" bins supplied by DHHS maintenance.
      b. DHHS maintenance will collect those bins and place them in a secure area until the shredding contractor arrives.
      c. Paperwork should be free of clips, binders, hanging file folders, or other fasteners containing metal (other than staples).
      d. Shredding takes place every Friday.
   2. Recycling of all other paper or files.
      a. Paperwork or files not containing personal or confidential information may be placed in the blue recycle cans positioned throughout the DHHS building.
      b. That paperwork is collected and placed in a non-secure area with all other departmental non-confidential paper.
      c. Paperwork should be free of clips, binders, hanging file folders, or other fasteners containing metal (other than staples).
      d. Shredding takes place every Friday.
   3. Recycling of paperwork or files on site.
      a. In the case where DCFS has large quantities of confidential documents that cannot be removed from the building without being shredded, the director or assistant directors are authorized to approve on-site shredding.

B. Regional offices:
   1. Regional offices are authorized to develop their own procedures for disposal of confidential and non-confidential files.
   2. Region directors will, at the least, assure that all confidential files are shredded and destroyed in a manner that will guarantee that no personal or confidential information can be obtained from files or records.

090.5 Credit Monitoring

Guidelines

A. Should there be an identified data breach, DCFS will work with the DHHS privacy officer to notify the individual(s) that may be impacted by the data breach.

B. Complete the DCFS Notice of Breach Template and provide it to the affected parties.

C. As part of data breach communication, DCFS will also be offering a two-year credit monitoring service free of charge with the costs covered by the Division.

D. The individual may choose to opt in for the credit monitoring service from one of the top-rated credit monitoring agencies, i.e Aura; LifeLock or Experian, etc.

E. DCFS will cover the credit monitoring costs using a state P-card.

Example: Notice of unauthorized disclosure of your personal information
(Date)

(Name and mailing address of subject of breach)

Dear (name of subject of breach),

We are writing to inform you that some of your personal information (PII), consisting of (example: your name, address, DOB, SSN, admission date, legal status, marital status, diagnosis, or your photograph), was improperly (select which and delete the rest: accessed, acquired, used, disclosed or otherwise compromised) on (date). We became aware of this on (date that it was discovered). State law gives you the right to be informed of the circumstances surrounding this incident, and the Department of Health and Human Services supports this right.

The breach of your PII occurred when: (Brief description of facts, including how the PII was improperly breached, how it was discovered, and what steps were taken to address it, such as attestation of data disposal being sent; consult with your Division Privacy Officer if you have concerns about what to say.)

DCFS is committed to safeguarding the privacy and security of all personal information we handle. All DCFS employees undergo annual training on privacy and data security practices to ensure proper handling of sensitive information. The DCFS staff member involved has received additional training to prevent future occurrences.

If you have any questions or need further information, please contact constituent services at (801) 538-4208, email: dcfs@utah.gov or by mail at:

Constituent Services
Department of Health and Human Services
Division of Child and Family Services
195 North 1950 West
Salt Lake City, Utah 84116

We deeply regret any concern this breach may have caused and are taking steps to further ensure the safeguarding of your personal information.

090.6 Infection Control Administrative Guideline

Guidelines

The Division of Child and Family Services employees or interns who participate in client home visits will utilize the following guideline for conducting home visits where a communicable disease is present. Employees and interns will follow a universal framework that balances federal statutory mandates (such as mandatory face-to-face child safety assessments) with standard infection control protocols.

This standard protocol relies heavily on pre-visit screening, Personal Protective Equipment (PPE) utilization, and transmission-based precautions.

A. Pre-Visit Screening and Assessment

If the home visit is scheduled, prior to arrival, employees and interns are expected to contact the family to assess current health risks. If the home visit is not scheduled, employees and interns will ask at the time they arrive at the home prior to entering the home.

1. Ask if anyone in the home has a diagnosed communicable disease, fever, cough, rash, or gastrointestinal illness.
2. If a highly contagious or severe disease is reported, the caseworker must consult their supervisor to assess the urgency of the visit.
3. For unscheduled visits and in critical-protection matters, the in-person visit must proceed despite the infection risk. For lower-risk, routine monitoring cases, the visit may sometimes be postponed or conducted through a hybrid approach if staffed and permitted by regional administration.
4. If there are still questions or concerns about appropriate protocol, the Region Director may staff with the appropriate state office program administrator.

B. Standard and Transmission-Based Precautions

If the visit must occur (i.e. in the case of an unannounced home visit or critical protection matter), the employee or intern should implement standard precautions under the assumption that they could be exposed.

1. Personal Protective Equipment (PPE): employees and interns should equip themselves with a high-filtration mask (like an N95 or KN95), disposable gloves, and eye protection depending on the mode of transmission (airborne, droplet, or contact).
2. Client Masking: If appropriate, employees and interns may request that family members wear face coverings during the interview.
3. Alternative Locations: employees and interns may move the interview to an outdoor space (such as a porch, backyard, or public park) or a well-ventilated

room to reduce indoor transmission. employees and interns must still verify the liveability and safety of the home.

