

Operations Manual

- [2227. Quality Initiative](#)
- [3300. Advisory Committees](#)
 - [3310. CA Advisory Committees](#)
 - [3311. State Children's Services Advisory Committee](#)
- [4320. Limited English Proficiency \(LEP\)](#)
- [4330. Serving Persons with Disabilities](#)
- [5710. Blood Borne Pathogens Protection Plan](#)
 - [5711. Purpose and Scope](#)
 - [5712. Definitions](#)
 - [5713. Methods of Implementation](#)
 - [5720. Blood Borne Infections](#)
 - [5721. Purpose and Scope](#)
 - [5723. Implementation Practices/Procedures](#)
- [6130. Quality Assurance and Continuous Quality Improvement](#)
- [7122. Responsibility for Purchasing and Inventory](#)
- [7123. Responsibility for Managing/Using Inventory](#)
- [7133. Receiving, Paying, Inventorying, and Surplussing](#)
- [7310. Electronic Files](#)
- [7320. Computer Hardware, Software, and Related Equipment](#)
 - [7322. Standards](#)
 - [7323. Procedures](#)
- [7340. Telephones](#)
 - [7341. Standards](#)
 - [7362. Procedures](#)
- [7420. Policy](#)
- [7430. Procedures](#)
 - [7431. Purchasing Items Meeting Definition](#)
 - [7432. Receipt And Payment](#)
- [8323. Staff Training](#)
- [8510. Identification Cards](#)
- [8600. Employee Safety](#)
 - [8610. Safety Committees](#)
 - [8611. Agency Responsibility](#)
 - [8612. Personal Safety During Client Contact](#)
- [8700. Disaster Response](#)
 - [8710. Purpose and scope](#)
 - [8720. Standards](#)
 - [8721. Planning for Disaster Recovery](#)
 - [8722. Operations](#)
 - [8723. Essential Records](#)
 - [8724. LAN/WAN Recovery](#)
- [8900. Opposing Testimony](#)
 - [8910. Purpose And Scope](#)
 - [8920. Standard and Procedure](#)
- [9500. Social Service Payments](#)
 - [9510. Definition of Overpayment](#)
 - [9520. Overpayment and Underpayment Identification and Recovery](#)
 - [9530. Repayment](#)
 - [9540. Unsolicited Payments](#)

- [9550. Interest on Vendor Debt](#)
- [9800. Administrator's Accounts](#)
 - [9810. Purpose and Scope](#)
 - [9820. Establishment of an Administrator's Account](#)
 - [9830. Separation of Duties](#)
 - [9840. Operation of Administrator's Account](#)
 - [9841. Mail Person](#)
 - [9842. Accounts Receivable Coordinator](#)
 - [9843. Disposition Person](#)
 - [9844. Recording Person](#)
 - [9845. Reconciliation Person](#)
 - [9846. Review and Approval of Authorizations](#)
 - [9847. Fund Trustee](#)
 - [9850. Accessing Administrator's Account Funds](#)
- [13200. Initiating a Case Record and Record Establishment](#)
 - [13201. Initiating A Case Record](#)
 - [13210. Record Establishment](#)
 - [13300. Constructing a DCFS Case Record](#)
 - [13600. Restricted Records](#)
 - [13601. Creation of Restricted Records](#)
 - [13604. Access to Restricted Records](#)
 - [13605. Designated Access](#)
 - [13609. Who May Restrict A File](#)
 - [13700. Record Accuracy, Privacy, and Disclosure](#)
 - [13720. Public Records Request](#)
 - [13721. Public Disclosure Coordinator Responsibilities](#)
 - [13722. Public Records Request - Responsibilities of all CA Staff](#)
 - [13726. Disclosure to Client's Representative](#)
 - [13790. Disclosure for Program and Other Purposes](#)
 - [13797. Purpose](#)
 - [137110. Practice Considerations](#)
 - [13907. Storage and Retrieval of Case Records](#)
 - [13908. Destruction of Records](#)
- [14112. Posters and Brochures](#)
- [152063. Procedure](#)
- [15207. Patch Notification Response Procedures \(PNRP\)](#)
 - [152071. Purpose](#)
 - [152072. Applicability](#)
 - [152073. Definitions](#)
 - [152074. Resources Requirements](#)
 - [152075. Procedures for Patch Application](#)
 - [15209. Network Emergency Response Procedures \(NERP\)](#)
 - [152091. Purpose](#)
 - [152092. Scope](#)
 - [152093. Definitions](#)
 - [152094. Resources Requirements](#)
 - [152095. Upgrade/Change Procedures](#)
 - [15210. Shared Emergency Administration \(SEA\) Account Policy](#)
 - [152101. Purpose](#)
 - [152102. Applicability](#)
 - [152103. Definitions](#)
 - [152104. Resource Requirements](#)

- [152105. Procedures](#)
 - [15211. CA Information System Disaster Recovery Procedures](#)
 - [15212. Securing Unattended Computer Terminals \(06/16/06\)](#)
 - [152121. Purpose](#)
 - [152122. Applicability](#)
 - [152123. Standard](#)
- [Appendix A: Definitions](#)

2227. Quality Initiative

2227. Quality Initiative [admin](#) Wed, 05/08/2019 - 21:08

1. Executive Order 97-03 requires each agency to implement a quality improvement program. The continuous quality improvement approach has demonstrated improved performance in a wide range of public and private organizations. Successful quality efforts require effective leadership, strategic planning, customer focus, employee involvement, continuous improvement, and self-assessment of results.
2. Each agency is required to implement a program to improve the quality, efficiency, and effectiveness of the public service it provides. Improvement in quality is to be accomplished through:
 1. Business process redesign, employee involvement (including involvement of recognized collective bargaining representatives), and other quality improvement techniques.
 2. Provision of training to employees to enable them to successfully implement and complete their efforts in quality improvement.
 3. Designation of a person in each agency to be responsible for improvement of the quality of the systems and work processes within the agency.
 4. Establishment of a Quality Steering Committee composed of appropriate senior management, mid-management, front line staff, and support staff organizations.
3. The CA Quality Improvement Manager provides statewide coordination and technical assistance to support the Quality Initiative. The position is responsible for:
 1. Planning, coordinating, and implementing activities to further the Quality Initiative.
 2. Preparing the CA's annual quality improvement plan and revising as needed.
 3. Providing training regarding continuous quality improvement (CQI) theory and practice for all organizational levels of CA.
 4. Assisting quality improvement teams to use the continuous improvement strategy, including statistical process control.
 5. Developing mechanisms to report on the status of implementation of the Quality Initiative and progress made by quality improvement teams.
 6. Facilitating identification of priority areas for process improvement.
 7. Designing, administering, and analyzing customer, client, and employee surveys.

3300. Advisory Committees

3300. Advisory Committees [sarah.sanchez](#) Tue, 08/07/2018 - 00:43

3310. CA Advisory Committees

3310. CA Advisory Committees [sarah.sanchez](#) Tue, 08/07/2018 - 00:44

RCW 43.20A.360 and RCW 74.13.031 govern the creation and utilization of a statewide Children's Services Advisory Committee as well as Regional Oversight Committees.

3311. State Children's Services Advisory Committee

3311. State Children's Services Advisory Committee [sarah.sanchez](#) Tue, 08/07/2018 - 00:44

1. The task of the statewide committee is to assist the Secretary in the development of a partnership plan for utilizing resources of the public and private sectors and to advise on all matters pertaining to child welfare, adoption, and related services.
2. The statewide committee membership is a broad-based group of child and family advocates, at least one of whom is from the adoption community, who represent diverse geographic, cultural, political, service/treatment, and other professional constituencies.
3. The statewide committee consists of 18 members -- two from each region and six at-large. At least five members must be from Regions 1 and 2. One member of each regional committee shall represent the region as a member of the statewide committee.
4. Membership is by application to the Assistant Secretary, and members may serve a maximum of two three-year terms.
5. The statewide committee holds 10 regularly scheduled one-day meetings each year. Travel arrangements and reimbursement are handled through the state office for the committee.

4320. Limited English Proficiency (LEP)

4320. Limited English Proficiency (LEP) [sarah.sanchez](#) Tue, 08/07/2018 - 00:48

Approval By: Jennifer Strus, Asst. Secretary

Effective Date: June 1, 1989

Revised Date: May 1, 2014

Sunset Review: June 2018

Purpose Statement

To provide Limited English Proficiency (LEP) clients access to CA programs and services in a timely manner and at no cost. LEP means persons are limited in their ability to read, write or speak English or have a limited ability to speak or read English well enough to understand and communicate effectively.

Laws

[Title VI of the Civil Rights Act of 1964](#)

[RCW 74.04.025](#)

[Chapter 49.60 RCW](#)

[Chapter 388-271 WAC](#)

Policy

1. Provide each Limited English Proficient (LEP) client verbal and written information in his or her own language through certified or qualified interpreters and translators at every phase of service delivery, at no cost and without significant delay as outlined in DSHS Administrative Policy 7.21 Access to Services for LEP Clients.
2. Post [multilingual signs](#) in CA office reception areas, that explain LEP services are available at no cost to the client and without significant delay.
3. Obtain interpreter services for LEP clients whenever there is difficulty in communication, even if the client has not requested interpreter assistance.
4. Use only DSHS certified/qualified interpreters or certified/authorized bilingual staff for in-person communications when serving LEP families. Informal interpretation through family, friends, or office staff members who are not certified is not appropriate. Children, family members, family friends, neighbors, etc., should not serve as interpreters.
5. LEP clients have the right to secure, at their own expense, their own interpreter or have an adult family member or adult friend serve as their interpreter. This does not waive the CA worker's responsibility to arrange for a certified/qualified interpreter to assist CA staff in communicating in-person with the client.
6. Do not allow an interpreter unsupervised access to clients (i.e., do not leave an interpreter alone with clients).
7. Use only DSHS contracted translation companies or DSHS certified bilingual staff for translation work.

Procedures

1. Establish with the client the primary language in which the client prefers to communicate.
2. Arrange interpreter and translation language services for LEP clients as needed. If the assigned CA worker is a certified/authorized bilingual employee, document in a case note.
3. Mark the client as LEP in FamLink (on the "Basic Person Management Page"). Record each client's primary language in FamLink and the case file, and mark "LEP" on the outside of each LEP client's file/binder.
4. Document the use of all LEP services (e.g., use of interpreters or when clients are given translated documents or publications) in FamLink or by documenting on [DCYF 15-245 LEP Client Service Record](#).
5. File copies of all translated client specific documents (e.g. Court Report) in the case file with the corresponding English document or upload translated document(s) into FamLink.

Forms and Tools

[DCYF 15-245 LEP Client Service Record](#)

Resources

The following resources are located on the CA Intranet.

Interpreter Services

- How to get an in-person interpreter (not for court)
- On-Demand telephone Interpreter Services
- Court interpreters
- List of Interpreter Referral Agencies on the WA State Department of Enterprise Services Interpreter Contract
- Guidelines for hiring a non-certified/qualified interpreter

- Guidelines for working with spoken language interpreters
- Court interpreter payment guidelines

Translation Services

- How to get documents translated
- DSHS Forms in other languages
- DSHS Publications in other languages

4330. Serving Persons with Disabilities

4330. Serving Persons with Disabilities [sarah.sanchez](#) Tue, 08/07/2018 - 00:49

1. CA staff will provide equal access to its services and programs to persons who are deaf, deaf-blind, and hard of hearing in accordance with DSHS Administrative Policy 7.20.
2. CA provides equal access to its services and programs to persons with disabilities. The Administration will provide reasonable accommodations to all clients with disabilities and take steps to furnish appropriate auxiliary aids and services whenever necessary to make services accessible to persons with disabilities.
3. Primary consideration will be given to the preferences of the individual with the disability in determining what type of auxiliary aid or service is necessary. These auxiliary aids or services include, but are not limited to:
 1. Telecommunications devices for the deaf (TDD). These devices are connected to telephone lines and enable persons who are deaf or hard of hearing to communicate through printed messages. Each local office must be equipped with a TDD or teletypewriter (TTY).
 2. Washington State Telecommunications Relay Service, a statewide 800 service, which relays messages from TDD users to telephones. Telebraille is also available through the relay service.
 3. American Sign Language (ASL), the native language of the deaf community in the United States. ASL is a visual-gestured language with vocabulary and grammar, which is different from English.
 4. Sign language interpreters. Whenever available, the services of an interpreter who is certified by the Registry of Interpreters for the Deaf (RID) and/or the National Association of the Deaf (NAD) is to be secured. If a certified interpreter is not available, a non-certified interpreter deemed qualified by the client may be used. A certified interpreter must be used for all medical and legal appointments.
 5. Lip-reading or note writing.
 6. Qualified readers who read standard print materials to visually impaired or blind persons.
 7. Extra large print versions of materials.
 8. ASCII (American Standard Code for Information Interchange) text files for voice synthesizers and computer screen magnification.
 9. Braille transcriptions.

5710. Blood Borne Pathogens Protection Plan

5710. Blood Borne Pathogens Protection Plan [sarah.sanchez](#) Tue, 08/07/2018 - 00:51

5711. Purpose and Scope

5711. Purpose and Scope [sarah.sanchez](#) Tue, 08/07/2018 - 00:52

1. Employers must assess the risk to employees for a reasonably-anticipated potential for occupational exposure to blood and other potentially infectious materials during the course of performing their assigned duties. Although the risk of occupational exposure to blood borne pathogens (BBP) has been determined to be quite low for Children's Administration personnel, CA has stipulated this Blood Borne Pathogens Protection Plan to further minimize the risk of exposure, to provide guidance addressing unexpected exposure to blood and/or bodily fluids, and to meet requirements set forth by the Occupational Safety and Health Administration (OSHA), and the Washington Industrial Safety and Health Act (WISHA).
2. The plan applies to and is accessible to all employees and will be reviewed and updated annually, or as required by statute.

5712. Definitions

5712. Definitions [sarah.sanchez](#) Tue, 08/07/2018 - 00:52

Definition of terms applicable to the Plan is found in [Appendix A](#).

5713. Methods of Implementation

5713. Methods of Implementation [sarah.sanchez](#) Tue, 08/07/2018 - 00:55

1. General-All employees will use Universal Precautions (see [Appendix A](#)) whenever there is reasonably anticipated contact with blood or other potentially infectious fluids.
2. Safe First-Aid Practices
 1. The Regional Administrator or appropriate Director shall ensure that each office provides and maintains first aid kits and equipment which minimally include several sets of gloves, CPR protective shields, germicidal hand wipes, and plastic disposal bags.
 2. First line supervisors in each office shall inform their employees of the location of, and ensure that they have immediate access to, first aid equipment and will encourage them to use it while rendering first aid.
 3. Staff designated by the Regional Administrator or the applicable Director shall determine the location of first aid kits, to include placement in state cars and in office reception areas, bathrooms, and kitchens. Designated staff shall develop local procedures which include local office information and methods for documenting notification to staff.
 4. The office procedures shall designate and identify staff responsible for stocking of the kit and include posting names of responsible staff.
 5. Whenever blood or other potentially infectious materials may be present, the employee rendering first-aid shall use appropriate personal protective equipment, such as gloves. The employee shall immediately wash his/her hands after gloves are removed.
 6. The person giving CPR shall use a one-way valve micro-shield and then appropriately discard it.
 7. If there is more than one victim, the person giving assistance shall use new protective equipment, such as gloves and CPR micro-shields, for each victim.
3. Disposal of Contaminated Items
 1. Staff shall handle all material exposed to and contaminated with blood or other potentially infectious materials with gloves. Staff shall place and transport contaminated material in a plastic bag that prevents soak-through and/or leakage to the exterior.
 2. The employee shall label the bag as to contents with label prominently displayed and dispose of contents in trash bins unless contents meet the definition of regulated waste (See [Appendix A](#)). In that case, the employee shall dispose of contents in accordance with state and local regulations; e.g., by taking the bag to a local hospital or medical clinic for disposal, by depositing

with the fire department's emergency response team on the scene, or by calling the local solid waste utility for further information.

4. Laundry

1. To prevent the spread of contamination, staff shall remove all clothing that has been contaminated with gloves and place it in a plastic bag that prevents soak-through and/or leakage. The bag shall be labeled as to contents with label prominently displayed.
2. The employee shall change out of contaminated clothing. CA shall provide temporary clothing, such as surgical scrubs, for the person to wear.
3. If the employee is in the field and not intending to return to the work site, he/she should remove contaminated clothing, place it in a plastic bag immediately on arriving home, and return it to the work site as soon as possible.
4. Employees shall not take contaminated personal clothing home for home-laundering.
5. The CA office, in accordance with local or regional procedures, shall arrange for professional cleaning, laundering, repair and/or disposal and replacement of the garment at no cost to the employee. Payment for the cleaning will be handled according to regional policy. Local procedures shall state to whom the contaminated laundry shall be given.

5. Cleaning

1. All CA property that may have been contaminated with blood or other potentially infectious materials shall be cleaned immediately or as soon as possible after the incident, in accordance with local procedures.
2. Employees shall wear gloves during all cleaning procedures.
3. Employees shall dispose of gloves used for cleaning procedures into a plastic bag. The employees shall wash their hands immediately after gloves are removed.
4. Each CA office shall provide and make available appropriate cleaning supplies, such as bleach, Lysol, AseptiCare, or MegaSol.
5. Employees shall use a household bleach solution in a mixture of one part bleach to 10 parts water made fresh for immediate use or an appropriate germicide, which may include Lysol Spray, AseptiCare, or MegaSol.
6. Staff shall handle all broken glass or other "sharps" with broom, dust pan, tongs, or forceps in order to reduce the risk of exposure. If items are contaminated, staff shall pour bleach solution or germicide over the area, prior to removal.
7. Staff shall dispose of broken glass and/or "sharps" into containers that are leak-, spill- and cut-proof.

