



**Mecklenburg County
Department of Internal Audit**

Mecklenburg County Department of Social Services
Intake and Child Protective Services Assessment
Audit Report 1661

June 1, 2017

Internal Audit's Mission	To support key stakeholders in cultivating an environment of accountability, transparency, and good governance.
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Obtaining Copies of Internal Audit Reports	This report can be found in electronic format at http://charmec.org/mecklenburg/county/audit/reports/pages/default.aspx



MECKLENBURG COUNTY
Department of Internal Audit

To: Peggy Eagan, Director, Department of Social Services
From: Joanne Prakapas, Director, Department of Internal Audit
Date: June 1, 2017
Subject: Intake and Child Protective Services Assessment Audit Report 1661

The Department of Internal Audit has completed its audit of the Intake and Child Protective Services Assessment processes under the Youth and Family Services Division¹. The audit objective was to determine whether internal controls effectively manage key business risks inherent to those activities. This audit excluded evaluation of the County's CARE Line and intake call center, which were being evaluated separately by an external consultant. Internal Audit interviewed key personnel; reviewed and evaluated policies, procedures, and other documents; observed operations; and tested various activities for the period of January 1, 2013 through December 31, 2015.

This audit was conducted in conformance with The Institute of Internal Auditors' International Standards for the Professional Practice of Internal Auditing. These standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

OVERALL EVALUATION

Overall, key risks inherent to intake and assessment processes were managed to an acceptable level; however, opportunities exist to improve the design and operation of some control activities.

¹ A division of the Department of Social Services

RISK OBSERVATION SUMMARY

The table below summarizes the risk observations identified during the course of the audit, grouped by the associated risk factor and defined in Appendix A. The criticality or significance of each risk factor, as well as Internal Audit’s assessment of the design and operation of key controls to effectively mitigate the risks, are indicated by the color codes described in Appendix B.

RISK OBSERVATION SUMMARY			
Risk Factors and Observations	Criticality	Design	Operation
1. Policies and Procedures Risk	●	●	●
1.1 Formal Documentation			
2. Compliance Risk	●	●	●
2.1 Independent Evaluations 2.2 Background Checks 2.3 Assessment Timeliness 2.4 Safety Assessments 2.5 Case Staffing 2.6 On-going Contacts 2.7 Two-party Reviews 2.8 Notification Letters 2.9 Responsible Individuals List			
3. Human Resource Risk	●	●	●
3.1 Staff Training			
4. Segregation of Duties Risk	●	●	●
No risk observations noted			

The risk observations and management’s risk mitigation strategies defined in Appendix C are discussed in detail in the attached document. Internal Audit will conduct a follow-up review to verify management’s action plans are implemented and working as expected.

We appreciate the cooperation you and your staff provided during this audit. Please feel free to contact me at 980-314-2889 if you have any questions or concerns.

- c: County Manager
- Assistant County Managers
- Deputy County Attorney
- Senior County Attorney
- Board of County Commissioners
- Audit Review Committee

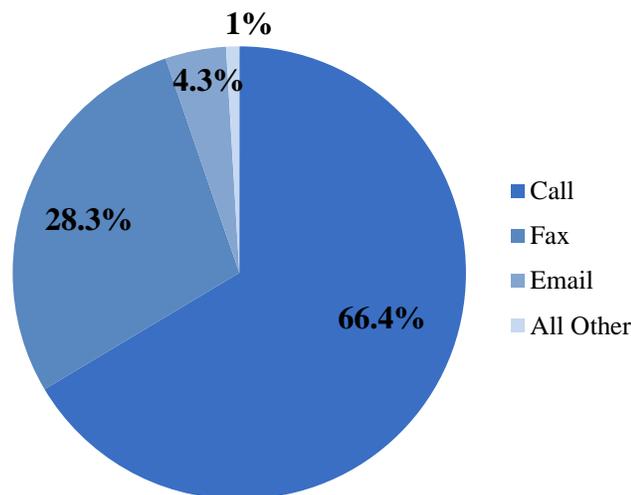
BACKGROUND

The Mecklenburg County Department of Social Services (DSS) provides protective services to children alleged to be abused, neglected, or dependent in accordance with North Carolina General Statute (NCGS) §7B-300. The DSS Youth and Family Services (YFS) Intake Service staff receives and responds to referrals of potential child abuse, neglect, or dependency (CA/N/D) as defined by NCGS §7B-101. Youth and Family Services take referrals 24 hours a day, seven days a week from a variety of sources, such as individuals, hospitals, schools, or law enforcement.

