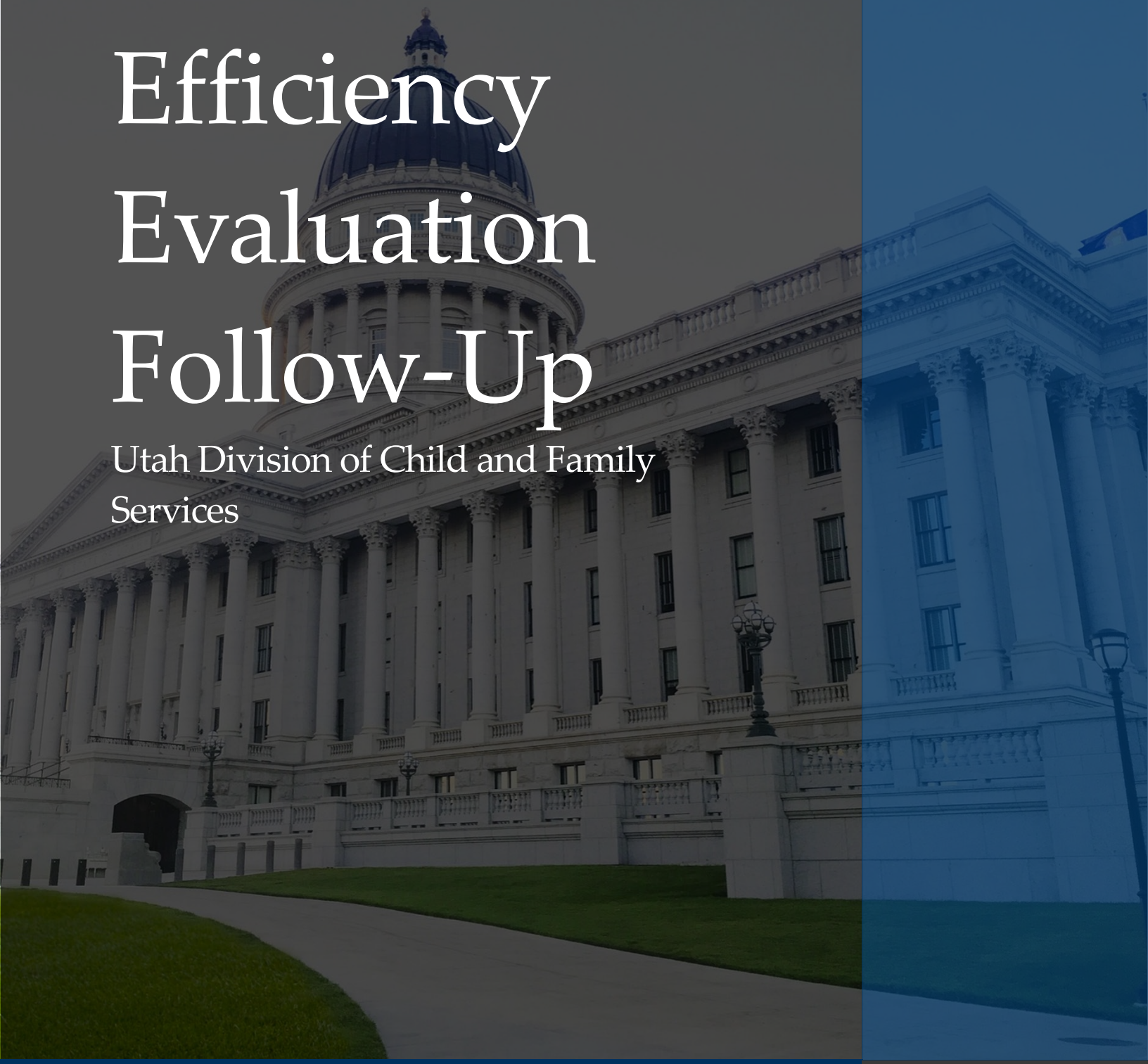
Report No. 2026-29

Efficiency Evaluation Follow-Up

Utah Division of Child and Family Services



Office of the Legislative Auditor General

Report to the **UTAH LEGISLATURE**

LEGISLATIVE AUDITOR GENERAL



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OCTOBER 20, 2026

TO: THE UTAH STATE LEGISLATURE

Transmitted herewith is our report:

"Efficiency Evaluation Follow-Up: Utah Division of Child and Family Services" [Report #2026-29].

A follow-up summary is found at the front of the report. The scope and objectives of the follow-up are included in the follow-up summary.

Utah Code 36-12-15(6)(c) and 63J-1-904(5) establish the statutory framework for the Office of the Legislative Auditor General (OLAG) in the efficiency evaluation process. We value our role in this process, providing feedback and an independent assessment of the progress of efficiency evaluations.

We will be happy to meet with appropriate legislative committees, individual legislators, and other state officials to discuss any item contained in the report in order to facilitate the implementation of the recommendations.

Sincerely,

Kade Minchey

Kade R. Minchey, CIA, CFE

Auditor General

kminchey@le.utah.gov



LEGISLATIVE AUDITOR GENERAL

EFFICIENCY EVALUATION FOLLOW-UP

REPORT 2026-29 | OCTOBER 2026

Office of the Legislative Auditor General | Kade R. Minchey, Auditor General

PERFORMANCE AUDIT

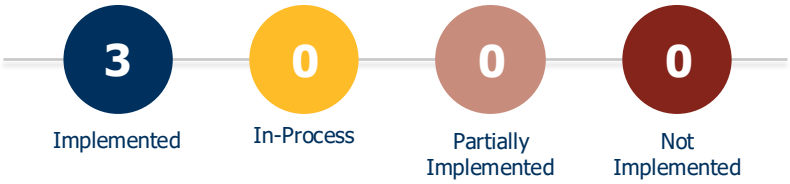
EFFICIENCY EVALUATION FOLLOW-UP: UTAH DIVISION OF CHILD AND FAMILY SERVICES

BACKGROUND

In December 2024, the Office of the Legislative Fiscal Analyst (LFA) and the Governor's Office of Planning and Budget (GOPB) released their report, Utah Division of Child and Family Services (DCFS) Efficiency Evaluation. The evaluation found that, "the system can do more to equip intake staff with tools to improve their skill sets and confidence in an environment of complex decision making… Additional tools, training, and greater standardization in processes and quality assurance will assist staff in meeting increasing demands without diminishing quality of work or accuracy of decisions."

The evaluation made three recommendations to improve both internal and external practices. Our office followed up on these recommendations in August 2026 and found they have been implemented. Internal staff have detailed flowcharts to help in decision making, external tools gather more detail, and quality assurance reviews are standardized as recommended by the evaluation.

Status of Evaluation Recommendations



RECOMMENDATIONS FROM THE EFFICIENCY EVALUATION

- Enhance internal tools and training for staff.
- Enhance external tools for customers.
- Improve standardization of calls and quality assurance.