6. Training

1. The Regional Administrator or Director, as applicable, shall arrange for all employees to be trained in order to become knowledgeable on the plan.
 2. Training shall be provided during work hours and free of charge to all employees.
 3. All new employees shall be trained during employee orientation.
 4. The training shall address, at a minimum, the following subjects:
 1. Blood borne pathogens.
 2. Universal precautions.
 3. Safe first-aid practices.
 4. Blood borne Pathogens Protection Plan.
 5. All employees who have received training shall sign a S. F. 141, Developmental Training Report.
7. Post-Exposure Prophylaxis, Evaluation, and Follow-up-Each Regional Administrator, Regional Manager, or Director, as appropriate, shall arrange for provision of post-exposure follow-up and prophylaxis to all employees who have an exposure to blood and/or other potentially infectious body fluids while on the job.
1. Employee Self-Care-Every employee shall be informed during training of the following necessary self-care process:
 1. Exposure to the eyes - Flush eyes with water and/or appropriate solution.

2. Exposure to the nose - Blow nose and wipe inside of nostril.
3. Exposure to the mouth - Spit and rinse mouth.
4. Exposure to skin - If a hand washing facility is not available, wipe immediately with germicidal towelette and then, as soon as possible, wash in hand washing facility.
2. Incident Reporting-After every incident involving blood or other potentially infectious material, the employee shall report the incident to a supervisor. If exposure has occurred, the supervisor shall assist the employee in filling out a Report of Employee Personal Injury, DSHS 3-133.
3. Medical Follow-up
 1. The supervisor shall ask the employee to go to a licensed health care professional immediately or at least within 24 hours of the incident for a post-exposure evaluation and follow-up.
 2. The employee will take the following to the health provider:
 1. A copy of the Report of Employee Personal Injury, DSHS 3-133.
 2. A post-exposure evaluation form for the health care professional's written opinion.
 3. A copy of the portion of WAC 296-62-08001(6) noting requirements for evaluation & follow-up.
 3. The supervisor shall complete the Report of Employee Personal Injury, DSHS 3-133, and route copies following the instructions on the form, including forwarding a copy of the Department of Labor and Industries (L&I) report to the Office of Safety & Risk Management, once the completed copy is received from the health care provider.
 4. Post-exposure evaluation and follow-up may consist of HIV counseling and testing, Hepatitis B immunoglobulin, and the offer of the full series of the Hepatitis B vaccine.
 1. CA shall make available all post-exposure evaluation and follow-up, including hepatitis B vaccination, at no cost to the employee.
 2. Employees who decline to receive recommended HBV vaccination must sign a declination form.
 5. The designee of the Regional Administrator or Director, as applicable, shall request that the source individual have his/her blood tested as soon as possible, with the test results disclosed to the exposed employee. The source individual is not required by law to have the tests or to disclose test results.
 6. The designee shall remind the exposed employee that the test results are not to be disclosed to anyone, except for the health care provider providing the employee's medical evaluation. When the source individual is already known to be infected with hepatitis B virus or human immunodeficiency virus (HIV), blood testing for these viruses need not be requested.
4. Record-Keeping
 1. The health care provider will report back to CA that appropriate post-exposure evaluation, prophylaxis, and follow-up has been offered.
 2. All medical records of this exposure follow-up will be kept confidential by CA for the duration of the person's employment plus thirty years. Records will be maintained by the DSHS Office of Risk Management, Safety and Health Section, and will not be included in the employee's personnel file.
5. Payment
 1. The regional office, for field staff, and state office, for headquarters staff, shall make payment for supplies, laundering, shots, and other expenses related to first aid practices, BBP exposures, and exposure preparations.
 2. The Regional Administrator or Director, Division of Management Services, as appropriate, shall determine the method of payment and include funding in the appropriate budget.

3. The Regional Administrator, the Regional Manager, and the applicable Director shall ensure the development of local procedures, including identification of person to whom payment questions and requests shall be directed.

5720. Blood Borne Infections

5720. Blood Borne Infections [sarah.sanchez](#) Tue, 08/07/2018 - 00:56

5721. Purpose and Scope

5721. Purpose and Scope [sarah.sanchez](#) Tue, 08/07/2018 - 00:56

This section provides guidelines for the implementation of procedures pertaining to infections carried in the blood, such as Sexually Transmitted Diseases (STDs), specifically Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV).

5723. Implementation Practices/Procedures

5723. Implementation Practices/Procedures [sarah.sanchez](#) Tue, 08/07/2018 - 00:59

1. Non-Discrimination
 1. CA shall not discriminate against persons with or perceived to have HIV infection. This policy includes discrimination against employees, clients, licensees, contractors, or volunteers. Procedures for persons who believe they have been subjected to discrimination because of HIV status are found in DSHS Administrative Policy 6.09.
 2. Licensees are not required by law to share their HIV status with licensers. If this information is shared by the licensee or prospective licensee, licensers may request additional health information, as is the case with disclosure of any serious illness of a licensee. Decisions regarding continued licensing of an HIV infected person are made in the same manner as any serious illness.
2. Regional HIV/BBP Coordinator
 1. Each Regional Administrator must designate an HIV/BBP Coordinator to oversee issues related to HIV, HBV, and other BBPs.
 2. The social worker refers all HIV/HBV affected cases and issues related to BBP to the regional HIV/BBP Coordinator for consultation and staffing as appropriate.
 3. The Coordinator:
 1. Provides information and consultation on CA policy.
 2. Provides consultation for case management.
 3. Serves as liaison with the health care community and AIDS service organizations.
 4. Convenes the HIV/BBP Advisory Team.
3. Regional HIV/BBP Advisory Team
 1. Each Regional Coordinator must develop an HIV/BBP Advisory Team to advise on issues related to HIV, HBV, and other BBP.
 2. The Regional HBV/BBP Advisory Team:
 1. Assists, as necessary, with development of regional guidelines on issues related to HIV/BBP.
 2. Provides case consultation, as needed.
4. Universal Precautions-All staff, out-of-home care providers, volunteers, licensees, and respite care providers must use universal precautions when dealing with children in care and treat all blood and body

fluids containing blood as if known to be infectious. See section 5710, Blood Borne Pathogens Protection Plan.

5. HIV Testing

1. HIV testing of a child is a medical procedure and, therefore, must be done only in consultation with the Regional HIV/BBP Coordinator and on the recommendation of the local health department or a licensed health care provider knowledgeable about HIV infection.
 1. When HIV testing of a child under the age of 14 is being requested as a result of potential perinatal exposure, the social worker or HIV/BBP Coordinator shall inform the child's mother of the request and ask the mother to provide the results of her past HIV tests or to be tested in order to possibly eliminate the need for testing of the child. This testing is voluntary and will be confidential, consistent with this section.
 2. When parental rights have been terminated, the social worker of a child under the age of 14 may authorize HIV testing.
 3. The social worker shall obtain a court order for testing if the parent or legal guardian is unavailable or unwilling to provide consent for testing of a child under the age of 14 and if a medical reason for testing exists.
 4. If a child under 14 years of age tests positive for any STD, including HIV, the HIV/BBP Coordinator shall ensure that the medical professional or the local health department notifies the parent or legal guardian of the test results.
2. HIV/STD testing of a youth age 14 or over requires the written consent of the youth or a court order. The youth may request testing on his/her own authority.
 1. The written consent or court order shall authorize test results for HIV or HBV to be released to the social worker and out-of-home care provider.
 2. When obtaining a court order or a consent for HIV testing, the social worker shall, if needed, also gain authority to share the results with others who have a compelling "need to know" and are not otherwise authorized to know under chapter 70.24 RCW. All such individuals shall be identified in the consent or court order. The consent or court order shall authorize treatment, as necessary.

6. Confidentiality/Disclosure

1. Infection with HIV and other sexually transmitted diseases is a personal and private matter. Staff, care providers, and volunteers shall treat information related to these issues in a confidential and respectful manner and shall not disclose this information except in accordance with state law and as provided in this section and paragraphs G and H, below
2. Disclosure Practices and Criteria
 1. The social worker shall ensure that the child's current health care provider is aware of the child's exposure to HIV/HBV.
 2. Social workers shall not disclose information related to a parent or child's HIV or other STD status to other CA employees, except their immediate supervisor, manager, and HIV/BBP Coordinator.
 3. When the social worker or HIV/BBP coordinator provides written disclosure of HIV/BBP status information to someone outside of CA, the social worker or HIV/BBP Coordinator shall include the following statement on the Disclosure of Confidential HIV Information, DSHS 09-837:

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for this purpose.

4. When the social worker or HIV/BBP coordinator provides HIV/BBP information regarding a parent or child is disclosed orally to someone outside of CA, the social

worker shall send the Disclosure of Confidential HIV Information, DSHS 09-837, to the person(s) receiving the information within 10 days of the disclosure.

5. Documentation that a parent or child has been tested for HIV or other BBP shall be recorded and stored electronically in FamLink.

Document HIV/BBP status in the "Medical Problems" pop-up. Copies of medical records regarding the testing results or HIV/BBP related information will be scanned and stored in the FamLink "Filing Cabinet". Access to this information is secured and limited to the assigned social worker and their supervisor.

Copies of documents and medical records regarding HIV/BBP status or related information may also be kept in a "privileged/confidential information" envelope used to safeguard sensitive case information. Access to this envelope is strictly limited to those authorized by law, with consent or as noted on a court order. Access to other parts of the child's record does not assume the right to access HIV/BBP information.

6. Social workers shall not disclose HIV/BBP information in written reports to the court without consultation with the assigned legal counsel.
7. When HIV/BBP information is discussed in court, the social worker, through legal counsel, shall make special arrangements with the court to protect the confidentiality of the parties.

7. Placement

1. DCFS staff shall inform the residential care provider of the child's HIV/HBV status, if known. The social worker shall not inform the residential care provider of the HIV/HBV status of a child age 14 or older without the child's permission or a court order. However, the social worker shall inform the child that no placement will be made without disclosure of such status to the prospective residential care provider.
2. HIV exposed/infected children may be placed with other children unless otherwise advised by the health care provider. However, DCFS staff shall not place known HBV infected children or perinatally exposed infants in households with other unvaccinated persons.
3. The social worker shall strongly consider a child's and/or parent's wish not to disclose a child's positive HIV/HBV status to relatives when investigating a potential relative placement. However, if the child is actually placed, the social worker must disclose the child's HIV/HBV status. This revelation could negatively impact family relationships.
4. The social worker shall arrange for provision of medical attention for the HIV/STD infected/exposed child by a physician knowledgeable in this specialty area.
5. When placing a child known to be HIV/HBV exposed or infected, the social worker, in addition to providing the residential care provider with information regarding the child's current health status and names of all health care providers, shall inform the residential care provider of all resources involved and provide instruction in any special care needs of the child prior to placement.

If exposure of infection is discovered after placement, the social worker shall immediately provide the above information to the residential care provider and ensure the provision of instruction in any special care needs.

6. When HBV infection is discovered in an individual living or working in a foster/receiving/group home, the social worker shall immediately notify the Regional HIV/BBP Coordinator and the local health department. Public health department recommendations for testing and immunization of household contacts shall be followed. DCFS staff shall place no additional unimmunized children in the home while the possibility of exposure exists.

8. Adoption

1. The adoption worker or HIV/BBP Coordinator shall provide prospective adoptive parents with all available information on the STD/HIV/HBV status of children under 14 years of age.

2. For children age 14 or above, the social worker shall not disclose status without the child's permission but shall not place the child without such disclosure.
 3. Staff shall share the STD/HIV/HBV status, if known, of the parents, if the possibility of infection of the child by that parent exists. In such cases, the identity of the parents may not be disclosed.
 4. CA staff shall identify children with HIV infection in adoption exchange books and/or media as having "serious medical problems." HIV exposure of uninfected children does not need to be noted in exchange books. Only when a serious inquiry is received and the social worker has determined that the family is a potential candidate should the child's specific medical history be discussed. The social worker shall not disclose the child's name until the family is selected as the adoptive family.
 5. The social worker shall provide prospective adoptive parent(s) with the Child's Medical and Family Background Report, DSHS 13-041(X). The social worker shall include on the document all available medical information related to the child and biological parent, including HIV/STD information if possibility of exposure exists. The identity of the parent is not disclosed on this form.
 6. When HIV testing is recommended, the social worker shall consult with the HIV/BBP Coordinator and arrange for completion of the test prior to finalization of the adoption.
 7. The social worker shall inform the prospective adoptive parent that HIV I infection may qualify a child for adoption support.
9. Training
1. CA shall arrange for all employees to receive HIV/BBP training which covers prevention, transmission, infection control, treatment, testing, confidentiality CA-related policy and procedure, as it relates to adults and children.
 2. All individuals and agencies licensed by CA shall receive HIV/BBP training which covers prevention, transmission, infection control, treatment, testing, confidentiality and CA-related policy and procedure, as it relates to adults and children.

6130. Quality Assurance and Continuous Quality Improvement

6130. Quality Assurance and Continuous Quality Improvement [sarah.sanchez](#) Tue, 08/07/2018 - 01:06
Created on: May 08 2015

Approval

By: Jennifer Strus, Asst. Secretary

Effective Date: February 15, 1998

Revised Date: May 1, 2014

Sunset Review: June 2018

Purpose Statement

Children's Administration (CA) seeks to continuously improve the quality, efficiency, and effectiveness of culturally competent services provided to children and families. CA accomplishes this through quality assurance and continuous quality improvement efforts that include:

1. Providing tools, expertise, resources, and training to support the pursuit of innovative improvement initiatives.
2. Recognizing and respecting diversity.
3. Focusing on improved client outcomes while fostering innovation.

Laws

[RCW 43.88.090](#)

[Executive Order 97-03](#)

[Executive Order 13-04](#)

Policy

1. The HQ Quality Assurance/Quality Improvement (QA/CQI) manager has primary responsibility for quality assurance, including reviews that measure compliance with performance standards and oversight of continuous quality improvement efforts.
2. Program Managers, Supervisors, Area Administrators, Regional Administrators, the Division of Licensed Resources (DLR) Administrator and the CA Headquarters Management Team use data to inform practice improvements through information driven decision making.
3. Performance benchmarks are established in the areas of child safety, permanency, and child and family well-being.
4. Quality Assurance (QA) and Continuous Quality Improvement (CQI) efforts engage staff (internal stakeholders) from all program areas and levels of authority as well as community and tribal advisory groups (external stakeholders).
5. Training on the use of performance measure data and continuous quality improvement methods is available to all staff.

Procedures

1. Gather data to inform practice improvements from multiple sources, including but not limited to:
 1. FamLink
 2. Case reviews (central and targeted case reviews)
 3. External sources (e.g., Office of the Family and Children's Ombuds, federal child welfare reports, Administrative Office of the Courts)
 4. Surveys (staff, caregivers, etc.)
2. Establish performance benchmarks and report agency performance regarding those benchmarks. Benchmarks support CA and DSHS strategic goals.
3. Convene
 1. A statewide CQI Advisory Committee to meet regularly to provide oversight and consultation for QA/CQI activities. The HQ QA/CQI manager will convene and facilitate these meetings.
 2. Local office QA/CQI committees to regularly identify and set goals for areas needing improvement. Goals may support CA and DSHS strategic goals or practice improvements identified by local offices QA/CQI committees. Regional and DLR Administrators will convene the local office QA/CQI committees and assign responsibility for those committees.
4. CA Headquarters and regional QA/CQI staff will
 1. Provide training on the use of performance measure data and continuous quality improvement methods.
 2. Monitor achievement towards CA goals and strategies through tracking benchmarks, program expectations and performance measures.

3. Support staff in quality data collection and reporting.
4. Provide technical assistance for QA/CQI processes.

Forms and Tools

DSHS 10-495 Case Review Feedback Summary

DSHS 10-497 CQI Action Plan

Resources

Lean In Washington

7122. Responsibility for Purchasing and Inventory

7122. Responsibility for Purchasing and Inventory [sarah.sanchez](#) Tue, 08/07/2018 - 01:18

1. The Regional Administrator, Regional Manager, or Director, as applicable, shall implement procedures indicating staff responsibility for purchase of office supplies, equipment, and services in compliance with state guidelines, for maintenance of proper inventory controls, and for surplus of state-owned property.
2. In exercising these responsibilities, the designated staff must:
 1. Adhere to the separation of duties guidelines in Generally Accepted Accounting Principles (GAAP) when ordering, receiving, inventorying, and surplussing equipment and supplies.
 2. Maintain a level of inventory consistent with use and reorder items as necessary to avoid depletion of supplies.
 3. Maintain a desk manual detailing all the necessary procedures for purchasing, inventorying, and surplussing equipment and supplies.
 4. Retain a copy of all purchasing documents; e.g., request notes, purchase order copies, invoices, and packing lists.
 5. Update information on the Agency Inventory System (AIS) computer program.

7123. Responsibility for Managing/Using Inventory

7123. Responsibility for Managing/Using Inventory [sarah.sanchez](#) Tue, 08/07/2018 - 01:18

1. Children's Administration staff must:
 1. Use property assigned to the staff only for official state purposes.
 2. Take precautions necessary to protect state property from theft and damage.
 3. Report lost or stolen property immediately to staff designated in regional or state office procedures.

7133. Receiving, Paying, Inventorying, and Surplussing

7133. Receiving, Paying, Inventorying, and Surplussing [sarah.sanchez](#) Tue, 08/07/2018 - 01:20

Staff designated by regional or state office procedures shall:

1. Record items received, as required, in the automated inventory system, noting the item(s) location and assignee, if appropriate.
2. Tag items according to requirements in the AIS Manual.
3. Process the order for payment through regional or headquarters accounting staff, as applicable.
4. When surplussing items, complete a Property Disposal Request, SF 267A, in accordance with the AIS Manual and submit it through the regional business office or headquarters property control to the Office of Staff Services for processing.
5. Conduct biennial property inventories as required by the AIS Manual using computer print-outs from the AIS system.