- *Intake Services* receives and screens referrals for Child Protective Services (CPS) Investigations.
- *Child Protective Services Investigations* conducts assessments on cases identified as meeting the statutory definitions of abuse, neglect, or dependency.
- *Family Interventions* serves families where assessments substantiated abuse, neglect, and/or dependency. They also serve families to help prevent children from being taken into custody, to reduce risk, and to alleviate well-being concerns.
- *Permanency Planning* works towards a permanent plan to provide a safe and nurturing home for children in legal custody.
- *Adoptions* attempts to find permanent homes for children legally cleared for adoption.
- *Resource Development* recruits, trains, and licenses foster homes and partners with other agencies to provide an array of placement options and services for children in legal custody.

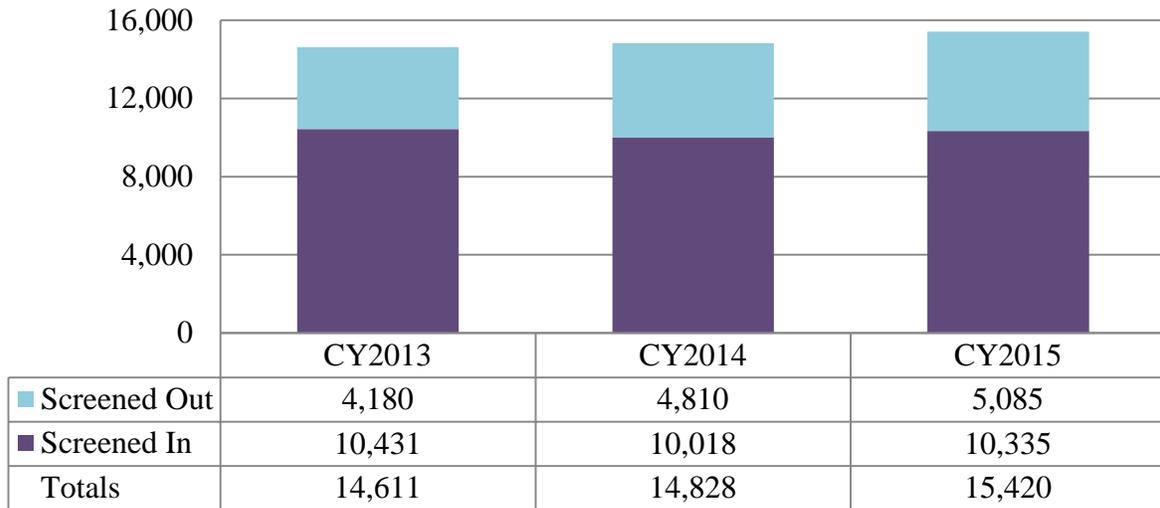
The majority of referrals are received via calls to the County's 24-hour CARE Line. From January 2013 through December 2015, the County received 46,344 potential CA/N/D reports. Of total referrals received, Intake Services staff identified 66.4% for assessment.

CY2013-2015 CPS Referral Sources



Source: ISSI Child Welfare Case Record System, unaudited

2013-2015 Intake Screening Decision



Source: ISSI Child Welfare Case Record System, unaudited²

Intake Services

The Intake Services staff receives and screens all referrals using various decision-making tools to determine whether the referrals fall under the State’s definition of CA/N/D. Once staff accepts the referral for investigation, they determine the required response time based on the child’s perceived safety risk, the situation’s urgency, and staff’s prioritization of the referral. The response time could be immediate, within 24 hours, or within 72 hours. All screening decisions require a two-party review where at least one party is a supervisor.

The Intake Services staff determines the appropriate jurisdiction to conduct the assessment. Staff may receive screened referrals from other counties that fall within Mecklenburg County’s jurisdiction and will determine the timeframe and prioritization for those cases as well. The Intake Services staff will also transfer cases to other counties that fall outside of Mecklenburg County’s jurisdiction. Other counties in- and out-of-state may request case assistance from Mecklenburg County.