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Efficiency Evaluation Follow-Up: Utah Division of Child and Family Services

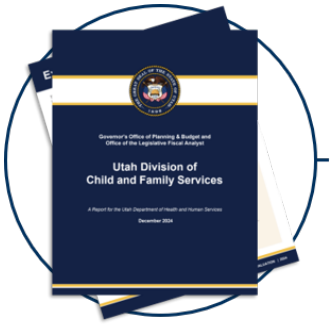
In December 2024, the Office of the Legislative Fiscal Analyst (LFA) and the Governor's Office of Planning and Budget (GOPB) released their efficiency evaluation report, *Utah Division of Child and Family Services* (included in the Appendix of this report). The Utah Division of Child and Family Services (DCFS)'s duties include the safety of children from abuse and neglect, providing community resources to strengthen families, supporting the workforce by providing resources for child welfare, and partnering with legal, private, and public community providers. This evaluation focuses on intake and the investigators who intervene in cases of potential child abuse or neglect.

The original evaluation identifies three main areas of improvement for DCFS: enhancing internal tools and training for staff, improving external tools for customers, and standardizing the quality assurance (QA) process for intake calls.

Since the original evaluation, DCFS has done the following:

- Developed and implemented job shadowing during the onboarding process
- Developed flow charts
- Restored important reports
- Standardized the QA reviews

Along with internal improvements, DCFS also added definitions of abuse and neglect and important details to the online form for those reporting abuse on their external website.



Recommendation 1: Enhance internal tools and training for staff. *Implemented*

Recommendation 2: Enhance external tools for customers. *Implemented*

Recommendation 3: Improve standardization of calls and quality assurance. *Implemented*

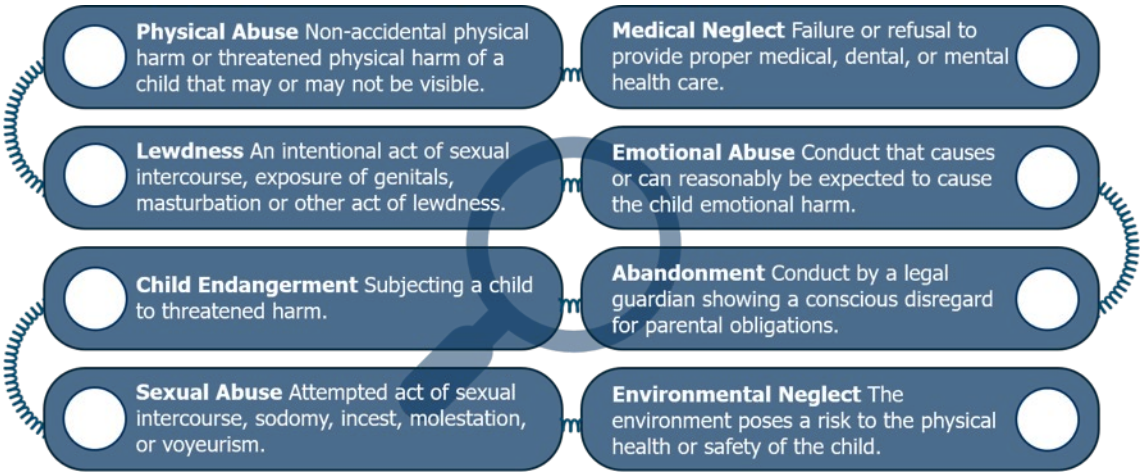
Recommendation 1 Update: Process Refinement, Flow Charts, and Job Shadowing Improve the Training and Effectiveness of the Intake Team

DCFS has developed detailed flow charts that help intake workers critical decisions regarding child abuse. Along with defined processes for recording potential abuse, job shadowing connects intake workers with Child Protective Services (CPS) investigators. This resource helps intake workers and investigators better understand how their roles support each other. DCFS restored reports for unaccepted medical professional referrals and unaccepted referrals for the same victim as recommended in the original evaluation. These reports show cases with a higher risk of errors and help supervisors ensure intake workers made the proper determinations.

DCFS intake received approximately 15,000 referrals from the online form and 50,000 referrals of abuse and neglect from its 24/7 hotline.

Intake workers are primarily responsible for documenting allegations of abuse and determining if the information merits opening a case for CPS investigation. In Fiscal Year 2026, DCFS intake received approximately 15,000 referrals from the online form and 50,000 referrals of abuse and neglect from its 24/7 hotline. Prior to the evaluation, processes were generally available in the intake manual or were a part of an initial two-week onboarding. However, these resources did not always provide important details on often complex cases of neglect or abuse. Now, as seen in Figure 1, DCFS provides flowcharts and definitions of abuse, which intake workers use to assist in the determination and referral to CPS investigators.

Figure 1 Flow Charts Provide the Details Needed for Intake Workers to Make Determinations on Complex Cases. The charts help new staff to assist with decide whether to move a case to investigation and help experienced staff with less common allegations of abuse or neglect. During a call, intake workers determine if the case fits the definition and follow a series of steps to collect the information that CPS investigators need.



Source: Auditor generated from a sample of flow charts titles and summarized definitions that DCFS provided.

Along with detailed flowcharts, intake workers and CPS investigators job shadow each other during the onboarding process. Since the evaluation, 96.47% of CPS investigators have participated in the program. Job shadowing has provided an opportunity to develop understanding of intake processes and how CPS investigators use that information. One intake worker shared that "it has changed my processes… I'm not as scared to call them and build the relationship once we know and understand each other's work." DCFS's survey results reported by DCFS showed an overall positive experience in job shadowing. Participants rate the overall benefit of the experience an average of 8.13 out of 10 and were likely to recommend the program to new staff with an average rating of 4.21 out of 5[1].

Job shadowing "has changed my processes… I'm not as scared to call them and build the relationship once we know and understand each other's work."

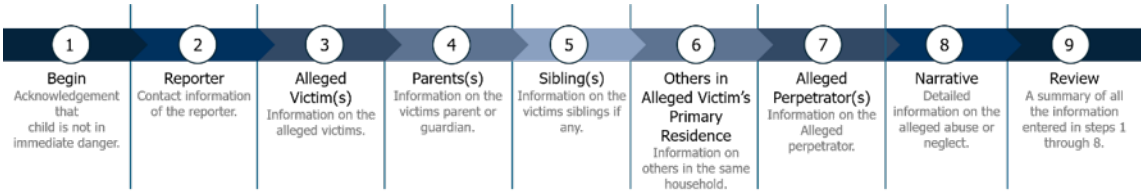
Recommendation 2 Update: Robust Online Reporting Improves Customer Experience and the Collection of Pivotal Information

The new online reporting form solicits information that case workers use to determine if the alleged abuse qualifies for CPS investigation. The original efficiency evaluation recommended updating the form to include details

[1] The internal survey consisted of 101 respondents from a variety of positions.

surrounding the event, the alleged perpetrator(s), and additional witnesses. The new form collects this information, with detail on the reporter, alleged victim, siblings, and alleged perpetrator. This better aligns with how intake workers collect information over the phone. By collecting these critical details intake workers can better determine if a case meets the definitions of abuse and forward the proper contact information to CPS investigators.