7310. Electronic Files

7310. Electronic Files [sarah.sanchez](#) Tue, 08/07/2018 - 01:23

1. Following the procedures outlined in this section and in the DSHS Information Technology Security Manual does not guarantee that staff's messages and files will be protected. If a user fails to maintain their password security or leaves their terminal unattended while logged into the system, their messages and files are vulnerable. Also, staff need to be aware that messages that are sent can be forwarded to others, printed where others may read them, or sent to the wrong user.
2. Electronic message systems, including voice mail, FAX, e-mail, the FamLink bulletin board, and the CA Intranet server, may be used only for state business purposes. Use of state resources for private gain or benefit is specifically prohibited by RCW 42.52.160. Records created through these systems are legally the property of the state. In the use of computer technology, staff are to comply with the provisions of DSHS Administrative Policy 15.10; chapter 15000, section 15205, of this manual; and the DSHS Information Technology Security Manual, a copy of which is available in each region through its Computer Information Consultant (CIC). However, WAC 292-110-010 provides for the occasional use of state resources when:
 1. There is no actual cost to the state; or
 2. The cost to the state is de minimis; i. e., so small as to be insignificant or negligible.
3. The following points apply to CA staff:
 1. A manager, in the supervisory line of the employee, with reasonable justification, has access to data within CA's systems to carry out required business functions.
 2. State-provided electronic message systems may not be used to transmit or store information that promotes:
 1. Discrimination on the basis of age, race, color, gender, creed, marital status, national origin, disability, or sexual orientation;
 2. Harassment;
 3. Copyright infringement;
 4. An employee's personal political beliefs or personal business interests; or
 5. Any activity prohibited by federal, state, or local law or regulation.
 3. Transmission of e-mail messages containing confidential or privacy-protected data (e. g., confidential client or employee data) shall:
 1. Be marked private;
 2. Not be proxied or forwarded, except in "need to know" situations.
 4. Supervisors shall not disclose to third parties the contents of electronic files under an employee's control, except under unusual circumstances; for example:
 1. Compliance with applicable public disclosure laws, discovery rules, or pertinent law; or
 2. When disclosed as part of an official department, state, or external investigation.

5. Staff shall not disclose confidential passwords used to gain access to local, wide area, and FamLink. If the password is compromised, staff shall change it immediately.
6. In order to assure confidentiality of client information, staff will use CA network equipment to print or transfer client information or photos.

7320. Computer Hardware, Software, and Related Equipment

7320. Computer Hardware, Software, and Related Equipment [sarah.sanchez](#) Tue, 08/07/2018 - 01:23

7322. Standards

7322. Standards [sarah.sanchez](#) Tue, 08/07/2018 - 01:24

1. Protection-Staff to whom computers and printers are permanently or temporarily assigned shall:
 1. Ensure protection of data processing equipment from theft or damage.
 2. Protect division software from theft or unauthorized, accidental, or malicious use, modification, or destruction.
 3. Protect division confidential documents from theft or unauthorized disclosure.
 4. If an employee, through personal negligence, causes damage to state equipment, CA may require the employee to pay for repair or replacement of the damaged equipment.
2. Appropriate Use-Staff shall use department computers, peripheral equipment, and software only for official state purposes.

7323. Procedure

7323. Procedure [sarah.sanchez](#) Tue, 08/07/2018 - 01:32

1. General Protection
 1. Regional Administrators, Regional Managers, and Directors shall ensure that portable fire extinguishers -- preferably a Halon type -- suitable for treating electrical fires are located near data processing equipment in their areas of responsibility.
 2. Users of computers shall:
 1. Protect diskettes from excess cold, heat, direct sunlight, electromagnetic sources such as telephones and static electricity, and from ball point pens and pencils.
 2. Remove all diskettes from the computer when they are no longer in use.
 3. Computer users shall utilize surge control devices to protect all computer and peripheral equipment.
 4. Staff shall not plug coffee pots, hot plates, or other high current devices into a surge protector serving computer equipment.
 5. Staff shall secure computer hardware and software when not in use. See chapter 15000, section 15212.
 6. User staff shall secure lap-top computers in file cabinets or closets at the end of each work day.
 7. When in travel status, staff shall not ship computers or printers as general luggage through the airlines.
2. Security of Data
 1. Staff shall store confidential documents or data in accordance with chapter 15000, section 15203.

2. Staff shall not leave documents or diskettes containing confidential information unattended in areas readily accessible to persons without authorization to see such documentation.
 3. Computer users shall save important documents and those for which there may future need in FamLink or on their F Directory, as applicable, to assure automatic back-up of files.
 4. When an employee ends employment in a location, supervisory personnel shall review all files on hard drive, main frame, and floppy diskettes controlled by the employee to determine which files to delete or retain.
3. Software Use
1. Computer users shall not use programs obtained through shareware or from a bulletin board until they have been certified as free of computer virus by the user's Computer Information Consultant (CIC) or other authorized staff.
 2. Staff shall install and/or use only software purchased, distributed, or approved by the department.
4. Prohibited Activities-Staff are prohibited from the following activities:
1. Unauthorized copying or use of software.
 2. Unauthorized entry into restricted data bases.
 3. Use of state computer resources for private business purposes.
 4. Loan of computer hardware or software to unauthorized individuals.
 5. Use of recreational computer games during work periods for other than supervisor-approved training purposes.
 6. Use of privately owned personal computer hardware during business hours except as part of a pre-approved telecommuting project.
5. Accountability and Tracking of Laptop Computers: CA Directors and Regional Administrators are responsible for the accountability and tracking procedures. To assure accurate tracking and accounting for laptop computers, laptop computers must either be assigned to specific staff or signed out to staff following the procedures below.
1. For managing laptop inventory:
 1. Each CA office will designate one specific employee, plus one backup employee, to be responsible for tracking laptop computers.
 2. Any lost, stolen, or missing equipment must be reported immediately to the designated staff, who will immediately report to the Regional Business Manager or headquarters property manager for reporting in the Tracks inventory system.
 3. Designated staff for the office must send a lost, stolen, or missing equipment report to the Regional Administrator or applicable Director on a monthly basis.
 2. Laptop Computers Signed Out by Staff
 1. All laptop computers will be kept in a locked cabinet or area unless checked out by staff.
 2. The designated staff responsible for tracking will ensure that each laptop has a sign-out log, which will be kept with the laptop in the locked area. When the equipment is signed out, the log sheet will remain in the locked area.
 3. Staff checking out the laptop will do so only through the designated staff. The designated staff will completely fill out the log sheet immediately upon a staff person checking out or returning the equipment.
 4. The staff person who signed out the equipment is responsible for the computer until it is returned to the designated staff and properly logged in and returned to the locked area.
 3. Laptop Computers Permanently Assigned to Specific Staff
 1. The designated staff person will maintain a current list recording the name of the staff person assigned the equipment, the date assigned, and the equipment's make, model, and State Tag Number.
 2. The staff person assigned to the equipment is responsible for it.
 3. If staff assigned to the equipment allows other staff to use it, the staff person assigned remains responsible for the equipment.

7340. Telephones

7340. Telephones [sarah.sanchez](#) Tue, 08/07/2018 - 01:34

7341. Standards

7341. Standards [sarah.sanchez](#) Tue, 08/07/2018 - 01:34

1. Telephones provided to employees are state property, with usage paid by the state. Therefore, employees must use them only for official department business.
2. Each Regional Administrator, Regional Manager, or Director, as applicable, must ensure that a different SCAN authorization number is assigned to each individual staff member who may place long distance telephone calls.
3. CA staff conducting state business must place long distance telephone calls using the SCAN or SCAN-PLUS system. They must not place personal or private business long distance calls through the system. The sole exception would be when an employee is detained on state business beyond normal work hours and is expected elsewhere.
4. To use the SCAN or SCAN-PLUS system, volunteers must receive authorization in advance from the DCFS Regional Administrator or designee or DLR Regional Manager and use their own individual access code.

7362. Procedures

7362. Procedures [sarah.sanchez](#) Tue, 08/07/2018 - 01:35

1. Each Regional Administrator and DLR Regional Manager must ensure that each of their respective local and regional offices develops and implements written procedures for use and maintenance of its FAX machines.
2. Staff must not use FAX machines for the transmission of Criminal History Record Inquiry (CHRI) and other sensitive information unless both sending and receiving machine are protected from access by unauthorized personnel.

7420. Policy

7420. Policy [sarah.sanchez](#) Tue, 08/07/2018 - 01:37

1. The Director, Management Services Division, for CA headquarters, or the applicable Division of Children and Family Services (DCFS) Regional Administrator or Division of Licensed Resources (DLR) Regional Manager must:
 1. Appoint an Asset Inventory Coordinator (AIC) to be responsible for the inventory control activities listed in the DSHS Asset Management Manual and TRACKS, the DSHS inventory system;
 2. Appoint an Asset Inventory Representative (AIR) to be responsible for the oversight of inventory at the regional and local levels;
 3. Ensure annual completion of a physical fixed asset inventory and reconciliation and that each inventory is documented by a signed "Certificate(s) of completion";

4. Ensure that staff with no direct responsibility for assets subject to the inventory count performs physical inventories;
 5. Ensure the AIC is informed of any changes in the physical locations of the division or region's organizational units or their mailing addresses; and
 6. Attest to the completion of all biennial inventories by co-signing a "Certification of Completion" with the AIC.
2. The AIC must:
 1. Facilitate exchange of information between CA and the DSHS Asset Management Section;
 2. Return the quarterly TRACKS confirmation packet of location code information and other inventory data updates to Asset Management within 15 working days of issue;
 3. Provide guidance to the AIR's on implementing division or regional and TRACKS procedures;
 4. Conduct inventory training necessitated by staff turnover;
 5. Coordinate the annual and biennial physical inventories with the AIR's and Asset Management;
 6. Compile the CA Physical Inventories and attach a "Certificate of Completion," co-signed with the division director or regional administrator and send to Asset Management.
 7. Notify Asset Management in writing of any changes in the AIR's, locations, phone numbers, organization, and security levels for access to TRACKS; and
 8. Perform inventory control tasks, including timely computer input and reconciliation, according to the guidelines in the Asset Management Manual.
 3. The AIR must:
 1. Account for the receipt, tagging, maintenance, and disposition of inventory according to the guidelines in the Asset Management Manual;
 2. Notify the AIC immediately of any changes in fixed assets, inventory staff, or the organization that might affect TRACKS; and
 3. Confirm the completion and reconciliation of the annual inventory by the signature of the regional administrator.
 4. The Headquarters Local Area Network (LAN) Administrator and the regional Information Technology Application Specialist/Information Technology System Specialist (ITAS /ITSS) or designee must:
 1. Share with regional staff the responsibility of inventory control functions associated with the coordination of new equipment, transfers, equipment loans, surplussing and the disposal of computers and related equipment;
 2. Send the updated information to the AIC/AIR/RBM and update TRACKS; and
 3. Assist in the annual physical inventories of all IT equipment.

7430. Procedures

7430. Procedures [sarah.sanchez](#) Tue, 08/07/2018 - 01:37

7431. Purchasing Items Meeting Definition

7431. Purchasing Items Meeting Definition [sarah.sanchez](#) Tue, 08/07/2018 - 01:38

1. CA staff must complete all purchases in compliance with the DSHS purchasing guidelines published annually by Purchased Service Contracts.
2. In addition to following other applicable DSHS guidelines, CA staff must request all IT purchases with the assistance of IT staff as follows:
 1. IT staff provide technical consultation during the entire purchasing processes for office automation hardware and software. This would include the following:
 1. Research products prior to the completion of an Information Technology Purchase Request (ITPR) to ensure compatibility with current systems and future upgrades.

2. Provide recommendations to regional staff regarding products that would help resolve automation issues.
3. Assist the Fiscal staff in locating vendors that will provide the right product at a competitive price with adequate post-purchase service.
4. Ensure existing resources are exhausted prior to purchasing additional ones.
2. Assigned staff must forward the completed Purchase Request with appropriate signatures to the CA Office Chief with proper justification and include the inventory location on the Purchase request to ensure accurate issuance of state tags on applicable equipment.
3. The CA IT Office Chief will approve or disapprove the purchase. If disapproved, the IT Office Chief will send the ITPR back to the originator. If approved, the IT Office Chief will forward the ITPR to Purchase Services Contracts, where staff will complete the purchasing process and forward to the originator of the ITPR, a copy of the Field Order/Purchase Order (FO/PO). The Purchase Services Contracts staff will return the FO/PO with state tags, if applicable, for the item being

7432. Receipt and Payment

7432. Receipt and Payment [sarah.sanchez](#) Tue, 08/07/2018 - 01:38

1. Upon receipt of the equipment and signing by the appropriate staff, the receiving copy of the PO will go to the staff responsible for payment.
2. Staff responsible for payment will send a copy of the received PO and invoice to the AIC/AIR.

8323. Staff Training

8323. Staff Training [sarah.sanchez](#) Tue, 08/07/2018 - 20:16

Approval: Jennifer Strus, Assistant Secretary

Effective Date: February 15, 1998

Revised Date: October 31, 2014

Sunset Review: October 31, 2018

Purpose

As a critical element in the delivery of quality culturally competent child welfare services, CA is committed to Children's Administration (CA) staff receive the training necessary to be successful in their current job, and throughout their professional career.

Laws

[RCW 74.14B.010](#)

[WAC 357-34-055](#)

Policy

1. Mandatory Training

1. **All New Staff must:** Successfully complete the DSHS New Employee Orientation required by DSHS Administrative Policy No. 18-34 located on the DSHS Intranet. Training topics include:
 1. Domestic Violence & the Workplace
 2. Blood Borne Pathogens & HIV/AIDS
 3. Diversity
 4. Harassment Prevention
 5. HIPAA
 6. Ethics Test
 7. IT Security Awareness
2. **New/Present Social Service Specialists must:**
 1. Successfully complete Regional Core Training (RCT) during the first two months of beginning employment with CA.
 2. Be assigned no more than 10 total cases or no more than 6 intakes as primary or secondary worker until proficient in the RCT competencies and curriculum.
 3. Attend all RCT sessions (some exceptions may be made if the staff can demonstrate their knowledge **and** skills in the specific area as determined by the Supervisor, Area Administrator (AA) in consultation with the Alliance) and approved by the Deputy or Regional Administrator.
 4. Successfully complete In-Service trainings in prospective program areas or related topics, e.g., domestic violence, child mental health, etc., within the first year of CA employment or within one year of position transfer.
 5. Participate in specialized training which meets [RCW 74.14B.010](#) requirements when responsible for interviewing and assessing child sexual abuse.
 6. Attend additional statewide and regional training when required.
3. **Non Social Service Specialists** are not required to attend RCT but will be required to participate in training relevant to their current area of practice.
4. **New/Present Supervisors must:**
 1. Successfully complete entry-level supervisory or managerial trainings as required by DSHS Administrative Policy No. 18-34 and [WAC 357-34-055](#).
 2. Successfully complete Supervisor Core Training within the first six months of becoming a new supervisor or when requested by the Regional Administrator.
 3. Successfully complete In-Service training within the first two years of becoming a new supervisor, transferring to a new supervisory position or earlier if requested by the Regional Administrator.
5. **Foster Parents** - Please see Foster Parent Training Information on the CA Intranet.

2. Voluntary Training

1. CA staff will be provided continuing education training opportunities annually to advance their knowledge and skill mastery.
2. Child Welfare Training and Advancement Program (CWTAP) (IV-E) graduate students (not currently employed by CA) may register for RCT within six months of completion of MSW degree requirements. Exceptions may be made for students within nine months of graduation, if they are unable to attend RCT. CWTAP students are responsible for their travel, per diem, and lodging costs while attending RCT.
3. Tribal social workers are eligible to participate in RCT and other CA trainings.

3. Documentation

1. Training requirements will be recorded by the current Human Resources tracking system.
2. Each region will coordinate with the Alliance to update employee training information. A list of completed trainings is available to CA staff in the tracking system and whether or not a worker did or did not complete training may be used in the personnel evaluation process.

Procedures

1. Mandatory Training

1. New CA (non Social Service Specialists) Staff must:
Contact your supervisor or Human Resources Division to register for the DSHS New Employee Orientation.
2. New/Present Social Service Specialists must:
 1. Complete DSHS New Employee Orientation which is included in RCT.
 2. Begin RCT on the first day of employment and complete RCT by demonstrating proficiency in the knowledge and skills contained in the competencies and curriculum. (CA Supervisors will register new hires with the Alliance when staff is first hired). To demonstrate previous child welfare experience, existing knowledge and skills in a specific RCT session you may:
 1. Submit a completed Prior Learning Assessment (PLA) to your supervisor. If the supervisor agrees, he/she will:
 2. Consult with the Alliance and send the request to the Area Administrator. If the AA agrees, the AA will:
 3. Send the request to his/her Deputy or Regional Administrator for approval. If there is disagreement regarding the approval, the RA will make the final decision.
 3. Complete the following In-Service training within the first year of hire:
 1. Program Specific Training; Intake, CPS Investigations or Family Assessment Response (FAR), Division of Licensed Resources (DLR)/CPS, Family Voluntary Services (FVS), Family Reconciliation Services (FRS), Child and Family Welfare Services (CFWS), Interstate Compact on the Placement of Children (ICPC), Adoption, and Licensing and Unified Home Study.
 2. Indian Child Welfare
 3. Basics of Substance Abuse
 4. Permanency Planning
 5. Engagement and Partnership with Caregivers
 6. Child Development Well-Being; Education, Health, and Adolescence.
 7. Risk and Safety Assessment
 8. Worker Safety
 9. Racial Disproportionality and Disparities
 4. Complete the following In-Service training within the second year of hire:
 1. Mental Health and Child Abuse and Neglect
 2. Domestic Violence and Child Abuse and Neglect [RCW 74.14B.010](#)
 3. Diversity - Building Bridges
 4. Indian Child Welfare Cross Cultural Skills
 5. Advanced Substance Abuse and Child Abuse and Neglect
 6. Collaboration/Customer Service
 7. Supervisors
 8. Contact your Supervisor or Human Resources Division to complete the following trainings as required by DSHS Administrative Policy 18-34 and [WAC 357-34-055](#)
 9. Contact the Alliance to complete the In-Service training at Alliance@dshs.wa.gov.