The Intake Services staff uses the Structured Intake form to record case record information into the Integrated Social Services Information (ISSI) system, the Department’s case record system. The intake form is required documentation by the State to be included in each case. Case record documentation recorded during intake is ultimately forwarded to a CPS social worker for follow-up assessment where applicable.

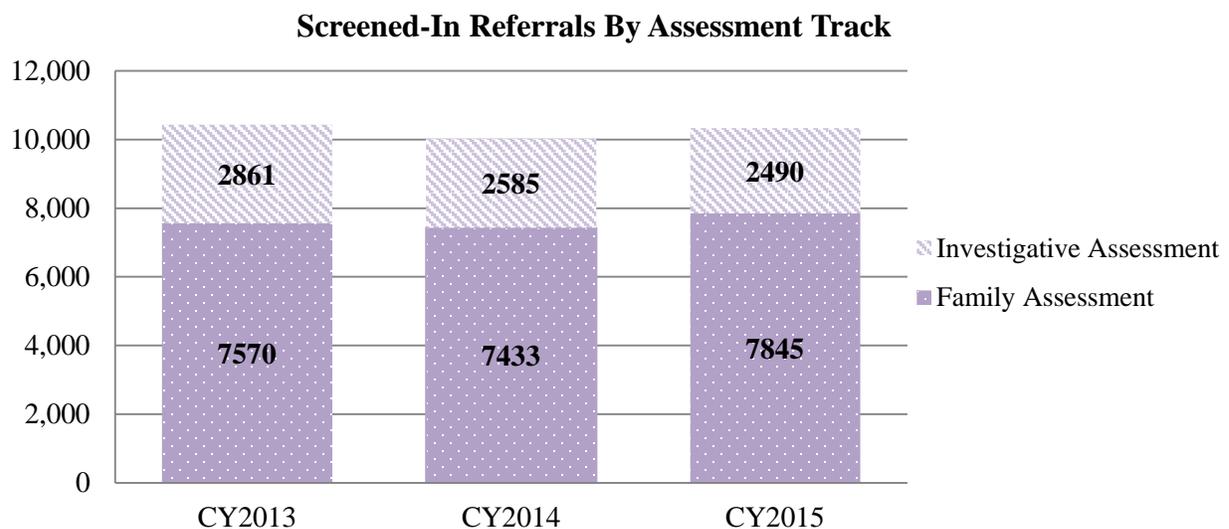
² Chart data excluded 1,485 intake records that did not indicate a screening decision.

Child Protective Services Assessment

Case Initiation

Once a case is forwarded to a social worker for assessment, he or she must initiate the case within the response time determined by Intake Services staff. Per State requirements, a case initiation must have face-to-face contact with all children residing in the home. The response time is measured from receipt of the referral to completion of initiation activities. Cases requiring an immediate response are expedited. Additionally, YFS Intake Services has a sub-unit that performs intake activities and initiates assessments after normal business hours prior to the case record being forwarded to a CPS social worker for follow-up.

The North Carolina's State Multiple Response System divides assessments as either a) Investigative Assessment for abuse or certain neglect cases or b) Family Assessment to address needs of the children by engaging the family.



Source: ISSI Child Welfare Case Record System, unaudited

Risk and Safety Assessments

The assigned CPS social worker conducts risk and safety assessments as part of the Family or Investigative assessment. On an ongoing basis, the social worker evaluates the risk, health, and safety factors of the child's environment. The risk assessment evaluates the potential for future maltreatment of the child, while the safety assessment evaluates the child's present danger and any immediate interventions necessary to protect the child.

The social worker must document a minimum of two safety assessments, one at the beginning of the Family or Investigative assessment and one prior to the case decision. Safety assessments must also be documented in the following circumstances:

- Prior to the removal of a child from the home
- Prior to the return home in cases where the caretaker temporarily places the child outside the home as part of the safety plan
- At any point a new referral is received that meets the legal definition of CA/N/D
- At any other point where safety issues are revealed

The safety assessment may result in a decision of *Safe*, *Conditionally Safe*, or *Unsafe*. When a decision of *Unsafe* or *Conditionally Safe* is made, the social worker must develop a safety plan with the parent and other caregivers who can provide resources necessary to assure the child's safety. Alternatively, the YFS attorney or designee may file a petition for juvenile court intervention.