Figure 2 The New Online Reporting System Solicits More Details to Help Investigators and Alleged Victims. The new form walks the user through 9 steps to provide important details to DCFS. Prior to the efficiency evaluation the form did not ask key information like additional witnesses and the victims siblings. This information may be important to assist in CPS investigations.



Source: Auditor generated from DCFS online child abuse reporting form.

To further assist reporters, DCFS has provided definitions online of various types of abuse and neglect. These definitions cover types of physical abuse, sexual abuse, emotional abuse, and neglect[2]. Along with definitions, DCFS provides information on its investigation process, available resources, and potential resolutions if investigators find abuse and neglect.

Recommendation 3 Update: Standardized Quality Assurance Reviews Provide Consistency and Give Intake Workers a Clear Understanding of Strengths and Growth

Intake supervisors follow a standard QA review process that provides intake workers with a clear picture of improvement and performance. Supervisors review five interactions, both phone and online forms, per month. Each review includes metrics like collection of necessary information, reporting to the proper agency, and call courtesy. Upon completion, intake workers can review their score on each metric and how it affected overall performance. Supervisors meet monthly and during year-end performance reviews to go over results and offer coaching for improvement.

[2] https://dcfs.utah.gov/services/child-protective-services/

Before the evaluation, supervisors followed a checklist that provided guidance but was subjective. These evaluations were often multiple pages long. Intake workers, on a tight schedule, were frustrated because the demand of their work left little time to review their performance. Quality assurance review now has consistent, comprehensive, yes or no questions that workers can easily review in less time. This standard form quickly and accurately communicates expectations to each member of the intake team. Reviews are summarized into a dashboard and help workers identify weak points and set performance goals. One intake worker commented "It makes a lot more sense. It is a lot clearer now. It helps us pinpoint problem areas and where to improve."



Quality assurance now has consistent, comprehensive, yes or no questions that workers can easily review in less time.

All Recommendations Are Implemented

Based on our review, we found that DCFS has implemented each recommendation from the original efficiency evaluation. Prior to the evaluation, DCFS was conducting work in a professional manner but didn't have detailed processes, job shadowing, or standardized quality assurance to help employees improve. We believe these new processes will lead to better abuse and neglect determinations and help intake workers optimize performance. Because DCFS implemented each recommendation, formal follow-up from our office is complete.





Complete List of Recommendations from the Efficiency Evaluation



Complete List of Recommendations

The original efficiency evaluation made the following three recommendations.

Recommendation 1

Enhance internal tools and training for staff.

Recommendation 2

Enhance external tools for customers.

Recommendation 3

Improve standardization of calls and quality assurance.





Appendix





Governor's Office of Planning & Budget and
Office of the Legislative Fiscal Analyst

Utah Division of Child and Family Services

A Report for the Utah Department of Health and Human Services

December 2024

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Executive Summary

The Division of Child and Family Services (DCFS) intake team conducts complex, high-volume, and high-stakes work on a quick timeline. The Governor's Office of Planning and Budget (GOPB) and the Office of the Legislative Fiscal Analyst (LFA) collaborated with DCFS to complete an efficiency evaluation of the intake team's work processes in efforts to add timeliness, consistency, quality, and understanding of their work.

To more consistently and accurately screen incoming calls, while providing quality protection to Utah children, GOPB and the LFA recommend: standardizing quality assurance processes, restoring reports that help ensure cases have additional review, deepening intake's understanding of Child Protective Services (CPS) investigators' jobs and processes, and improving tools and materials to aid the public in reporting issues. Effective adoption and implementation of these efforts should help the intake team ensure cases in need of further investigation are given proper attention.

Recommendations

1 Enhance internal tools and training for staff.

2 Enhance external tools for customers.

3 Improve standardization of calls and quality assurance.

Introduction

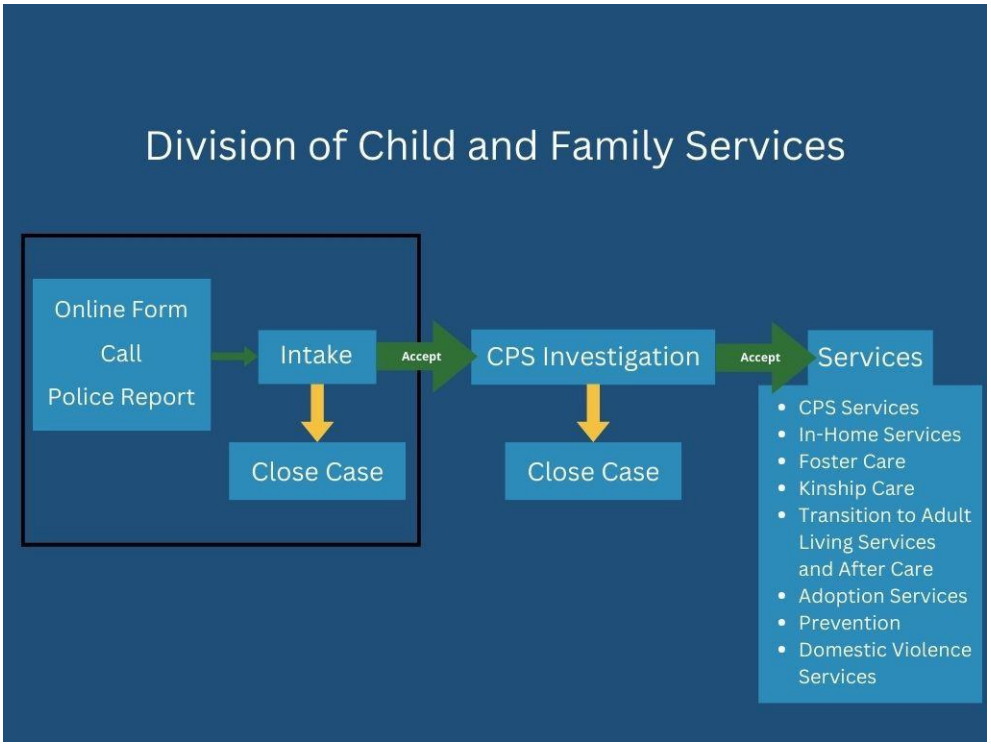
Utah's Division of Child and Family Services (DCFS) falls under the Community and Well-Being Unit of the Department of Health and Human Services (DHHS). Its mission is to keep children safe from abuse and neglect through the strengthening of families. DCFS performs a variety of functions. The scope of this report is focused on the intake process, where team members screen incoming calls, emails, and website inquiries from Utahns. The goal is to swiftly but accurately screen all incoming referrals so only those that meet certain parameters of neglect or abuse are accepted and forwarded on to CPS investigators. This keeps the agency's finite resources focused on the most critical cases.

DCFS spans a variety of teams and staff members. This efficiency evaluation focused on the box illustrated in Figure 1. At this phase, intake teams assess individual case details to determine whether to refer a case to Child Protective Services investigators for further investigation of potential neglect or abuse.

Heightening efficiency and effectiveness upstream will provide the best information for high-demand investigators who get involved later in the system. When initial calls, online submittals, or other reports are processed accurately, it benefits the entire division and better serves Utahns.