2. Voluntary Training

1. Social Service Specialists contact the Alliance Learning Development Coordinator to register for Focused Continuing Education trainings when approved by his/her supervisor.
2. CWTAP and Tribal staff contact the Alliance Learning Development Coordinator to register for RCT, In-Service and Focused Continuing Education Trainings.

Forms and Tools

Regional Core Training Program Description

Prior Learning Assessment Form

Resources

Prior Learning Assessment

[Alliance For Child Welfare Excellence](#)

8510. Identification Cards

8510. Identification Cards [sarah.sanchez](#) Tue, 08/07/2018 - 20:18

1. Each CA employee who may be in travel status at any time, who makes home visits, who makes visits to facilities, or who may have access to confidential records, either internal or external, shall obtain an official department identification card with the employee's photograph.
2. The identification card, DSHS 03-046 DOL (X)(8/50), shall be completed by administrative support staff, shall be signed by the Appointing Authority, and the employee will make an appointment with the local licensing center of the Department of Licensing to have their photograph taken and attached to the card or follow regional procedures.

8600. Employee Safety

8600. Employee Safety [sarah.sanchez](#) Tue, 08/07/2018 - 20:19

Preventing causes of accidents and reducing the impact of on-the-job injuries is a combined responsibility of managers (administrators, managers), supervisors and staff (employees and volunteers). Working together, managers, supervisors and staff will make efforts to maintain a safe working environment.

8610. Safety Committees

8610. Safety Committees [sarah.sanchez](#) Tue, 08/07/2018 - 20:19

Each office will establish a safety program consistent with the requirements of the department's Safety Program Manual and tailored to the office's unique environment and needs.

1. The manager of each office is required to establish and operate a safety committee for that office which is to meet regularly. The membership is to include equal representation of employer-selected and employee-selected representatives in accordance with the Washington Industrial Safety and Health Act (WISHA) <http://www.lni.wa.gov/safety/topics/atoz/about/default.asp>. The manager will make clear to the employees and their supervisors the expectations for participation. Sufficient time off from regular duties will be authorized to facilitate employee participation. The agenda for these meetings will include, but not be limited to, the following:
 1. Monitoring and discussing safety inspections and investigations of job sites, materials, and equipment alleged to be unsafe.

2. Discussing appropriate operating procedures relative to maintaining a safe work environment including, but not limited to, fire, earthquake, bomb threat and client threat.
 3. Monitoring of formal training to ensure safety awareness and skill improvement, as well as on-the-job instructions prior to the assignment of duties in areas of higher accident risk.
 4. Reviewing all reports of accidents and illnesses that occurred since the previous meeting.
 5. Safety committee meeting minutes will be posted on the office safety bulletin board.
2. The manager may obtain a waiver from authorizing regular safety committee meetings if justified by office size and/or safety record. Waivers may be obtained from Safety and Health Claims Management, Loss Prevention and Risk Management, P. O. Box 45882, Olympia, WA 98504 or Mail Stop: 45882.

8611. Agency Responsibility

8611. Agency Responsibility [sarah.sanchez](#) Tue, 08/07/2018 - 20:19

In a threatening situation, staff safety and well-being are primary. The agency will provide:

1. Awareness of job-related safety precautions and the importance of attitude and professionalism as it relates to personal safety.
2. Annual training on work-related and personal self-protection skills.
3. Guidelines for worker safety posted on the Intranet.
4. Cell phones for workers to check out when going into the field.
5. A check in/out procedure for staff when conducting field visits.
6. Tracking and reporting in the aggregate the number and nature of incidents using the Administrative Incident Reporting System (AIRS).
7. Debriefing and support for staff as follow-up to trauma suffered as a result of serious incidents when safety has been jeopardized, such as a personal threat or an assault.
8. Support for staff to request law enforcement assistance when using court orders to remove children from their families, regardless of known risk factors.

8612. Personal Safety During Client Contact

8612. Personal Safety During Client Contact [sarah.sanchez](#) Tue, 08/07/2018 - 20:20

Within the scope of their job duties, CA employees and volunteers will take precautions to prevent or avoid dangerous situations and property damage.

1. Initial Personal Safety Risk Assessment
 1. Before making client contact, staff will make ongoing assessments of situations based on the nature of the allegation(s) or changing case characteristics and risk factors. The following are issues for social workers and supervisors to consider before making field visits:
 1. Are firearms or other weapons noted in the referral or record?
 2. Is there a previous history of domestic violence or other violent behavior towards others (this includes adults and youth)?
 3. Is there a history of criminal activity, mental illness, substance abuse, and ritualistic abuse or cult practices?
 4. Is the family's geographic location isolated or dangerous and is there cell phone coverage in that location?
 5. Is the contact scheduled after normal working hours?
 6. Are there aggressive animals on or near the premises?
 7. Is there a "danger to worker" notification screen on the referral?

8. Is there lack of available information?
2. If the initial assessment reveals possible risk to the staff person, the following could be considered as part of a safety plan:
 1. Call upon law enforcement and/or another staff person for accompaniment.
 2. Carry a cell phone.
 3. Use a state car rather than personal vehicle (or visa versa).
 4. Carry personal safety equipment, such as a whistle or personal alarm.
 5. Conduct a criminal history check before making contact.
 6. Consult with other informal sources, such as local law enforcement, previous social workers, collateral contacts, coworkers or colleagues from other agencies.
2. Maintaining Safety
 1. Be aware of your surroundings and identify potential safety risks.
 2. Do not allow a client to get between you and the door.
 3. If you feel unsafe, end the visit and seek assistance. Leave immediately.
3. After an Incident

In spite of precautions, threats and other incidents may occur. Staff will immediately notify his/her supervisor, another supervisor in the office, or other person in the chain of command following an incident, such as assault, a threat of serious harm to staff and/or family members or property damage. The manager and/or supervisor or designee will:

 1. Provide the opportunity to debrief and offer counseling for staff involved in incidents.
 2. When warranted, report to law enforcement and request restraining orders for individuals and/or offices.
 3. Report the incident to the chain of command and make a report in the Administrative Incident Reporting System (AIRS). Give the staff involved in the incident the opportunity to provide information so that all necessary details are included in the report. Provide a copy of the report to the Safety Committee representative.
 4. Note the circumstances in the SER and update the "danger to worker" person screen.
4. Methamphetamine Labs
 1. Any staff who suspects he/she has entered an area where methamphetamine is manufactured will exit the residence and the property immediately and call 911 to request law enforcement response to address the safety of the children.
 2. Any staff person suspected of methamphetamine exposure should consult with his/her personal physician within two hours of exposure.

8700. Disaster Response

8700. Disaster Response [sarah.sanchez](#) Tue, 08/07/2018 - 20:21

8710. Purpose and Scope

8710. Purpose and Scope [sarah.sanchez](#) Tue, 08/07/2018 - 20:21

1. Disaster response, preparedness, and recovery plans are the responsibility of all supervisors and management staff.
2. Each office identifies how the operations of the office will return to full service following a disaster and who in the organization is responsible for each of the steps.
3. Each office is responsible to train their staff in emergency and disaster recovery procedures.

8720. Standards

8721. Planning for Disaster Recovery

1. Expectations
 1. In the event of a disaster, CA will ensure that essential records are protected, stored, and retrievable in accordance with its Essential Records Plan.
 2. Offices will initiate procedures to ensure worker and client safety, minimize damage to equipment and files, and restore critical functions for service delivery within seven working days. Basic levels of services are to resume at the earliest possible time.
2. There are three levels of disaster:
 1. Water damage, contaminant damage (food, dust, etc.) to equipment or to a workstation or area that renders it unusable.
 2. HVAC system outages, computer, phone and power outages.
 3. Bombing, terrorism, violence, toxic fumes, and the like that render the facility unusable; fire, earthquake, flooding, and other natural disasters that leave the facility unusable; or death or severe injury that would incapacitate a work group.

8722. Operations

1. Operations essential to CA are the work site, telecommunications, and social service programs. Within 24 hours basic services are to begin. The designated staff for the operational recovery will identify media sources, which can be used to keep the public, notified of CA operational recovery.
2. Director of Management Services, DCFS Regional Administrator, and DLR Regional Manager Responsibilities:
 1. Prepare an emergency mission statement with implementation procedures.
 2. Prepare regulations and announcements for immediate issuance in the event of an emergency to enable the office to carry out its operational mission.
 3. Designate an Operational Coordinator for each work site.
 4. Approve the Operational Coordinator's selection of necessary steps to resume normal operations following an emergency.
 5. Provide adequate resources to support the recovery of CA office operations in the most cost-effective manner.
3. Local Operational Coordinator's Responsibilities:
4. Identify and select work site, telecommunication methods, and the recovery of social services programs that are necessary to carry out:
 1. Emergency mission, and
 2. Resume normal operations following an emergency.
5. Submit a listing of selected work site, telecommunications, and social services program implementation to the Director, Regional Administrator, or Regional Manager, as applicable, for approval.
6. Yearly, review the Operational Recovery Schedule. If needed, update and get the required approval.

8723. Essential Records

1. Records essential to CA are a combination of paper and electronic files. Client records and payments processed through FamLink are in electronic files with criminal history background checks, court reports, and other client reports from outside sources in paper form. The journal voucher, vendor payments, personnel attendance, and payroll, Agency Inventory System (AIS), numeric registers, contract, administrator's accounts, regional financial reports, and position action requests are recorded in electronic files with paper authorization forms/back-up.
2. Responsibilities of each Division Director, Regional Administrator, and Regional Manager include:
 1. Preparation of an emergency mission statement with implementation procedures.
 2. Preparation of regulations and announcements to issue immediately in the event of an emergency to enable the office to carry out its emergency mission.
 3. Approval of the Records Coordinator's selection of essential records necessary to carry out or resume normal operations following an emergency.
 4. Provision of adequate resources to support the protection of selected essential records in the most cost-effective manner.
3. Local Office Records Coordinator's responsibilities include:
 1. Identification and selection of essential records for the office that are necessary to carry out:
 1. Emergency mission, and
 2. Resume normal operations following an emergency.
 2. Submission of a listing of selected essential records to the Division Director, Regional Administrator, or Regional Manager for approval. When it is approved, forward the list to the DSHS Records Officer, Forms & Records Management, MS 45805.
 3. Yearly review of the Essential Records Schedule. If needed, update, obtain required approval, and forward as shown above in 3.B.

8724. LAN/WAN Recovery

8724. LAN/WAN Recovery [sarah.sanchez](#) Tue, 08/07/2018 - 20:24

1. Identify essential Local Area Network (LAN)/Wide Area Network (WAN) operations for operation of program and administration. The designated staff for the LAN/WAN recovery will identify software and alternate system access.
2. Office of Information Services Manager responsibilities include:
 1. Preparation of a technology emergency mission statement with implementation procedures.
 2. Preparation of regulations and announcements to issue immediately in the event of an emergency to enable the Administration and each office to carry out its mission.
 3. Approval of the LAN/WAN Coordinator's selection of system recovery necessary to carry out or resume normal operations following an emergency.
 4. Provision of adequate resources to support the recovery of CA office system technology in the most cost-effective manner.
3. Local LAN/WAN Coordinator's responsibilities include:
 1. Identification and selection of facility based and alternative computer systems to carry out:
 1. Emergency mission, and
 2. Resume normal operations following an emergency.
 2. Submission of a listing of selected LAN/WAN software/system(s) essential to recovery operations to the Regional Administrator or the Regional Manager, as applicable, for approval. Submission of the final approved LAN/WAN software/system(s) recovery to the Office of Information Services Manager, MS: 45710
 3. Yearly review of the LAN/WAN Recovery plan. If needed, update, obtain required approval, and forward as shown above in 3.B.

8900. Opposing Testimony

8900. Opposing Testimony [sarah.sanchez](#) Tue, 08/07/2018 - 20:24

8910. Purpose and Scope

8910. Purpose and Scope [sarah.sanchez](#) Tue, 08/07/2018 - 20:25

1. This standard and procedure establishes guidelines for Children's Administration (CA) staff who may be called upon or wish to provide testimony or documentation opposing the department's official position in an administrative hearing or court action, usually as a result of an adverse action against a child care license or as part of a child or family case specific action.
2. This standard does not apply to cases brought by or against a department employee. The standard does not apply to nor limit employee participation in any role in other, non-licensing or non-case specific, actions, including employee disciplinary, Personnel Appeals Board, and court hearings or related actions.

8920. Standard and Procedure

8920. Standard and Procedure [sarah.sanchez](#) Tue, 08/07/2018 - 20:25

1. Division of Licensed Resources (DLR) adverse licensing action constitutes a decision by the department that the licensee is not suitable to care for children.
2. CA staff, including Division of Children and Family Services (DCFS) social workers, shall not knowingly take action that directly subverts or undermines the department's position in a licensing or other family or child case specific action.
3. If CA staff has information that is relevant to the licensing or other case specific determination in question, including contacts from opposing counsel, that staff will provide that information to the DLR licensor or other responsible CA employee, as applicable. When contacted by opposing counsel, the CA employee will also notify the assigned Assistant Attorney General (AAG).
4. CA staff will not knowingly share department documents related to the dispute with any licensee or other party who is the subject of the licensing or other department case specific action or with the licensee/party's attorney/agent/ advocate except as currently provided in public disclosure statutes and regulations. If CA staff receives a request for documents from the licensee/party or his/her attorney/ agent/advocate, the staff will immediately refer the request to his/her supervisor, the DLR licensor for licensing issues, and the AAG assigned to the licensing or other family or child specific case.
5. CA staff will not knowingly share confidential information with the licensee who is the subject of licensing action. CA staff will also not knowingly share confidential information with the opposing party to any other child or family case specific action. In addition, CA staff will not knowingly share confidential information with the licensee/party's attorney/agency/advocate.
 1. "Confidential information" includes, but is not necessarily limited to, attorney/client communications; information pertaining to the department's strategy or decision-making in the licensing case or other matter under litigation; agency memoranda, e-mail, or other communication related to the case; and client (child or child's family) information.
6. If CA staff are contacted by a licensee who is the subject of licensing action or other party to a department-related child or family case-specific litigation, the licensee/party's attorney/ agent/advocate or by any person who has information regarding the licensing or other child or family specific case in dispute, that staff will immediately notify his/her supervisor, the DLR licensor or other involved CA staff, as applicable, and the AAG assigned to the case.

7. CA staff will not testify in support of a licensee who is the subject of licensing action or other party in opposition to the department unless subpoenaed to do so. CA staff will not provide any written letters of support for the opposing party on DSHS letterhead. The CA staff will specifically state that his/her testimony, whether by subpoena or not, or letter sets forth his/her personal opinion and is not the position of the department.
8. The department, in consultation with the assigned AAG, determines the department's position in any action. The assigned AAG represents the department and not any particular CA staff. If CA staff testifies in support of a licensee who is the subject of a licensing action or other party to a child or family specific action in opposition to the department's position, he/she may be cross-examined as a hostile witness by the AAG, who may attempt to discredit the employee's testimony.

9300. Vendor Warrant Replacement

9300. Vendor Warrant Replacement [sarah.sanchez](#) Tue, 08/07/2018 - 20:37

9500. Social Service Payments

9500. Social Service Payments [sarah.sanchez](#) Mon, 08/13/2018 - 23:41

9510. Definition of Overpayment

9510. Definition of Overpayment [sarah.sanchez](#) Mon, 08/13/2018 - 23:41

"Overpayment" means any money paid by the department for services or goods not rendered, delivered, or authorized or where the department paid too much for services or goods or services rendered, delivered, or authorized.

9520. Overpayment and Underpayment Identification and Recovery

9520. Overpayment and Underpayment Identification and Recovery [sarah.sanchez](#) Mon, 08/13/2018 - 23:45

1. Purpose and Scope
 1. These procedures establish guidelines for CA staff in the resolution of vendor or foster parent disputes regarding payments through an administrative hearing and pre-hearing process. It provides direction when staff determines that an overpayment to a vendor or foster parent exists, for staff participation in steps to recover the overpayment, and for staff participation in the settlement of any overpayment disputes. The procedures also provide direction for pre-hearing efforts to mediate and resolve payment disputes prior to proceeding to hearing.
 2. Contracted and non-contracted service providers, including foster parents, may seek dispute resolution through these procedures, under the Administrative Procedure Act and RCW 43.20B.675, with respect to overpayments. However, the following limitations apply:
 1. The right of vendors or foster parents to seek an administrative hearing to contest alleged overpayments applies only to overpayments for goods or services provided on or after July 1, 1998.