Communication

A social worker must have ongoing communications throughout the process, including face-to-face contacts with child and family home visits. The social worker must obtain relevant background information checks on the family and any adults residing in the home, as well as speak with other parties who can assist in the assessment. All case-related communications and attempts to contact the family must be documented in the case record.

Per NCGS §7B-307(a), if evidence is found a parent, guardian, custodian, or caretaker may have abused a child as defined by NCGS §7B-101, the county department of social services must give immediate verbal notification to law enforcement and the district attorney (or designee). Subsequent written notification must be made within 48 hours. The director must communicate similarly if the child may have been physically harmed in violation of any criminal statute by a person other than the parent, guardian, custodian, or caretaker. Social workers are expected to continue working closely with law enforcement and the district attorney's office even after notifications are made.

Documentation

Prior to making the final case decision, social workers are required to complete State structured decision-making documents, including:

- *The North Carolina Family Risk Assessment of Abuse/Neglect* that determines the risk level of future harm in the family and the level of service to be provided to each family.³
- *The North Carolina Family Assessment of Strengths and Needs (FASN)* that evaluates the presenting strengths and needs of the family of a child alleged or confirmed to have been a CA/N victim. The FASN assists the social worker in determining areas of family strengths and needs that should be addressed within the In-Home and/or Out-of-Home Family Services Agreement.

Child Protective Services social work supervisors provide social workers oversight during weekly staffing meetings as required by YFS management to provide guidance and ensure adherence to law, rules, and policies. Supervisors must also ensure staff receives 72 hours of pre-service training and 24 hours of annual continuing education for all staff engaging in direct-client contact as required by State law.

³ A risk assessment is not required for referrals involving childcare facilities or residential facilities, such as group homes or Department of Health and Human Services facilities.

Staffing meetings must be documented in the case records and training must be documented in either the County human resources management system (PeopleSoft) or the State's dedicated training website for North Carolina Human Services professionals.

The social worker uses the *North Carolina Case Decision Summary/Initial Case Plan* to document the case decision and assess the frequency and severity of maltreatment, current safety issues, future risk of harm, and need for protection. All final case decisions require a two-party review where at least one party is a supervisor. The supervisor must sign off on all assessment reports to indicate concurrence with the decision and approval of documentation.

Assessment timeliness is measured by the number of days between the referral receipt date and the case decision date. Prior to December 2016, the State required investigative and family assessments to be completed within 30 and 45 days respectively. As of December 2016, either assessment must be completed in 45 days.

Child and Family Team Meetings

The social work team consisting of the social worker and his or her supervisor, at a minimum, may conduct a Child and Family Team (CFT) meeting at various times during the course of an assessment if it appears the child may be removed from the home. The State requires a CFT meeting between the social work team and the family to explore other safety arrangements and possible placements. Youth and Family Services further stipulates the CFT meeting should take place either prior to filing the petition for removal or no later than seven days after the child has been removed.

Central Registry Reports

Per NCGS §7B-311, a county department of social services must submit to the North Carolina Central Registry (Central Registry) a report of all alleged child abuse, neglect, and dependency cases, or child fatalities as a result of alleged maltreatment. The Central Registry is a State data repository compiling local agency data on child abuse, neglect, and dependency. If abuse or serious neglect case findings are substantiated and an adult perpetrator has been identified, the department must also report the perpetrator so he or she can be placed on the Responsible Individuals List (RIL). The RIL provides authorized persons and agencies access to information that helps determine an individual's current or prospective employability or fitness to care for children. An RIL review is part of all assessments' background information checks. Once CPS makes a determination to place an individual on the RIL, the individual has the right to request a judicial review that could reverse the decision.

COUNTY MANAGER’S OVERALL RESPONSE

The County Manager concurs with all action plans and implementation timeframes.

RISK OBSERVATIONS AND MITIGATION STRATEGIES

Risk Factor	Criticality	Design	Operation
1. Policies and Procedures Risk	●	●	●

Risk Observation

1.1 Formal Documentation—While the Department had formal, documented policies and procedures for many aspects of its intake and assessment processes, some procedures did not reflect current and/or best practices. Further, these policies and procedures had not been updated since 2013 except for one addendum policy updated in 2014. Yet, policies and procedures are important control activities to help management ensure its directives are carried out while mitigating risks that may prevent the organization from achieving its objectives.