The DCFS intake team manages an average of 4,027 phone calls, online referrals, and emailed reports per month (see Figure 2 for monthly breakdown). Each contact can range from a simple clarifying question to an allegation of severe abuse. Intake workers must carefully and quickly collect information, screen each referral to determine if the allegations meet the statutory definition of abuse or neglect, and send appropriate referrals to CPS for investigation. Each team member must determine whether a report warrants investigation, while also acting rapidly on each referral to ensure other referrals are not kept waiting.

Figure 1: DCFS System Map



Based on field work, job shadowing, data evaluation, and a review of best practices in other states, it is apparent the intake team and the CPS investigators are conducting this work in a professional manner. Management and intake team members emphasized the importance and gravity of their work and their commitment to protecting Utah children. Still, the system can do more to equip intake staff with tools to improve their skill sets and confidence in an environment of complex decision making. This includes the management team and subject matter experts collaboratively generating reference materials that lean on best practices from other states and agencies. Additional tools, training, and greater standardization in processes and quality assurance will assist staff in meeting increasing demands without diminishing quality of work or accuracy of decisions.

Additionally, while DCFS has provided access to online reporting tools to the public, the agency should consider restoring and enhancing publicly available information to increase transparency and assist the public in reporting potential abuse.

Recommendations

Recommendation 1

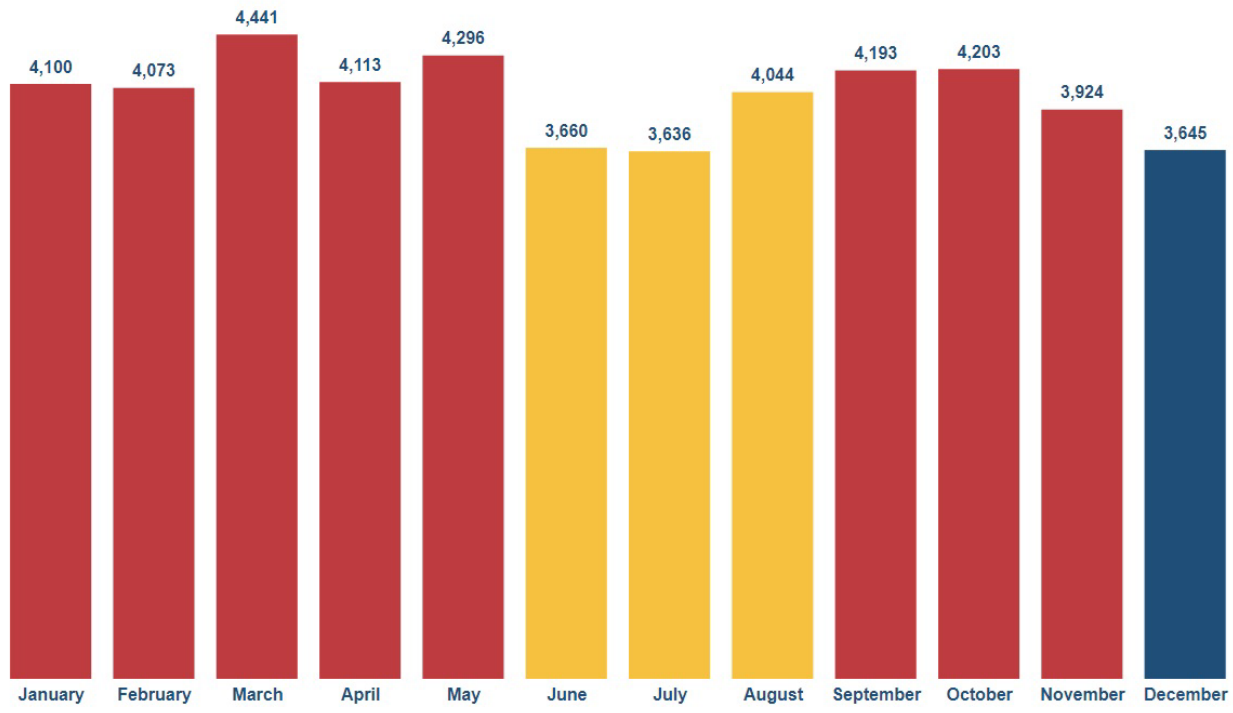
Enhance Internal Tools and Training for Staff.

Desired Outcome: *Enhanced understanding between intake and investigations teams to ensure cases get to the proper place for resolution.*

Ensuring correct work enters the DCFS system is crucial so investigators can target their limited resources on the most critical cases. During each call, intake workers must process and evaluate varying amounts of information to determine whether an allegation would meet the statutory definition of neglect or abuse. Workers routinely must rely on brief, limited interactions with callers when determining whether to accept and refer cases to CPS investigators. Ensuring they send CPS all referrals deserving of further investigation is difficult work that carries serious implications. Ruling out a case that should be investigated could have severe consequences for a child; alternatively, referring unwarranted cases for investigation that do not meet criteria can disrupt the lives of caregivers and families as they are subjected to interviews about abuse that did not occur. This could also inundate investigators with unnecessary work, delaying their attention to serious issues when time is of the essence.

Intake workers are tasked with gathering comprehensive information during a brief window of time; the need for comprehensive information must be balanced with keeping call duration to a minimum to avoid increasing call wait times that could become a barrier to reporting (see Figure 2).

Figure 2: Average Monthly Referrals



While referral demand on the intake team can fluctuate slightly with months and seasons, the team sees an average of 4,027 phone calls, online referrals, and emailed reports per month. Each contact can range from a clarifying question to an allegation of severe neglect or abuse.

DCFS should consider three specific enhancements to aid the intake team as they strive to accurately accept or reject referrals for CPS to investigate.

1. **Job Shadowing of CPS Investigators and Intake Workers:** Practice guidelines specify categories of both "required" and "preferred" information to collect during intake referrals. Job shadowing between DCFS intake staff and CPS investigators could help employees understand how information is used downstream and inform the intake staff when investigators would benefit from collecting additional "preferred" information.
2. **Enhance Access to Decision Trees and Matrices:** Flowcharts, decision trees, and matrices can facilitate more timely decision making, as well as more swift and reliable information gathering during a call.
3. **Restore Previously Available Reports:** Increase quality assurance training and reinstate two previously available reports that were lost in a database migration in an effort to amplify review of potential high-risk cases.

Job Shadowing

Pairing intake team members with CPS Investigators is intended to promote greater understanding regarding the ultimate use and benefit of information collected at screening. With a more complete picture of how their work can produce positive outcomes, or prevent bad outcomes, the intake team will be more equipped to ask better questions, document improved information, and process decisions with more confidence.