2. These procedures do not create a right to a hearing where no dispute right previously existed except as provided in RCW 43.20B.675. These procedures and department policy limit disputes for foster family and child day care providers to:
 1. Alleged overpayments;
 2. Perceived failure of the department to pay for services actually provided under an agency service authorization; and
 3. Licensing actions taken under WAC 388-73-036 or WAC 388-155-090, as applicable.
 3. Adoptive parents who receive assistance through the Adoption Support Program are not vendors within the meaning of the law. They have hearing rights under other provisions of law and WAC. Accordingly, payment disputes involving the Adoption Support Program do not fall within the scope of these procedures.
 3. Discovery or recovery of overpayments has no time limit. The department may identify and initiate recovery of overpayments without regard to the length of time that may have elapsed since the overpayment actually occurred or was discovered.
 4. CA employees do not have authority to forgive or waive overpayments, nor to offset overpayments from future payments. All such authority rests with the Office of Financial Recovery (OFR). Designated CA staff may mediate a disputed payment with the vendor, but final approval for any negotiated proposed settlement rests with OFR.
 5. Governmental entities, including Indian Tribes, with an Inter-local Agreement with the department do not have the right to an adjudicative hearing through the Office of Administrative Hearings (OAH). The dispute process described in the agreement between the entity and the department governs the resolution process.
2. Policy
1. RCW 43.20B.675 and DSHS Administrative Policy 10.02 provide that all vendors have the right to request an adjudicative proceeding if they have a bona fide dispute. Disputes involving rates set in rule or Washington Administrative Code (WAC) are not subject to resolution through an adjudicative hearing held by OAH. The responsible CA organizational unit must routinely offer a pre-hearing conference to all clients and vendors that request an administrative hearing.
 2. The department and CA must, when undertaking activities relating to overpayment identification and recovery as well as adjudicative proceedings, comply with:
 1. DSHS Administrative Policy 7.02, Equal Access to Services for Individuals with Disabilities;
 2. DSHS Administrative Policy 7.20, Communication Access for Persons Who Are Deaf, Deaf/Blind, and Hard of Hearing; and
 3. DSHS Administrative Policy 7.21, Provision of Services to Limited English Proficient (LEP) Clients
3. Procedures
1. Regional and Headquarters Procedures:
 1. Each DCFS Regional Administrator, DLR Regional Manager, or division Director, as applicable, must establish procedures to provide for consistency in the handling of vendor/contractor disputes in accordance with the Children's Administration Pre-hearing Procedures. Procedures must include:
 1. Methods to informally notify vendors of their right to request a formal adjudicative proceeding if they have a bona fide contract dispute and to provide all appellants with a copy of the CA written pre-hearing process. (OFR provides formal notification of overpayments.) The department limits adjudicative disputes for foster parents to those issues identified in paragraph 1.B., above;
 2. Pre-hearing/alternative dispute resolution that incorporates routine offers of a pre-hearing conference to all clients or vendors who have requested an administrative hearing;

3. Identification of overpayments and steps to initiate recovery of amounts due to the department as a result of overpayments;
 4. Designation of staff to represent CA in behalf of the department in pre-hearing/alternative dispute resolution and administrative hearings for disputes resulting from activities or actions of the applicable organizational unit;
 5. Identification of staff to mediate overpayment and other disputes prior to a formal administrative hearing;
 6. A system to identify overpayments in a timely manner;
 7. A method to document that an overpayment has occurred;
 8. A method to notify the vendor/provider that an overpayment has occurred and to determine the vendor's agreement or disagreement with that determination; and
 9. Identification of staff assigned to review overpayments and to refer them to OFR for collection.
2. CA expects disputes to be resolved at the lowest possible level in the organization. Therefore, CA staff will handle disputes at the following organizational levels:
1. The DCFS Regional Administrator is responsible for the dispute resolution process for all payments authorized by local office social workers and all payments authorized under regionally managed contracts and service agreements. Regional DCFS staff will coordinate pre-hearing conferences, mediation activities, and administrative hearings for regionally-managed contracts.
 2. Assigned CA Division of Program and Policy Development or Office of Foster Care Licensing (OFCL) headquarters staff, as applicable, will handle pre-hearing conferences, mediation activities, and administrative hearings arising from headquarters-managed contracts and service agreements.
2. Determination of Existence of an Overpayment and Documentation of Referral
1. If any CA employee has reason to believe that the department has overpaid a contractor or vendor, that employee must contact the employee who authorized the payment and the authorizing employee's supervisor by written memo or e-mail.
 1. The CA employee identifying the overpayment must inform the authorizing employee and that employee's supervisor that the employee has reason to believe an overpayment has occurred and must provide the information that led the employee to that conclusion.
 2. If the authorizing employee identifies an overpayment, that employee must inform and provide supporting information to the supervisor.
 2. The authorizing employee, or other employee designated in DCFS or DLR regional procedures or CA headquarters procedures must contact the vendor/provider directly to inform the vendor/provider of the identified overpayment and the reason the payment constitutes an overpayment.
 1. This contact provides the CA employee and the vendor/provider an opportunity to identify any errors in the conclusion that an overpayment occurred and to enable the CA employee to discontinue overpayment procedures if CA incorrectly identified an overpayment.
 1. This contact serves as an opportunity for CA to educate the vendor/provider in correct methods to complete invoices in order to prevent overpayments from recurring.
 2. In addition, the CA employee can support the vendor/provider in continuing to offer services to CA and its clients.
 2. If the vendor/provider is a foster parent who disagrees with CA determination of an overpayment, the CA employee informs the foster parent of the foster parent liaison program and provides the contact telephone number for the CA office's liaison.

3. If the CA employee, after contact with the vendor/ provider, continues to believe that an overpayment occurred, the authorizing worker or other employee designated by regional procedures informs the vendor/ provider that the employee will notify OFR of the overpayment. OFR will send an official notice of overpayment to the provider/vendor. This notice will include instructions for the vendor/provider to return the overpaid funds to the department and information on steps to dispute the overpayment.
 3. The employee who originally authorized the payment gathers written documentation of the overpayment. This may include gathering payment records through the SPAYMENT procedure in FamLink.
 4. The authorizing employee refers to the regional designee any overpayments, with supporting documentation. This information will include documentation of the vendor/ provider's agreement or disagreement with the determination of overpayment. The regional designee reviews the referral information to ensure that supporting documentation adequately supports the conclusion that an overpayment in the amount stated did occur.
 3. Referral to the Office of Financial Recovery
 1. The applicable CA designee sends the completed SSPS Overpayment Notice, DSHS 18-398A, (dated 7/1998) along with the documentation of the overpayment, to OFR.
 2. OFR then issues formal notice of the overpayment by certified mail to, and tracks responses from, the vendor/provider. If the vendor/provider wants to formally dispute the overpayment, the vendor/provider must respond to OFR within 28 days of the notice of overpayment.
 3. If the vendor/provider does not dispute the overpayment, OFR establishes a schedule for repayment with the vendor/provider. In accordance with RCW 43.20B.695, interest will not accrue when the overpayment results from department error.
 4. Disputed Department Actions
 1. OAH schedules a hearing when a vendor/provider requests a hearing. After a vendor/provider requests a hearing, the CA authorized staff person offers a pre-hearing conference. The pre-hearing conference may be a telephone call, a meeting, or a mediation session with a third party mediator.
 2. The responsible CA organizational unit must identify individuals authorized to mediate a disagreement between the department and the vendor/provider. Those persons designated to refer overpayments to OFR for collection may not serve in the role of mediator for overpayment disputes.
 3. If the CA authorized staff and the vendor/provider reach a settlement, the CA representative and the vendor/provider may execute a stipulated agreement in writing, signed by the parties. If the parties do not resolve the dispute, the formal hearing with OAH takes place as scheduled.
 4. For overpayments:
 1. If the vendor/contractor and the CA representative reach an agreement, before signing the agreement, the CA representative must contact OFR at (360) 664-5557 to obtain verbal approval for the stipulated agreement if it forgives an identified overpayment.
 2. If the OFR representative approves the agreement, the CA representative and the vendor/contractor representative sign the agreement, and the CA representative mails it to the OFR representative for signature. Once the OFR representative signs the agreement, it takes effect.
 3. If the administrative hearing occurs, the CA employee who authorized the payment must participate in the administrative hearing. Regional or headquarters procedures, as applicable, determine if additional individuals will participate in the administrative hearing to represent the department.

9530. Repayment

9530. Repayment [sarah.sanchez](#) Mon, 08/13/2018 - 23:46

1. The vendor or client must send the repayment directly to OFR. If a CA office receives money that is to be applied to a vendor overpayment, assigned accounting staff in the office transmits the money to OFR on a Daily Funds Transmittal, DSHS 18-320(X).
2. Accounting staff indicates the nature of the overpayment in the comment section of the Daily Funds Transmittal.

9540. Unsolicited Payments

9540. Unsolicited Payments [sarah.sanchez](#) Mon, 08/13/2018 - 23:47

1. When OFR receives payments from vendors for whom it has not received an overpayment packet, OFR staff will send notification to the appropriate CA office.
2. If CA determines that the payment or any portion was submitted in error or that OFR applied funds incorrectly, responsible staff transmits this information to OFR in writing within 30 days. OFR will then initiate appropriate action.
3. If CA staff determines that the payment or any portion was a program donation, designated staff transmits this information to OFR, including the identity of the program to which the donation was made to enable OFR to credit the proper account.

9550. Interest on Vendor Debt

9550. Interest on Vendor Debt [sarah.sanchez](#) Mon, 08/13/2018 - 23:48

Interest on vendor debt is administered in accordance with DSHS Administrative Policy 10.02, Vendor or Provider Overpayment and Debt Policy.

9600. Accounts Receivable

9600. Accounts Receivable [sarah.sanchez](#) Mon, 08/13/2018 - 23:48

9610. Office of Financial Recovery Responsibility

9610. Office of Financial Recovery Responsibility [sarah.sanchez](#) Mon, 08/13/2018 - 23:49

1. Under DSHS Administrative Policy 4.02, OFR is delegated responsibility and authority for managing the department's Accounts Receivable in a manner outlined in Administrative Policy 12.04.
2. Each Regional Administrator/designee will determine the region's own policy on receipt of cash.

9800. Administrator's Accounts

9800. Administrator's Accounts [sarah.sanchez](#) Mon, 08/13/2018 - 23:50

9810. Purpose and Scope

9810. Purpose and Scope [sarah.sanchez](#) Mon, 08/13/2018 - 23:50

1. RCW 43.88.195 allows agencies to establish new accounts with the permission of the Office of Financial Management (OFM). Administrator's Accounts are expendable trusts that are local fund accounts available to provide instant assistance to eligible clients. Their sources of funds are usually donations and fund raisers.
2. Please Note: If funds are given for a specific purpose, moneys can only be dispensed for that specific purpose. Accounting records must be maintained so that moneys donated and spent for a specific purpose may be audited.

9820. Establishment of an Administrator's Account

9820. Establishment of an Administrator's Account [sarah.sanchez](#) Mon, 08/13/2018 - 23:52

1. CA local offices are to:
 1. Develop a statement of purpose for the account; for example, "The sole purpose of this account is to provide direct needs and opportunities for children and their families when no other resource is available."
 2. Stipulate the criteria for use, the amount available per request, and the process that will be developed to allow access to Administrator Account funds.
 3. Write a memo to the Regional Administrator requesting the establishment of an Administrator's Account. In the request, include the fund's purpose, criteria for use, and process for accessing funds. The Regional Administrator or designee will send a written request to the Chief, DSHS Office of Accounting Services, with a copy to the CA Director of Management Services. The written request must include the name of the bank, name and classification of individuals authorized to sign account checks, and the name and classification of the individual responsible for reconciling monthly bank statements with the office records.
2. Once the DSHS Office of Accounting Services has granted authority to establish the account, the local office identifies staff to be the:
 1. Accounts Receivable Coordinator;
 2. Committee or Person(s) to review/approve requests for funds;
 3. Disposition Person;
 4. Fund Trustee;
 5. Mail Person;
 6. Recording Person, and
 7. Reconciliation Person

9830. Separation of Duties

9830. Separation of Duties [sarah.sanchez](#) Wed, 08/15/2018 - 18:17

1. To the extent possible, the duties listed in section 9920(B) are to be separated.
2. If the duties cannot be separated due to a lack of staffing, a "Separation of Duties" waiver which includes compensating controls to show safeguard of the account must be on file in the regional office.
3. The waiver must be signed by the Fund Trustee, the trustee's supervisor, the second line supervisor, and the Regional Administrator.
4. Please note: Any cash or negotiable items received are to be deposited within 24 hours.

9840. Operation of Administrator's Account

9840. Operation of Administrator's Account [sarah.sanchez](#) Mon, 08/13/2018 - 23:53

The Regional Administrator, usually through the Regional Business Manager and/or the Clerical Supervisor, designates staff to carry out the duties outlined below.

9841. Mail Person

9841. Mail Person [sarah.sanchez](#) Mon, 08/13/2018 - 23:53

The Mail Person logs any cash or negotiable items in the Cash Items Mail Log, DSHS 19-48, and gives it to the Accounts Receivable Coordinator.

9842. Accounts Receivable Coordinator

9842. Accounts Receivable Coordinator [sarah.sanchez](#) Mon, 08/13/2018 - 23:54

The Accounts Receivable Coordinator:

1. Receives the Cash Items Mail Log and the cash/negotiable items from the mail person.
2. Verifies that the cash/negotiable items are shown on the Cash Items Mail Log and, after verification, dates and signs the mail log, retaining the pink copy.
3. Issues a pre-numbered and sequential receipt for all cash/negotiable items requiring a receipt. If the cash/negotiable items received are for a specific purpose, they are to be referred to as a restricted donation, with a note of the restriction on the receipt issued to the donor.
4. Prepares the disposition documents required for the disposal of cash and negotiable items. The disposition documents will include the bank deposit slip, the Cash Items Mail Log, and a copy of the receipt issued to the donor.
5. Secures all cash and negotiable items until transferred to the Disposition Clerk along with the disposition documents.

9843. Disposition Person

9843. Disposition Person [sarah.sanchez](#) Mon, 08/13/2018 - 23:55

The Disposition Person:

1. Verifies that the cash and/or negotiable received from the Accounts Receivable Coordinator equals the amount shown on the disposition documents. Completes the disposition entries on the various receipt and disposition documents. Signs and dates the disposition documents.
2. Secures the deposit until it can be taken to the bank. Gives bank- validated deposit slips along with the copies of the receipt and disposition documents to the recording person on the same day the deposit is made.
3. Receives approved disbursement authorizations from committee or person(s) responsible for reviewing and approving requests for funds.

4. Prepares check (in ink) and writes the check number on the Disbursement Authorization. Has the check signed by at least two people who are authorized on the bank account signature card.
5. Gives the completed Disbursement Authorizations to the Recording Person.

9844. Recording Person

9844. Recording Person [sarah.sanchez](#) Mon, 08/13/2018 - 23:55

The Recording Person:

1. Reconciles the daily cash receipts and bank validated deposit slips.
2. Records all deposits in the Cash Receipts Journal and Ledger Sheet.
3. Verifies the amounts of checks to disbursement authorizations and completes entries to the check register, Cash Disbursements Journal, and the Ledger Sheet. Secures signed checks until they are mailed or given to the appropriate person.

9845. Reconciliation Person

9845. Reconciliation Person [sarah.sanchez](#) Mon, 08/13/2018 - 23:56

The Reconciliation Person:

1. Upon receiving the Administrator's Account monthly bank statement, reconciles the statement to the Ledger Sheet and other journals. Completes the reconciliation on the back of the bank statement.
2. Prepares the Administrator's Account Monthly Activity Report and the Bank/Reconciliation Report. Gives them and the appropriate ledgers and journals, along with the bank statement, to the Fund Trustee for review.

9846. Review and Approval of Authorizations

9846. Review and Approval of Authorizations [sarah.sanchez](#) Mon, 08/13/2018 - 23:56

The committee or person(s) responsible for review and approval of Disbursement Authorizations approves, modifies, or denies the completed Disbursement Authorization based on the local office use-of-funds criteria and any restrictions that may have been placed on the funds by the donor.

9847. Fund Trustee

9847. Fund Trustee [sarah.sanchez](#) Mon, 08/13/2018 - 23:57

The Fund Trustee:

1. Oversees the management and accountability of the Administrator's Account.
2. Reconciles the accounting records to the trustee's records on a quarterly basis. If there are variances, the trustee researches and documents, corrects, or takes appropriate action. He/she prepares the Trustee's Reconciliation Report, DSHS 19-207, and signs and dates it.

9850. Accessing Administrator's Account Funds

9850. Accessing Administrator's Account Funds [sarah.sanchez](#) Mon, 08/13/2018 - 23:58

1. A CA staff person submits a completed Request for Disbursement Authorization form to the committee or person(s) assigned by the Regional Administrator the duties of approving these requests.
2. The completed form includes the amount, case name, case number, and purpose of the requested funds. The form is signed and dated by the worker.

13200. Initiating a Case Record and Record Establishment

13200. Initiating a Case Record and Record Establishment [sarah.sanchez](#) Tue, 08/21/2018 - 17:58

13201. Initiating A Case Record

13201. Initiating A Case Record [sarah.sanchez](#) Tue, 08/21/2018 - 18:00

1. All Children's Administration (CA) cases are:
 1. assigned a unique case number, generated by FamLink, and
 2. are "family based cases" with the exception of legally free, and adoption support cases.
2. CA has three types of cases:
 1. Family Case - The intake supervisor (Field or Central Intake) reviews each intake, determine if information is on an existing case in FamLink and either links or creates a new case.
 2. Legally Free Case - When a child becomes legally free, the child is deactivated from the family case for the reason of "legally free". FamLink automatically creates a new Legally Free case for that specific child. A legally free case has only one participant and is created without a new intake.
 3. Adoption Support Case - After adoption finalization, an adoption support case is created through the Legally Free Case, from the options menu in FamLink. The legally free case should be closed as soon as all work is completed on it. This closed case becomes a restricted case in FamLink. The adoption support case becomes a "sealed" case, meaning it will only show in search results to those with secured adoption support security.
3. If an adopted child is an alleged victim of abuse or neglect in their adoptive home or if non-adoption support services are requested, a new intake must be created in FamLink and a new family case should be created under the adoptive parents (separate from the adoption support case).

13210. Record Establishment

13210. Record Establishment [sarah.sanchez](#) Tue, 08/21/2018 - 18:01

Case records are created in the local offices for the following screened-in intakes:

1. Child Protective Services (CPS)
2. Family Voluntary Services (FVS)

3. Family Reconciliation Services (FRS)
4. Child and Family Welfare Services (CFWS)
5. Adoptions
6. Child Day Care Services
7. Foster Home/Private Agency Licensing
8. Intra and Interstate Home studies
9. Federal Funding

13300. Constructing a DCFS Case Record

13300. Constructing a DCFS Case Record [sarah.sanchez](#) Tue, 08/21/2018 - 18:02

All DCFS paper records are to be constructed with the following sections as described in procedures below. The DCFS physical record contains separate sections placed in a binder in the following order: *All information in the binder is to be filed in chronological order.*

1. Family Assessment Information
2. Case Activities
3. Placement and Legal
4. Privileged Communication
5. Child Health and Safety
6. Family Background
7. Indian Child Welfare
8. Service Reports and Correspondence
9. Correspondence
10. Reports, Staffings, Visits
11. Payment
12. Other
13. Audio Recording
14. Federal Revenue

13600. Restricted Records

13600. Restricted Records [sarah.sanchez](#) Tue, 08/21/2018 - 18:05

1. Electronic and paper files require restricted access for the following categories of personnel and their families: Children's Administration (CA) staff; Economic Services Administration (ESA) Division Early Learning (DEL); personnel covered by the Public Assistance Bargaining Agreement; High Profile Cases; and other defined circumstances.
2. All information related to persons covered under this policy must be immediately secured both physically (in a locked file) and electronically.