Recommendation

1.1 Internal Audit recommends management develop and implement formal, documented intake and assessment procedures and train staff accordingly. Procedures should, at a minimum, include:

- Intake screening, case assignment, case-related research, investigative and family assessments, and external communications
- State statutory and County requirements
- Documentation requirements, e.g., compliance exceptions
- Staff roles and responsibilities, including proper segregation of duties
- Supervisory oversight and monitoring
- Training requirements
- Periodic policy and procedure reviews and updates

Management’s Response

1.1 **Risk Mitigation Strategy:** Reduce **Implementation Date:** July 1, 2018

Action Plan: Management will work with the Annie E. Casey Foundation to improve Policy/Procedure and develop a Practice Model. The agency has formed a Committee to identify, update and document current practices.

Risk Factor	Criticality	Design	Operation
2. Compliance Risk	●	●	●

Risk Observations

- 2.1 Independent Evaluations—While the YFS Division conducted independent compliance and quality assurance evaluations for assessments, it did not conduct similar evaluations for the intake process.
- 2.2 Background Checks—Intake Services staff did not always complete the Central Registry and criminal history background checks within seven days of the referral date as required by YFS management. Eleven of 25 or 44.0% of cases sampled did not have timely background checks.
- Background checks for five cases were completed 10-16 days after the referral date
 - Background checks for five cases were completed 45-96 days after the referral date
 - One case had no background check completed
- 2.3 Assessment Timeliness—Timeframes dictated by the State or YFS management were not always met. Of the 10,208 referrals received⁴ that resulted in a Family or Investigative assessment:
- Social workers did not initiate 483 or 4.7% of assessments within the allotted timeframe; nor did they provide an explanation for the delay or of diligent efforts to complete the initiation.
 - Social workers did not complete 4,519 or 44.3% of case decisions within the State-mandated timeframe.
 - 2,853 of 7,515 or 38.0% of family assessments were not completed within the 45-day requirement
 - 1,666 of 2,693 or 61.9% of investigative assessments were not completed within the 30-day requirement

Moreover, in a sample of 25 completed investigative and family assessments reviewed, social workers did not document the case decision within the State-mandated period of 30 or 45 days respectively for 11 or 44.0% of cases; nor did they provide an explanation for the delay.
 - In a sample of 16 cases reviewed that had petitions to remove the child, 13 or 81.3% did not have the Child and Family Team (CFT) meeting prior to filing the petition for removal or no later than seven days after the child has been removed from the home as required by YFS Management. Three of the 13 had no CFT meeting and 10 held the meeting 13-98 days after the child was removed.
- 2.4 Safety Assessments—Of 24 cases sampled that required safety assessments, social workers did not complete the required minimum number of assessments in 8 of 24 or 33.3% of the cases.
- 2.5 Case Staffing—Fourteen of 25 or 56.0% of cases sampled showed CPS staff did not document case staffing meetings to evidence they occurred at least every 14 days as required by YFS management.

⁴ Referrals received from January 1, 2013 through December 31, 2015

- 2.6 On-going Contacts—Thirteen of 25 or 52.0% of cases sampled showed social workers did not document that face-to-face contact with victim children and families occurred at least once every 14 days as required by YFS management. Also, social workers did not document any reasonable efforts to make contact in eleven of the 13 exceptions noted.
- 2.7 Two-party Reviews—The Intake Services and CPS staff did not consistently evidence their two-party reviews that should include at least one supervisor as required by the State and YFS Management. Data analytics of all ISSI referrals and assessments identified exceptions where the two-party review was conducted by the same person and/or was not appropriately documented.

Two-party Review Exceptions			
Case Record Documents	Population	Exceptions	Exception Rate
Structured Intake Form	46,344	6,631	14.3%
Safety Assessment	9,902	2,881	29.1%
Risk Assessment	9,902	1,933	19.5%
Documentation Tool	10,208	2,167	21.2%
Family or Investigative Assessment Case Decision	10,208	5,161	50.6%
Strengths and Needs Assessment	510	141	27.6%

- 2.8 Notification Letters—Social workers did not always comply with State requirements to send notification letters to the district attorney and law enforcement officials once evidence of child abuse and/or serious neglect was discovered. A sample of twelve case records that required notification letters had no evidence that letters were sent.
- 2.9 Responsible Individuals List—The Department did not have a mechanism in place to add the names of identified perpetrators of child abuse or serious neglect onto the North Carolina Central Registry's RIL. Nor did it have a process for monitoring the RIL to ensure it is updated as needed. Because YFS and other authorized agencies and persons rely on RIL information to help determine an individuals' fitness to care for children, an outdated RIL could pose a potential risk to a child's safety and well-being.
- 389 potentially eligible perpetrator names had not yet been reviewed by YFS staff to determine whether they should be added to the RIL⁵.
 - 47 perpetrator names that should have been added to the RIL based on judicial review decisions had not been added.
 - 24 perpetrator names were not listed in ISSI to ensure YFS staff oversight until the names were added to the RIL, yet these names should have been added based on judicial review decisions.