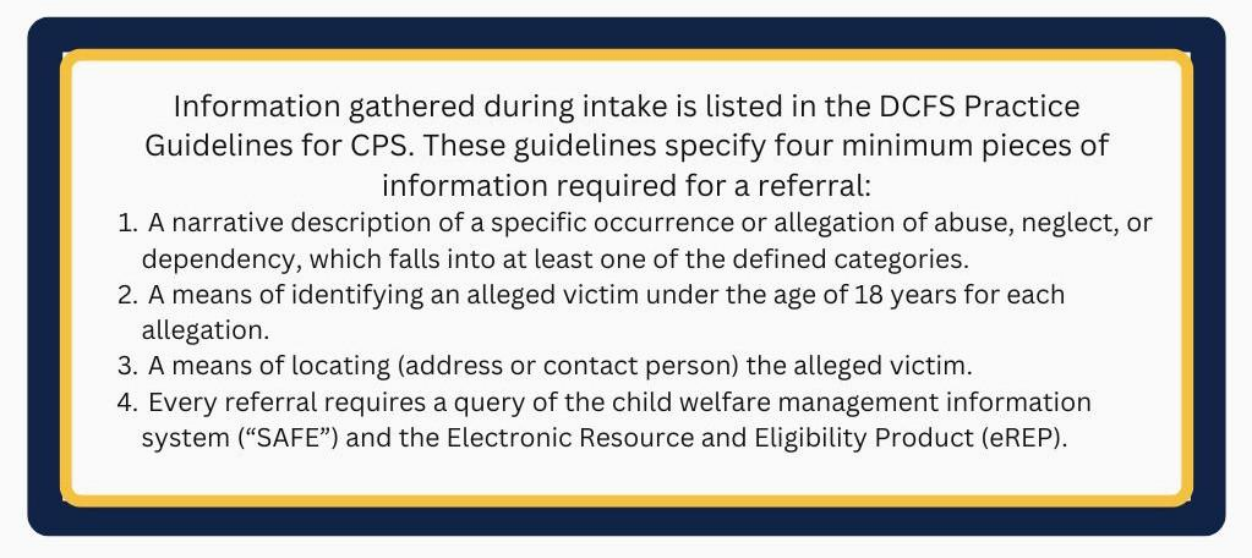
Intake workers and CPS investigators occasionally demonstrate inconsistent expectations about what information should be captured during initial screening interactions. The intake team generally understands what information is "required" (see Figure 3) and they maintain a list of "preferred" information that can assist each case but is not considered necessary to make a referral. In addition to the details in the required list, the preferred list adds items such as the name, address, and birth date of the victim and the victim's parents, as well as information about other children in the victim's household, physical evidence, witnesses, etc.

By creating shadowing opportunities, investigators and intake workers can enhance each other's understanding of when and how additional data collection might assist an investigator in starting an investigation.

Enhance Access to Decision Trees and Matrices

Intake personnel will be better equipped to make more accurate determinations, collect sufficient information, and reduce call durations with clear standard operating procedures (SOPs). Visualization through clear flow charts and matrices will assist in simplifying procedures and make them more user friendly for intake workers.

Figure 3: DCFS Practice Guidelines for Information Intake



The intake staff already has tools to help with certain types of calls, such as those involving concerns of suicide, cannabis, abuse occurring out-of-state, etc. However, there are other types of calls that lack flow charts, such as emotional abuse or irrelevant calls. During the observation phase of this evaluation, the team observed an intake worker collect a variety of details about alleged abuse, an alleged perpetrator, the location of the occurrence, etc., only to eventually discover that the alleged victims were adults. This could have been avoided or forwarded to a more appropriate location early in the process if the staff member had used standardized screening questions at the beginning of the call, such as, "What is the victim's age?" and, "Did the abuse occur in the State of Utah?" (1)

Beyond the one-time efforts of enhancing SOPs and standardizing fundamental screening questions, the intake team would also benefit from the creation of an ongoing quality assurance feedback loop (referenced in greater detail under recommendation 3).

DCFS intake notably has a quality assurance process in place today, but it varies greatly depending on which supervisor is running it. Adopting a standardized process that looks at current outcomes, leans on strengths, and identifies weaknesses across the intake team would build continual process improvement into the fiber of the team and benefit the entire system. This should enable DCFS teams to identify and prioritize the highest or most common need areas unilaterally and respond by creating new flowcharts or decision matrices to help the entire team. For example, if standardized quality assurance (QA) evaluations demonstrate deficiencies in swiftly handling specific types of calls across the board, or if CPS investigators are routinely receiving unnecessary referrals in a certain area, the intake team can better quantify these experiences and use that data to develop specific flowcharts, matrices, or trainings in a proactive way.

There are various decision-making resources available to the team today; however, many of them are stored in a training folder and get lost or or overlooked among a variety of different document types. Finding these tools in a time-sensitive environment can be cumbersome. Grouping decision trees and matrices in an organized fashion and raising awareness of the availability of resources will increase accessibility and promote broader use.

Restore Previously Available Reports

Accurate decisions of referrals are essential in cases of child welfare, and reviews of report determinations play an important role in the overall process. Intake workers who are not licensed social workers must staff referrals with a supervisor before deciding whether or not to accept a case. Staffing entails an intake worker sharing some details over instant message with a supervisor, and the supervisor asking subsequent questions to understand the allegation. They can then consult together on whether to accept the referral. Intake workers who have a Social Service Worker (SSW) license are able to staff their own cases without supervisor review after six months if approved by their supervisor. However, all cases that are classified as high priority must be staffed with a supervisor, regardless of whether the intake worker is an SSW.

After an intake worker determines a case should be accepted, it is subsequently reviewed by a CPS worker as the first step of the investigation phase. However, unaccepted referrals rarely receive review beyond supervisor staffing.

Figure 4 (seen on page 9) illustrates that all accepted referrals are reviewed in detail by the assigned CPS investigator. If an error is identified by CPS and confirmed by the intake team, then it is flagged and tracked as a reversal (approximately 2 percent of accepted referrals are reversed). For unaccepted referrals, rigorous review typically happens only if the referral is randomly selected for a quality assurance review. About five of each intake worker's referrals are reviewed each month, which is estimated to be fewer than 5 percent of their unaccepted referrals. Unlike when a case is staffed, supervisors conducting a quality assurance review listen to the call and see what information was collected for the referral and can assess whether the decision to accept or unaccept a case was warranted. While these reviews are essential, this leaves many unaccepted cases without a review process.

1) *For an example of this initial screening tool, see pg. 5 of California's Structured Decision Making manual:https://www.cdss.ca.gov/Portals/9/Child-Welfare-Programs/Child-Welfare-Protection/SDM-Policy-Procedure-Manual-2021.pdf*

Figure 4: Accepted Referral Review Process



After an intake worker makes a determination to accept a referral, it is assigned to a CPS investigator and reviewed in detail. Currently, cases that are unaccepted are only flagged for review if an intake worker notices a pattern of repeated reports where no single report has been accepted. This informal process should be replaced with reports that flag cases that may need further review to help determine if the correct determination was made.