4. Physical Distancing: Maintain a minimum distance of six feet from all individuals while still conducting the required visual safety checks on the child(ren).

C. Modifying the Physical Environment

Child welfare safety checks require verifying the livability and safety of the home, which means the caseworker cannot entirely avoid entering the home.

1. Minimize Contact: Avoid sitting on upholstered furniture or placing personal items (like bags, clipboards, or laptops) on household surfaces.
2. Ventilation: If inside, request that windows or exterior doors be opened to optimize airflow.
3. Sanitization: Immediately use alcohol-based hand sanitizer after leaving the home, and thoroughly disinfect any gear (cell phones, tablets, or pens) used during the interview.

D. Cross-Agency Collaboration

When a known communicable disease is present in a child welfare case, it is important to be aware of local health guidance.

1. Public Health Guidance: employees and interns will review the following websites or consult with the local or state health departments to understand the specific isolation timelines and transmission risks of the disease present in the home.
    - Local public health department
    - DHHS Office of Communicable Diseases
        - 1-888-EPI-UTAH (1-888-374-8824)

E. Post-Visit Actions for the employee or intern, if exposed to an infectious disease

1. Report it immediately: Notify your supervisor and report the suspected case to the Utah Department of Health and Human Services (DHHS) Office of Communicable Diseases:
2. DHHS Disease Reporting Hotline: 1-888-EPI-UTAH (374-8824) (24/7 urgent line) https://epi.utah.gov
3. Monitor your health: If you are exposed to measles, discuss your health with your healthcare provider and determine if you will need to isolate for a time period after exposure. If it is determined you should isolate, discuss the situation with your supervisor and Human Resources.

090.7 Expungement of Allegations involving a Juvenile Perpetrator

Major objectives:
The purpose of this guideline is to establish the process for expunging or sealing a DCFS allegation involving a juvenile perpetrator.

Definitions

When a juvenile court judge orders a DCFS record involving a juvenile perpetrator to be "sealed" or "expunged" this means the allegation will be sealed and cannot be accessed unless a judge later orders it "unsealed" or DCFS is advised by legal counsel to unseal the allegation for a justifiable and appropriate reason. Therefore, the term "expunging" means the same as "sealing" for the purpose of these guidelines.

Guidelines

Scope of Expungement

A. Expungement of juvenile perpetrator allegations will be subject to Utah Code Ann. §80-6-10, et seq., which entails the requirements for the expungement of allegations involving a juvenile perpetrator located in the DCFS database.

B. Criminal courts cannot expunge DCFS allegations even if DCFS is given notice and the court order includes the appropriate DCFS language. Any order from a non-Juvenile Court requesting that a record(s) be expunged will be forwarded immediately to the Attorney General's Office.

C. If a juvenile court order contains language such as "anything or any record(s) related to the petitioner", this order only applies to allegations involving juvenile perpetrators. If DCFS receives a petition or order for expungement regarding an adult, the Attorney General's Office must be contacted immediately.

Process for Expungement/Sealing

A. DCFS must receive an order from a juvenile court before an expungement of a DCFS allegation involving a juvenile perpetrator may be processed.

B. In order to process the order for expungement, the juvenile court order must specifically identify DCFS as an agency required to comply with the expungement order. In addition, there must be evidence of service indicating that DCFS was notified of the scheduled expungement hearing and had the opportunity to attend the expungement hearing if desired.

C. When an employee receives notice of an expungement hearing, the notice should immediately be sent to the designated program support specialist at the state office. The program support specialist at the state office will review the records in SAFE associated with the petitioner. If there is an allegation that qualifies for expungement, the program support specialist at the state office will send it to the regional designee for regional review. The regional designee should coordinate this review. The review will determine

if there is need for DCFS and Attorney General representation at the expungement hearing. The region will request consultation with the local Attorney General's Office, if necessary. If it is determined that DCFS does not oppose the expungement, the DCFS Certificate of Review and Approval form should be submitted to the clerk of the judge who has scheduled the expungement hearing, prior to the date of the hearing. If a copy of the DCFS Certificate of Review and Approval form was not received with the notice of the expungement hearing, contact the program support specialist at the state office.

D. If the state office directly receives the notice for the expungement hearing, the program support specialist at the state office will contact the corresponding regional designee to begin the region review protocol.

E. When a DCFS employee directly receives a signed order of expungement, the order and any other attachments should be sent directly to the program support specialist at the state office. The program support specialist at the state office will review the order to ensure that DCFS was specifically listed in the order, and will review any other accompanying documents to ensure that the expungement requirements were met.

F. If the order does NOT specify DCFS by name or does NOT indicate that DCFS was notified of the hearing, the program support specialist at the state office will work with the regional designee to contact the petitioner requesting the expungement and explain the reasons why DCFS was unable to expunge the allegation.

G. If the order specifies DCFS by name and provides evidence that DCFS was notified of the hearing and had an opportunity to respond, the program support specialist at the state office will enter a log in the case with the pertinent information from the court order.

H. Once the allegation is sealed, the program support specialist at the state office will send the petitioner Form 090.7 Notice of Compliance, verifying that DCFS has complied with the expungement order.