⁵ As of a June 16, 2016 ISSI system report

Recommendations

- 2.1 Internal Audit recommends management ensure YFS staff conducts independent compliance and quality assurance evaluations for the intake process.
- 2.2 Internal Audit recommends management ensure Intake Services staff completes all case Central Registry and criminal history background checks within seven days after the referral date.
- 2.3 Internal Audit recommends management work with Mecklenburg County Business Process Management to evaluate current practices and identify efficiencies that would help social workers better comply with State and YFS management requirements regarding case initiations, case decisions, and CFT meetings. For those instances when timeframes cannot be met, management should ensure social workers appropriately document in the case records reasons for delays, as well as diligent efforts made to timely complete tasks. We further recommend CPS supervisors regularly review staff delay explanations to provide oversight and identify opportunities for improvement.
- 2.4 Internal Audit recommends management ensure social workers conduct and appropriately document the required safety assessments.
- 2.5 Internal Audit recommends management ensure CPS staff conducts and appropriately documents case staffing meetings as required.
- 2.6 Internal Audit recommends management ensure social workers conduct and appropriately document face-to-face contacts with victim children and family as required. We also recommend social workers document all diligent efforts to make contacts.
- 2.7 Internal Audit recommends management ensure Intake Services and CPS staff appropriately conducts and documents two-party reviews for all cases. If changes are made in the case record after the two-party review is completed, an explanation should be documented to maintain the details of the original two-party review.
- 2.8 Internal Audit recommends management ensure social workers timely and appropriately notify the district attorney and law enforcement when evidence of child abuse and/or serious neglect is discovered. In addition, management should ensure social workers appropriately document the notification.
- 2.9 Internal Audit recommends management address the backlog of potentially eligible perpetrator names to determine whether they should be added to the RIL and update the RIL accordingly. We further recommend that going forward management monitor and timely update the RIL as needed.

Management's Response

- 2.1 **Risk Mitigation Strategy:** Reduce **Implementation Date:** July 2018

Action Plan: Continuous Quality Improvement team has added Intake to the regular monitoring of service areas. Monitoring will take place twice a year. Dates and time to be identified by the Youth and Family Services Continuous Quality Improvement team.

2.2 **Risk Mitigation Strategy:** Reduce **Implementation Date:** July 2018

Action Plan: Mecklenburg County Youth and Family Services Continuous Quality Improvement team began audits of the Intake process in 2017. Intake audits will become a regular part of the Youth and Family Services Continuous Quality Improvement Audits which will include a review of research staff completing research on all cases where research is required within 7 days.

2.3 **Risk Mitigation Strategy:** Reduce **Implementation Date:** July 2018

Action Plan: A new Case Decision Summary Procedure was developed in November 2016. However, it did not include a requirement for Supervisors to review the diligent efforts to initiate the case at the first case staffing which should occur within 7 days of case assignment. The Case Decision Summary will be updated to reflect the need to document diligent efforts to initiate cases by April 28, 2017.

Mecklenburg County Youth and Family Services Continuous Quality Improvement team began audits of the Case Decision Summary in February 2017. This will become a regular part of the Youth and Family Services Continuous Quality Improvement Audits of 210 (Assessment) Services.

Regarding the lack of required Child and Family Team meetings prior to or just after petition for custody, Youth and Family Services will develop an annual training in Cornerstone to address this issue. Additionally, the Case Decision Summary Procedure will be updated to include that the supervisor is required to confirm that a Child and Family Team has occurred prior to or just after petition for custody. The Cornerstone training will likely take 6 months to develop and the update to the Case Decision Summary Procedure will occur by May 2017.