To assist DCFS in reviewing unaccepted cases that fit a profile indicating a higher likelihood of error, we recommend restoring two previously used reports. The first report assessed the number of unaccepted referrals associated with the same potential victim (highlighting instances where the same potential victim was the subject of numerous unaccepted referrals). While no single referral was elevated to the level of accepting the report for investigation in these cases, the totality of information contained in the reports could rise to the level of acceptance. The second report showed a list of referrals that were unaccepted where a medical professional, such as an emergency room doctor, made the referral. These reports are no longer available due to a database migration. We recommend DCFS work with the Division of Technology Services (DTS) to restore them.

DCFS should consider other reports and approaches to improve how unaccepted reports are reviewed for accuracy. This could include gathering more data on how many reports are initially staffed with a supervisor, or receive subsequent review after identification in the two DTS reports. Understanding the percentage of the reports that do not receive a review and the nature of each report (information only vs. an unaccepted referral and priority level) should guide DCFS in continually refining the review process.

Recommendation 2

Enhance External Tools for Customers

Desired Outcome: *Increased public education and resources, resulting in better relevance, accuracy, and effectiveness of reports coming to DCFS via both the hotline and the online form.*

State law requires anyone who believes a child has been subjected to abuse or neglect to immediately notify DCFS, a peace officer, or a law enforcement agency. Discerning what constitutes abuse or neglect can be straightforward, but at times is less obvious. To improve public understanding of what incidents should be reported, and to improve the quality of information provided to intake personnel, – we recommend DCFS enhance its public-facing online resources.

Definitions

Callers sometimes contact the intake team to ask about hypothetical scenarios, expecting to be told if a situation constitutes neglect or abuse. Because the intake team members are not trained legal experts, policy does not allow them to answer hypothetical questions that require them to interpret state law. This tends to leave both the caller and intake staff member unsatisfied and can divert time intake members could otherwise spend fielding other calls and minimizing wait times.

In the past, DCFS published a list of definitions pertaining to child abuse and neglect on its web page. Restoring these definitions could again provide the public with an important resource in determining what should be reported without having to contact DCFS via phone. This can be an important tool to reduce confusion and frustration for the public while improving the accuracy and relevance of reports.

While the Division had an extensive 50-page resource of statutory definitions available online (that was removed for review when the department underwent a merger), we recommend simplifying this resource and restoring it. While this could take many forms, definitions of abuse and neglect should be given in plain language that is accessible for a general audience. As needed, DCFS should consult with legal counsel to determine the appropriate format and content of such definitions to ensure important nuances are not lost.

In creating this online resource, the team could consider evaluating the Child Welfare Information Gateway (CWIG), a resource developed by the U.S. DHHS Administration for Children and Families. This organization created a summary of key definitions from Utah's statutes regarding child abuse and neglect. After verifying that the CWIG resource is accurate and up-to-date, DCFS could choose to reference that summary or use the summary as a starting point for creating its own plain-language explanations(2). Several other states have also taken this approach, in which statutory definitions and key terms are simplified into a plain-language summary on their equivalent web pages for child abuse reporting (see Arizona's and Colorado's websites for examples (3)).

Online reporting

As an alternative to calling in reports, DCFS has made an online reporting form available to the public. While this is an important resource to make reporting as easy as possible, DCFS should consider updating the form to better elicit required and preferred information.

Discussions with DCFS personnel indicated that intake workers and caseworkers sometimes receive less information through online form submissions than through the hotline. This is often due to the hotline's opportunity for two-way communication and live clarification. While it is important to provide different avenues to report, collecting insufficient information could result in delays as staff attempt to follow up with the reporter.

2) https://www.childwelfare.gov/resources/definitions-child-abuse-and-neglect-utah/.
3) https://dcs.az.gov/resources/faq/question-categories-abuse-and-neglect, https://co4kids.org/

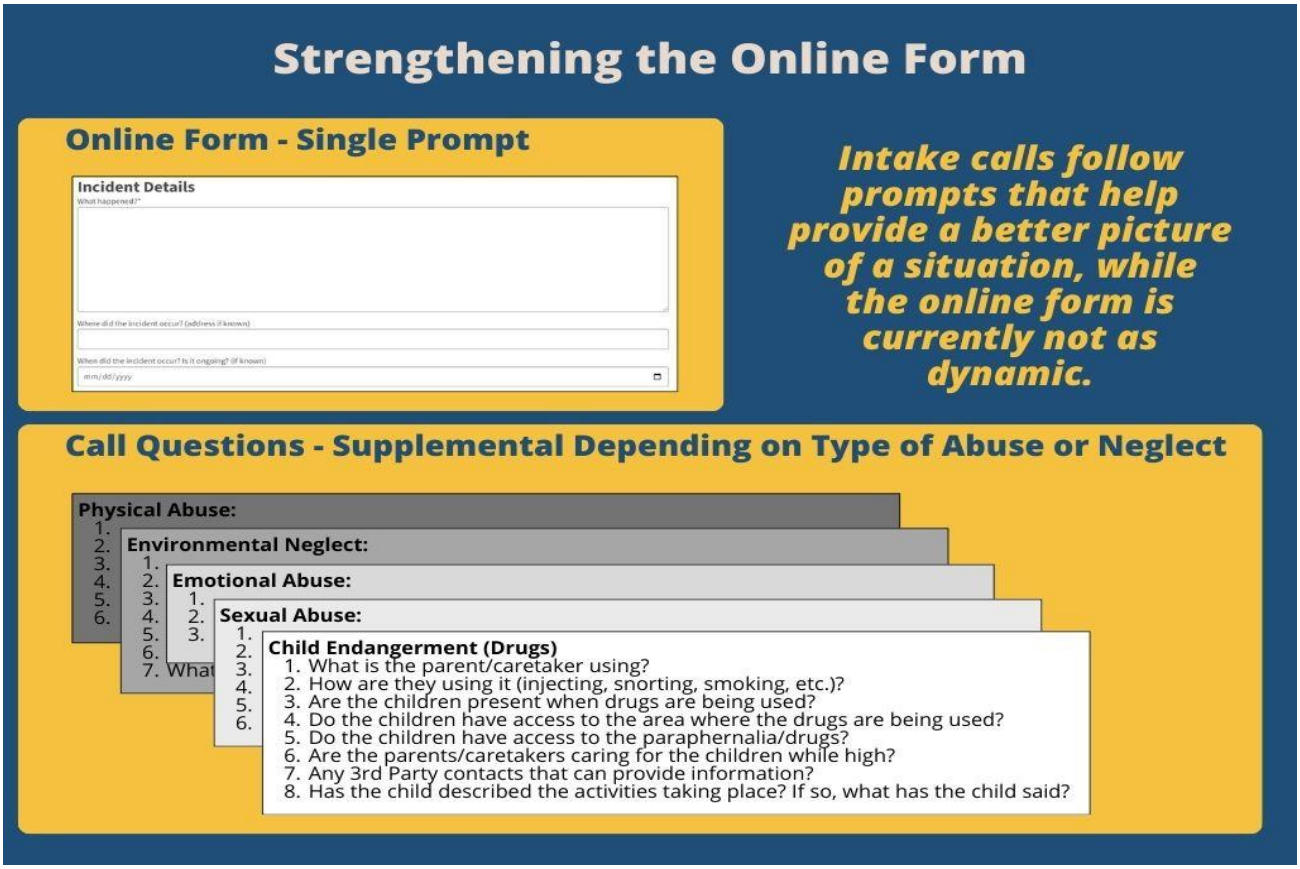
Specific potential improvements include the following:

1) **Revise the questions on the form to better target intake needs.** Examples of specific questions can be found on several other states' online reporting forms. Clark County, Nevada includes several detailed questions on their online form that help reporters provide relevant details to facilitate investigations, such as "What are the circumstances surrounding the abuse and/or neglect? Include date of most recent incident, events surrounding incident, events following incident, and frequency of abuse and/or neglect." (4) Delaware's online reporting form provides another good example: "Please describe the following if known: WHAT happened or is happening, WHO is involved, WHO ELSE knows about this, WHEN and WHERE this happened or is happening, impacts/effects on the victims, how often does this happen, and has it happened before."(5)
2) **Integrate more follow-up questions on the online form.** Based on input from DCFS leadership, intake workers, and caseworkers, additional follow-up questions could be added to
additional follow-up questions could be added to the online form to mirror questions commonly asked during phone reports. This could help proactively address common areas of missing information in online reports (see Figure 5).

DCFS created and currently uses a 26-prompt form. Similar to a phone call with a live staff member, the online form asks multiple questions about the alleged victims, parents/caregivers, the individual making the referral, when and where the incident occurred, whether the alleged victim is in foster care, and whether the alleged victim was seen by a medical professional. However, the narrative about what happened is limited to one open-ended prompt, as shown below. A live intake worker is guided to ask additional questions on a call, depending on the type of alleged abuse or neglect being reported. Including similar follow-up questions on the form could enhance its usefulness.

4) https://redrock.clarkcountynv.gov/dfswebform
5) https://dscyfkids.my.site.com/ReporterPortal/s/

Figure 5: Improving the Online Form



The public can report abuse through an online form rather than calling. As Figure 5 demonstrates, while Intake workers on a call ask additional questions, depending on the type of alleged abuse or neglect, the current version of the online form does not prompt for additional information about the incident beyond asking, “What happened?” Asking additional questions on calls allows intake workers to more easily assess whether to accept the referral. In comparison, the online form can be less complete and require intake to make follow-up calls to aid in making a determination. We recommend adding prompts to elicit more complete information; these can be tailored to the type of abuse indicated in the allegation.

Other states’ online forms can be used as a reference for identifying helpful follow-up questions. The Clark County, NV form includes additional questions that ask the reporter to describe how the children and/or parents function on a daily basis, details of any physical injury to a child, and information regarding the family’s general parenting practices, discipline practices, domestic violence, contact with law enforcement, and past incidents of abuse or neglect (see https://redrock.clarkcountynv.gov/dfswebform).

Measure outcomes

The intake team and management should collect metrics regarding usage of the online reporting tool in order to continually improve. Understanding how the public, the intake team, and CPS investigators use the online form, or derive value from it, will be critical to continually improving the tool. For instance, key metrics could include the following:

1) Characteristics of primary users (Is it being used mainly by highly trained, professional reporters, or by the general public? Are online users more often located in urban or rural areas?)
2) Characteristics of the reports received via the online tool (Are certain types of neglect or abuse reported more frequently online?)

Based on the findings from these metrics, the format, language, and functionality of the online tool can be continuously improved to meet the needs of its users and provide intake workers and caseworkers with crucial information.

Recommendation 3

Improve Standardization of Calls and Quality Assurance

Desired Outcome: *Every current and future intake team member can rapidly and consistently collect quality information and participate in predictable performance assessments.*

Members of the intake team vocalize a clear understanding of the gravity of their jobs and seek to perform at a high level to protect children. To best support them, DCFS should amplify existing quality assurance processes so each staff member participates in consistent and reliable reviews that strengthen their training and prioritize individualized growth.

During quality assurance reviews, supervisors assess referrals that were screened by intake workers and provide feedback in an open-ended, narrative format. While the intake workers generally expressed a preference toward the narrative style, the open-ended nature of this process means the areas reviewed can vary widely (as shown Figure 6). While a given supervisor tends to be relatively consistent in the content they choose to cover with each of their staff members, there are differences from supervisor to supervisor that became clear through an analysis of quality assurance reviews from April, May, and June 2024.

As Figure 6 illustrates, there are some common items of focus that occur in the majority of quality assurance reviews, regardless of the staff member and manager. However, there was no one item that was addressed unanimously in all reviews. This lack of standardization makes it difficult for DCFS to make decisions that help the aggregate in a targeted way. With added consistency, they could more easily assess where the intake team already excels, and where the biggest opportunities for improvement exist.

In short, the existence and use of a quality assurance process shows that DCFS intends for its intake team to continually improve their work and gradually become even more efficient and effective.

Figure 6: Common Items of Focus in Quality Assurance Reviews



The managers and staff members on the intake unit are already reviewing and seeking to learn from the work that goes on each day. By refining the way this work is done, they should realize significant improvements, enabling the team to serve even more customers in a thorough and efficient way.

Supervisors, equipped with information about existing needs in both the office as a whole and on their individual team, will be better able to deliver targeted trainings to support staff. This will also lead to continual improvement that develops subject-matter experts who are more confident in performing their work.

Standardizing the review process should alleviate pressures on the whole intake team and foster open and timely communication around appropriate responses to the ebbs and flows of intake calls and emails. Additionally, it should help DCFS administration benchmark team performance, identify areas for improvement, and set annual goals to address division needs.

GUIDANCE FOR DEVELOPING TOOLS

DCFS should designate general parameters around needs and lean on its intake team to help develop the details. Supervisors and staff have the most pertinent knowledge, skills, and abilities to develop resources and refine their processes. The staff and managers know what it's like to process reports and referrals day-to-day, and that perspective needs to be captured in any resulting tool if it's to be useful and applicable to their work. Developing the future of this review process as a team will also help build buy-in.

The DCFS intake team should use a consistent and comprehensive method to assess call quality. This will communicate to each member of the intake team what is expected of them. It should add to the meaning or impact of their work by clearly demonstrating how their concerted individual work can efficiently help both the customer (caller) and the potential victim (in conjunction with the CPS team). The resulting tool should align with the intake team's strategic goals, draw from a diverse knowledge base, and balance key performance metrics to achieve the following:

- **Standardize the Quality Assurance (QA) Assessment Process for Calls:** Define criteria that match division goals, align with policies and procedures, weigh criteria by importance, and use a quantifiable measurement system to show outcomes
- Incorporate Diverse Input for QA Process: As noted, DCFS should draw from a wide, existing knowledge base. This could include (but not be limited to) frontline workers, supervisors, administration, CPS caseworkers, and staff in order to avoid blind spots and increase employee buy-in.
- Drive More Data-Informed Decisions: Ensure employee evaluations consider and incentivize more robust assessments of call quality, in addition to the currently considered call volume and timeliness.
- Promote Continuous Quality Improvement: Track the most common and impactful errors and omissions, and make ongoing adjustments to training, processes, and resources to improve outcomes.