13601. Creation of Restricted Records

13601. Creation of Restricted Records [sarah.sanchez](#) Tue, 08/21/2018 - 18:05

1. Restricted records will be created for:
 1. CA & DEL employee or their family members that are listed as a subject, victim, or client in a CPS, Risk Only or Non CPS intake; or in facility intakes/cases.

Note: Definition of "family" for CA personnel means members of the household of any employee. Other relatives may be designated if the employee, social worker or client makes a written request and receives approval from the DCFS/DLR Deputy Administrator, DCFS/DLR Area Administrator or the HQ Appointing Authority.

2. Any employee represented by the Washington Federation of State Employees or their family members are listed as a subject, victim or client in a CPS, Risk Only or Non CPS intake; or in facility intakes/cases.
3. All other DSHS employees listed as a subject in a CPS or Risk Only intake.
4. Legally Free Child's Case Record: Upon the Final Adoption Decree and archiving of a legally free child's case record, the child's pre-adoption record must be made Administrative restricted.
5. High Profile Cases as designated by an Appointing Authority.

13604. Access to Restricted Records

13604. Access to Restricted Records [sarah.sanchez](#) Tue, 08/21/2018 - 18:07

1. Children's Administration (CA) staff must not access any person, case or intake information without a need to know. "Need to know" means that the information is necessary in the discharge of an employee's professional responsibilities (see Administrative Policies No. 18.64; No. 05.01; 15.10)
2. Employees assigned to a case have access to restricted records associated with that case.
3. The following persons have been identified as the "designated Security Group" and have access to all restricted records in FamLink:
 1. Assistant Secretary
 2. FOD, P&PI, & Practice Model Division Directors
 3. Regional Administrators & Deputy Regional Administrators
 4. HQ Risk Management (Deputy FOD Director, Supervisor Constituent Relations, & Practice Consultants)
 5. DLR HQ Program Managers
 6. Legislative Liaison
 7. Ombudsman Office
 8. CATS Service Desk
 9. Foster Care Medical Team Supervisor & Lead Worker (HRSA)
 10. HQ IV-E (One Lead)
 11. HQ Payment Specialist (One Lead)
 12. HQ ICPC Supervisor
 13. HQ Adoption Support Program Manager
 14. Foster Care Public Health Nurse Program Coordinator & PH Assistant
 15. Area Administrators
 16. Administrative Secretaries
 17. Regional Safety (CPS) Program Managers or Fatality Review Program Managers
 18. Intake Supervisors

13605. Designated Access

13605. Designated Access [sarah.sanchez](#) Tue, 08/21/2018 - 18:07

Anyone in the designated Security Group listed above in 13604, may designate an individual access to an **open** record. Once supervisors or area administrators have been given access to a restricted record they may designate further access through secondary case assignments.

13609. Who May Restrict A File

13609. Who May Restrict A File [sarah.sanchez](#) Tue, 08/21/2018 - 18:09

Files meeting the criteria for restriction may be restricted in FamLink by a supervisor or above.

13700. Record Accuracy, Privacy, and Disclosure

13700. Record Accuracy, Privacy, and Disclosure [sarah.sanchez](#) Tue, 08/21/2018 - 18:11

This section addresses maintenance of accurate records, personal privacy, and disclosure and nondisclosure of CA records, including licensing records.

These topics are inter-related, with accuracy of information being a significant element.

13720. Public Records Request

13720. Public Records Request [sarah.sanchez](#) Tue, 08/21/2018 - 18:11

1. The Public Records Act, chapter 42.56 RCW, governs access to and disclosure of public records. CA is required to make identifiable public records promptly available for inspection and copying upon request by any person, unless nondisclosure is required or authorized by law.
2. Administrative Policy 5.02 governs all DSHS responses to Public Records Act requests. All CA staff must follow Administrative Policy 5.02. The CA Operations Manual is intended to supplement this policy with additional internal operation procedures.

13721. Public Disclosure Coordinator Responsibilities

13721. Public Disclosure Coordinator Responsibilities [sarah.sanchez](#) Tue, 08/21/2018 - 18:12

1. All CA Public Disclosure Coordinator must follow Administrative Policy 5.02, Public Records Requests. If Administrative Policy 5.02 and the CA Operations Manual contradict one another, the Public Disclosure Coordinator must follow Administrative Policy 5.02.
2. The Public Disclosure Manager, in the Finance and Operations Support Division (FOSD) is the designated Public Disclosure Officer for Children's Administration. The Public Disclosure function for CA is centralized under the Public Disclosure Manager, with regional offices as well as a headquarters unit.
3. Regional Public Disclosure Coordinators will respond to routine public disclosure requests. However, regional Public Disclosure Coordinators must not respond to the following requests and must immediately route such requests to a headquarters Public Disclosure Coordinator for response.
 1. Requests for reports collected at the state office; for example, statewide Health and Safety Report, FamLink reports generated at the state office level.
 2. Requests for information from more than one region where consistency of information is necessary.
 3. Requests from employees.
 4. Especially sensitive issues are best handled at Headquarters:

1. Requests from the media, including, newspapers, television, and radio;
 2. Requests from attorneys, which may involve potential lawsuits;
 3. Requests from legislators;
 4. Requests involving "hot" cases or those generating controversy in the community; and
 5. Other cases which may be of a hostile nature or where there is need for headquarters staff and Media Relations to be aware of the request.
5. When there is a question about whether the preparation should be done at the regional or headquarters level, the regional Public Disclosure Coordinator will consult with a headquarters Public Disclosure Coordinator. or the Public Disclosure Manager
4. Public Disclosure Coordinators must consult with an assigned AAG and/or the DSHS Public Records and Privacy Officer when an issue regarding the release of information is not clear.
 5. If the person requesting disclosure disagrees with the decision of a Public Disclosure Coordinator, the person may petition for review of the decision denying disclosure.
 1. If the petition is for the review of a decision made by a regional Public Disclosure Coordinator, it must be sent to a headquarters Public Disclosure Coordinator for review.
 2. If the petition is for the review of a decision made by a CA headquarters Public Disclosure Coordinator, it must be sent to the Public Disclosure Manager or their designee for review.

13722. Public Records Request - Responsibilities of all CA Staff

13722. Public Records Request - Responsibilities of all CA Staff [sarah.sanchez](#) Tue, 08/21/2018 - 18:12

CA staff must comply with the provisions of WAC Chapter 388-01 and DSHS Administrative Policy No. 5.02 - Public Records Requests. These responsibilities include, but are not limited to:

1. A public records request may be made to any staff and does not need to be made in writing or on a specific form. If a CA staff receives a public records request, or believes they may have received a public records request, they must forward that request immediately to a CA Public Disclosure Coordinator. Not doing so may result in fines to the agency under the Public Records Act, RCW 42.56.
2. When a Public Disclosure Coordinator requests records staff are required to provide all records, whether disclosable or not, to the Public Disclosure Coordinator. It is the responsibility of the Public Disclosure Coordinator to determine what may be disclosed.
 1. Failure to provide all responsive records may result in fines to the agency under the Public Records Act, RCW 42.56.
3. If a public records request is made at a time when such record exists but is scheduled for destruction, the department must retain possession of the record and may not destroy or erase the record until the request is resolved. WAC 388-01-060; RCW 42.56.100.

13726. Disclosure to Client's Representative

13726. Disclosure to Client's Representative [sarah.sanchez](#) Tue, 08/21/2018 - 18:13

When a representative designated by a client requests the client's record, the request must be accompanied by a written release signed by the client. The representative may be an attorney, legal guardian or lay representative. The written release must include the following:

1. The identity of the person(s) or organization(s) to whom disclosure is to be made;
2. An identification of the record, or portion thereof, to be disclosed; and

3. A statement of when the authorization for disclosure expires.

13790. Disclosure for Program and Other Purposes

13790. Disclosure for Program and Other Purposes [sarah.sanchez](#) Tue, 08/21/2018 - 18:13

1. For purposes directly related to the administration of department programs, information shall be disclosed between offices of the department, unless prohibited by 45 CFR 205.50 or other law.
2. For purposes directly connected with the administration of department programs, information may be disclosed by the department to outside agencies, unless disclosure is prohibited by law. Agencies or individuals receiving such information are subject to the same standards of disclosure as are required of the department.
3. To the extent not otherwise prohibited or authorized by law, inquiries from agencies outside the department will be honored only if written and only if the client's authorization is included in the request. WAC 388-01-070

13797. Purpose

13797. Purpose [sarah.sanchez](#) Tue, 08/21/2018 - 18:14

1. These forms were developed to meet the various federal and state statutory and regulatory requirements on a Department-wide basis, as confirmed by the review of program Assistant Attorney Generals (AAG).
2. The two forms provide uniformity and are valid Department-wide. CA will use the forms in place of any existing forms. Staff are to accept these forms as valid and not ask a client to complete a different DSHS form if one of these two has been properly executed.
 1. The Consent Form 14-012 allows programs to share information about mutual clients to coordinate service delivery.
 2. The Authorization Form 17-063 permits DSHS to release client records and information to a third party, including an attorney, legislator, or relative.

137110. Practice Considerations

137110. Practice Considerations [sarah.sanchez](#) Tue, 08/21/2018 - 18:16

1. The social worker provides, subject to the constraints outlined above, a copy of all case file information, relevant to a court proceeding, to a child's parent(s), guardian, legal custodian, or legal counsel. Information which the department reasonably expects to introduce to support the petition is considered relevant. The social worker will provide a copy, free of charge, within 20 days of a written request or prior to the Shelter Care Hearing, whichever is sooner.
2. Clients with proper identification have the right to look at their records if they request to do so. They also may challenge the accuracy, completeness, or relevance of statements. Sources of CPS complaints remain anonymous, and their names must be purged from the record prior to the client's review.
3. The social worker offers language interpreter services to clients who are unable to read the case record information.
4. All material presented at a dispute hearing is open to examination of the client and his/her representatives, even though such material would ordinarily be considered confidential.
5. Staff subpoenaed to appear in court shall not take the social service record unless it is also subpoenaed, at which point the social worker consults with the assigned Assistant Attorney General.

6. No individual shall make available outside the department a partial or complete list of service recipient names or address. Social Service Payment System (SSPS) reports containing client identifiers are confidential.
7. For adoption records, after the petition for adoption is filed, information, except medical reports, in the child's record may be released only by written order of a Superior Court.
8. With respect to the service records of children and youth who are under the jurisdiction of the court, the requirements outlined in the Case Services Policy Manual, Chapter 2000, section 2150, are to be followed. RCW 13.50.100
9. If a juvenile, his/her parents, or their attorney makes a written request asking the department about the existence and content of custody, or care records, the Area Manager completes the following steps.
 1. Makes written response to the inquiry within 10 working days after its receipt. The department provides to the juvenile, the parents, or attorney making the inquiry information regarding the location, nature, and content of any records in the department's possession. A juvenile, the parents, or the attorney, wishing to challenge the information contained in the department records, must notify the department in writing, providing:
 1. The name of the juvenile.
 2. A statement of those portions of the record alleged to be inaccurate.
 3. If retention of the record is being challenged, a statement as to why the record should be destroyed.
 2. Reviews the notification of challenge and responds in writing within 30 calendar days. The response will indicate the corrections which have been or will be made or shall state the basis for denial of any requested corrections. If appropriate, the response will also include a statement indicating whether the records have been destroyed or transferred to another juvenile justice or child care agency.
 3. Notifies the juvenile, the parents, or their attorney that, if they dispute the department's response, they may seek an administrative review of the decision as provided in the Administrative Procedure Act.
10. CA staff removing records to an alternative work site must maintain security and confidentiality of information contained in records. To maintain security and confidentiality, information contained in FamLink or mobile devices will be printed on CA network equipment

13907. Storage and Retrieval of Case Records

13907. Storage and Retrieval of Case Records [sarah.sanchez](#) Tue, 08/21/2018 - 18:22

1. Office Request Coordinator- Is the person(s) designated by the office as authorized to request records or obtain information from records stored at RRC.
2. Records Coordinator - Is the person(s) designated at HQ and in each local office to have responsibility and authority for the retention and destruction of all files.
3. Instructions for record storage, retrieval and destruction using the Records Retention Center bar code system can be found at the [Records Retention Center](#).
4. Non-essential volumes of an open case that are too large for the worker's cube can be sent to Records Retention Center for storage. The master files clerk must ensure that the case destruction date matches that of the other volumes when the case is closed. **If non-essential volumes are sent to the Records Retention Center, care must be taken to ensure that they are not prematurely destroyed.**

13908. Destruction of Records

13908. Destruction of Records [sarah.sanchez](#) Tue, 08/21/2018 - 18:23

1. Destruction lists sent from the Records and Retention Center are to be reviewed every month by the master files clerk/supervisor and final approval for destruction sent to the Records and Retention Center.
2. Final destruction requires that any related electronic records in FamLink be purged.

14112. Posters and Brochures

14112. Posters and Brochures [sarah.sanchez](#) Tue, 08/21/2018 - 18:24

1. The following posters must be displayed in each CA client reception area:
 1. Multilingual Interpreter Services, DSHS 24-019(X).
 2. Non-Discrimination posters in English, Cambodian, Chinese, Laotian, Spanish, and Vietnamese, DSHS 24-007.
2. Non-Discrimination Policy brochures in English, Cambodian, Chinese, Laotian, Spanish, and Vietnamese, DSHS 22-171(X) must be available for clients in each reception area.
3. Supplementary client information and brochures are available from the DSHS Forms and Publications Warehouse in a variety of languages.
 1. Each CA office is to maintain a supply of bilingual information for clients that is reflective of the languages spoken in the local service area.
 2. Following is the Translation Color-Coded System used by the department:
 1. SPANISH - Goldenrod
 2. VIETNAMESE - Yellow
 3. CAMBODIAN - Light Blue
 4. VIETNAMESE - Yellow
 5. LAOTIAN - Lime Green
 6. HMONG - Tan
 7. CHINESE - Orange
4. The Equal Employment Opportunity is the Law poster is to be displayed in the employee work area of each office.

14500. Requesting a Notary

14500. Requesting a Notary [sarah.sanchez](#) Tue, 08/21/2018 - 18:39

1. Following are the steps to be taken by CA staff to become a notary through the Office of Risk Management's (ORM) Risk Management Services Section:
 1. The applicant completes an Application for Appointment or Reappointment as a Notary Public, #NP659-007 Notary Public App (R5/94), obtained from the Department of Licensing.
 2. Once the application is completed, the contact person sends a memorandum to ORM, P. O. Box 45844, MS 45844, Olympia, WA 98504-5844. The following elements are included in the memorandum:
 1. Whether it is an original or renewal application.
 2. Name of the employee.
 3. Notary stamp delivery address.
 4. Contact person: name, address, and telephone number.
 5. Funding code.
 6. Whether or not applicant wants a notary stamp.
 3. Once the applicant receives the certificate in the mail, and, if the applicant has requested the procurement of a notary stamp, the applicant gives a copy of the certificate to the contact person.

4. The contact person faxes or mails a copy of the certificate to Kimura Insurance Agency, P. O. Box 3142, Seattle, WA 98114. Telephone number: (206) 323-4773; Fax number: (206) 324-7668.
5. Kimura Insurance Agency will then send the stamp by United Parcel Service to the local or regional CA office's street address.
6. If the applicant is renewing their notary, ORM needs to receive the renewal memorandum 45 days before the applicant's notary expires.
7. Staff with questions may contact ORM at (360) 664-3249

152063. Procedure

152063. Procedure [sarah.sanchez](#) Tue, 08/21/2018 - 18:53

1. Children's Administration staff shall use the form IBM Mainframe Security Access Form for Children's Administration to identify and authorize needed security. The individual(s) creating system user ID's need to have this information two weeks before a new employee begins work in order to have security in place before the employee's first day on the job.
2. This form must be included in entrance and exit interviews, filled out by the Human Resource Consultant Assistant (HRCA) or the supervisor of the new employee, and emailed to ISSD Data Security one week prior to the employee's first day and no more than one week after their last day of employment.
 1. Creating a user new to the Administration
 1. At least two weeks before the employee's first day, a user ID needs to be created within the CAMIS system. This ID will be generated from ISSD Data Security. This will generate the seven character alphanumeric log-in ID that will be used with the other systems. The job classification/title and office information for the user is to be entered at the time this ID is created.
 2. If the user is hired into a new position, using the ID generated in CAMIS, a new user profile will need to be created in the DSHS Domain by a Children's Administration Service Desk person and a user directory created. Within this profile, the local ITSS will add the groups needed for them to access necessary information and printing capabilities. This will give the user access to the Local Area Networks (LAN) and the mainframe where CAMIS resides.
 3. If the user is in an existing position that has been vacated, any files not relating to this position should be removed from the file server by the region's or headquarters' ITSS or exiting employee's supervisor. Any files that are related to the position should be transferred to the new employee by the region's or headquarters or exiting employee's supervisor. Also using the ID generated in CAMIS, a new user ID will need to be created in the Exchange e-mail system by the Children's Administration Service Desk.
 4. If the user has another ID created by another agency, that ID must be used only if that ID is available in the CAMIS system.
 5. e. If the user needs security for specific CAMIS applications, the supervisor submits via memo the request for security training to the Children's Administration Service Desk.
 2. Moving a User Within the Administration From One Position to Another
 1. Since the user should already have a CAMIS user ID and NT domain ID, Children's Administration Headquarters Help Desk staff needs to update the CAMIS and NT ID's by changing the office information. The NT ID information will be updated by the local/regional ITSS.
 2. An e-mail ID may need to be created if the user is moving to an office with a different e-mail domain.
 3. Deleting a User From the Respective Systems

1. CAMIS -- When a user leaves Children's Administration, the HRCA notifies the Children's Administration Help Desk and the local/regional ITSS within one week of the employee's departure.
2. The Children's Administration Service Desk will update the CAMIS account information by putting a date in the Inactive Data field. This will trigger the events to remove access security and ensure the security integrity of the CAMIS system.
3. The local/regional ITSS will transfer any mission critical files from the existing employee to the employee's supervisor (if necessary) and then delete the user's profile from the e-mail system and file server.
4. If the person is remaining with the administration, the employee's CAMIS ID remains active.
5. DSHS Domain -- When a user is leaving Children's Administration permanently, the DSHS domain ID is to be deleted. If the user is leaving the administration temporarily, the DSHS domain ID is to be disabled until the user returns.
6. E-mail -- The Exchange administrator also deletes the e-mail ID at this time.
7. Other Systems - When a user no longer needs access to other Information Services, the HRCA or supervisor notifies the Children's Administration Service Desk, who will remove the user's access to those systems.