The Child Welfare Strategy Group of Annie E. Casey Foundation and Youth and Family Services in collaboration with the Enterprise Project Management Office and Business Process Management are working to build a Practice Model that will affect all service areas of Youth and Family Services. The Practice Model will provide a framework that details the best approach for practicing child welfare activities. Gaps in policy and procedures will be identified and recommended actions implemented for improvement. The Practice Model framework should be complete in April 2017. After the Practice Model framework has been completed, an implementation schedule will be developed.

2.4 **Risk Mitigation Strategy:** Reduce **Implementation Date:** July 2018

Action Plan: The accountability strategy is that supervisors will review all safety assessments for accuracy and that all fields are appropriately addressed within 72 hours. Supervisors and Managers will monitor and evaluate compliance with this accountability during weekly and monthly supervisory conference meetings. Individual and team performance will be addressed in the Annual Performance Reviews for each employee and supervisor, as appropriate. This accountability will be specified and reiterated in the YFS Practice Model that the Annie E. Casey Workgroup is completing, as well as updated in the Case Decision Summary Procedure. The Case Decision Summary procedure will be updated by May 2017. The YFS Practice Model implementation is likely a year away.

Additionally, Mecklenburg County has contracted with Safe Measures, an internet-based reporting service, which will allow social workers and supervisors to view a report of all Safety Assessments completed and which are still outstanding. This is being piloted beginning April 2017 and will be available for all staff July 2017.

2.5 **Risk Mitigation Strategy:** Reduce **Implementation Date:** July 2018

Action Plan: Case Decision Current policy (2010) states that case staffing shall occur at least once every 14 days. In the monthly report, supervisors are to note all the dates that they staffed cases with each social worker. If case staffing is missed, it should be re-scheduled within the week. This will be included in the new Supervision policy.

Supervisors and Managers will monitor and evaluate compliance with this accountability during weekly and monthly supervisory conference meetings. Individual and team performance will be addressed in the Annual Performance Reviews for each employee and supervisor, as appropriate. Mecklenburg County Youth and Family Services Continuous Quality Improvement team will continue to audit investigation cases to ensure compliance with case staffing expectations.

2.6 **Risk Mitigation Strategy:** Reduce **Implementation Date:** July 2018

Action Plan: Youth and Family Services implemented a Case Decision Summary Procedure that requires supervisors to address ongoing contacts with families at each case staffing session.

The agency will work with Safe Measures team to create a report that contains information on the number of contacts that occur on each open case.

Youth and Family Services will work with the Annie E. Casey Foundation to clarify consistent diligent efforts associated with ongoing family contacts and subsequent escalation process if efforts are unsuccessful.

2.7 **Risk Mitigation Strategy:** Reduce **Implementation Date:** July 2018

Action Plan: Intake and Afterhours Supervisors will utilize their individual laptops to sign off on all intake referrals when they are off-site. If the supervisor does not have access to ISSI while offsite, the supervisor will identify another supervisor and request that the identified supervisor provide the two-level review and sign off on referral.

If an intake supervisor has to make changes to an intake referral that was completed by a worker, the supervisor will make the appropriate changes and ensure that the worker signs off on the referral again to ensure that it doesn't appear that the supervisor completed the referral. If the intake worker is not available to sign off on the referral again and the supervisor has to sign off as the completer, another supervisor will provide the two-level review. This information will also be documented in the "comment" section under the "screening decision" node.

All supervisors will ensure that another supervisor will provide a 2 level review on all intake referrals. If a supervisor takes a referral, it will be required that there be a two-level review with another supervisor and it be documented in the "comment" section under the "screening decision"

which supervisor provided the two-level review.

Investigations—The Integrated Social Services Information system does not allow for supervisors to make corrections when completing the final review of the case without deleting the social worker sign-off. Supervisors will make an entry in the case decision node to reflect any changes made to the tools at case closure. This will be updated in the Case Decision Node Procedure that went into effect November 2016. Youth and Family Services has requested to the Department of Social Services Information Technologies Project Team to allow for supervisor to make changes without deleting the social worker sign-off. This enhancement will maintain the integrity of a two-level review.