SAFE Process for Expungments and Sealing of Allegations

The SAFE team will have five working days to complete the expungement process. In an effort to complete the expungement in the SAFE system, the following steps will occur:

A. The SAFE employee will verify that the program support specialist at the state office created an activity log accounting for each allegation that is to be expunged.

Unsealing an Allegation

A. The allegation involving a juvenile perpetrator will not be unsealed unless a new order is received by a judge specifically ordering the allegation be unsealed or in consultation with the Attorney General's Office.

C. In the event that an eligible party submits a GRAMA request for a copy of the sealed allegation, the regional representative will send the GRAMA request to the DCFS'

GRAMA program administrator, who will then consult with the Child Protection Division Chief of the Attorney General's Office to determine [~~the means~~]how to proceed.

090.7a Expungement of Allegations involving an Adult

Major objectives:
The purpose of this guideline is to establish the process for expunging or sealing a DCFS allegation involving an adult.

Definitions
The process for sealing DCFS allegations involving an adult is authorized by Utah Code Ann. §80-2-1003 and Rule R512-76.

Guidelines
Scope of Expungement

A. Courts cannot expunge DCFS allegations involving adult perpetrators.

Process for Expungement/Sealing

A. All requests for expungement must be made through the state office program support specialist. Any request received by the regions must be forwarded to the state program specialist for review and processing. The request form will be uploaded into SAFE content manager.

B. The program support specialist will review all requests for expungement within 14 days of the receipt of the request by the specialist. The state program specialist will review the SAFE history of the requestor to determine whether or not the allegation meets the requirements for expungement.

C. The program support specialist will document the outcome of the review in the SAFE activity log. If it is determined the allegation will be sealed, the program support specialist will also update the allegation summary.

D. The program support specialist will send a letter to the requestor to inform them of the outcome of the review.

SAFE Process for Expungments and Sealing of an Allegation
The SAFE team will have five working days to complete the expungement process upon the receipt of the request from the program support specialist. In an effort to complete the expungement in the SAFE system, the following steps will occur:

A. The program support specialist will inform SAFE of the need for the allegation to be sealed.

B. The SAFE employee will verify that the program support specialist created an activity log accounting for each allegation that is to be sealed and the allegation summary for each allegation has been updated.

Unsealing an Allegation

A. An allegation will not be unsealed unless an order is received by a judge specifically ordering the allegation be unsealed.

B. In the event that an eligible party submits a GRAMA request for a copy of the sealed allegation, the regional representative will send the GRAMA request to the DCFS' GRAMA program administrator, who will then consult with the Child Protection Division Chief of the Attorney General's Office to determine how to proceed.

090.8 Administrative Forms

Guidelines

This section contains all forms that are administrative in nature and are linked to other Administrative Guidelines. Forms that are client-specific can be found by accessing the SAFE database.

REQUEST FOR NEW REGION/OFFICE OR CHANGES

___ New Office
___ Office Address Change
___ Office Name Change
___ Obsolete Office

REGION/OFFICE NAME: _____

CAPS DESIGNATION: _____
(leave blank if new office is being requested)

ADDRESS: _____
_____

PHONE: (_____)_____

IMPLEMENTATION DATE: _____

NEW BUDGET INFORMATION: ( ) Yes ( ) No

Fund_____ Agency_____ Org_____ App Unit_____ Activity_____ Rpt Category_____

SAFE CHANGES NEEDED: ( ) Yes ( ) No
(I.E. Caseworker, Supervisors moved in SAFE):

Regional ASM: _____
Date Requested: _____

Approvals:

state office Designee _____

Division Financial Manager _____

Information Systems Director _____

SAFE Program Director _____

STATE OF UTAH – DIVISION OF CHILD AND FAMILY SERVICES
ELECTRONIC EQUIPMENT AGREEMENT & INVENTORY

Employee Name:_____ EIN:_____

As a state employee who uses electronic equipment, I agree to the following conditions.

1. The equipment will be used for official DCFS business. Personal use, if any, will be limited to infrequent, incidental, and/or emergency use.

2. I understand that I am responsible for the appropriate use and safekeeping of the equipment. In the event of loss or damage to the equipment, I am personally responsible for the cost of replacement or repair unless I can demonstrate that I have exercised reasonable care to protect the equipment.

3. If more than one employee shares the use of the equipment, I agree to use the checkout system each time I take the equipment for use.

4. If the equipment I use changes I will notify my supervisor and any other appropriate state office staff. I will turn in all of my equipment at the end of my employment with DCFS.

5. I have read the following policies related to use of electronic equipment: DHHS Policy on Appropriate Use of IT Services, https://powerdms.com/docs/1203178?q=appropriate%20use. Reference: 07-10.

I certify that the following equipment has been given to me for my use:

Equipment Type	Model Type	Serial Number	State of Utah # (computers only)
Desktop Computer			
Laptop Computer			
Printer			
Scanner			
Cell Phone			
Label Maker			
Other (please specify):			

_____ _____
Signature of Employee Date

_____ _____
Signature of Supervisor Date

□ Copy given to regional equipment coordinator