15207. Patch Notification Response Procedures (PNRP)

15207. Patch Notification Response Procedures (PNRP) [sarah.sanchez](#) Tue, 08/21/2018 - 20:18

152071. Purpose

152071. Purpose [sarah.sanchez](#) Tue, 08/21/2018 - 20:19

1. The purpose of this document is to outline the necessary resources, steps and methodology needed to successfully classify and respond to virus definition file updates and software patch upgrade notifications from vendors.

152072. Applicability

152072. Applicability [sarah.sanchez](#) Tue, 08/21/2018 - 20:19

1. The standard applies to all automation systems supported by the Children's Administration Technical Services (CATS) Division and all CATS Staff.

152073. Definitions

152073. Definitions [sarah.sanchez](#) Tue, 08/21/2018 - 20:20

1. Patch: A temporary addition to a piece of code, usually as a quick-and-dirty remedy to an existing bug or misfeature.
2. Network: Refers to all automation resources maintained by the Division and includes hardware, software and infrastructure.

3. Patch Tracking Log: Electronic log used to track all actions taken in response to a Patch notification.
4. Virus Definition File: An electronic file that includes the information necessary for Antivirus Software to detect and repair viruses.
5. Maintenance Rollup Package: Refers to a collection of enhancements that are pushed out to PCs at regular intervals. These are generally non-critical and do not require immediate action.
6. CA Patch Notification Distribution List: E-mail distribution list that contains the names of all CATS staff that require notifications during patch procedures.

152074. Resources Requirements

152074. Resources Requirements [sarah.sanchez](#) Tue, 08/21/2018 - 20:20

1. CA Patch Notification Distribution List
2. Patch Tracking Log

152075. Procedures for Patch Application

152075. Procedures for Patch Application [sarah.sanchez](#) Tue, 08/21/2018 - 20:21

1. Upon receipt of notification of a Patch, the Technical Support Services Manager or designee and Senior Technical Analyst must determine the level of impact on the CA Network. There are 3 Impact Levels it can fall under; No Impact, Minor Impact, Critical Impact.
 1. No Impact means our systems are not vulnerable or fit the scope of the patch (i.e. we do not use that software or function) and it cannot be exploited on our network.
 2. Minor Impact means we may fit the scope but the patch does not fix vulnerability, or the fix is for non-critical functionality improvements (i.e. enhancements to software).
 3. Critical Impact means we fit the scope of the patch and not applying it could result in a negative impact on our network and systems resulting in loss of productivity.
2. Upon determination of impact level, the Technical Support Services Manager or designee and Senior Technical Analyst will take the following actions. All actions must be entered into the Patch Tracking Log.
 1. No Impact. If the patch falls in this category, make notation in Patch Tracking Log and communicate info to CA Patch Notification Distribution List.
 2. Minor Impact. If the patch falls in this category, communicate that info to the CA Patch Notification Distribution List and add it to the regular Maintenance Rollup Package.
 3. Critical Impact. If the patch falls in this category, the Senior Technical Analyst or designee will communicate that info to the CA Patch Notification Distribution List and invoke the Expedited Patch Application Plan (EPAP).

15209. Network Emergency Response Procedures (NERP)

15209. Network Emergency Response Procedures (NERP) [sarah.sanchez](#) Tue, 08/21/2018 - 20:24

152094. Resources Requirements

152094. Resources Requirements [sarah.sanchez](#) Tue, 08/21/2018 - 20:25

1. Complete CATS telephone, pager and personal number lists updated on a quarterly basis.
2. Standard communication device for CATS Staff that incorporates paging, cell phone and walkie-talkie or direct connect type capabilities not dependent on telephone land lines.
3. List of local office non-CATS, ISSD and DIS staff that could assist in an emergency.
4. SEA account.
5. Listing of remote computers and their users or custodians.

152095. Upgrade/Change Procedures

152095. Upgrade/Change Procedures [sarah.sanchez](#) Tue, 08/21/2018 - 20:25

1. All communication during an Event will occur in the following manner:
 1. The communication "tree" will mimic the chain of command for both upward and downward communication.
 2. Communications will occur at regular intervals during the event or as needed. The intervals will be determined by the CATS Director, Technical Support Services Manager or designee at the time of the Event based on its severity.
2. If any CATS staff suspects we are under the influence of an Event, that person will immediately contact the Technical Support Services Manager or designee with a description of the event, its symptoms and possible solutions.
3. If an Event is verified by the Technical Support Services Manager or designee, all appropriate staff will be notified by any means available. An interim stop-gap solution will be provided with the communication to prevent further damage to the network or loss of productivity.
4. The Technical Support Services Manager or designee will identify a NERP team. The NERP team will develop, document and prepare a solution for distribution as soon as possible.
 1. Depending on the severity of the event and the solution necessary, the Technical Support Services Manager or designee may summon the assistance of Non-CATS office support staff (see attached NERP Contacts list).
 2. If necessary, the SEA Account could be implemented. Please see the Shared Emergency Administration (ESA) Account Implementation Plan.
5. CATS and/or Office Support group will proceed to apply the fixes to equipment according to the priority identified by each office or as directed by their immediate supervisors. In the event that a priority list is not available from the office, the default priority will be as follows:
 1. Intake
 2. Social Workers
 3. Clerical
 4. Supervisors
 5. Management
6. Once the response is underway, the Technical Support Services Manager or designee will provide the Regional Management with a summary of the event, the plan to repair damage and an estimated time of completion.
7. If the solution involves computer software upgrades, once the local network has been protected, each CATS staff member will need to contact their office's remote users to ensure that a re-infestation does not occur via remote, non-wired or "checkout" equipment. If CATS staff is unable to reach a user who has a "remote" device they will revoke network rights for that device until such time an authorized staff member can physically test the device and ensure its safety on the Children's Administration network.
8. Upon completion of the response, CATS Management should conduct a review to determine the cause of the Event and how to improve processes and procedures to prevent such an emergency and/or improve the response in the future.

152091. Purpose

152091. Purpose [sarah.sanchez](#) Tue, 08/21/2018 - 20:24

1. The purpose of this document is to outline the resources, steps and methodology necessary to successfully resolve a network-wide emergency.

152092. Scope

152092. Scope [sarah.sanchez](#) Tue, 08/21/2018 - 20:24

The standard applies to all automation systems supported by the Children's Administration Technical Services (CATS) Division and all CATS staff.

152093. Definitions

152093. Definitions [sarah.sanchez](#) Tue, 08/21/2018 - 20:24

1. Event - an unplanned, non-specific issue that causes limited or a complete lack of computer and/or network functionality including viruses, natural disasters, fires, flooding, etc.
2. Remote Device - any laptop, notebook or tablet pc that can be removed from the network and used by Children's Administration staff
3. Shared Emergency Administrative (ESA) Account - an account created prior to an event and given full administrative privileges on every machine in the Children's Administration network.

15210. Shared Emergency Administration (SEA) Account Policy

15210. Shared Emergency Administration (SEA) Account Policy [sarah.sanchez](#) Tue, 08/21/2018 - 20:26

152101. Purpose

152101. Purpose [sarah.sanchez](#) Tue, 08/21/2018 - 20:26

1. The purpose of this document is to outline the administration of a Shared Emergency Administration (SEA) account. This account is to give Non-Technical Staff, office site assistants or other designated office workers full administrative privileges to Children's Administration desktop computers at the Local Administrative Level in response to an Event that requires software, patches or other solutions be applied to each computer locally and can't be distributed electronically.

152102. Applicability

152102. Applicability [sarah.sanchez](#) Tue, 08/21/2018 - 20:26

1. The standard applies to all automation systems supported by the Children's Administration Technical Services (CATS) Division and all CATS staff.

152103. Definitions

152103. Definitions [sarah.sanchez](#) Tue, 08/21/2018 - 20:26

1. Local Administrative Level- refers to permission specific to one piece of equipment and not across the whole network and/or domain.
2. Event - Non-specific issue that causes limited or a complete lack of computer and/or network functionality.
3. Non-Technical Staff - Refers to a staff member in each office who has been identified as a resource for CATS to use as needed to resolve technical issues.
4. Remote Tools - Any utility or software program that allows administration of a resource from other than its own counsel. (i.e. SMS, Remote Desktop, etc.)

152104. Resource Requirements

152104. Resource Requirements [sarah.sanchez](#) Tue, 08/21/2018 - 20:27

1. Complete list of non-technical staff as designated by the local CATS staff
2. SEA account and password established and installed on equipment

152105. Procedures

152105. Procedures [sarah.sanchez](#) Tue, 08/21/2018 - 20:27

1. Upon determining that the event is of a nature that requires assistance from non-technical staff, the Technical Support Services Manager, Area Technical Manager or a designated CATS staff member will distribute the SEA account login name and password (via fax or other method) through the local ITSS to the non-technical staff.
2. Once the event has been resolved, the Technical Support Services Manager or his designee will change the password for the SEA account via Remote Tools and/or manually on all affected CA equipment preventing in order to prevent its continued and unauthorized use. This new SEA account password will be shared only with the Technical Support Services Manager, Area Technical Managers and Senior Technical Analyst.

15211. CA Information System Disaster Recovery Procedures

15211. CA Information System Disaster Recovery Procedures [sarah.sanchez](#) Tue, 08/21/2018 - 20:27

15212. Securing Unattended Computer Terminals (06/16/06)

152121. Purpose

152121. Purpose [sarah.sanchez](#) Tue, 08/21/2018 - 20:29

1. To ensure our adherence to DSHS Administrative Policy 05-01 and to provide a policy for CA regarding the securing of computer terminals that provides access to confidential and mission critical data.
2. Confidential information includes all personal information (e.g., name, birth date, SSN, etc.) and case data (e.g., case number, type, allegations, etc.) relating to CA clients.
3. This policy is necessary to ensure that the administration is in compliance with the Washington State Department of Social and Health Services (DSHS) Information Technology Security Policy Manual (ITSPM), Chapter 3, Classifying and Protecting Data and IT Resources.

152122. Applicability

152122. Applicability [sarah.sanchez](#) Tue, 08/21/2018 - 20:29

1. This policy applies to all CA employees, whether working in CA offices, in private homes, or when connecting to the CA network remotely via wired or wireless access, whenever using electronic equipment to access client confidential information.

152123. Standard

152123. Standard [sarah.sanchez](#) Tue, 08/21/2018 - 20:30

1. Due to the critical and confidential nature of the data used by the Administration, it is necessary that all data files and information that are confidential or mission critical in nature are secure when staff leave their terminals unattended.
2. Employees must log off from CAMIS if they do not intend to use CAMIS for documentation or review of data for any period in excess of 90 minutes. CAMIS will automatically log off any user who has remained "idle" in the system for longer than 90 minutes. The automatic log off is necessary to assure data security, to allow active workers freedom to access the system, and to keep the system cost efficient. System users creating or updating CAMIS records, reviewing existing records, and/or performing searches in the system will not be involuntarily logged off if they perform any of these activities at least once every 90 minutes.
3. Employees who use computers that access the Local Area Network (LAN) must either log off or lock their workstations by using the built-in lock feature within the operating system when they leave their terminals unattended. Additionally, an auto-locking feature will be implemented on all CA computer equipment so that following ten (10) minutes of user inactivity the computer will automatically lock with a password.
4. For instructions on how to log off of the system or lock the computer with a password, staff should contact their local Systems Support Specialist or the CA Service Desk via email or telephone.
5. Computer terminals within CA will not be set up to automatically enter the user ID and password into either the LAN or CAMIS system via a macro or program.

Appendix A: Definitions

The following definitions apply to the Children's Administration (CA) *Operations Manual*.

"ACQUIRED IMMUNE DEFICIENCY SYNDROME" (AIDS) - a diagnosis given if an individual is infected with Human Immunodeficiency Virus (HIV) and has an AIDS defining condition or laboratory evidence of severely impaired immunity. These conditions in adults include pneumocystis carinii pneumonia (PCP), invasive cervical cancer, and tuberculosis. In children, symptomatic infection (Class P-2) might include PCP, bacterial infections, neurologic disease, or cytomegalovirus.

"AIR BORNE PATHOGENS" means pathogenic microorganism that can be present in air and can cause disease in humans. These pathogens include, but are not limited to, Tuberculosis (TB) Severe Acute Respiratory Syndrome (SARS), viruses (e.g. influenza), bacteria, and fungi.

"AUTHORIZING A PLACEMENT" is any situation where CA staff are called upon to make a recommendation about the suitability of a placement resource for a child.

"BLOOD BORNE PATHOGENS" means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and HIV.

"CASE FILE MAKE-UP" - For Case File Make-up, the following definitions apply:

1. **Case Number:** A case number consists of a two-digit office number, a one-letter program code, a six-digit basic number, and a one-digit suffix number.
2. **Case Record:** The folder(s) containing forms and documents related to a person or family group of CA clients.
3. **Client:** Any person requesting or receiving services in a CA office.
4. **Master File Clearances:** The research of initial information received by intake is verified and updated/input. This consists of a statewide CAMIS search, ACES check, and birth certificate search.
5. **Basic Number:** The basic number is a six-digit number unique within a CA office. The basic number is assigned upon opening a case. The basic number immediately follows the program code.
6. **Suffix:** A suffix is a one-digit number used to distinguish between a family record and a child's placement record (dash record).

"CHILD CARE INSTITUTION" means a private child care institution, or a public child care institution that accommodates no more than 25 children, and is licensed by the state in which it is located or has been approved by the agency of the state or tribal licensing authority (with respect to child care institutions on or near Indian Reservations) responsible for licensing or approval of institutions of this type as meeting the standards established for such licensing. The definition does not include detention facilities, forestry camps, training schools, or any other facility operated primarily for the detention of children who are determined to be delinquent. **45 CFR 1335.20**

"CHILD DAY CARE PAYMENTS" - The following definitions apply to the Child Day Care Payments Program.

In-home care is exempt from licensing.

An overpayment dispute arises when an individual disagrees with the overpayment determination. Clients, contracted vendors, and non-contracted vendors each have a different process for appealing the overpayment.

1. **“Approving Worker/Authorizing Worker”** means the approving worker is the representative of DSHS who establishes that the client is eligible to receive child care benefits. The authorizing worker is the representative of DSHS who authorizes child care payment through the Social Service Payment System (SSPS). The approving worker is often the authorizing worker also.
2. **“Child”** is a person 12 years of age or younger. Special needs child care may be authorized for a child 19 years of age or younger.
3. **“Family”** means two or more persons related by blood, marriage, or adoption residing in the same household.
 1. Related adults residing together, other than spouses, are each considered a separate family. Unmarried parents living together are considered a family for purposes of determining income eligibility.
 2. A child living with legally non-responsible relatives, a minor living independently, and a child living under the care of unrelated persons are also considered one-person families.
 3. A school-age parent residing in her/his parent's home with her/his child is considered a separate family unit for purposes of determining family income for eligibility for the Teen Parent Child Care Program.
 4. Only members of the immediate family residing in the same household are included in family size.
 5. Only members of the immediate family currently residing in the same household are included in family size for the military family whose mother or father is on active duty overseas or out of state.
4. **“Gross Income”** is both earned and unearned income. Earned income includes wages, overtime, tips, etc. Unearned income includes TANF grants (children's only), Social Security, Supplemental Security Income (SSI), child support, pensions, etc.
5. **“In-Home Care”** means child care given by:
 1. A relative in the child's own home. **“Relative”** means a grandmother, grandfather, aunt, uncle, cousin, or an adult sibling who lives outside the family home. See definition of “Relative Care-Giver,” below. Or
 2. An unrelated person in the child's own home.
6. **“Out-Of-Home Care”** means child care provided outside the child's home, including licensed family child care homes and licensed child care centers. Agencies or programs exempt from licensing, which may include but are not limited to the military, public schools, and Tribal Nations, request that DSHS, through OCCP, certify them as meeting licensing standards. Exempt agencies or programs must be certified to be eligible to participate in a state child care subsidy program.
7. **“Overpayment,”** for child care payments, means:
 1. **Client Overpayment**
 1. Payment is greater than the client is eligible to receive; or
 2. Payment is made for in-home or relative child care (child care exempt from licensing) services not provided.
 2. **Vendor Overpayment**
 1. Payment made to the vendor for services not provided; or
 2. Payment made to the vendor exceeds the amount due. For example: The vendor's customary rate is less than the amount paid or the vendor billed in excess of the time the child attended, including the allowable absence days.
 3. **Disputes**
8. **“Relative Care Giver”** means a child care provider who is 18 years of age or older who provides child care services to children who are, by marriage, blood relationship, or court decree, the grandchild, niece, nephew, or first cousin of the provider. Authorizations for other degrees of relationship, including but not limited to great and great-great, are approved through an Exception to Policy (ETP).
 1. The department shall allow no payment for child care given by the following relatives: father, mother, brother, sister, stepfather, stepmother, stepbrother, or stepsister.