2.8 **Risk Mitigation Strategy:** Reduce **Implementation Date:** July 2018

Action Plan: Intake Supervisors will implement a policy advising that intake staff will be expected to complete the entire notification section to the District Attorney and Law Enforcement to include: date/contact person, phone/fax numbers as appropriate. If referral is being sent to the District Attorney's office, the intake worker will document the District Attorney's email address (in the "Agency" section). If referral is being sent to Law Enforcement, the intake worker will document the Law Enforcement email address in the "Agency" section. Intake staff will also scan the confirmation page (email/fax) into OnBase as another form of verification that the referral was faxed and/or emailed.

Investigations—The agency will formalize a notification process with law enforcement by June 2017. The agency will reach out to the District Attorney office and Charlotte Mecklenburg Police Department to identify a designee who would receive the official notification letter. A copy of the notification letter reporting Youth and Family Services official notification of the case decision would then be scanned into On-base as part of the record.

Youth and Family Services will include the Notification to Law Enforcement /District Attorney in the updated Policy and Procedure Manual being developed in partnership with the Annie E. Casey Foundation.

2.9 **Risk Mitigation Strategy:** Reduce **Implementation Date:** July 2018

Action Plan: Youth and Family Services has identified the names that are on the Responsible Individuals List backlog list and a process will be developed to ensure due process prior to submitting the identified individuals to the North Carolina Responsible Individuals List and that the RIL backlog is eliminated.

Youth and Family Services is also developing a procedure to utilize the functions already available in the Integrated Social Services Information system to more closely monitor the Responsible Individual List process mapping. A team has been formed that includes Pre-Custody Managers and Continuous Quality Improvement staff. This team created a Cornerstone on-line training to provide information to staff about how to move cases through the Responsible Individuals List process.

APPENDIX A—Risk Factor Definitions

Risk Factor	Definition
Compliance Risk	Failure to comply with established policies, procedures, and/or statutory requirements may result in unacceptable performance that impacts financial, operational, or customer objectives.
Human Resources Risk	Failure to attract, train, develop, deploy, and/or empower competent personnel may inhibit the organization's ability to execute, manage, and monitor key business activities.
Integrity Risk	Failure of employees, vendors, or other parties to carry out their activities in compliance with the law and ethics standards of the organization may result in fraud.
Policies and Procedures Risk	Failure to have formal, documented, clearly stated, and updated policies and procedures may result in poorly executed processes and/or increased operating costs.
Segregation of Duties Risk	Failure to adequately segregate duties may allow an employee or group of employees to perpetrate and conceal errors or irregularities without timely detection.

APPENDIX B—Color Code Definitions

The criticality of a risk factor represents the level of potential exposure to the organization and/or to the achievement of process-level objectives before consideration of any controls in place (inherent risk).

Criticality	Significance and Priority of Action
	The inherent risk poses or could pose a significant level of exposure to the organization and/or to the achievement of process level objectives. Therefore, management should take immediate action to address risk observations related to this risk factor.
	The inherent risk poses or could pose a moderate level of exposure to the organization and/or to the achievement of process level objectives. Therefore, management should take prompt action to address risk observations related to this risk factor.
	The inherent risk poses or could pose a minimal level of exposure to the organization and/or to the achievement of process level objectives. Risk observations related to this risk factor, however, may provide opportunities to further reduce the risk to a more desirable level.

The assessment of the design and operation of key controls indicates Internal Audit’s judgment of the adequacy of the process and system design to mitigate risks to an acceptable level.

Assessment	Design of Key Controls	Operation of Key Controls
	The process and system design does not appear to be adequate to manage the risk to an acceptable level.	The operation of the process’ risk management capabilities is not consistently effective to manage the risk to an acceptable level.
	The process and system design appear to be adequate to manage the risk to an acceptable level. Failure to consistently perform key risk management activities may, however, result in some exposure even if other tasks are completed as designed.	The operation of the process’ risk management capabilities is only partially sufficient to manage the risk to an acceptable level.
	The process and system design appear to be adequate to manage the risk to an acceptable level.	The operation of the process’ risk management capabilities appears to be sufficient to manage the risk to an acceptable level.

APPENDIX C—Risk Mitigation Strategy Definitions

Risk Mitigation Strategy	Definition
Reduce	Risk response where actions are taken to reduce a risk or its consequences.
Accept	Risk response where impact is considered negligible and no action is taken to affect the risk.
Transfer/Share	Risk response where a portion of the risk is transferred to share the risk with other parties.
Avoid	Risk response to eliminate the risk by withdrawing from the activity.