This process should occur in conjunction with DCFS administration to maintain a connection to the broader strategic priorities and performance measures in DCFS. It should also involve CPS investigators, since their success largely hinges on good intake work. This localized expertise should also be combined with best practices from other agencies or other states that conduct similar work.

This recommendation ultimately seeks to build on the intake team's existing performance management process and the intake manual, which includes both speed and quality indicators. Developing and using certain tools, such as flowcharts for common questions, scenario process maps to escalate items to CPS investigators, and documenting best practices, would benefit the intake staff. Documentation should reflect current expectations, avoid becoming overly complex or cumbersome, and be stored in a location that is easily accessible to intake staff.

Expectations aligned around supportive concepts and tools that consistently drive best practices from start to finish will fuel continuous quality improvement. Evaluations will tend to better reflect both the quantity and quality of work, while also better informing training and management decisions that are grounded in evidence. Employees will more clearly understand how they contribute to desired outcomes. These concepts will bolster the entire intake team's performance and enable them to do

even more good by appropriately prioritizing their efforts as they question, screen, and refer. The constant emphasis of these priorities through the whole process (from processing reports and calls through individual performance and quality reviews) will help embed the most important elements into the formal work flow and office culture.

Conclusion

The DCFS intake team is actively processing difficult and timely decisions. They already have several important processes in place aimed at providing quality services and making accurate decisions to protect Utah children. These existing efforts will be more efficient and effective as the staff, management, and administration work to deepen the intake team's understanding of the entire system, restore reports to further aid decision accuracy, expand education resources and reporting tools for the public, and standardize internal quality assurance tools and reviews.

A workforce bolstered by strengthened teamwork, technology, information, data, and supervision will tend to achieve better results for the public in a more timely manner while feeding accurate and high-quality referrals to the CPS investigators. Effective implementation of high-quality controls and continual improvement processes during the intake screening process will benefit the entire system. More importantly, this will empower DCFS and CPS workers to spend limited time and resources on the most important priorities that will protect Utah children.

Methodology

Data Analysis

For this project, we utilized quality assurance reviews performed by intake supervisors for the months of April, May, and June 2024. We conducted an analysis marking every time a supervisor mentioned an idea from the “Referral Assessment Checklist” on a spreadsheet. These reviews showed the consistency that supervisors were reporting on desired practices as well as opportunities for improvement for intake workers as they screen calls. The analysis showed inconsistencies in what supervisors are looking for from intake workers.

Additionally, we utilized monthly data from fiscal years 2011 through 2024 regarding the disposition of calls, emails, and online received by the intake team. This data was used to understand the cyclicality of referral volumes throughout the year and trends on the methods that the public uses to report allegations over time and the rate that referrals are accepted or denied for CPS investigation. Data showing the reversal rate for referrals accepted for investigation were also reviewed as that data collection began in FY 2019.

Operations

The following operations management principles were used to arrive at recommendations.

Recommendation 1
Enhance Internal Tools/Training for Staff

1) Triaging and batching: Both triaging and batching focus on addressing priorities based on balancing demand and resources.
2) Work in Progress (WIP) Control: controls or limits the amount of work that the system has open at one time.
3) Full kit: The concept of “full kit” or “complete kit” refers to having all the information one needs before implementation to make an optimal decision. This helps avoid time spent correcting errors based on incomplete documentation or misunderstanding of requirements.
4) Standardizing work: The concept focuses on documented steps of a process so important functions can operate consistently.
5) Mistake proof: identify common, costly, or critical mistakes.

Recommendation 2
Enhance External Tools for Customers

1) Full kit: The concept of “full kit” or “complete kit” refers to having all the information one needs before implementation to make an optimal decision. This helps avoid time spent correcting errors based on incomplete documentation or misunderstanding of requirements.

Recommendation 3
Improve Standardization of Calls and Quality Assurance

1) Standardizing work: The concept focuses on documented steps of a process so important functions can operate consistently.

Endnotes

1) *For an example of this initial screening tool, see pg. 5 of California's Structured Decision Making manual:https://www.cdss.ca.gov/Portals/9/Child-Welfare-Programs/Child-Welfare-Protection/SDM-Policy-Procedure-Manual-2021.pdf*
2) *https://www.childwelfare.gov/resources/definitions-child-abuse-and-neglect-utah/.*
3) *https://dcs.az.gov/resources/faq/question-categories-abuse-and-neglect, https://co4kids.org/*
4) *https://redrock.clarkcountynv.gov/dfswebform*
5) *https://dscyfkids.my.site.com/ReporterPortal/s/*

Agency Response

State of Utah

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

Department of Health & Human Services

TRACY S. GRUBER
Executive Director

DR. STACEY BANK
Executive Medical Director

NATE CHECKETTS
Deputy Director

DAVID LITVACK
Deputy Director

NATE WINTERS
Deputy Director

To: Kimberly Madsen, Operational Excellence Manager
From: Tonya Myrup, Director, Division of Child and Family Services
Date: December 10, 2024
Subject: DCFS Intake Efficiency Evaluation Response

On behalf of the Division of Child and Family Services, I would like to extend our gratitude for the thorough review and recommendations provided during the recent Efficiency Evaluation of DCFS Intake.

Your expertise and identification of areas for improvement has been incredibly helpful and we appreciate your constructive insights. The recommendations outlined in the report reflect an understanding of the operational challenges and ways DCFS can improve our work processes.

Please know we value the professionalism and collaborative approach demonstrated throughout the evaluation. Your feedback will strengthen our practice as it reinforces our commitment to continuous quality improvement and accountability to positive outcomes for all the children and families we serve.

We agree with the recommendations and look forward to providing updates on our progress in implementing them.

Once again, thank you for your dedication and support.

Sincerely,

Tonya Myrup
Director, Division of Child and Family Services

Division of Child and Family Services 195 North 1950 West, Salt Lake City, Utah 84116
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Agency Response Plan



State of Utah

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Governor

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Department of Health & Human Services

TRACY S. GRUBER
Executive Director

STACEY BANK, MD
Executive Medical Director

TONYA HALES
Deputy Director

DAVID LITVACK
Deputy Director

NATE WINTERS
Deputy Director

October 1 , 2026

Mr. Kade Minchey
Utah Legislative Auditor General
Utah Capitol Complex
P.O. Box 145315
Salt Lake City, UT 84114-5315

Dear Auditor General Minchey,

Thank you for the opportunity to respond to the recommendations in *Efficiency Evaluation Follow-Up: Utah Division of Child and Family Services* (Report No. 2026-29). This letter serves as the response from the Utah Department of Health and Human Services (department), and the Division of Child and Family Services (DCFS). We appreciate the work of the Office of the Legislative Auditor General in providing this review.

The department deeply values the expertise your team brings to our operational improvement initiatives. We concur that all recommendations have been fully implemented, reflecting our ongoing commitment to organizational efficiency and continuous improvement across DCFS.

Sincerely,

Tracy S. Gruber
Commissioner



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