2. The department does pay adult siblings living outside the family home. Authorizing workers may use their discretion to determine eligible degrees of relationship where the family's culture would define relative in a broader way.
9. “**Relative - Relative's Home Care**” means child care given by the child's relative in the relative's home. Relative-relative's home care is exempt from licensing. See the definition of “Relative Care Giver,” above.
10. “**COMPLAINANT**” means a CA client, foster parent, or other individual filing a complaint.

“**COMPLAINT**” means a formally expressed dissatisfaction about the application of a CA standard or procedure or about an action or failure to act by CA; it does not apply to an inquiry for information.

“**CONSULATE**” is a foreign governmental office with a designated official appointed to live in the host country, looking after that foreign country's citizen and business interests.

“**CONTAMINATED**” means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

“**CRIMES RELATING TO DRUGS**” means a conviction of a crime to manufacture, deliver, or possession with intent to manufacture or deliver a controlled substance. **RCW 43.43.830(6)**

“**CRITICAL INCIDENT**” includes serious and emergent incidents as defined by DSHS Administrative Policy 9.01 and other incidents requiring reporting or review, including but not limited to:

- A. Serious injury or death of a child in a CA active case or a case that has been closed within the last 12 months.
- B. Serious injury or death of a child in a Division of Licensed Resource (DLR) licensed facility.
- C. A case alleging client abuse or client neglect by a CA employee, volunteer, licensee, contractor, or another client.
- D. Conditions which present a substantial threat to CA operations or client safety, such as: a) work-related physical assault, serious injury, or death of a CA employee in the line of regular work activity; b) threat of physical violence to an employee or co-worker; c) bomb threat, hostage situation, break-in or burglary; or property damage.
- E. Vehicle accidents involving CA staff, foster parents, or child day care providers with clients when there is an injury or death.
- F. Runaway of child in CA care when there is serious threat to the child or community.
- G. Any other unusual event or situation of special concern to CA or that may elicit a request for information from the news media, families, or community.

“**EXPOSURE**” means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

“**FOREIGN NATIONAL**” is anyone in the boundaries of the United States who is not a citizen of the United States.

“**FOSTER PARENT LIABILITY PLAN**” - for the plan, the following definitions apply:

A. **Bodily Injury** - Tangible physical injury to the body of any third party person for which the foster parent is or may be held legally liable, sustained as the result of an action(s) of their foster/respice care child(ren). Does not include sickness, disease, death, shock, mental anguish, mental injury, humiliation, or other such conditions.

B. **Claim** - A written demand for payment pursuant to the terms of the Liability Plan. To be considered a claim the demand must be:

1. On the appropriate form;
2. Received by their social worker within 30 days of notice of property damage or personal/bodily injury; and
3. Received by ORM within 90 days of notice of property damage or personal/bodily injury.

C. **Depreciated Value** - That value established from the lost or damaged asset cost using an accepted function of depreciation method such as straight-line, units of production, double declining balance, or summary of the year digits.

D. **Foster Child** - A child who is within the care, custody, and supervision of DSHS and who has been placed in foster care by DSHS or DSHS-approved child placing agency.

E. **Foster Parent** - A person licensed by DSHS to provide care on a 24-hour-a-day basis to one or more assigned foster children in the foster parent residence.

F. **Foster Parent Household Members** - Any spouse, minor child(ren), or dependent member of the foster parent who is a permanent resident of the foster parent home. For purposes of the Plan, household members do **not** include other foster children.

G. **Gross Negligence** - The intentional failure to perform a manifest duty in reckless disregard of the consequences as affecting the life or property of another.

H. **Guardian Ad Litem**- A special guardian appointed by the court to represent the best interests of the minor child.

I. **Legal Guardian** - Person(s) lawfully invested with the power, and charged with the duty, of taking care of the person and managing the property and rights of a minor child (or one who is considered incapable of administering their own affairs).

J. **Occurrence** - A tangible identifiable incident, or series of incidents occurring in a manner so as to be deemed a single occurrence, that results in personal/bodily injury, or property damage, to any third party, that was intentionally, negligently, or otherwise caused by the foster parent or their foster/respice care child(ren).

K. **Owned Aircraft** - Serviceable/operable aircraft, including permanently attached devices/equipment and mechanical controls, owned/rented/leased by a third party or foster parent for their private or business use.

L. **Owned Motor Vehicle** - Serviceable/operable automobiles, trailers when attached to power units, and motor vehicles of any kind, including permanently attached devices/equipment and mechanical controls, owned/rented/leased by a third party or foster parent for their private or business use.

M. **Owned Watercraft** - Serviceable/operable powered or non-powered water craft, including permanently attached devices/ equipment and mechanical controls, owned/rented/leased by a third party or foster parent for their private or business use.

N. Personal Injury - Any injury which is an invasion of personal rights which may include such injuries to the person as libel or slander, criminal conversation, malicious prosecution, false imprisonment, and mental suffering.

O. Premises - The owned/rented/leased/occupied residential dwelling of the foster parent, including the structures attached to the residence, the surrounding land on which the residence is located, and structures located on the surrounding land, such as garages, sheds, or appurtenant structures.

P. Property Damage - Physical damage or loss to tangible property of a third party caused by the action(s) of a foster/respice care child(ren) for which the foster parent is or may be held legally liable.

Q. Respice Care - The temporary provision of care by foster parents for the maintenance, health, and safety of any eligible foster child.

R. Third Party - Any person other than the foster parent or foster parent household members as defined in this Liability Plan.

“FOSTER PARENT REIMBURSEMENT PLAN” - As used in the Reimbursement Plan, the following definitions apply:

1. **Claim** - A written demand made by a foster parent for reimbursement available pursuant to the Plan for property damages, losses, and emergency medical treatment costs incurred because of an act of their foster/respice care child(ren). Payments made under the Plan are made directly to the foster parent, including claims filed by the foster parent on behalf of their household members. The *Foster Parent Reimbursement Plan Claim* form, DSHS 18-400(X), must be used by foster parents to file claims under the Plan. Written correspondence or telephone conversations between the foster parent and DSHS employees does not constitute a valid claim.
2. **DDD Child** - A developmentally disabled child, not a foster child, who requires extraordinary care.
3. **DDD Respice Care** - For DDD participation in the Plan: The temporary provision of care by licensed foster parents for a developmentally disabled child who is not a foster child and who requires extraordinary care. This short-term care in the foster parent's home is approved/authorized by DDD Case Management Services to provide out-of-home relief to the parents of the child.
4. **Depreciated Value** - The dollar amount determined to be the worth or value of an item at the time of a property damage or loss occurrence because of wear and tear, its age, or other causes applied, based on accepted depreciation methodology.
5. **Emergency Medical Treatment Expenses** - Costs which the foster parent or household member incurred from receiving emergency medical treatment because of a personal bodily injury sustained as a result of an action of their foster/respice care child(ren). Emergency medical treatment is defined as treatment necessary to sustain life or prevent further injury which is provided immediately following an injury occurrence. It does not include follow-up medical treatment expenses.
6. **Foster Child** - A child who is under the care, custody, and supervision of DSHS and who has been placed in foster care by DSHS or a DSHS-approved child placing agency.
7. **Foster Parent** - A person licensed to provide for the care and supervision of foster/respice care children in their foster family home.
8. **Foster Parent Household Member** - Any spouse, minor child, or dependent relative of the foster parent who is a permanent resident of the foster parent home. For purposes of the Plan, a property damage, loss, or personal injury sustained by a household member is considered a foster parent damage, loss, or injury. Foster parents file claims on behalf of their household members. Household members do not include foster/respice care children in the foster parent home.
9. **I. Occurrence** - A tangible, identifiable incident which results in a personal bodily injury, property loss, or property damage; or a series of incidents occurring in such a manner as to be deemed a single damage

occurrence to a property item, sustained by a foster parent or household member caused by their foster/respite care child(ren).

10. **Owned Aircraft/Watercraft** - Serviceable/operable aircraft, or powered or non-powered water craft, including permanently attached devices/equipment and mechanical controls, which are owned, rented, or leased by the foster parent for their private or business use.
11. **Owned Motor Vehicle** - Serviceable/operable automobiles, and trailers when attached to power units, and motor vehicles of any kind, including permanently attached devices/equipment and mechanical controls, which are owned, rented, or leased by the foster parent for their private or business use.
12. **Personal Bodily Injury** - Tangible physical injury to the body of a foster parent or their household member sustained as the result of an action of their foster/respite care child(ren).
13. **Property Damage/Loss** - Physical damage or loss of tangible property belonging to the foster parent or their household member caused by their foster/respite care child(ren).
14. **Residence** - The occupied dwelling of the foster parent (owned, rented, or leased) including attached structures, and the surrounding land and structures located on the premises such as garages, green houses, and sheds.
15. **Third Party** - Any person other than the foster parent or their household member.
16. **"HEPATITIS B VIRUS"** (HBV) - a virus spread by exposure to blood, semen, vaginal secretions, and, rarely, breast milk of an HBV infected individual. It can cause inflammation and damage to the liver, occasionally leading to chronic illness and death.

"HUMAN IMMUNODEFICIENCY VIRUS" (HIV) - the virus that causes AIDS. HIV is spread by exposure to blood, semen, vaginal secretions, and, rarely, breast milk of an HIV infected individual.

"U.S. CITIZENSHIP AND IMMIGRATION SERVICE" (USCIS) is the federal agency responsible for all policies and procedures related to the presence of foreign nationals in the United States. The USCIS is the agency with authority to determine an individual's immigration status.

"INTERPRETER" is a person who speaks English and another language fluently. An interpreter enables clients and staff to communicate with each other.

"LAWFULLY ADMITTED ALIEN" is anyone admitted for permanent or temporary visitation or residence who has not been granted citizenship.

"LEP CASE" is a family unit wherein any person requests services in a language other than English.

"LEP FAMILY UNIT" consists of parent(s), children, other significant household members, or extended family being provided services.

"LICENSED HEALTHCARE PROFESSIONAL" is a person whose legally permitted scope of practice allows him or her to independently perform the activities required for post-exposure evaluation and follow-up, such as physicians and dentists.

"LIMITED ENGLISH PROFICIENCY" (LEP) includes individuals who are unable to speak, read, and/or write English well enough to communicate effectively.

"LIMITED ENGLISH SPEAKING" (LES) are those individuals whose primary language is not English and who are not sufficiently fluent in English to convey and receive effectively the information needed to apply for and benefit fully from Children's Administration services. LEP and LES are frequently used interchangeably.

"MAIL" - Definitions relating to office mail include:

1. **Business Reply (BR) Mail:** A service by which Children’s Administration offices provide clients and other individuals with specially printed envelopes which allow people to send mail postage free to DSHS organizations.
2. **Business Reply (BR) Account:** The account each Children’s Administration office has with the local post office to pay postage on items mailed to Children’s Administration in the Business Reply envelopes.
3. **Cash Items:** For purposes of this chapter, cash items include currency, endorsed warrants, personal or cashier's checks, and commercial, bank, or postal money orders.
4. **Classes of Mail:**
 1. **First Class Mail** - Consists of material weighing 12 ounces or less. First Class mail may not be opened for postal inspection.
 2. **Priority Mail** - Consists of First Class mail weighing more than 12 ounces. Maximum weight is 70 pounds and maximum size is 100 inches in length/girth combined.
 1. **Certified Mail** - Consists of First Class or Priority mail of no intrinsic value and provides the sender with proof of posting. A record of delivery is maintained at the addressee's Post Office. The charge for Certified mail is in addition to the First Class or Priority mail charge. Certified mail does not insure the item against loss or damage.
 2. The following services are available for additional fees and provide the sender with a return receipt:
 1. Show To Whom and Date Delivered - Provides the sender with this information.
 2. Restricted Delivery - Mail will only be delivered to the addressee or the representative named in writing and on file at the Post Office.
 3. Show To Whom, Date, and Address of Delivery - Provides the sender with this information
5. **Confidential Mail:** Marked as “confidential” and is opened only by the addressee or that person’s supervisor/designee.
6. **Incoming Mail:** For purposes of this chapter, incoming mail consists of any envelope or package delivered to the office or staff member.
7. **Mail Clerk:** For purposes of this chapter, an individual responsible for opening incoming mail, listing cash items in the Cash Items mail log, and/or preparing outgoing mail.
8. **Negotiable Items:** All items defined as "Cash Items" and "State Office (SO) Negotiables."
9. **Outgoing Mail:** For purposes of this chapter, outgoing mail consists of any envelope or package going from the office to another location.
10. **Postage Due Account:** The account a DCFS office has with the local Post Office to pay postage due for items mailed to that office with insufficient postage.
11. **Remote Meter Resetting System (RMSR) Meter:** The type of meter for the postage machine which allows the office to purchase additional postage for their meter by telephone/electronic means, on the day the postage is needed and without taking the meter to the Post Office.
12. **State Office Negotiables:** For purposes of this chapter, SO negotiables consist of the following items:
 1. **Warrants** - State of Washington checks issued to providers of services to clients (commonly called Vendor Warrants);
 2. **Medical Coupons** - A document issued by State Office, DSHS 6-28, or local offices, DSHS 13-030PC, and presented by eligible clients to pay for medical services.

“**MANAGEMENT TEAM**” includes, for CA, the Assistant Secretary, Division Directors, Office Chiefs, and Regional Administrators.

"**MUCOUS MEMBRANE**" is the moist layer of tissue that lines the mouth, eyes, nostrils, vagina, anus, or urethra.

“**ORIGINAL PLACEMENT DATE**” or “**ORIGINAL FOSTER CARE PLACEMENT**”, for the purposes of the Social Security Act and federal regulations, means the date of the child’s most recent removal from the

child's home and placement into foster care under the care and responsibility of the state agency. **45 CFR 1356.21(f)**

This definition applies both to children placed in foster care under a voluntary agreement and to those children under the state's responsibility through court order. Therefore, the original date of placement, for purposes of Title IV-E and section 427 of Title IV-B, would be when the child is in foster care and the state has been given responsibility for care either through a voluntary placement agreement or a court adjudication. There is no requirement under either Title IV-B or IV-E that the state have legal custody. **PIQ 83-06**

"OTHER POTENTIALLY INFECTIOUS MATERIALS" means:

1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
3. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

"PANEL REVIEW" means a review by a panel consisting of members appointed by a DCFS Regional Administrator.

"PARENTERAL" means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

"PERSONAL PROTECTIVE EQUIPMENT" is specialized clothing or equipment worn by an employee for protection against a hazard; e. g., latex gloves, protective eye wear, CPR 1-way valves, protective gowns/aprons.

"PRIMARY LANGUAGE" is that identified by the client as the language in which the client chooses to communicate.

"PROPHYLAXIS" is any substance or steps taken to prevent something from happening.

"PUBLIC RECORD," for the purpose of public disclosure, includes any writing containing information relating to the conduct of government or the performance of any governmental or proprietary function prepared, owned, used, or retained by any state or local agency regardless of physical form or characteristics. **RCW 42.17.020(29)**

"RECEPTION" - For the purposes of Reception, the following definitions apply:

1. **Client** - Any person requesting or receiving services in CA offices.
2. **Financial Service** - Any inquiry for financial, medical, and/or food stamp benefits will be referred to the appropriate Community Services Office (CSO). Exception: A request for medical coverage for a child receiving adoption support or foster care payment from another state is referred to a social worker.
3. **Limited English Proficiency (LEP)** - A person who speaks or reads little or no English.
4. **Sensory Impaired (SI)** - A person who has little or no sight and/or little or no hearing.
5. **Social Service** - A service provided by the agency to meet a client's need; e.g., foster home licensing, Child Protective Services (CPS), Child Welfare Services (CWS), Child Day Care financial support, adoptions, Family Reconciliation Services (FRS), licensing for private agencies.

"REGULATED WASTE" means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

"SENSORY IMPAIRED" means hard-of-hearing, deaf, partially sighted, or blind.

"SEXUALLY TRANSMITTED DISEASE" (STD) - a bacterial, viral, fungal, or parasitic disease or condition which is usually transmitted through sexual contact. A list of STDs appears in WAC 246.100.011(33).

"SHARPS" means any object that can penetrate the skin including, needles, broken glass, etc.

"STANDARD PRECAUTIONS- The term "Standard Precautions" (formerly referred to as Universal Precautions) refers to precautions that must be undertaken in any environment in which a person might be exposed to a communicable disease. According to OSHA (*U.S. Department of Labor Occupational Safety and Health Administration*), "this method of infection control requires employees to assume that *all* human blood and specified body fluids are infectious for HIV, HBV and other blood borne pathogens. Where differentiation of types of body fluids is difficult or impossible, *all* body fluids *are* to be considered as *potentially infectious*."

"SUB-RECIPIENT" means any person, governmental organization, or non-profit agency receiving qualified federal financial assistance from DSHS and to whom DSHS delegates the federal program policy and authorization responsibility.

"TRANSLATOR" is a person highly competent in reading and writing English and other languages.

"UNDOCUMENTED INDIVIDUAL" is anyone in the boundaries of the United States without a visa, work permit, alien status documentation (such as status granted by the Immigration Reform and Control Act) that grants temporary or extended visitation or residence.

"UNIVERSAL PRECAUTIONS" is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens. Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, or vomit unless they contain visible blood.

"WRITING," for purposes of public disclosure, means handwriting, typewriting, printing, photostating, photographing, and every other means of recording any form of communication or representation, including, but not limited to, letters, words, pictures, sounds, or symbols, or combination thereof, and all papers, maps, magnetic or paper tapes, photographic films and prints, motion picture, film or video recordings, magnetic or punched cards, discs, drums, diskettes, sound recordings, and other documents including existing data compilations from which information may be obtained or translated. **RCW 42.17.020**